‹ 4007 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) 115 S. 6th St. PERMIT NO. 20-007

CCO

OF VINELAND
nd, New Jersey 08360
: 856-794-4113

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

ant Completes: Sections I, II, III (optional), IV, VI, and VII

ENTIFICATION

oposed Work Site at: 115. S 6th St.

me of Owner in Fee: New Hope Baptist Church

. (____) _____ e-mail _____

dress _____ (street) (municipality) (zip code)

vnership in Fee: Public _____ Private _____

incipal Contractor: _____ Tel. (____) _____

dress _____ e-mail _____

ense No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

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

deral Emp. ID No. _____ FAX: (____) _____

chitect or Engineer _____ Contact _____

ldress _____ e-mail _____

l. (____) _____ FAX: (____) _____

sponsible Person in Charge once Work has Begun _____

l. (____) _____ FAX: (____) _____

V(a). TYPE OF SEWAGE DISPOSAL
- ☐ Public or Private company
- ☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY
- ☐ Public or Private company
- ☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

OPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

UBCODES (k all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Mechanical									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale ____ ____
   - Gained, Rental ____ ____
   - Lost, Sale ____ ____
   - Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

LAN REVIEW (optional)

YOU WANT:
Partial Releases
Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

CITY OF VINELAND
640 E WOOD ST-PO BOX 1508
VINELAND, NJ 08362-1508

Date Issued 04/09/20
Control #
Permit # 20-007

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 4007 Lot 22 Qual
Work Site Location 115 S 6TH ST

Owner in Fee/Occupant NEW HOPE BAPTIST CHURCH
Address 115 S SIXTH ST
VINELAND, NJ 08360-
Telephone ( ) -
Contractor DALE T TAYLOR
Address 51 FORAGE DR
MICKLETON, NJ 08056-
Telephone (856)687-5444 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group B-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

CCO WALK THRU
COSMETIC RENOVATIONS

[ ] 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 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 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.

[X] 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.

[ ] 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 the owner will be subject to fine or order to vacate:

[ ] 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
Paid [ ] Check No.
Collected by:

U.C.C. F260 (rev. 3/96)

CITY OF VINELAND
640 E WOOD ST-PO BOX 1508
VINELAND, NJ 08362-1508

Date Issued 01/30/20
Control #
Permit # 20-007

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 4007 Lot 22 Qual

Work Site Location 115 S SIXTH ST

Owner in Fee NEW HOPE BAPTIST CHURCH
Address 115 S SIXTH ST
VINELAND, NJ 08360-
Telephone ( ) -

Contractor DALE T TAYLOR
Address 51 FORAGE DR
MICKLETON, NJ 08056-
Telephone (856) 687-5444
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] LEAD HAZARD ABATEMENT
[ ] ELEVATOR DEVICES [ ] MECHANICAL [ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:
CCO WALK THRU
COSMETIC RENOVATIONS

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.

Estimated Cost of Work $ 2

Construction Official

01/30/20
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

K 4007 LOT 22 ADDRESS (SITE) 115 S. Sixth St. SIDED. PERMIT NO. 10-90

TY OF VINELAND
ıeland, New Jersey 08360
one: 856-794-4113

New Jersey UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

Received 1/13/10 YR Called 1-22-10

nt Completes: Sections I, II, III (optional), IV, VI, and VII

ITIFICATION

)osed Work Site at: 115 S. Sixth Street.
ıe of Owner in Fee: Jane Garner
( ) e-mail
ress [redacted] (street, municipality, zip code)
ıership in Fee: Public Private
cipal Contractor: B+R MECHANICAL CONTRACTOR Tel. ( )
ress 1750 FOREST GROVE RD. e-mail
VINELAND, N.J. 08360
nse No. OR, if new home, Builder Reg. No. 121174 Exp. Date
ıe Improvement Contractor Registration No. or Exemption Reason (if applicable):
eral Emp. ID No. [redacted] Fax: ( )
ıitect or Engineer Contact
ress e-mail
( ) Fax: ( )
ponsible Person in Charge once Work has Begun ELROSS HARRIS
(856) 982-2204 Fax: ( )

V(a). TYPE OF SEWAGE DISPOSAL
☐ Public or Private Company
☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY
☐ Public or Private Company
☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS (Office Use Only)

