FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

06-2412+A
8-14-06

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

Block 88.01 Lot 5 + 501 Qualification Code ____

Work Site Location 5-8 BROWER DR.
BRCA NJ.

Owner in Fee Roser + SANNAKOZO

Address 241 EAST 31 ST.
BAYONNE NJ. 07002

Tel (201) 481-3237

Contractor Charles Neal Elect

Address 39 Hudson Ave
W. Keansburg NJ. 07734

Tel (732) 778-0608 FAX (732) 495-5005

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

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

Fire Alarm Contractor No. ____

Federal Emp. No. ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [X] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

Heating System: [X] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____

Total Cost of Fire Protection Work $ 2000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. ____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	____	____
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	16	____
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	____	____
Fired Appliances [X] Gas or [ ] Oil	3	____
Fireplace Venting/Metal Chimney	1	____
Other GAS Fireplace Furnace & Range	4	____

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 7-28-06

Approved by: DB

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 7-28-06

Approved by: DB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	7-25-06	____	7-28-06	DB
Suppression Sys.	____	____	____	____
Standpipe	____	____	____	____
Fire Pump	____	____	____	____
Pre-Eng. System	____	____	____	____
Mechanical	____	____	7-28-06	DB
Smoke Control	____	____	____	____
TCO	____	____	____	____
Flam/Combust Tanks	____	____	____	____
Fireplace Venting	____	____	____	____
Final	7-25-06	____	7-28-06	DB (RT)
Other [illegible]	7-25-06	____	7-28-06	DB

U.C.C. F140
(rev. 1/04)

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

~~Highlander Theory~~

need docket w/ list of all Defendants

SL - 7/27/07

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 06-2412+A
8-14-06

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

Block 88.01 Lot 5+5.01 Qualification Code
Work Site Location 58 BROWER DRIVE
BRICK NJ. 08732
Owner in Fee ROBERT CANNAROZZO
Address 24 EAST 31 ST
BAYONNE N.J. 07002
Tel (201) 481-3237
Contractor OWNER
Address
Tel ( ) FAX ( )
Contractor License No.
Federal Emp. No.

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 $15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-14-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-19-06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	12-28-06		1-18-07	
Water			11-27-06	
Sewer			11-27-06	
Fixtures			6-19-06	
Gas Equipment				
Gas Piping			12-28-06	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			7-3-07	

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's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
5	Water Closet
1	Urinal/Bidet
1	Bath Tub
5	Lavatory
3	Shower 110
1	Floor Drain
8	Sink
1	Dishwasher 290 000
	Drinking Fountain
2	Washing Machine 1 1/2
5	Hose Bibb
1	Water Heater
	Fuel Oil Piping
5	Gas Piping
	LPGas Tank
	Steam Boiler
1	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
1-4"	Sewer Connection
1"	Water Service Connection
	Stacks
1	Other Furnace
3	Other AC

FEE (Office Use Only)
$

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

U.C.C. F130 (rev. 01/04)

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

12-28-05

① Flat Vent on shower

② 1/4 gas line needs

Change of Contractor + update update 06-2412 +C

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 1/24/07
Permit # 06-2412+C

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

Block 88.01 Lot 5 + 5.01 Qualification Code
Work Site Location 58 BROWER DR
BRICK NJ. 08723
Owner in Fee ROBERT CANNAROZZO
Address 241 EAST 31 ST
BAYONNE NJ. 07002
Tel (201) 481-3237
Contractor [redacted] SUPREME PLUMBING
Address 199 TREBING PLACE
UNION NJ 07083
Tel (908) 377-9350 FAX ( )
Contractor License No. 11910
Federal Emp. No. 13-6425301

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 $ $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/29/06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-24-07
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				
[redacted]			1-24-07	

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's Signature/Contractor's Seal and Signature
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

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

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 65-

PERMIT # 06-2412 LOT: ~~88.01~~ 5 BLOCK: 88.01

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs. initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- [B] [I] SPACING
- [B] [I] SIZE

STRAPS
- [ ] [ ] SPACING (PER MANUFACTURER'S SPECS)
- [ ] [ ] SIZE

2. SILL PLATES:

- [B] [I] SIZE
- [B] [I] GRADE, SPECIES
- [B] [I] TREATMENT
- [B] [I] LAPS
- [B] [I] SILL SEALER
- [ ] [ ] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- [ ] [ ] TERMITE PROTECTION

3. BEAM POCKETS:

- [ ] [ ] BEARING/SHIMS
- [ ] [ ] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

- [B] [I] SIZED PER PLAN
- [B] [I] ATTACHMENT/PLATES
- [B] [I] SPACING/LOCATION
- [B] [I] PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

