BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/11/2020
Control # C-0257
Date Issued 3/12/2020
Permit # 20-0218

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 Burlington Township, NJ

Owner in Fee: EASTERN REAL ESTATE, LLC

Address 8001 CASTOR AVENUE SUITE 377 PHILADELPHIA PA 19152

Tel. (215) 913-7700 Email xxxxxxxx@xxxxx.xxx

Contractor: EASTERN REAL ESTATE, LLC

Address 8001 CASTOR AVENUE SUITE 377 PHILADELPHIA PA 19152

Email xxxxxxxx@xxxxx.xxx

Tel. (215) 913-7700 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.

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

REHAB. WORK, ELEC., PLMG, FRAMING, HVAC WORK, ADDED 2ND FLR. BATHROOM

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 Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame		4/29/20		
Truss Sys./Bracing				
Barrier-Free				
Insulation			6/8/20	MC
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/14/20	MC
Barrier-Free				

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☑ Rehabilitation
- ☐ 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

FEE (Office Use Only)

Rehabilitation	$180
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$11
TOTAL FEE	$191

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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.

Est. Cost of Bldg. Work:

1. New Bldg.
2. Rehabilitation $6,000
3. Total (1+2) $6,000

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

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