1. Number of Stories
2. Height of Structure ft.
3. Area — Largest Floor sq. ft.
4. New Building Area sq. ft.
5. Volume of New Structure cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved ___ HUD___
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes ___ no ___

:OPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

JBCODES *all that apply*

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing	300.00								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	300.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: B
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE - List secondary use(s):
D. Construct. Classification: Present
Proposed

AN REVIEW (optional)

)U WANT:
Partial Releases
Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration System
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

DATE ISSUED 1-27-10
PERMIT # 10-90

IDENTIFICATION

BLOCK 4007 LOT 22

WORK SITE LOCATION 115 S SIXTH ST

OWNER IN FEE/OCCUPANT JANE GARNER

ADDRESS [redacted]

Telephone ([redacted]

CONTRACTOR B&R MECHANICAL CONTRACTOR

ADDRESS 1750 FOREST GROVE RD
VINELAND, NJ 08360

TELEPHONE (_) _ FAX (_____) _____

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group B

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy _____

Description of Work/Use:

INSTALL SINK-CONVERT GIFT SHOP TO BARBER SHOP T/A ICELAND CUTS.

☒ **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 the owner will be subject to fine or order to vacate:

_____

☐ **CERIFICATE OF CLEARANCE—LEAD ABATEMENT 5.17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17, 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 _____.

CONSTRUCTION OFFICIAL, KEVIN KIRCHNER

FEE $ 250
Paid ☒ Check No. WITH PERMIT
Collected by MB

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 1-26-10
Permit # 10-90

IDENTIFICATION BLOCK 4007 LOT22

Work Site Location: **115 S SIXTH ST**
SIDE B

OWNER IN FEE: **JANE GARNER**
ADDRESS [redacted]
TELEPHONE NO. [redacted]

CONTRACTOR ADDRESS **B & R MECHANICAL CONTRACTOR**
1750 FOREST GROVE RD
VINELAND, NJ 08360
TELEPHONE NO. **(856)**
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

INSTALL SINK - CONVERT GIFT SHOP TO BARBER SHOP

NOTE: If construction does not commence within one (one) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 300

PAYMENTS	(Office Use Only)
BUILDING	$
ELECTRICAL	$
PLUMBING	$50
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$1
CERT. OF OCCUPANCY	$PD
ZONING	$32
TOTAL	$83
CHECK # 814	
CASH	☐
COLLECTED BY	

KEVIN KIRCHNER 1-26-10
Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C.5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.
The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling; For Dwellings-a sealed as built survey must be submitted to construction office prior to backfill inspection.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.
☐Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:
☐A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".
☐A complete copy of released plans must be kept on the job site.

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 1-12-10

Date Issued
Permit # 10-90

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

Block 4007 Lot 22 Qualification Code _____

Work Site Location 115 E. SOUTH ~~24th~~ STREET
VINELAND, N.J. 08360

Owner in Fee: Jane Garner

Tel. ([redacted]) [redacted] e-mail _____

Address [redacted]
Street Municipality Zip code

Contractor: B+R Mechanical Contractors Tel. (856) 692-7210

Address 1720 Forest Grove Rd e-mail _____
Vineland NJ 08360

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. [redacted] FAX: ( ) _____

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date:_____ Approved by:_____
[ ] Plumbing Plans Approved
Date:_____ Approved by:_____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/27/10
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1/27/10
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11/27/10	[signature]

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADDING A SINK

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

FEE (Office Use Only)

$ _____

Administrative Surcharge $ 50
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 1

U.C.C. F130 (rev. 12/07) 1. White = Inspector Copy 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

CITY OF VINELAND
ZONING PERMIT or CERTIFICATE OF ZONING COMPLIANCE

Application Received: 12/22/09 Fee: $ 32.00 Permit Number: 678 - 2009

ZONING.. Permit (X) Shed/Pool Permit ( ) Cert. ( )...Use (C)(5)

Address: 115B S SIXTH ST

Zone: R Block: 4007 Lot: 22

Owner: JANE GARNER Ph: [redacted]

Applicant: ELROSS HARRIS Ph: 856-982-2204

ALL Existing Uses/Structures: GIFT SHOP

Proposed Change/Alteration of Uses/Structures: BARBER SHOP- ICELAND CUTS

The Proposed Activity is; Principal (X) or Accessory ( ) to the Site.

