The Borough of Sayreville

Municipal Clerk's Office

167 Main Street
Sayreville, NJ 08872
Tel: 732-390-7020 • Fax: 732-390-0509

July 25, 2023

Joanne Raczynsky
opra+request-48797-e573afeb@requests.opramachine.com

Re: Request for Access to Public Records

Dear Ms. Raczynsky:

As requested pursuant to the Open Public Records Act, enclosed is the response from the Borough of Sayreville Construction Department.

If I can be of any further assistance, please do not hesitate to call my office.

Very truly yours,

Nicole L. Waranowicz
Deputy Municipal Clerk

NLW/jo

INTER OFFICE **MEMO**

To: Jessica Morelos, RMC

From: Kirk J. Miick, Director of Code Enforcement

Date: July 20, 2023

RE: OPRA Request
153 Main St

Please be advised that the above request has been reviewed. Please advise Joanne Raczynsky that the information that the construction office has on file is attached. There aren't any open permits associated with the above address. Any questions, please feel free to contact me.

KJM/ajh

OFFICE OF CONSTRUCTION OFFICIAL

Permit Options Report

From: **To:** 7/20/2023
Block: 168.01 **Lot:** 91 **Town(s):**Borough of Sayreville

Permit #	Permit Date	Census	Control #	Updates	Partial	Partial Date	Description of Work					Close Date
Block & Lot		Cost	Use Group	Bldg	Elec	Fire	Plmb	Elev	Mech	AltFee	COFee	OtherFee
Work Site			Waived Fees	BAdm	EAdm	FAdm	PAdm	VAdm	MAdm	VolFee	TCOFee	PenaltyPmt
Cubic Feet		Square Feet								DCA Min.		
Owner Name			Minimum Fees	BTotl	ETotl	FTotl	PTotl	VTotl	MTotl	TFTotl	CertTotl	Total Fee
												1/8/2010
20091168	10/13/09	434	42592	0			Roofing					
168.01 91		$3,000.00	R-5	$75.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.00	$0.00	$0.00
153 MAIN ST			No Fees Waived	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0 Cu.ft.		0 Sq.ft.								$0.00		
Jonathan Dolc			$0.00	$75.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.00	$0.00	$80.00
												1/15/2010
20091169	10/13/09	434	42593	0			water heater, furnace a/c replacement					
168.01 91		$400.00	R-5	$0.00	$150.00	$50.00	$75.00	$0.00	$0.00	$1.00	$0.00	$0.00
153 MAIN ST			No Fees Waived	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0 Cu.ft.		0 Sq.ft.								$0.00		
Jonathan Dolc			$0.00	$0.00	$150.00	$50.00	$75.00	$0.00	$0.00	$1.00	$0.00	$276.00
Grand Total				**$75.00**	**$150.00**	**$50.00**	**$75.00**	**$0.00**	**$0.00**	**$6.00**	**$0.00**	**$356.00**
										Total Penalties Collected for Permits Issued		**$0.00**
										Total Fees and Penalties Collected		**$356.00**

Total Permits: 2 **Total Partials: 0**

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 89.0320
DATE ISSUED 5-25-89
Block 168 A Lot 91
Subdivision

A. IDENTIFICATION

Owner MARYANN NAWOY
Address 153 MAIN ST SAYREVILLE
Tel. ( ) [redacted]

Agent MATTY ZOLEWSKI
Address 14 PULASKI AVE SAYREVILLE N.J
Tel. ( ) [redacted]

Work Site Address 153 MAIN ST SAYREVILLE
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 48.60
Fees Remitted $ 48.60
☐ Check No.
☒ Cash
☐ Other

Collected By: Treasurer
Date: 5-25-89

is hereby granted permission to perform the following work:

☐ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER ROOFING

Description of work:

SLATE + SHINGLES
RIP OFF
REPLACE WITH 240 PER SQ. WHITE SHINGLES
SELF CEILING

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: $ 5,400

Stanley Zyglowski
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

CONSTRUCTION PERMIT

Date Issued 9/25/90
Control #
Permit # 90.0737

IDENTIFICATION Block 168A Lot 91

Work Site Location 153 MAIN ST, Sayreville, N.J. 08872
Owner in Fee MARY ANN NAWOJ
Address 17 HAAS ST, Sayreville, N.J., 08872
Tele. [redacted]

Contractor MYSELF
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
Replacing all the pipeing

PAYMENTS (Office Use Only)	
Building	
Plumbing	125.00
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	177
Cash	
Collected By:	Treasurer

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 $

Richard Goel
CONSTRUCTION OFFICIAL

9/25/90

U.C.C. Form F-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

CONSTRUCTION PERMIT

Date Issued 6/30/95
Control #
Permit # 95.0459

IDENTIFICATION Block 168.01 Lot 91

Work Site Location 153 MAIN ST
Sayreville, N.J., 08872
Owner in Fee Mary Ann Nawoj
Address 17 Haag St.
Sayreville, N.J., 08872
Tele. [redacted]

Contractor SELF HOMEOWNER
Address 17 HAAG ST
SAYREVILLE NJ. 08872
Tele. [redacted]
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER _____
[✓] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Interior Alterations

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 $ 4,000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	$36.00
Electrical	176.00
Plumbing	60.00
Fire Protection	n/c
Elevator Devices	
Other	
DCA Training Fee	3.00
Cert. of Occ. xxxxApproval	35.00
Other	
Total	$310.00
Check No.	
Cash	XXX
Collected By:	Treasurer 6/30/95

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06-26-95
Date Issued 6/30/95
Control #
Permit # 95.0459

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

Block 168.01 Lot 41
Work Site Location 155 MAIN ST
SAYREVILLE NJ 08872
Owner in Fee Mary Ann Rooney
Address
Tele. [redacted]
Contractor HOME OWNED
Address
Tele. (____)
Lic. No.
Federal Emp. No. ____ or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough	6/17		6/11	GJL
Temporary				
Constr. Serv.				
TCO			6/15	GJL
Other				
Service				GJL
Final	6/11			

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 8-15-96

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.