	1ST	2ND	3RD FLOOR
[B] [I]	✓ ✓	✓ ✓	✓ ✓ SIZE
[B] [I]	✓	✓	✓ GRADE, SPECIES
[B] [I]	✓	✓	✓ SINGLE OR DOUBLE
[B] [I]	✓ ✓	✓ ✓	✓ ✓ PRE-ENGINEERED PER MANUFACTURER'S SPECS
[B] [I]			[B] [I] CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

- [B] [I] SIZED PER PLAN
- [B] [I] TYPE
- [B] [I] GRADE, SPECIES
- [B] [I] LOCATION AND RELATION TO THE PLAN
- [B] [I] NAILING
- [B] [I] ATTACHMENT SCHEDULE
- [B] [I] BEARING
- [B] [I] LAPPING

3. FLOOR JOIST:

	1ST	2ND	3RD FLOOR
[B] [I]	✓ ✓	✓ ✓	✓ ✓ SIZED PER PLAN
[B] [I]	✓	✓	✓ GRADE, SPECIES
[B] [I]	✓ ✓	✓ ✓	✓ ✓ PRE-ENGINEERED COMPONENTS AS SPECIFIED
[B] [I]	✓ ✓	✓ ✓	✓ ✓ BEARING
[B] [I]	✓ ✓	✓ ✓	✓ ✓ NAILING
[B] [I]	✓	✓	✓ BRIDGING
[B] [I]	✓	✓	✓ CUTTING AND NOTCHING (AS PER CODE)
[B] [I]	✓ ✓	✓ ✓	✓ ✓ POINT LOADS - SUPPORTED AS PER PLAN
[B] [I]	✓ ✓	✓ ✓	✓ ✓ SPAN HANGERS
[B] [I]	✓ ✓	✓ ✓	✓ ✓ HEADERS
[B] [I]	✓ ✓	✓ ✓	✓ ✓ FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

	1ST	2ND	3RD FLOOR
MATERIAL	✓ ✓	✓ ✓	✓ ✓
PANEL SPAN, THICKNESS			

5. STAIR ATTACHMENT:

	1ST	2ND	3RD FLOOR
[B] [I]	[B] [I]	[B] [I]	[B] [I] BEARING
[B] [I]	[B] [I]	[B] [I]	[B] [I] NAILING

SPECIAL REQUIREMENTS

- [B] [I] [B] [I] [B] [I] EDGE BLOCKING (IF REQUIRED)
- [B] [I] [B] [I] [B] [I] GAPPING
- [B] [I] [B] [I] [B] [I] LAYOUT

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: [signature] Date: 3-30-07

Building Inspector Initials: [initials] Date: 03/30/07

U.C.C. F390-1 (01/06)

PERMIT # 062412 LOT: 5 BLOCK: 88.01

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1ST	2ND	3RD	FLOOR
B ✓		B ✓	SIZE
B ✓		B ✓	SPACE
B ✓		B ✓	SPECIES AND GRADE
B ✓		B ✓	CUTTING, NOTCHING, AND BORING
B ✓	B ✓	B ✓	HEADER SIZES
B ✓	B ✓	B ✓	JACK STUD BEARING
TOP PLATES			
B ✓		B ✓	NAILING
B ✓		B ✓	LAPS
B ✓		B ✓	RAFTER TIES
B ✓		B ✓	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1ST	2ND	3RD	FLOOR
B ✓		B ✓	SIZE
B ✓		B ✓	SPACE
B ✓		B ✓	LAYOUT - SUPPORT BELOW PER CODE
B ✓		B ✓	SPECIES AND GRADE
B ✓		B ✓	CUTTING, NOTCHING, AND BORING
B ✓		B ✓	FIRE BLOCKING
B ✓		B ✓	HEADER SIZES
B ✓		B ✓	JACK STUD BEARING
TOP PLATES			
B ✓		B ✓	NAILING
B ✓		B ✓	LAPS
B I		B I	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1ST	2ND	3RD	FLOOR
B ✓		B ✓	SIZE
B ✓		B ✓	SPACE
B ✓		B ✓	SPECIES AND GRADE
B ✓		B ✓	CUTTING, NOTCHING, AND BORING
B ✓	B ✓	B ✓	FIRE BLOCKING
B ✓	B ✓	B ✓	HEADER SIZES
B ✓		B ✓	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

- B I LAYOUT PLANS
- B I TRUSS MEMBERS
- B I CONNECTION SCHEDULE
- B I PERMANENT BRACING DETAILS
- B I DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- B I EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
- B I LOCATION AS PER LAYOUT
- B I ALIGNMENT
- B I BEARING
- B I SPACING
- B I CONNECTIONS TO BEARING POINTS
- B I NO CONNECTION TO NON-BEARING POINTS
- B I DAMAGE AND DEFECTS
- B I ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION
- B I TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