* * * * * * *

I hereby certify that I have examined a Zoning Permit Application for the issuance of a Zoning Permit or Cerificate of Zoning Compliance. The applicant has made certain Documents available for review, which will become a part of this Permit / Certificate. Upon review it was determined that this proposed Use or Structure is (all blocks checked and additional notations shall apply)....

1.(X)..In compliance with the City of Vineland Land Use Ordinance now in effect, Ordinance 86-38 (amended) Chapter 300 Vineland Code, as a matter of being permitted, or approved by Variance there from;

2.( )..Approved by - ( ) Zoning Board of Adj. or; ( ) Planning Board Date of Final Approval: ;

3.(X)..A Pre-Existing, Non-Conforming Use that can LEGALLY continue in that it met the provisions of a previous Zoning Ordinance at the time it was Constructed or the Use was instituted. Or, the Use or Structure pre-dates any of the Zoning Ordinances executed by the City of Vineland, Landis Township, or Borough of Vineland;

4.(X)..Conditions of approval as pertaining to this permit, and/or requirements of the applicant which are mandated to validate permit;

a. ( ) Planning Division "permit release" memorandum must be attached;

b. (X) Project site must be constructed as per Plot Plan or Site Plan;

c. ( ) Size and location of Structure(s) proposed must be in accordance with the provisions identified in the Approval Resolution(s);

d. (X) Redevelopment Authority Approval must be attached

e. NO CHANGE IN FOOTPRINT OR SITEPLAN

f.

g.

Date: 12/30/09

Pd: .

Zoning Officer, PATRICK FINLEY

574 LOT 22 ADDRESS (SITE) 115 S 6th St PERMIT NO. 06-120

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT APPLICATION

Complete: Sections I, II, III, IV, V(a), V(b) - (Optional VI)

TIFICATION

ised Work-Site at: 115 S. 6th STREET

of Owner in Fee: JANE T. GARNER

ess [redacted]
street municipality zip code

hone No. [redacted] Fax No.

rship in Fee: Public Private ✓

pal Contractor: OWNER

ess

hone No. Fax No.

se No. or, if new home, Builder's Reg. No. Exp. Date

al Emp. No. Social Security No.

tect or Engineer:

ess

hone No. Fax No.

onsible Person In Charge of Work: JANE GARNER (Must Be N.J. Resident)

ess 430 GREENTREE Rd Elwell NJ 08080

hone No. 856-582-5838 Fax No.

V(a). TYPE OF SEWAGE DISPOSAL
- ❑ Public or Private Company
- ❑ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY
- ❑ Public or Private Company
- ❑ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

POSED WORK	Est. Cost
mall Job ($5,000 nd no prior approvals)	
ew Building	
ddition	
lteration	$ 17,000
lectrical	
umbing	
ire Protection	
levator Devices	
sbestos Abatement	
ead Hazard Abatement	
emolition	
TOTAL COSTS	

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change In Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change In Use Group, Indicate Former:

ES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

evators, Escalators, Lifts, umbwaiters, Moving Walks gh Pressure Boilers
3. ❑ Pressure Vessels
4. ❑ Refrigeration Systems
5. ❑ Cross-Connections, Backflow Preventers
6. ❑ Hazardous Uses, Places of Assembly
7. ❑ Sprinklers
8. ❑ Smoke Control Systems in Open Walls
9. ❑ Underground Storage Tanks

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1-30-06
Control #

Date Issued
Permit # 06-120

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

Block 574 Lot 22 Qualification Code ______
Work Site Location ______

Owner in Fee ______
Address ______

Tel. ( ) ______
Contractor ______
Address ______

Tel. ( ) ______ FAX ( ) ______
Contractor License No. or Builder Registration No. ______
Federal Emp. No ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-16-06
Approved by: [signature]

INSPECTIONS 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			2/16/06	RT
Barrier-Free				

(Dates (Month/Day) heads the Failure, Approval and Initial columns.)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class 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.
Total Land Area Disturbed ______ Sq. Ft.

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

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
Reside house
...

