



Borough of Maywood

Department of Code Enforcement

15 Park Avenue

Maywood, New Jersey 07607

Office (201) 845-2900 Ext. 4 Fax (201) 909-0673

Block: 122

Lot: 15

Continued Certificate of Occupancy

Date of Application: 4/26/04 Name of Applicant: Robert Paglinco

Address of Inspection: 191 W. ~~Central~~ AVE Apt. #

Current property owners name: Robert Paglinco

Current property owners address: 593 Palmer Ave Phone # [REDACTED]

New Owners name: Michael Demarco Address: 297 Sunset Blvd, Wycoff, NJ

Will new owner occupy this dwelling: (Yes / No) If answer is no supply: Phone #

New Owners address: 297 Sunset Blvd, Wycoff, N.J.

Type of business: Construction Open Permits: None Permits # Type:

Type of C.C.O requested: (please check one)

- ☐ One Family \$30.00 ☐ Two Family \$50.00 ☐ Per Dwelling Unit \$25.00
☐ Commercial Structures Over 5000 sq. ft \$125.00 ☒ All other use groups \$50.00

Amount Paid:

Check Number:

Items that need to be corrected

Certificate # 04 015 Certificate valid only when signed by Borough Official

Date Issued 7/21/04 Borough Official Harry W. Dell

This certifies that this structure is in compliance the State Uniform Fire Code 5:70-4.19 (a-d) which regulates the installation of Smoke detectors and Carbon Monoxide Detectors



BOROUGH OF MAYWOOD
15 PARK AVENUE
MAYWOOD, NJ 07607
201-8452900

CERTIFICATE IDENTIFICATION

Date Issued: 08/27/2019
Control #: 3003
Permit #: 20190321

Block: 122 Lot: 15
Work Site Location: 191 W CENTRAL AVENUE
MAYWOOD
Owner in Fee: EMPIRE REAL ESTATE HOLDINGS INC
Address: 297 SUNSET BLVD
WYCKOFF NJ 07481
Telephone: _____
Agent/Contractor: FRANK A MACCHIONE T/A PAVING
Address: 168 MIDWOOD ROAD
PARAMUS NJ 07652
Telephone: 201 652-0694
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-3201021
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: B
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: _____
PAVING AS PER PLANS

Update Desc. of Wk/Use: _____

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

JAMES MAZZER Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

☐ **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees: \$0.00

Paid ☒ Check No.: 19328

Collected by: DL



BOROUGH OF MAYWOOD
15 PARK AVENUE
MAYWOOD, NJ 07607
201-8452900

CERTIFICATE IDENTIFICATION

Date Issued: 09/05/2019
Control #: 1431
Permit #: 20170041

Block: 122 Lot: 15
Work Site Location: 191 W CENTRAL AVENUE
MAYWOOD
Owner in Fee: EMPIRE REALEST HOLDINGS INC
Address: 297 SUNSET BLVD
WYCKOFF NJ 07481
Telephone: _____
Agent/Contractor: STANLEY ELECTRIC
Address: 24 MARKET STREET
SADDLE BROOK NJ 07662
Telephone: 201 282-7001
Lic. No./ Bldrs. Reg.No.: 18016 Federal Emp. No.: 47-2387771
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
ADDITIONAL RECEPTILES

Update Desc. of Wk/Use:

☐ **CERTIFICATE OF OCCUPANCY**

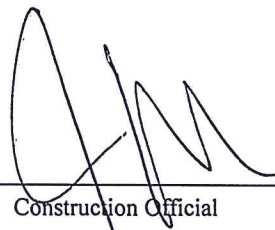
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:


JAMES MAZZER Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

☐ **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Fees: \$0.00

Paid ☒ Check No.: 11840

Collected by: dl

Borough of Maywood Building Dept.
15 Park Avenue
Maywood NJ 07607
(201)845-2900



CERTIFICATE

0234 - MAYWOOD BORO

Date Issued: 08/02/2016
Permit # 08-00382
Certificate: 0800382.1

IDENTIFICATION

Block 122 Lot 15 Qualifier
Work Site Location 191 W CENTRAL AVE
Maywood, NJ 07607
Owner in Fee EMPIRE REAL ESTATE HOLDING INC.
Address 297 SUNSET BLVD.
WYCKOFF, NJ 07481
Telephone [REDACTED]
Contractor On The Spot Home Improvements Inc
Address 24 Market Street
Saddle Brook, NJ 07663
Telephone [REDACTED] FAX
Lic No/Bldrs Reg No. Fed. Emp. No.223729059

Home Warranty No.
Type of Warranty Plan [] State [] Private
Use Group I/B
Maximum Live Load
Construction Class
Max. Occupancy Load
Description of Work/Use
GRADE GRAVEL OVER ENTIRE PROPERTY

Home Imprv. Reg No. / Exempt
Reason -

☐ CERTIFICATE OF OCCUPANCY

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☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (0 years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

CONSTRUCTION OFFICIAL

Fee \$0.00

Paid [\$0.00]

Collected by:

Check No.