- B I LAYOUT
- B I SIZE
- B I TYPE
- B I NAILING
- B I OVERLAP
- B I TERMINATION

4. SOLID SAWN ROOF FRAMING:

- B ✓ SIZE
- B ✓ GRADES, SPECIES

LAYOUT

- B I SPACING
- B ✓ SPAN
- B ✓ BEARING
- B ✓ FASTENING
- B ✓ DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- B ✓ CUTTING, NOTCHING, AND BORING
- B ✓ BRIDGING
- B ✓ RIDGE SIZE
- B ✓ HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING – EXTERIOR WALLS:

MATERIAL

- B ✓ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- B ✓ GAPPING
- B I LAYOUT
- B I CORNER BRACING (IF REQUIRED)

2. SHEATHING – ROOF:

MATERIAL

- B ✓ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

- B I BLOCKING, EDGE (IF REQUIRED)
- B I CLIPS (IF REQUIRED)
- B I GAPPING
- B I LAYOUT

SHEATHING, FRT – ROOF

- B I FOUR FEET FROM FIREWALL
- B I NONCORROSIVE FASTENERS

Initials: Resp. Person in Charge of Work _____ Building Inspector _____

U.C.C. F390-2 (01/06)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/16/06
Control #
Date Issued 11/28/06
Permit # 06-2412+B
C06-105824

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

Block 88.1 Lot 5 Qualification Code

Work Site Location 58 BROWER DRIVE
BRICK, NJ XXXXX08732

Owner in Fee: ROBERT CANNAROZZO

Tel. (201-481-3237 e-mail BOBCJCI@MSN.COM

Address 824 EAST 31st STREET, BAYONNE, NJ XX07002
street municipality zip code

Contractor: SELF (HOMEOWNER) Tel. (201-481-3237

Address 24 EAST 31st STREET, BAYONNE, NJ 07002

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11-22-06	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
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			06/19/08	[illegible]
Barrier-Free				

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 $ 3000
3. Total (1+ 2) $

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

CHANGING APROVED FIREPLACE
FROM METAL TO MASONRY

OK Pen Ray Borst.

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
[X] Other FIREPLACE
[ ] Demolition

FEE (Office Use Only)
$

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

BUILDING SUBCODE
TECHNICAL SECTION

UPDATE 06-2412
DATE 6/21/06
INITIALED BY SC
FOR

Date Received 06-2412 + A
Control #

Date Issued 8-14-06
Permit #

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

Block 8801 Lot 57 57.01 Qualification Code
Work Site Location 58 BROWER DR.
BRICK NJ 08723
Owner in Fee ROBERT CANNAROZZO
Address 241 E 83RD ST
BAYONNE NJ 07002
Tel. (201) 481-3237
Contractor ROBERT CANNAROZZO
Address SAME

Tel. ( ) FAX (201) 339-7610
Contractor License No. or Builder Registration No.
Federal Emp. No

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

Plan Review only
See Items Highlighted in yellow.

See - All Notes on Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8-9-06	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-7-07 TCO 8-Dat
Approved by: FM - FIRE

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			09/26/06	KEK
Footing Bonding				
Foundation + OD			10/10/06	KEK
Slab – GARAGE			12/08/06	KEK
Frame			03/30/07	KEK
Truss Sys./Bracing				
Barrier-Free				
Insulation			04/05/07	KEK
Finishes -Base Layer				
Finishes -Final				
Energy SL			11/15/06	KEK
Mechanical				
TCO			08/07/07	KEK (over)
Other				
Final			06/19/08	KEK
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

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 $ _____
3. Total (1+ 2) $ _____

By Frame Hurricane clips to extend from rafter to stud

U.C.C. F110
(rev. 07/03)

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

08/07/07 REAR STEPS/LANDING NOT DONE YET.
DOORS SECURED + POSTED "NOT IN USE".