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[X] Siding
[ ] Fence ______ Height (exceeds 6')
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ______
[ ] Demolition

FEE (Office Use Only)
$ ______

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

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 1/30/06
Permit # 06-120

IDENTIFICATION BLOCK **574** LOT **22**

Work Site Location: **115 S SIXTH ST**

OWNER IN FEE: **JANE T GARNER**

ADDRESS [redacted]

TELEPHONE NO. [redacted]

CONTRACTOR **SAME AS OWNER**

ADDRESS

TELEPHONE NO. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☐ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

RESIDE DUPLEX WITH VINYL SIDING INCLUDES SOFFITS & FASCIA.

NOTE: If construction does not commence within one (one) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 17,000

PAYMENTS	(Office Use Only)
BUILDING	$255
ELECTRICAL	$
PLUMBING	$
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$23
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	$278
CHECK #1165	
CASH	☐
COLLECTED BY	HG

KEVIN J KIRCHNER HG 1/30/06

Construction Official KEVIN J KIRCHNER Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C.5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".

☐A complete copy of released plans must be kept on the job site.

574 LOT 22 ADDRESS (SITE) 115 S Sixth St PERMIT NO. 04-1326

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT APPLICATION

8/24/04 PC

t Complete: Sections I, II, III, IV, V(a), V(b) - (Optional VI)

TIFICATION

osed Work-Site at: 115 S Sixth St
e of Owner in Fee: Jane Tasso % Jane Garner.
ess [redacted]
street municipality zip code
hone No. N/a Fax No.
ership in Fee: Public Private
ipal Contractor: David Guidarini
ess 1616 N East Ave Vld.
hone No. 696-9399 Fax No. 696-2883
ise No. or, if new home, Builder's Reg. No. 9027 Exp. Date.
ral Emp. No. [redacted] Social Security No.
tect or Engineer:
ess
hone No. Fax No.
onsible Person In Charge of Work: (Must Be N.J. Resident)
ess
hone No. Fax No.

V(a). TYPE OF SEWAGE DISPOSAL
- ☐ Public or Private Company
- ☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY
- ☐ Public or Private Company
- ☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

POSED WORK	Est. Cost
mall Job ($5,000 and no prior approvals)	
lew Building	
ddition	
lteration	
lectrical	
lumbing	
ire Protection	
Elevator Devices	
sbestos Abatement	
ead Hazard Abatement	
emolition	
TOTAL COSTS	5,000

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: R5 D/M
2. Use Group:
3. Change In Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change In Use Group, Indicate Former:

ES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

evators, Escalators, Lifts, umbwaiters, Moving Walks igh Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections, Backflow Preventers
6. ☐ Hazardous Uses, Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Walls
9. ☐ Underground Storage Tanks

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9-30-04
Date Issued
Control #
Permit # 04-1326

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

Block 574 Lot 22
Work Site Location ~~113-115 S 6th St~~ 115 S 6th St
Owner in Fee/Occupant ~~Jane Tasco~~ Jane Tasco % Jane Garner
Address [redacted]
Tele. ( ) 0
Contractor David Guidarini
Address 1616 N. East Ave. Vineland
Tele. ( ) 696-9399 Fax ( ) 696-2883
Lic. No. 9224
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 4 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[4 ~~No~~ Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/30/04 MV
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10/27/04
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service (Final only)			10/27/04	
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 10/7/04

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		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/+ HP	
		KW Transformer/Generator	
4	100	AMP Service	180-
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	7
TOTAL FEE	$	

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 9-1-04
Permit # 04-1326

IDENTIFICATION BLOCK 574 LOT **22**

Work Site Location: **115 S SIXTH ST**

OWNER IN FEE: **JANE TASSO C/O JANE GARNER**

ADDRESS [redacted]

TELEPHONE NO. ( )

CONTRACTOR **DAVID GUIDARINI**
ADDRESS **1616 N EAST AVE**
VINELAND, NJ 08360

TELEPHONE NO. **(856)696-9399**

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☒ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

4 SERVICES

NOTE: If construction does not commence within one (one) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 5,000

PAYMENTS	(Office Use Only)
BUILDING	$
ELECTRICAL	**$180**
PLUMBING	$
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	**$7**
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	**$187**
CHECK #	
CASH	☒
COLLECTED BY	SP

