FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/2/21
Control # 920158869
Date Issued 2/24/21
Permit # 2021-0043

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

Block 127 Lot 17 Qualification Code
Work Site Location 226 TWILIGHT AVE

Owner in Fee: LEAP BUILDERS

Tel. 732 7809022 e-mail

Address

Contractor: Brady Electric (street / municipality) Tel. 732 939-9317 (zip code)
Address 104 Fulton St e-mail bigbri@comcast.net
Keyport NJ 07735

Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. 17,984 Exp. Date 3/21
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. 141-62-2719 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
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 $ 400

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: 2/8/2021
Approved by: JS

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
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: Brian Brady
Print name here: Brian Brady

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

DESCRIPTION OF WORK: SMOKE / CO
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[5] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

BUILDING SUBCODE
TECHNICAL SECTION

20200152A

Date Received 2/2/21
Control # 92015869
Date Issued 2/24/21
Permit # 2021-0043

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

Block 127 Lot 17 Qualification Code _____

Work Site Location 226 TWILIGHT AVE
KEANSBURG NJ 07734

Owner in Fee: LEAP BUILDERS INC

Tel. (732) 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LANE FREEHOLD NJ 07728
street municipality zip code

Contractor: LEAP BUILDERS INC Tel. (732) 780 9022

Address 102 HOWE LANE e-mail LEAPBUILDERS1@GMAIL.COM
FREEHOLD NJ 07728

Contractor License No. or Builder Registration No. 049179 Exp. Date 7/2022

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

Federal Emp. ID No. 46 39 23 845 FAX: ( ) _____

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: Paul Ronecny PRESIDENT LEAP BUILDERS

Print name here: PAUL RONECNY / LEAP BUILDERS INC

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW HOUSE

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	2/9/21	PS
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 2/9/21
Approved by: Paul Cerruto

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

INSPECTIONS

Type:	Failure	Failure	Approval Date (Month/Day)	Initial
Footing Trench			4/5/21	PS
Footing Bonding			4/5/21	PS
Foundation			5/4/21	PS
Slab			5/4/21	PS
Frame			6/21/21	JC
Truss Sys./Bracing				
Barrier-Free				
Insulation			6/25/21	JC
Finishes -Base Layer				
Finishes -Final				
Energy Sheath Strapp			5/27/21	JC
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories 2
Height of Structure 34' 0" ft.
Area — Largest Floor 1007 sq. ft.
New Bldg. Area/All Floors 1950 sq. ft.
Volume of New Structure 30210 cu. ft.
Max. Live Load 55
Max. Occupancy Load 55

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 87,000
2. Rehabilitation $ _____
3. Total (1+ 2) $ 87,000

4/22/21
Rodwall + Backfill O.K. PS

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)
$ 1009

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/19/21
Control # 92015847
Date Issued 1/28/21
Permit # 20210027

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

Block 127 Lot 17 Qualification Code _____

Work Site Location 226 TWILIGHT AVE

Owner in Fee: LEAP BUILDERS INC

Tel. (732) 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LANE (street) FREEHOLD (municipality) NJ (zip code) 07728

Contractor: LEAP BUILDERS INC Tel. (732) 780 9022

Address 102 HOWE LANE e-mail LEAPBUILDERS1@GMAIL.COM
FREEHOLD NJ 07728

Contractor License No. or Builder Registration No. 049179 Exp. Date 07/2022

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

Federal Emp. ID No. 46 3923845 FAX: ( ) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	1/22/21	PK
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 1/28/21
Approved by: Paul Konzeny

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

INSPECTIONS

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			6/29/21	JK
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ #7,000

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.

Sign here: LEAP BUILDERS INC Paul Konzeny

Print name here: PAUL KONZENY, PRESIDENT

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMO HOUSE

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)
$ _____

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/2/21
Control # 920158869
Date Issued 2/24/21
Permit # 2021-0043

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

Block 127 Lot 17 Qualification Code

Work Site Location 226 TWILIGHT AVE
KEANSBURG NJ 07734

Owner in Fee: LEAP BUILDERS INC

Tel. 732 780 9122 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LANE FREEHOLD NJ 07728
street municipality zip code

Contractor: 60 MIAMI ST Tel. 732 261 6115

Address PARLIN NJ 08859 e-mail
JIM BACSOKA

Contractor License No. 5628 Exp. Date 6/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 2/24/21 Approved by: MW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-24-21
Approved by: MW

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			6/10/21	M
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			6/9/21	JMP
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: JIM BACSOKA

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW HOUSE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	175
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
1	Other FURNACE	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

"LIMITED ELECTRIC BELOW BFE"
DR##

Date Received 2/2/21
Control # 92015869
Date Issued
Permit # 2021-0043

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

Block 127 Lot 17 Qualification Code

Work Site Location 226 TWILIGHT AVE
KEANSBURG NJ 07728

Owner in Fee: LEAP BUILDERS INC

Tel. (732) 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LANE (street) FREEHOLD (municipality) NJ (zip code) 07728

