BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/11/2018
Control # 34907
Date Issued 9/11/2018
Permit # 180830

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

Block 141.01 Lot 5.01 Qualification Code ______

Work Site Location: 1211 JACKSONVILLE ROAD , NJ

Owner in Fee: U.S. BANK TRUST

Address 2711 HASKELL AVE. STE. 1700 DALLAS NJ 75204-

Tel. 888/5726950 Email ______

Contractor: MERIDIAN ENVIRONMENTAL SERV.

Address 24 GERMANIA STRATION ROAD STE3 TOMS RIVER NJ 08755-

Email ______

Tel. 732/2811900 Fax. 732/2811190

Contractor License No. or, if new home, Bldrs Reg. No. 13VH00866800 Exp. ______

Home improvment Contractor Registration No. or Exemption Reason(is applicable): ______

Federal Emp. ID No. 22-3663857

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here: ______

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

275 GALLON AST REMOVAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	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				

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$30
☐ 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	
☐ Other ______	
☐ Demolition	

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$2
TOTAL FEE	$62

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
Number of Stories ______
Height of Structure ______ Ft.
Area - Largest Floor ______ Sq. Ft.
New Blbg. Area / All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

If Industrial Building:
State Approved ______
HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. ______
2. Rehabilitation $1,000
3. Total (1+2) $1,000

U.C.C F110 (rev. 11/09)

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

DatePrinted