KEVIN KIRCHNER 9-1-04
Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C.5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

574 LOT 22 ADDRESS (SITE) 115 S. Sixth St PERMIT NO. 90-6799

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 609-794-4114

CONSTRUCTION PERMIT APPLICATION

Applicant Complete: Sections I, II, III, IV, V(a), V(b) - (Optional VI)

I. IDENTIFICATION

1. Proposed Work-site at: 115 S. Sixth Street
2. Name of Owner in Fee: J & D. Vasso Tel. (___) ___
   Address [redacted] (street / municipality / zip code)
3. Ownership in Fee: Public ___ Private ✓
4. Principal Contractor: Owner Tel. (___) ___
   Address ___
   License No. OR, if new home, Builder Reg. No. ___ Exp. Date ___
   Federal Emp. No. ___ Social Security No. ___
5. Architect or Engineer ___ Tel. (___) ___
   Address ___
6. Responsible Person In Charge of Work ___ Tel. (___) ___

V. HEATING FUEL

Principal	Secondary	Type
☐	☐	Gas
☐	☐	Oil
☐	☐	Electric
☐	☐	Solid (Wood, Coal, Etc.)
☐	☐	Propane
☐	☐	Solar
☐	☐	Other ___

V(a). TYPE OF SEWAGE DISPOSAL

☐ Public or Private Company
☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY

☐ Public or Private Company
☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories ___	
2. Height of Structure ___ ft.	
3. Area—Largest Floor ___ sq. ft.	
4. Building Area—All Floors ___ sq. ft.	
5. Volume of Structure ___ cu. ft.	
6. Construction Classification ___	
7. Total Land Area Disturbed ___ sq. ft.	
8. Flood Hazard Zone ___	
9. Base Flood Elevation ___ ft.	
10. Wetlands yes ___ sq. ft. / no ___	
11. Fire Grading ___	
12. Max. Live Load ___	
13. Max. Occupancy Load ___	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	300
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	300

VI. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☑ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ___
After Construction ___
Net gain or loss ___

VII. NON-RESIDENTIAL

- ☐ Theatres with Stage (A–1–A)
- ☐ Movie Theatres (A–1–B)
- ☐ Night Clubs (A–2)
- ☐ Restaurants, Libraries, Museums (A–3)
- ☐ Religious Assembly (A–4)
- ☐ Outdoor Assembly (A–5)
- ☐ Business (B)
- ☐ Educational (E)
- ☐ Moderate-Hazard Factory (F–1)
- ☐ Low-Hazard Factory (F–2)
- ☐ High-Hazard (H)
- ☐ Institutional Detention Center (I–1)
- ☐ Hospitals, Infirmaries (I–2)
- ☐ Group Homes (I–3)
- ☐ Mercantile (M)
- ☐ Moderate-Hazard Warehouse (S–1)
- ☐ Low-Hazard Warehouse (S–2)
- ☐ Temporary, Misc. (U)
- ☐ Other ___

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

State Specific Use: ___

If Change in Use Group, Indicate Former: ___

Rudy

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 609-794-4114

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-5-90
Control #
Permit # 90-6799

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

Block 574 Lot 22
Work Site Location [redacted] 115 So 6th St.
Vineland, NJ 08360
Owner in Fee Jane & Albert Thesso
Address [redacted]
Tele. ([redacted])
Contractor OWNER
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. _____

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
Replace Porch Floor (2nd Floor) & railings

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final			9/10/90	RT

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [✓] Other Maintenance
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ ~~25~~

B. BUILDING CHARACTERISTICS

Use Group Present R3L Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 300 —
3. Total (1+2) $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

"CITY OF VINELAND"
Vineland, N.J. 08360
(609) 691-3000

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

BLOCK NO. 574 LOT NO. 22 SUBDIVISION Kuay PERMIT NO. 60572

IDENTIFICATION

Used Work at: 115 S. Sixth Street
Owner Name: Victor Jose Osyola Tel. ( )
Address Same
Principal Contractor: Owner Tel. ( )
Address
License No. or Builder Reg. No. Federal Emp. No.
Architect or Engineer: Tel. ( )
Address
Responsible Person in Charge of Work Tel. ( )