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
11		Fixtures (1)	
58		Receptacles (2)	
16		Switches (3)	55.-
75		Total 1 + 2 + 3	
____	____ Kw	Range	
____	____ Kw	Oven(s)	
____	____ Kw	Surface Unit	
____	____ hp	Dishwasher	
____	____ hp	Garbage Disposal	
____	____ Kw	Dryer	
____	____ Kw	A/C Unit	
____		Burglar Alarms	
____		Intercoms Panels	16.-
8		Smoke Detectors	
____	____ hp	Whirlpool/spa	
____		Pool Bonding	
____	____ hp	Pool Filter Motor	
____		Pool Lights	10.-
1	____ Kw	Water Heater(s)	
1	____ Kw	Central heat: oil, gas or elec.	10.-
____	____ Kw	Baseboard Heat Units	
1		Thermostats	
____	____ hp	Heat Pump	
____	____ hp	Pump(s)	50.-
2	100 Amp	Motor Control Center Sub Panels	
____		Signs	
____	____	Light Standards	
____	____ hp	Motors—Fractional H.P.	
____	____ hp	Motors—All Others	
____	____ Kw	Transformers	
____	____ Kw	Generators	35.-
1	200 Amp	Service Entrance	
~~2~~	____	Other	

Administrative Surcharge $ ____
Paid XXX Check # ____ Minimum Fee $ ____
6/30/95 DCA Training Fee $ ____
Collected by: ~~Treasurer~~ TOTAL FEE $ 176.-

U.C.C. Form F-120B

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/13/09

Date Issued / Permit # 2009 1169

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

Block 168.01 Lot 91 Qualification Code

Work Site Location 153 MAIN STREET
SAYREVILLE NJ 08872

Owner in Fee: JONATHAN DOCS

Tel. [redacted] e-mail

Address 153 MAIN STREET (street) SAYREVILLE (municipality) 08872 (zip code)

Contractor: SELF Tel. [redacted]

Address 153 MAIN ST e-mail

SAYREVILLE NJ 08872

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 11/5/09 Approved by: EM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 11/3/10
Approved by: EM

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	CO		11/3/10	EM
Final				

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. Jonathan Docs

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER HEATER, FURNACE, A/C REPLACEMENT

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	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	

Carbon Monoxide Alarms Required

All work subject to field inspection

Administrative Surcharge	$
Minimum Fee	$ 75.00
State Permit Surcharge Fee	$
TOTAL FEE	$

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/13/09

Date Issued / Permit # 2009 1169

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

Block 168.01 Lot 91 Qualification Code

Work Site Location 153 MAIN STREET SAYREVILLE NJ 08872

Owner in Fee: JONATHAN DOES

Tel. [redacted] e-mail

Address 153 MAIN STREET (street) SAYREVILLE (municipality) 08872

Contractor: SELF Tel. [redacted]

Address 153 MAIN ST SAYREVILLE e-mail

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 Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present Proposed Location of Panel:

Heating System: [ ] New OR [X] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*

Total Cost of Fire Protection Work $

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. Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: WATER HEATER, FURNACE REPLACEMENT

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] 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		
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		
Fired Appliances [X] Gas or [ ] Oil	1	50
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Carbon Monoxide Alarms Required

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date 10/7/09 Approved by KL

SUBCODE APPROVAL

[ ] CO [X] CCO [ ] CA

Date 2/13/10 Approved by KL

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1/13/10	SWM
Other				

Reorder From OCS Printing (609) 390-1400

U C C. F140 (rev. 10/06)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/13/09

Date Issued / Permit # 2009 1169

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

Block 168.01 Lot 91 Qualification Code

Work Site Location 153 MAIN STREET SAYREVILLE NJ 08872

Owner in Fee: JONATHAN DOES

Tel. [redacted] e-mail

Address 153 MAIN STREET (street / municipality)

Contractor: SELF Tel. ([redacted]

Address 153 MAIN ST e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 10/20/09

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 11/5/10

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	11/3/09		11/3/09	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection			5	
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.

Jonathan Does
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

U.C.C. F120 (rev. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT OF FURNACE, A/C, HOTWATER HEATER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 75
		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	
1		KW Central A/C Unit	75
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1		KW Transformer/Generator	150
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

Reorder From OCS Printing (609) 390-1400

JL

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/13/09
Control #

Date Issued
Permit # 2009 1168

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

Block 168.01 Lot 91 Qualification Code

Work Site Location 153 MAIN STREET
SAYREVILLE NJ 08872

Owner in Fee: JONATHAN DOCS

Tel: [redacted] e-mail

Address 153 MAIN STREET
street municipality zip code

Contractor: SELF Tel. [redacted]

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

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
ROOFING
TEAR OFF
REROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	10/13/09	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/17/09
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/17/09	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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)
$ 75.00

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

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
Max. Occupancy Load

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

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

UCC-5110 (rev. 12/07) Applicant: When submitting this form to your Local Construction Code Enforcement