PermitsNJ

PNJF260 rev. (5/2013)

Printed On: 08/02/2016 10:30



Borough Of Maywood
15 PARK AVENUE
MAYWOOD, NJ 07607
201 - 845-2900

Permit Number: 20140116
Permit Date: 11/20/2014
Update Number:
Control Number: 15058
Application Date: 11/20/2014

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 122	Lot: 15	Qualification Code:	Contractor:	ON THE SPOT HOME
Work Site Location:	191 W CENTRAL AVE Borough of Maywood		Address:	IMPROVEMENT, INC./Michael Demarco
Owner In.Fee:	EMPIRE REAL ESTATE HOLDING INC		Address:	191 WEST CENTRAL AVENUE
Address:	297 SUNSET BLVD			MAYWOOD NJ 07607
	WYCKOFF NJ 07481		Telephone:	(201) - 848-6899
Telephone:	[REDACTED]		Lic. No. / Bldrs. Reg. No.:	13VH01473500
Use Group(s):	U		Federal Emp. No.:	22-3729059

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL NEW CHAIN LINK FENCE

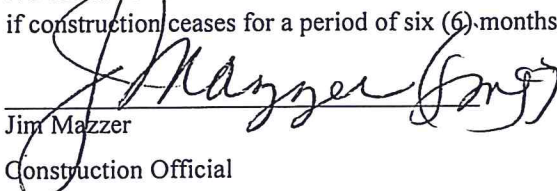
NOTE: MAX HEIGHT 7 FT ONLY AND MUST BE INSTALLED 3 INCHES OFF PROPERTY LINE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	300.00
Cost of Demolition:	0.00

Total Cost:	\$300.00
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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.


Jim Mazzer
Construction Official

11/24/2014
Date

PAYMENTS (Office Use Only)

Building	\$45.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$45.00
All Fees Waived:	No

Amount to be Paid:	\$45.00
Check Number:	6800
Check amount:	\$45.00

Collected by:	GMG
Receipt No:	
Total Cash Amount:	
Total Check Amount:	\$45.00
Total CC Amount:	
Grand Total:	\$45.00

Note:



BOROUGH OF MAYWOOD
15 PARK AVENUE
MAYWOOD, NJ 07607
201-845-2900

CERTIFICATE

IDENTIFICATION

Date Issued: 03/09/2006

Control #: 13314

Permit #: 20060134

Block: 122 Lot: 15 Qualification Code: _____

Work Site Location: 191 W CENTRAL AVE

Borough of Maywood

Owner in Fee: EMPIRE REAL ESTATE HOLDINGS INC

Address: 297 SUNSET BLVD

WYCKOFF NJ 07481

Telephone: [REDACTED]

Agent/Contractor: ON THE SPOT HOME IMPROVEMENT, INC./Michael

Demarco
Address: 191 WEST CENTRAL AVENUE

MAYWOOD NJ 07607

Telephone: 201 848-6899

Lic. No./ Bldrs. Reg.No.: 13VH01473500 Federal Emp. No.: 22-3729059

Social Security No.: _____

[] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

George J. Georgeou

George Georgeou Construction Official

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: _____

INSTALLING 18 SQ FT SIGN - ON THE SPOT

Update Desc. of Wk/Use: _____

[] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(____ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees: \$0.00

Paid[X]Check No.: 3151

Collected by: GMG



BOROUGH OF MAYWOOD
15 PARK AVENUE
MAYWOOD, NJ 07607
201-8452900

CERTIFICATE IDENTIFICATION

Date Issued: 08/04/2016
Control #: 1044
Permit #: 20160332

Block: 122 Lot: 15
Work Site Location: 191 W CENTRAL AVENUE
MAYWOOD
Owner in Fee: EMPIRE REALEST HOLDINGS INC
Address: 297 SUNSET BLVD
WYCKOFF NJ 07481
Telephone: _____
Agent/Contractor: ON THE SPOT HOME IMPROVEMENT, INC.
Address: 24 MARKET STREET
SADDLE BROOK NJ 07663
Telephone: 201 843-1200
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-3729059
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: _____
INSTALL 2 VINYL WINDOWS IN CEMENT WITH CEMENT LENTILS