PROPOSED WORK

TYPE OF WORK

- ☐ Minor Work (Single Trade)
- ☐ Small Job ($5,000 and no Prior Approvals)
  Complete only II.B., III and IV.A. and Page 2
- ☐ New Building
- ☐ Addition
- ☒ Alteration
- ☐ Repair, Replacement
- ☐ Demolition
- ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$ 1,200 —
2. ☒	Plumbing	285 —
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$1,485 —

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL

- ☐ Hotels (R–1)
- ☐ Multi-Family (R–2)
  HMD Reg. No.:
- ☐ Two Family (R–3b)
- ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units ____

If other than new construction, enter no. of dwelling units:
Before Construction: ____
After Construction: ____
Net Gain (or loss): ____

NON-RESIDENTIAL

- ☐ Theatres with Stage (A–1–A)
- ☐ Movie Theatres (A–1–B)
- ☐ Night Clubs (A–2)
- ☐ Restaurants, Libraries, Museums (A–3)
- ☐ Religious Assembly (A–4)
- ☐ Outdoor Assembly (A–5)
- ☐ Business (B)
- ☐ Educational (E)
- ☐ Moderate-Hazard Factory (F–1)
- ☐ Low-Hazard Factory (F–2)
- ☐ High-Hazard (H)
- 16. ☐ Institutional Detention Center (I–1)
- 17. ☐ Hospitals, Infirmaries (I–2)
- 18. ☐ Group Homes (I–3)
- 19. ☒ Mercantile (M)
- 20. ☐ Moderate-Hazard Warehouse (S–1)
- 21. ☐ Low-Hazard Warehouse (S–2)
- 22. ☐ Temporary, Misc. (U)
- 23. ☐ Other ____

Use Specific Use: Walk in coolers

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories ____
15. Height of Structure ____ Ft.
16. Area–Largest Floor ____ Sq. Ft.

CITY OF VINELAND
Vineland, N.J. 08360
(609) 691-3000

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

REVISION DATE _____

Block 524 Lot 22

Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner VICTOR JOSE OVALA

Address 115 S. 6TH ST. VINELAND, N.J. 08360

Tel. ( ) [redacted]

Work Site Address _____

Contractor Will notify

Address _____

Tel. ( ) _____

Lic.No./Bus. Permit _____

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Victor Jose Ovala

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
X	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection		X	Other 3 PWLT	
	Sewer Util. Connection		X	Other SINK	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 50

7-28-93

C. PLUMBING CHARACTERISTICS

USE GROUP: M Present M Proposed

Drainage — Material _____ Size _____

Building Sewer— Material _____ Size _____

Water Service— Material _____ Size _____

Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ 245

D. COMMENTS

T & J Market

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

Rudy

"CITY OF VINELAND"
Vineland, N.J. 08360
(609) 691-3000

UC NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 66057-G
DATE ISSUED 4/25/85
REVISION DATE ______
Block 579 Lot 22
Subdivision ______

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner [illegible]
Address [illegible]
VINELAND, N.J.
Tel. ( ) [redacted]
Work Site Address SAME

Contractor ANGEL CARDONA
Address [illegible] ST.
Tel. ( ) ______
Lic. No. ______
Federal Emp. No. ______

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

[illegible] A WALK-IN COOLER BOX. ALUMINUM [illegible] PRE FABRICATED. [illegible] PIECES [illegible] ALL. IT'S 12'X6'X8'

☐ See Plans

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other ______
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other ______

Fee Basis	Fee
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$ 20—

C. BUILDING CHARACTERISTICS

USE GROUP: M Present M Proposed
No. of Stories ______
Height of Structure ______ Ft.
Area—Largest Floor ______ Sq. Ft.
Total Building Area—All Floors ______ Sq. Ft.
Volume of Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.
Estimated Cost of Building Work: $ 1,200—

D. COMMENTS

Metal lined.
T+J Market

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

"CITY OF VINELAND"
Vineland, N.J. 08360
(609) 691-3000

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

BLOCK NO. 674 LOT NO. 22 SUBDIVISION PERMIT NO. 65714

I. IDENTIFICATION

1. Proposed Work at: 115 S. Sixth Street
2. Owner Name: Albert & Jane Tasso Tel. ( ) [redacted]
   Address
3. Principal Contractor: Alcides Morales Tel. ( )
   Address 654 Cherry Street
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☑ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$ 300
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units

If other than new construction, enter no. of dwelling units:
Before Construction:
After Construction:
Net Gain (or loss):

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☑ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use:

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories
15. Height of Structure Ft.
16. Area–Largest Floor Sq. Ft.
17. Bldg. Area–All Fls. Sq. Ft.
18. Volume of Structure Cu. Ft.
19. Total Land Area Disturbed Sq. Ft.

