Date Received: AUG 30 2016
Control #: C54/43
Date Issued: 8/17/17
Permit #: #17-111

BUILDING SUBCODE
TECHNICAL SECTION

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

Block: 54 Lot: 43 Qualification Code: ____

Work Site Location: 37 EDSYAN DR

Owner in Fee: YANG INHOE

Tel. (201) 375-5949 e-mail ____

Address: 37 EDSYAN DRIVE (street) Moonachie (municipality) 07074 (zip code)

Contractor: Bespoke Contracting Tel. ( ) ____

Address: 45 River Rd STE 151 e-mail [illegible]@BespokeContractingNJ.com

EDGEWATER NJ 07020

Contractor License No. or Builder Registration No. 13VH05290300 Exp. Date 3/31/17

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

Federal Emp. ID No. 47-1855974 FAX (888) 282-0883

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

Lift of New Home; Elevate to new height.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11/3/16	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 8/17/16
Approved by: ____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] OA
Date: ____
Approved by: ____

INSPECTIONS Type	Failure	Date (Month/Day) Failure	Approval	Initial
(Footing)	10-17-17		2-13-18	DC
Footing Bonding				
Foundation				
Slab				
(Frame)	2-20-18		3-1-18	DC
Truss Sys./Bracing				
Barrier Free				
(Insulation)			3-1-18	DC
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TOD				
(Other)	11-2-17			
(Final)			8-14-18	DC
Barrier-Free				

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 ____

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work
1. New Bldg. $ ____
2. Rehabilitation $ 19,500.00
3. Total (1+2) $ ____

TYPE OF WORK
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 8')
[ ] 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 $ ____

10-12-17 Frame Not Ready DC

Failure – Built Without Rough Inspections DC / 11-2-17 Waterproofing Covered [illegible]

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/30/16 Control # 8/7/17
Date Issued Permit # #17-111

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

Block ______ Lot ______ Qualification Code ______
Work Site Location 37 Edstan Dr. Moonachie, NJ

Owner in Fee Xiang Inhoe
Tel (201) 325-5949 e-mail ______
Address 37 Edstan Drive, Moonachie, NJ
Contractor Michael Mazzo Electrical Contracting Tel (201) 638-7892
Address 711 Union Ave e-mail ______
Lyndhurst NJ 07071
Contractor License No. 10810 Exp. Date ______
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) ______
Federal Emp. ID No. 133 660824 FAX ( )

B. ELECTRICAL CHARACTERISTICS
Use Group: Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as 1 family Utility Co. P.S.
Est. Cost of Elec. Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date ______ Approved by ______
[✓] Electric Plans Approved
Date 9-8-16 Approved by MP
Joint Plan Review Required:
[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev
SUBCODE APPROVAL for PERMIT
Date 9-8-16
Approved by MP
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date ______
Approved by ______

INSPECTIONS — Dates (Month/Day) OVER

Type	Failure	Failure	Approval	Initial
Rough			2-16	[illegible]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
ICO				
Other			7-12-18	MP
Service				
Final			8-10-18	MP
Barrier-Free				

Temp. Cut-in Card Date Issued ______
Final Cut-in-Card Date Issued 7-15-18
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's Signature/Contractor's Seal and Signature
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 100A Service, Relocate Main Panel, Utility Room w/D, water heater vent, furnace

QTY	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
19		Receptacles	
10		Switches	
2		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
42		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 1/5 HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW/Elec. Sign/Outline Light	

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies

U.C.C. F120 (rev. 12/07)
Internet version

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/30/16
Control #

Date Issued 8/7/16
Permit # 17-111

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

Block 54 Lot 43 Qualification Code

Work Site Location 37 Edstan dr. Moonachie, NJ 07074

Owner in Fee: Xiang Inhoe

Tel. (201) 375-5949 e-mail SAMJACob2010@hotmail.com

Address 37 Edstan DR. Moonachie, NJ 07074
street municipality zip code

Contractor: DN work Plumbing & Htg Tel. (201 669-5014

Address 23 Lee Ct. Lodi, NJ 07644 e-mail

Contractor License No. 8706 Exp. Date 6-17

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

Federal Emp. ID No. 020568070 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Res / Com. Proposed

Building Sewer Size 4" Public Sewer X Private Septic

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

Est. Cost of Plumbing Work $ # 6,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8-30-16

Approved by: D.C

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 8-14-18

Approved by: DL

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			2-20-18	DL
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping TEST			2-20-18	DL
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	8-9-18		8-14-18	DL

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
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
1	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
1	Washing Machine
	Hose Bibb
1	Water Heater
	Fuel Oil Piping
1	Gas Piping
	LPGas Tank
	Steam Boiler
1	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other House Lift
	Other

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

Relocate, utility Room Boiler, Hot Water Heater to new utility Room
Install new utility sink, washer & Dryer in new Utility Room
Cap & Disconnect, water, waste, for House Lift
Required

U.C.C. F130 (rev. 12/05)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/30/16
Control #
Date Issued 8/17/17
Permit # 17-111

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

Block ______ Lot ______ Qualification Code ______
Work Site Location 37 Edison Dr.
Moonachie, NJ 07074
Owner in Fee: Liang Zhos
Tel. (201) 375-5949 e-mail ______
Address 37 Edison Dr.
Contractor: Michael Mazzo Electrical Contracting Tel. (201) 638-7392
Address 741 Union Ave e-mail ______
Lyndhurst NJ 07071
Fire Protection Equipment, NJ Div of Fire Safety Permit No. ______
Fire Protection Equipment, NJ Div of Fire Safety Installer No. ______
Fire Alarm Contractor No. ______ Exp. Date ______
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
Federal Emp. ID No. ______ 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 $ 250

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: 8-30-16 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8-30-16
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 8-30-18
Approved by: [signature]

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	8-3-18		8-30-18	[initials]
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. [signature]
Applicant's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: 1 Smoke Detector
1 Smoke/CO Detector
Battery not electric
Water Supply Source ______
Method of Alarm/Suppression System Supervision ______

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[1] 110v Interconnected		
[1] 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	2	
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 $ ______

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.