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/21/06
Permit # 06-2412

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

Block 88.1 Lot 5+5.01 Qualification Code
Work Site Location 58 Brower Drive BRICK

Owner in Fee Robert Cannarozzo
Address 24 E. 31st Street
Bayonne NJ 07002
Tel. (201) 481-3237
Contractor Robert Cannarozzo
Address 24 East 31st Street
Bayonne NJ 07002
Tel. (201) 481-3237 FAX (201) 339-7610
Contractor License No. or Builder Registration No.
Federal Emp. No

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
New Single Family Home
Footing & Foundation Only
As Built Foundation Survey Required
Silt Fence must be in Place

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All		
[X] Footing only	7-19-06	KM
[X] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
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			06/19/08	KM
Barrier-Free				

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Rehabilitation
[X] Roofing
[X] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	3	
Height of Structure	38'2" Ft.	
Area — Largest Floor	1516.5 Sq. Ft.	
New Bldg. Area/All Floors	3991 Sq. Ft.	
Volume of New Structure	62,205 Cu. Ft.	
Total Land Area Disturbed	198.77 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 350,000.00
2. Rehabilitation $
3. Total (1+ 2) $ 350,000.00

[illegible]

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-2412+A

Date Issued / Permit # 6-14-06

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

Block 88.1 Lot 5+5.01 Qualification Code

Work Site Location 58 BROWER DR. BRICK NJ.

Owner in Fee Robert CANNARozzo

Address 24 EAST 31 BAYONNE NJ. 07002

Tel (201) 481-3237

Contractor Charles Neal Elect CHARLES NEIL ELEC.

Address 39 Hudson Ave. W. Keansburg N.J. 07734

Tel (732) 778-0606 FAX (732)

Contractor License No. 7668

Federal Emp. No. 136643231

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 18,500

WR 314652950

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
75		Lighting Fixtures	
80		Receptacles	
50		Switches	
10		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
30		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
~~1~~		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	
3	3.5	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service	
4	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		FURNACE	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 8906

Approved by: MM

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 73007

Approved by: MM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			31907	MM
Barrier-Free				
Trench			112806	TO
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			12606	TO
Final			73007	MM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 12606

~~Annual Pool Inspection~~ DCP 11607

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

OVER

11-28-06
DRUG WAS TO POLICE NO $ GOT YET OF POLICE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/9/07
Control # 7-20-07

Date Issued
Permit # A6-24121D
C07-000927

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

Block 88.01 Lot 5 Qualification Code ____

Work Site Location 58 BROWER DR
BRICK NJ 08723

Owner in Fee ROBERT CANNA 20220

Address 24-28 31 STREET
BAYONNE NJ 07002

Tel (201) 481 3237

Contractor CHARLES NEAL ELECTRICAL CONTRACTORS

Address 39 HUDSON AVE
W. KINGSBURG NJ 07734

Tel (732) 787-4947 FAX (732) 495-5005

Contractor License No. 7662

Federal Emp. No. 138645231

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 3500

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixtures	
____		Receptacles	
____		Switches	
____		Detectors	
____		Light Poles	
____		Motors—Fract. HP	
____		Emergency & Exit Lights	
25		Communications Points	
19		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	
1	24	KW Transformer/Generator	
____	____	AMP Service	
2	100/60	AMP Subpanels	
____	____	AMP Motor Control Center	
____	____	KW Elec. Sign/Outline Light	
____	____	____	
____	____	____	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 31407
Approved by: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 73007
Approved by: VM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			73007 VM	
Barrier-Free				

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued ____
Annual Pool Inspection ____
Date of Grounding and Bonding Certification ____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/9/07
Control #
Date Issued 7-20-07
Permit # CC0724212

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

Block 88.01 Lot 5 Qualification Code
Work Site Location 58 BROWER DR
BAKER NJ 08723
Owner in Fee ROBERT CANNAROZZO
Address 241 ASTI ST
BAYONNE NJ 07002
Tel (201) 481 3237
Contractor CHARLES NEAL ELECTRICAL CONTRACTORS
Address 39 HUDSON AVE
W. KEANSBURG NJ 07734
Tel (732) 787-4947 FAX (732) 495-5005
Contractor License No. 7662
Federal Emp. No. 138645231

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ ~~$~~ 3500

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
25		Communications Points	
18		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	
1	24	KW Transformer/Generator	
		AMP Service	
2	100/60	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

