

Brick

Permit Without a Jacket

Permit Number 138495



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

6-7-95
1384-95

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

Block 382.21 Lot 8
Work Site Location 342 Delaware Dr

Owner in Fee Betty A Klein
Address 342 Delaware Dr Beics NJ 08723

Tele. () _____

Contractor Starr
Address _____

Tele. () _____

Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Req.	<u>6/7/95</u>	<u>W</u>	☒ Footing	<u>6-20-95</u>	<u>Starr</u>		
☐ All			☐ Foundation				
☐ Footing			☐ Slab				
☐ Foundation			☐ Frame				
☐ Other			☐ Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date: _____			Other				
Approved By: _____			Final				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Block

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

Paid ☐ Check # _____	Administrative Surcharge	\$
Collected by: _____	Minimum Fee	\$
	DCA TRAINING FEE	\$
	TOTAL FEE	\$