Update Desc. of Wk/Use: _____

☐ **CERTIFICATE OF OCCUPANCY**

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☒ **CERTIFICATE OF APPROVAL**

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JAMES MAZZER Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

☐ **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees: \$0.00

Paid ☒ Check No.: 11354

Collected by: dl



BOROUGH OF MAYWOOD
15 PARK AVENUE
MAYWOOD, NJ 07607
201-845-2900

CERTIFICATE

IDENTIFICATION

Date Issued: 10/06/2006

Control #: 13860

Permit #: 20060660

Block: 122 Lot: 15 Qualification Code: _____

Work Site Location: 191 W CENTRAL AVE

Borough of Maywood

Owner in Fee: EMPIRE REAL ESTATE HOLDING INC

Address: 297 SUNSET BLVD

WYCKOFF NJ 07481

Telephone: [REDACTED]

Agent/Contractor: ON THE SPOT HOME IMPROVEMENT, INC./Michael

Demarco
Address: 191 WEST CENTRAL AVENUE

MAYWOOD NJ 07607

Telephone: 201 848-6899

Lic. No./ Bldrs. Reg.No.: 13VH01473500 Federal Emp. No.: 22-3729059

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: REPLACE ROOF WITH ICE SHIELD

Update Desc. of Wk/Use: _____

☐ CERTIFICATE OF OCCUPANCY

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☒ CERTIFICATE OF APPROVAL

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☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

George J. Georgeou

George Georgeou Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(____ years); see file

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Fees: \$0.00

Paid ☒ Check No.: 3700

Collected by: CD



Borough of Maywood
459 Maywood Avenue
Maywood, NJ 07607



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 10/13/94
Date Issued _____
Control # 94-5194A
Permit # _____

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

Block _____ Lot _____
Work Site Location 191 W. Central Ave Maywood
Owner in Fee R. Pugliese
Address 593 Palm Ave
Tele. (____) 295 7912
Contractor Peter Plein
Address 412 GOLF
Tele. (____) 875 5022
Lic. No. 11166
Federal Emp. No. 22-3140649 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
[] No Plans Required		Rough	_____	_____	_____	_____
Joint Plan Review Required:		Temporary	_____	_____	_____	_____
[] Bldg. [] Plumb.		Constr. Serv.	_____	_____	_____	_____
[] Fire [] Elevator		TCO	_____	_____	_____	_____
[] Elec. Plans Approved		Other	_____	_____	_____	_____
Date: _____		Service	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued _____				
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued _____				
Date: _____						
Approved By: _____						

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

☒ Licensed Electrical Contractor [] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
1		Fixtures (1)
		Receptacles (2)
1		Switches (3)
		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
1	1.5	Kw Water Heater(s)
		Kw Central heat:
		oil, gas or elec.
1	1	Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
		Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
		Amp Service Entrance
		Other

FEE (Office Use Only)

45—

10—

Paid [] Check # 13299 Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: WG TOTAL FEE \$ 55



Borough of Maywood
459 Maywood Avenue
Maywood, NJ 07607



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 8/2/94
Date Issued
Control #
Permit # 94-519

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

Block 127 Lot 15

Work Site Location _____

Owner in Fee Pagliaro

Address 191 W Central

Tele. (____) _____

Contractor NEBBIA PROS. INC

Address 185 MARtha AVE

ELMWOOD PARK. N.J. 07407

Tele. (201) 791-4599

Lic. No. 6370

Federal Emp. No. 22-1848631 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed X

Building Sewer Size 4" Public Sewer _____ Private Septic _____

Water Service Size 3/4" Public Water _____ Private Well _____

Estimated Cost of Plumbing Work \$ 2400

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL:

☐ CO ☐ CCO ☐ CA

Approved By: _____

Date: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas 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.

Signature—Contractor Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal/Bidet
	Bath Tub
1	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Water Cooled A/C
	or Refrigeration Unit
1	Sewer Connection
1	Water Service Connection
	Active Solar System
	Other

FEE (Office Use Only)

10

10

150

120

Paid ☒ Check # 18706 Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: WA TOTAL \$ 120