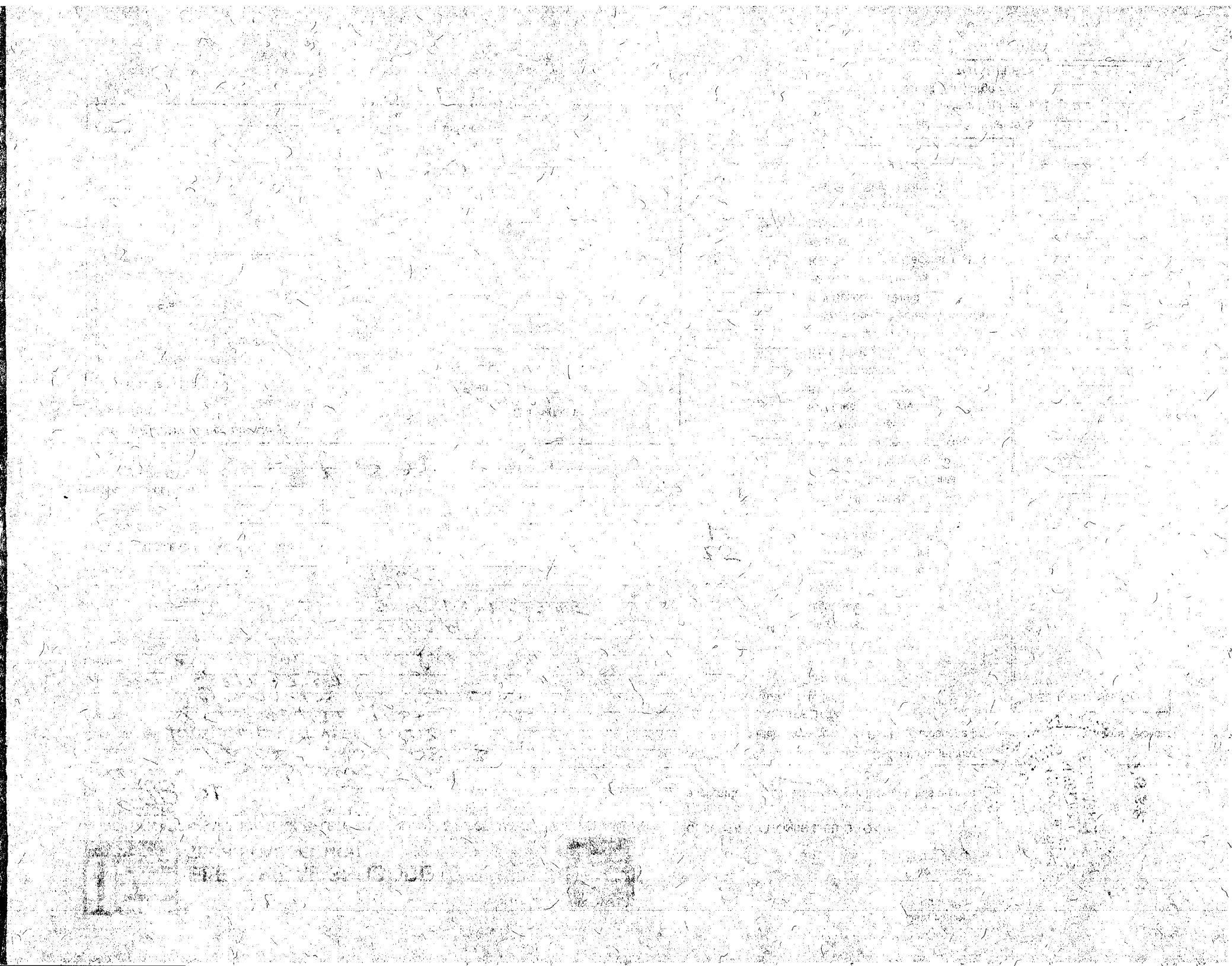
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/14/07
Approved by: VM

SUBCODE APPROVAL
[ ] 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



ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/9/17
Control # 7-20-07

Date Issued
Permit # A0241210

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

Block 88.01 Lot 5 Qualification Code
Work Site Location 58 BROWER DR BRICK NJ. 08723
Owner in Fee AGOSTA CANVA 10220
Address 24 E 31 ST BAYONNE NJ 07002
Tel (201) 481-3237
Contractor CHARLES NEAL ELECTRICAL CONTRACTORS
Address 39 HUDSON AVE W. KEANSBURG NJ 07734
Tel (732) 787-4947 FAX (732) 495-5005
Contractor License No. 7662
Federal Emp. No. 138645231

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $3500

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
25		Communications Points	
18		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	
1	24	KW Transformer/Generator	
		AMP Service	
2	100/60	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3/14/07
Approved by: VM

SUBCODE APPROVAL
[ ] 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

change of contractor + update update 06-3413 + C

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 1/24/07
Permit # (6-2421C)

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

Block 88.01 Lot 5+5.01 Qualification Code
Work Site Location 58 BROWER DR
BRICK NJ. 08723
Owner in Fee ROBERT CANNAROZZO
Address 214 EAST 31 ST
BAYONNE NJ. 07002
Tel (201) 481-3237
Contractor [redacted] SUPREME PLUMBING
Address 199 TREBING PLACE
UNION NJ 07083
Tel (908) 377-9350 FAX ( )
Contractor License No. 11910
Federal Emp. No. 13-6425301

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 $ 4200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/19/06
Approved by:

SUBCODE APPROVAL
[ ] 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				

LOUIS M. SANTOS — LICENSED MASTER PLUMBER — STATE OF NEW JERSEY

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's Signature/Contractor's Seal and Signature
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

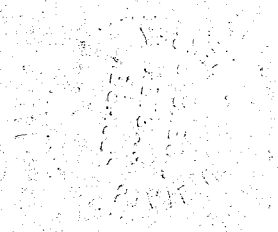
D. TECHNICAL SITE DATA (List of all fixtures.)