Contractor: BRADY Electric Tel. (732) 939-9317

Address 104 FULTON ST e-mail bigbri9@icloud.com
Keyport NJ 07735

Contractor License No. 12,984 Exp. Date 3/21

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

Federal Emp. ID No. 141-62-2719 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[T] Electric Plans ~~Approved~~ REVISED
Date 2/5/2021 ~~Approved by:~~ RM

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

SUBCODE APPROVAL for PERMIT
Date: 2.5.2021
Approved by: RM

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

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			6/22/21	~~TH~~
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			6/15/21	~~TH~~
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 6/15/21
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: Brian Brady

Print name here: Brian Brady

[T] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOUSE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
14		Lighting Fixtures	
33		Receptacles	
10		Switches	
5		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	
1		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	
1	.5	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

300

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/5/21
Control # 92015834
Date Issued
Permit # 3/15/21
2021057

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

Block 110 Lot 10 Qualification Code

Work Site Location 36 WOODSIDE AVE

Owner in Fee: LEAP BUILDERS INC

Tel. (732) 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOLDE LANE FREEHOLD NJ 07728
street municipality zip code

Contractor: LEAP BUILDERS INC Tel. (732) 780 9022

Address 102 HOLDE LANE e-mail LEAPBUILDERS1@GMAIL.COM
FREEHOLD NJ 07728

Contractor License No. or Builder Registration No. 049179 Exp. Date 7/2022

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

Federal Emp. ID No. 46 39 23 845 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/5/21	PD
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/5/21
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing			6/24/21	JC
Footing Bonding			6/24/21	JC
Foundation			7/1/21	JC
Slab			7/1/21	JC
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ Midwall			7/1/21	JC
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class Present 5B Proposed 5B
No. of Stories 2
Height of Structure 34'8" ft.
Area — Largest Floor 956 sq. ft.
New Bldg. Area/All Floors 1866 sq. ft.
Volume of New Structure 29948 cu. ft.
Max. Live Load 55
Max. Occupancy Load 55

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 87,000
2. Rehabilitation $
3. Total (1+ 2) $ 87,000

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.

Sign here: Paul Leary PRESIDENT

Print name here: LEAP BUILDERS INC

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW HOUSE

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)
$ 105

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/15/21
Control #
Date Issued
Permit # 20210056

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

Block 110 Lot 10 Qualification Code

Work Site Location 36 WOODSIDE AVE

Owner in Fee: LOTAP BUILDERS INC

Tel. (732) 780 9022 e-mail LOTAPBUILDERS1@GMAIL.COM

Address 102 HOWE LN FREEHOLD NJ 07728
street municipality zip code

Contractor: JTM GAGSONA PLUMBING Tel. (732) 261-6150

Address 60 MIARA ST e-mail
MARLIN NJ 08859

Contractor License No. 5628 Exp. Date 9/21

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 1-8-21 Approved by: MV
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-8-21
Approved by: MV

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: JIM GAGSONA

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW HOUSE

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

$ 475

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/5/21
Control # 92015834
Date Issued
Permit # 3/15/21 20210056

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

Block 110 Lot 10 Qualification Code

Work Site Location 96 WOODSIDE AVE

Owner in Fee: LOAF BUILDERS INC

Tel. (732) 780 9022 e-mail LOAFBUILDERS1@GMAIL.COM

Address 102 HOWE LN (street) FREEHOLD (municipality) NJ 07728 (zip code)

Contractor: Brady Electric Tel. (732) 934-9317

Address 104 Fulton St e-mail bigbri9@icloud.com
Keyport NJ 07735

Contractor License No. 12,984 Exp. Date 3/21

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

Federal Emp. ID No. 141-62-2719 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6,100

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: Brian Brady

Print name here: Brian Brady

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOUSE

QTY	SIZE	ITEMS	FEE (Office Use Only)
14		Lighting Fixtures	
33		Receptacles	
10		Switches	
5		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	
1		KW Dishwasher	
1		HP Garbage Disposal	
1		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

200

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans ~~Approved~~ LICENSED

Date: 1.7.2021 ~~Approved~~ by: RM

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

SUBCODE APPROVAL for PERMIT

Date: 1.7.21

Approved by: RM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/5/21
Control # 92015834
Date Issued 3/15/21
Permit # 20210056

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

Block 110 Lot 10 Qualification Code

Work Site Location 36 WOODSIDE AVE

Owner in Fee: LEAP BUILDERS INC

Tel. 732 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LANE FREEHOLD NJ 07728
(street) (municipality)

Contractor: Brady Electric Tel. 732 939-7317

Address 104 Fulton St e-mail bigbri9@icloud.com
Keyport NJ 07735

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

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

Fire Alarm Contractor No. 12,984 Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 141-62-2719 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

