



CONSTRUCTION PERMIT

Date Issued 10/3/06
Permit # 06-329

IDENTIFICATION Block 223 Lot 1.01 Qualification Code C
Work Site Location 581 Woodbine-Alexandria Rd
Green View
Owner in Fee R/S Landmarks
Address PO Box 279
2404 15th St NW
Tel. (202) 8715
Tel. (857) 794-9490
Lic. No. or Bids. Reg. No. 22-2389820

Is hereby granted permission to perform the following work:

☒ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

Warehouse / Office

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$

Construction Official [Signature] Date

PAYMENTS (Office Use Only)	
Building	<u>1540</u>
Electrical	<u> </u>
Plumbing	<u> </u>
Fire Protection	<u> </u>
Elevator Devices	<u> </u>
Other	<u> </u>
DCA State Permit Fee	<u>292</u>
Cert. of Occupancy	<u>65</u>
Other	<u> </u>
Total	<u>1897</u>
Check No.	<u>12826</u>
Cash	<u> </u>
Collected by	<u>gem</u>

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

- 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

(see reverse side)



PERMIT UPDATE

Date Update Issued 11/13/06
Control # 06-32919
Permit # 06-32919
Date Permit Issued 10/03/06

IDENTIFICATION Block 223 Lot 1.01

Work Site Location 521 Woodloch Memorial Ct.

Owner in Fee POS Tenants

Address PO Box 229

CMH, PT 06210

Tele. () 226-8715

Contractor Aliene Bros

Address 2560 Industrial Way

Yacaland, NJ

Tele. () 856-794-9490

Lic. No. or Bids. Reg. No. _____

Federal Emp. No. _____

or Social Security No. _____

is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER _____

☒ ELECTRICAL ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Estimated Cost of Work \$ 100,000

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building _____

Electrical 336

Plumbing 340

Fire Protection 38

Elevator Devices _____

Other _____

DCA Training Fee _____

Cert. of Occ. _____

Other _____

Total 714

Check No. 12921

Cash _____

Collected By: [Signature]