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 65-

U.C.C. F130 (rev. 01/04)

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



Change of Contractor + update update 06-2412 tC

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11-24-07
Permit # (06-2412)C

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

Block 88.01 Lot STS01 Qualification Code
Work Site Location 58 BROWER DR
BRICK NJ. 08723
Owner in Fee ROBERT CANNAROZZO
Address 241=AST 31 ST
BAYONNE NJ. 07002
Tel (201) 481-3237
Contractor [redacted] SUPREME PLUMBING
Address 199 TREBING PLACE
UNION NJ 07083
Tel (908) 377-9350 FAX ( )
Contractor License No. 11910
Federal Emp. No. 13-6425301

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 $ $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10/09/06
Approved by:

SUBCODE APPROVAL
[ ] 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				

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's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

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

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 65-

U.C.C. F130 (rev. 01/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 88.1 Lot 5 Qualification Code

Work Site Location 58 BROWER DRIVE
BRICK, NJ 08732

Owner in Fee: ROBERT CANNAROZZO

Tel. (201-)481-3237 e-mail ROBCJCI@MSN.COM

Address 324 EAST 31st STREET, BAYONNE, NJ 07002
street municipality zip code

Contractor: SELF (HOMEOWNER) Tel. (201-)481-3237

Address 24 EAST 31st STREET, BAYONNE, NJ 07002 e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11/26	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				

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 $ 111
3. Total (1+ 2) $

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

CHANGING APROVED FIREPLACE
FROM METAL TO MASONRY

OK Per Hot Duct

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
[X] Other FIREPLACE
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 01/06)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/16/06
Control #
Date Issued
Permit # CC-24121B

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

Block 88.1 Lot 5 Qualification Code

Work Site Location 58 BROWER DRIVE
BRICK, NJ 08732

Owner in Fee: ROBERT CANNAROZZO

Tel. (201-)481-3237 e-mail ROBCJCI@MSN.COM

Address 24 EAST 31st STREET, BAYONNE, NJ 07002
street municipality zip code

Contractor: SELF (HOMEOWNER) Tel. (201-)481-3237

Address 24 EAST 31st STREET, BAYONNE, NJ 07002 e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11.22.06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				

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 $ 3000
3. Total (1+ 2) $

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

CHANGING APROVED FIREPLACE
FROM METAL TO MASONRY

OK Per Alan Borst

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
[X] Other FIREPLACE
[ ] Demolition

FEE (Office Use Only)
$

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 06-24192 A

Date Issued / Permit # 6-14-06

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

Block 88.1 Lot 5+5.01 Qualification Code _____

Work Site Location 58 Brower DR. Brick NJ.

Owner in Fee Robert Oanwa 20220

Address 24 East 31 Bayonne NJ. 07002

Tel (201) 481-3237

Contractor Charles Neal Elect

Address 39 Hudson Ave W. Keansburg N.J. 07734

Tel (732) 778-0678 FAX (732) _____

Contractor License No. 7667

Federal Emp. No. 135647731

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 18,500

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures	
80		Receptacles	
40		Switches	
10		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
30		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
X		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	
3	2.5	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service	
4	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 8906

Approved by: MM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) 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 _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 06-24127 A

Date Issued Permit # 6-14-06

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

Block 38.1 Lot 575.01 Qualification Code

Work Site Location 58 Brower Dr. Dover NJ

Owner in Fee Robert Canmarozzo

Address 24 East 31 Bayonne NJ. 07002

Tel (201) 481-3237

Contractor Charles Neal Elect

Address 39 Hudson Ave. W. Keansburg N.J. 07734

Tel (732) 778-0678 FAX (732)

Contractor License No. 7660

Federal Emp. No. 136643231

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 18,500

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
75		Lighting Fixtures	
80		Receptacles	
50		Switches	
10		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
3		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
X		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	
3	3.5	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	400	AMP Service	
4	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Furnace	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 8906

Approved by: MM

SUBCODE APPROVAL

[ ] 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
Control #
Date Issued
Permit #

06-24127-H
8-14-06

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

Block 88.1 Lot 5 + 5201 Qualification Code _____
Work Site Location 58 Brower DR. Brick NJ.
Owner in Fee Robert Caviniaro
Address 24 East 31 St. Bayonne NJ. 07002
Tel (201) 481-3237
Contractor Charles Neal Elect
Address 39 Hudson Ave W. Keansburg, NJ. 07734
Tel (732) 778-0628 FAX (732) 495-5005
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [X] New OR [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Fire Alarm System: [X] New OR [ ] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity* _____

Total Cost of Fire Protection Work $ 2000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	____	____
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	16	____
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	____	____
Fired Appliances [X] Gas or [ ] Oil	3	____
Fireplace Venting/Metal Chimney	1	____
Other Gas Fireplace, Furnace, Range	3	____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 7-28-06
Approved by: GB

SUBCODE APPROVAL
[ ] 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 _____	____	____	____	____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

06-2412+A
8-14-06

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

Block 88.1 Lot 5 + 501 Qualification Code _____
Work Site Location 58 Brower DR.
BRCA NJ.
Owner in Fee Robert Cannaro220
Address 24 East 31st St.
Bayonne NJ. 07002
Tel (201) 481-3237
Contractor Charles Nagl Elect
Address 39 Hudson Ave
W. Keansburg NJ. 07734
Tel (732) 778-0638 FAX (732) 495-5005
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [✓] New OR [ ] Existing [ ] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____

Fire Alarm System: [✓] New OR [ ] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

Fuel Storage Tank:
Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* _____

Total Cost of Fire Protection Work $ 200.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[✓] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	10	
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		
Fired Appliances [✓] Gas or [ ] Oil	3	
Fireplace Venting/Metal Chimney	1	
Other Gas Fireplace		
Furnace	1	
Range	1	

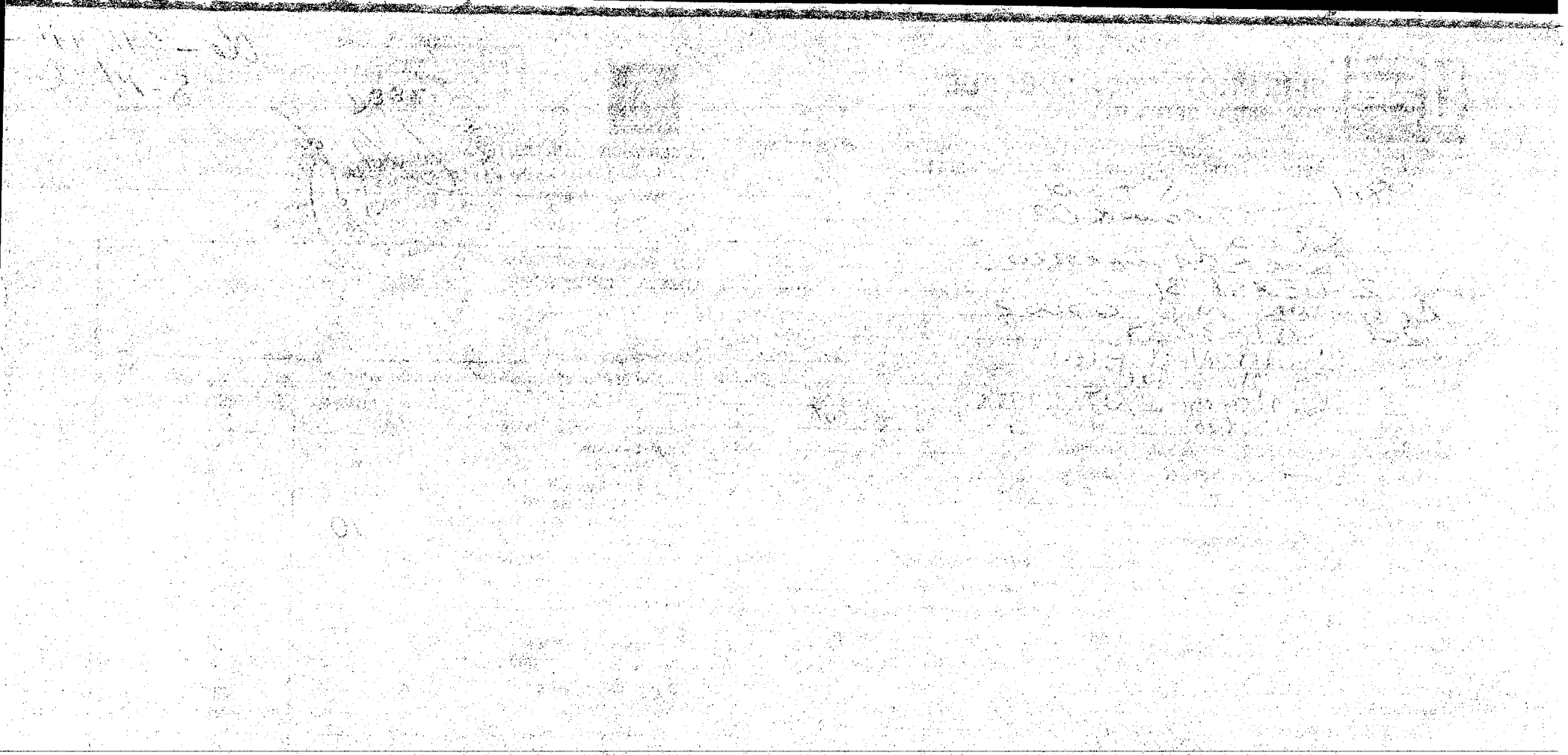
JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 7-28-06
Approved by: DB