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 $ 400

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: 1/20/2021
Approved by: JB

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Dates (Month/Day)

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: Brian Brady

Print name here: Brian Brady

[x] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: SMOKE / CO

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[5] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
		65
		Administrative Surcharge $
		Minimum Fee $
		State Permit Surcharge Fee $
		TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

DR 3465 01208

Date Received 2/5/21
Control # 9201505035
Date Issued 2/11/21
Permit # 20260040

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

Block 27 Lot 7 Qualification Code

Work Site Location 25 WOODLAND AVE

Owner in Fee: LEAP BUILDERS INC

Tel. (732) 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LANE (street) FREEHOLD (municipality) NJ 07728 (zip code)

Contractor: Brady Electric Tel (732) 939-9317

Address 104 Fulton St e-mail bigbri4@icloud.com

Keyport N.J 07735

Contractor License No. 12484 Exp. Date 3/21

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

Federal Emp. ID No. 141-62-2719 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6,100

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: Brian Brady

Print name here: Brian Brady

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOUSE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
14		Lighting Fixtures	
33		Receptacles	
10		Switches	
5		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	
1		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	
1	.5	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans ~~Approved~~ RELEASED

Date: 2/22/21 ~~Approved~~ by: LM

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 2.22.21

Approved by: LM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6.24.21

Approved by: LM

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			4/27	JH
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			4/27	JH
Final			6/22/21	JH
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 4/27/21

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/5/21
Control # 92015835

Date Issued 2/16/21
Permit # 20210040

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

Block 27 Lot 7 Qualification Code

Work Site Location 25 WOODLAND AVE

Owner in Fee: LEAP BUILDERS INC

Tel. 732 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LN FREEHOLD NJ 07728
(street / municipality / zip code)

Contractor: JIM BACSOKA PLUMBING INC Tel. 732 261-6115

Address C/O MIARA ST PARLIN NJ 08859 e-mail

Contractor License No. 5628 Exp. Date 6/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 7,000

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: Jim Bacsoka

Print name here: JIM BACSOKA

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW HOUSE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	75
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
1	Other FURNACE	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 1/8/21 Approved by: MV
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-8-21
Approved by: MV

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/25/21
Approved by: MV

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			4/16/21	MV
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			7/16/21	MV
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6/25/21	MV

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/5/21
Control # 92015835
Date Issued 2/16/21
Permit # 2021040

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

Block 27 Lot 7 Qualification Code

Work Site Location 25 WOODLAND AVE

Owner in Fee: LEAP BUILDERS INC

Tel. 732 7809022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LN FREEHOLD NJ 07728
(street) (municipality)

Contractor: Brady Electric Tel. 732 939-9317

Address 104 Fulton St e-mail bigbri9@icloud.com
Keyport N.J 07735

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

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

Fire Alarm Contractor No. 12954 Exp. Date 3/24

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 141-62-2719 FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

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 $ 400

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: 2/23/2021
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/22/21	
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: Brian Brady

Print name here: Brian Brady

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: SMOKE/CO

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[5] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/5/21
Control # 92015835
Date Issued
Permit # 2/26/21
20210040

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

Block 87 Lot 7 Qualification Code

Work Site Location 25 WOODLAND AVE

Owner in Fee: LEAP BUILDERS INC

Tel. (732) 780 9022 e-mail LEAPBUILDERS1@GMAIL.COM

Address 102 HOWE LANE FREEHOLD NJ 07728
street municipality zip code

Contractor: LEAP BUILDERS INC Tel. (732) 780 9022

Address 102 HOWE LANE e-mail LEAPBUILDERS1@GMAIL.COM
FREEHOLD NJ 07728

Contractor License No. or Builder Registration No. 049179 Exp. Date 7/2022

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

Federal Emp. ID No. 463923845 FAX: ( )

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: PRESIDENT

Print name here: LEAP BUILDERS INC

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New House

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2/9/21	PD
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 2/9/21
Approved by: Paul Dennison

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

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			3/4/21	JC
Footing Bonding			3/4/21	JC
Foundation Backfill			3/9/21	JC
Slab + Winter Pier			3/16/21	JC
Frame			5/6/21	JC
Truss Sys./Bracing			5/6/21	JC
Barrier-Free				
Insulation			5/11/21	JC
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ MID WALL			3/9/21	JC
Mechanical				
TCO				
Other sheathing			4/1/21	PD
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5

Constr. Class Present 5B Proposed 5B

No. of Stories 2

Height of Structure 34'0" ft.

Area — Largest Floor 1007 sq. ft.

New Bldg. Area/All Floors 1950 sq. ft.

Volume of New Structure 30210 cu. ft.

Max. Live Load 55

Max. Occupancy Load 55

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 87,000
2. Rehabilitation $
3. Total (1+ 2) $ 87,000

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)

$ 1,009

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