





BUILDING SUBCODE  
TECHNICAL SECTION



Date Received 4/19/1994  
Control # 63429  
Date Issued 4/19/1994  
Permit # 94194

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000  
Block 19 Lot 16 Qualification Code  
Work Site Location: 20 CENTRAL AVENUE , NJ

Owner in Fee: SHEPPARD, THOMAS E & GENEVIEVE  
Address 20 CENTRAL AVENUE BURLINGTON TWP NJ 08016-  
Tel. 609/3865426 Email  
Contractor: A BANCROFT & SON ROOFING CONT  
Address 31 HARTFORD ROAD DELRAN NJ 08075-  
Tel. 609/4616457 Fax.  
Contractor License No. or, if new home, Bldrs Reg. No. Exp.  
Home improvment Contractor Registration No. or Exemption Reason(is applicable):  
Federal Emp. ID No. 22-3050380

| JOB SUMMARY (Office Use Only)                                                                                                  |      |         |
|--------------------------------------------------------------------------------------------------------------------------------|------|---------|
| PLAN REVIEW                                                                                                                    | Date | Initial |
| <input type="checkbox"/> No Plan Required                                                                                      |      |         |
| <input type="checkbox"/> All                                                                                                   |      |         |
| <input type="checkbox"/> Footing/Foundation                                                                                    |      |         |
| <input type="checkbox"/> Struct/Framework                                                                                      |      |         |
| <input type="checkbox"/> Exterior                                                                                              |      |         |
| <input type="checkbox"/> Interior                                                                                              |      |         |
| Joint Plan Review Required                                                                                                     |      |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |      |         |
| SUBCODE APPROVAL for PERMIT                                                                                                    |      |         |
| Date: Approved by:                                                                                                             |      |         |
| SUBCODE APPROVAL for CERTIFICATE                                                                                               |      |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |      |         |
| Date: Approved by:                                                                                                             |      |         |

B. BUILDING CHARACTERISTICS  
Use Group Present Proposed If Industrial Building:  
Constr. Class Present Proposed State Approved  
Number of Stories HUD  
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 \$2,200  
3. Total (1+2) \$2,200

C. CERTIFICATION IN LIEU OF OATH

I hereby certify 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  
REROOF

| TYPE OF WORK                                             | FEE (Office Use Only) |
|----------------------------------------------------------|-----------------------|
| <input type="checkbox"/> New Building                    |                       |
| <input type="checkbox"/> Addition                        |                       |
| <input checked="" type="checkbox"/> Rehabilitation       | \$22                  |
| <input checked="" type="checkbox"/> Roofing              |                       |
| <input type="checkbox"/> Siding                          |                       |
| <input type="checkbox"/> Fence Height (exceeds 6')       |                       |
| <input type="checkbox"/> Sign Sq. Ft.                    |                       |
| <input type="checkbox"/> Pool                            |                       |
| <input type="checkbox"/> Retaining Wall Sq. Ft.          |                       |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 |                       |
| <input type="checkbox"/> Lead Haz Abatement NJAC 5:17    |                       |
| <input type="checkbox"/> Radon Remediation               |                       |
| <input type="checkbox"/> Other                           |                       |
| <input type="checkbox"/> Demolition                      |                       |
| Administrative Surcharge                                 |                       |
| Minimum Fee                                              | \$35                  |
| State Permit Surcharge Fee                               | \$2                   |
| TOTAL FEE                                                | \$37                  |

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.