SUBCODE APPROVAL
[ ] 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 _____				

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



BUILDING SUBCODE
TECHNICAL SECTION

40-2412
6/21/06

Date Received / Control # 0602412

Date Issued / Permit # 8-14-06

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

Block 8811 Lot 5+5.01 Qualification Code

Work Site Location 58 BROWER DR.
BRICK NJ 08732

Owner in Fee ROBERT CANNAROZZO

Address 241 E 31
BAYONNE NJ 07002

Tel. (201) 481-3237

Contractor ROBERT CANNAROZZO

Address SAME

Tel. ( ) FAX (201) 339-7610

Contractor License No. or Builder Registration No.

Federal Emp. No

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

PLAN REVIEW ONLY
SEE ITEMS HIGHLIGHTED IN YELLOW.

SEE ALL NOTES ON PLANS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8-9-06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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 $
3. Total (1+2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

6/21/06 QP-2412

Date Received / Control # 06-2412

Date Issued / Permit # 8-14-06

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

Block 88.1 Lot 5+5.01 Qualification Code _____

Work Site Location 58 BROWER DR. MAHWAH NJ 07432

Owner in Fee ROBERT CANNARozzo

Address 24 EDSEL PL BAYONNE NJ 07002

Tel. (201) 481-3737

Contractor ROBERT CANNARozzo

Address SAME

Tel. (____) _____ FAX (201) 339-7610

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

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

PLAN REVIEW ONLY

SEE ITEMS HIGHLIGHTED IN YELLOW.

SEE ALL NOTES ON PLANS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8-9-06	[illegible]
[ ] Footing	___	___
[ ] Foundation	___	___
[ ] Frame	___	___
[ ] Other	___	___

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				

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 $ _____
3. Total (1+ 2) $ _____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 06-2412+A
8-14-06

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

Block 881 Lot 5+5.01 Qualification Code
Work Site Location 58 BROWER DRIVE
BRICK NJ. 08723
Owner in Fee ROBERT CANNAZZO
Address 24 EAST 31 ST
BAYONNE N.J. 07002
Tel (201) 481-3237
Contractor OWNER
Address
Tel ( ) FAX ( )
Contractor License No.
Federal Emp. No.

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 $15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-14-06
Approved by:

SUBCODE APPROVAL
[ ] 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				

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's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
5	Water Closet
1	Urinal/Bidet
2	Bath Tub
5	Lavatory
3	Shower
	Floor Drain 110
8	Sink
1	Dishwasher 190
	Drinking Fountain
1	Washing Machine 1/2
5	Hose Bibb
1	Water Heater
	Fuel Oil Piping
5	Gas Piping
	LPGas Tank
	Steam Boiler
1	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
1-4"	Sewer Connection
1"	Water Service Connection
	Stacks
1	Other Furnace
3	Other AC

FEE (Office Use Only)
$

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 06-2412+A

Date Issued 8-14-06
Permit #

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

Block 881 Lot 5+5.01 Qualification Code
Work Site Location 58 BROWER DRIVE
BRICK NJ. 08723
Owner in Fee ROBERT CANNAROZZO
Address 24 EAST 31 ST
BAYONNE N.J. 07002
Tel (201) 481-3237
Contractor OWNER
Address
Tel ( ) FAX ( )
Contractor License No.
Federal Emp. No.

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 $ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-14-06
Approved by:

SUBCODE APPROVAL
[ ] 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 1"				
Fuel Oil Piping				
Solar				
TCO				

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's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
5	Water Closet
1	Urinal/Bidet
2½	Bath Tub
5	Lavatory
3	Shower 110 1
	Floor Drain
8	Sink
1	Dishwasher 240 000
	Drinking Fountain 1
1	Washing Machine 1 2
5	Hose Bibb
1	Water Heater
	Fuel Oil Piping
5	Gas Piping
	LPGas Tank
	Steam Boiler
1	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
1-4"	Sewer Connection
1"	Water Service Connection
	Stacks
1	Other FURNACE
3	Other A/C

FEE (Office Use Only)	
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$