"CITY OF VINELAND"
Vineland, N.J. 08360
(609) 691-3000

Ed

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 1571-H
DATE ISSUED 10-9-87
REVISION DATE
Block 574 Lot 22
Subdivision

Tasso, Albert + Diane.

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner [illegible]
Address [redacted]
Tel. ( ) [redacted]
Work Site Address 115 So. Sixth St
Vld, NJ.

Contractor [illegible] Morales.
Address 654 Cherry St
Vld, NJ
Tel. ( ) 696-4028
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

[illegible] sheet rock 3/4 [illegible]

Tenant separation

☐ See Plans

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other

Fee Basis	Fee
	$

SUBTOTAL $
Minimum Building Fee (if applicable) $
Total Building Fee (*Greater of Minimum or Subtotal*) $ 15—

C. BUILDING CHARACTERISTICS

USE GROUP: M Present M Proposed
No. of Stories
Total Building Area—All Floors Sq. Ft.
Height of Structure Ft.
Volume of Structure Cu. Ft.
Area—Largest Floor Sq. Ft.
Total Land Area Disturbed Sq. Ft.
Estimated Cost of Building Work: $ 300.00

D. COMMENTS

C.O. #50—

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

"CITY OF VINELAND"
Vineland, N.J. 08360
(609) 691-3000

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

BLOCK NO. 514 LOT NO. 24 SUBDIVISION Kanay PERMIT NO. 65336

I. IDENTIFICATION

1. Proposed Work at: 113-115 S. Sixth St.
2. Owner Name: A.L. Tasso Tel. ([redacted]
   Address [redacted]
3. Principal Contractor: Irwin Aives Tel. (___) ___
   Address ___
   Lic. No. or Builder Reg. No. ___ Federal Emp. No. ___
4. Architect or Engineer: ___ Tel. (___) ___
   Address ___
5. Responsible Person in Charge of Work ___ Tel. (___) ___

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☑ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: ___

B. CATEGORIES OF WORK

Permit/Category		Estimated
1.	☑ Building/ Structural	$ 300 -
2.	☐ Plumbing	
3.	☐ Electrical	
4.	☐ Fire Protection	
5.	☐ Other ___	
6.	☐ Other ___	
	TOTAL COST	$ 300 -

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: ___
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units ___

If other than new construction, enter no. of dwelling units:
Before Construction: ___
After Construction: ___
Net Gain (or loss): ___

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☒ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other ___

State Specific Use: ___

If Change in Use Group, Indicate Former: ___

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ___

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories ___
15. Height of Structure ___ Ft.
16. Area–Largest Floor ___ Sq. Ft.
17. Bldg. Area–All Fls. ___ Sq. Ft.
18. Volume of Structure ___ Cu. Ft.
19. Total Land Area Disturbed ___ Sq. Ft.

Rudy

"CITY OF VINELAND"
Vineland, N.J. 08360
(609) 691-3000

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 6533-6
DATE ISSUED 6-5-83
REVISION DATE
Block 5121 Lot 20
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner G.L. Tri 350
Address [redacted]
Tel. ( ) [redacted]
Work Site Address 113-115 Ave. 1st St.

Contractor Twin Wires
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Make openings thru support wall to make access to two floors side by side
Opening #1 - 5' wide w Double 2x12 header w/4x4 studs as header support
Opening #2 - 4' wide w Double 2x12 header w/4x4 studs as header support

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☑ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other Interior
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
		5—
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 5—

C. BUILDING CHARACTERISTICS

USE GROUP: M Present M Proposed

No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Building Area—All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.
Estimated Cost of Building Work: $ 300 00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy