



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 9/7/2005
Control Number _____
Permit Number 04-0748
Permit Issue Date 6/18/2004
Certificate Number 04-0748

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 404 MORSETOWN ROAD WEST MILFORD, NJ 07480, NJ Block: 6001 Lot: 3 Qual: _____
Owner in Fee: HICKEY, HORACE
Owner Address: 404 MORSETOWN ROAD WEST MILFORD NJ 07480-
Telephone: _____
Contractor: LOMBARDO SIDING INC
Address: 355 HAMBURG TURNPIKE WEST MILFORD, NJ 07480-
Telephone: 973/2480271 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-2231714

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - RE-ROOF WITH ICE SHIELD

Certificate Comments: RE-ROOF WITH ICE SHIELD

☐ **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.

☐ **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 Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

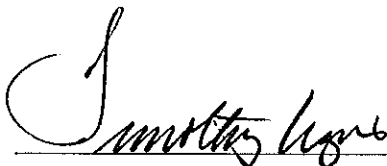
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:



Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 12/2/2004
Control Number _____
Permit Number 04-1526
Permit Issue Date 11/9/2004
Certificate Number 04-1526

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 404 MORSETOWN ROAD WEST MILFORD, NJ 07480, NJ Block: 6001 Lot: 3 Qual: _____
Owner in Fee: HICKEY, HORACE
Owner Address: 404 MORSETOWN ROAD WEST MILFORD NJ 07480-
Telephone: 973/6708544
Contractor: FIRNOT SERVICES
Address: GREENPOND ROAD NEWFOUNDLAND NJ 07435-
Telephone: 973/2771484 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - REMOVAL OF A 550 GALLON UST OIL TANK

Certificate Comments: REMOVAL OF A 550 GALLON UST OIL TANK

☐ **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.

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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.

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This certificate has an expiration date of:

Conditions to be met:

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- ☐ Total removal of lead-based paint hazards in scope of work
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This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

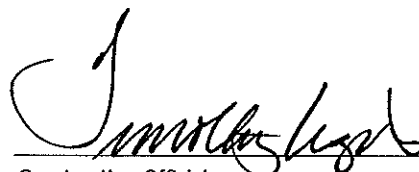
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This certificate has an expiration date of:

Conditions to be met:



Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 12/2/2004
Control Number _____
Permit Number 04-1527
Permit Issue Date 11/9/2004
Certificate Number 04-1527

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 404 MORSETOWN ROAD WEST MILFORD, NJ 07480, NJ Block: 6001 Lot: 3 Qual: _____
Owner in Fee: HICKEY, HORACE
Owner Address: 404 MORSETOWN ROAD WEST MILFORD NJ 07480-
Telephone: 973/6708544
Contractor HICKEY, HORACE
Address 404 MORSETOWN ROAD WEST MILFORD NJ 07480
Telephone: 973/6708544 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: HO-

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - INSTALLATION OF A 275 GALLON AST OIL TANK

Certificate Comments: INSTALLATION OF A 275 GALLON AST OIL TANK

☐ **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.

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Conditions to be met:

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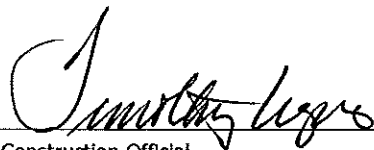
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The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:


Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 9/26/2005
Control Number _____
Permit Number 05-1196
Permit Issue Date 9/1/2005
Certificate Number 05-1196

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 404 MORSETOWN ROAD WEST MILFORD, NJ 07480, NJ Block: 6001 Lot: 3 Qual: _____
Owner In Fee: KELLEY, DENISE
Owner Address: 404 MORSETOWN ROAD WEST MILFORD NJ 07480-
Telephone: 973/6708544
Contractor: PETRO/WHALECO
Address: 260 ROUTE 10 WHIPPANY NJ 07981-
Telephone: 973/9525223 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - REPLACE BOILER

Certificate Comments: REPLACE BOILER

☐ **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.

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This certificate has an expiration date of:

Conditions to be met:

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- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

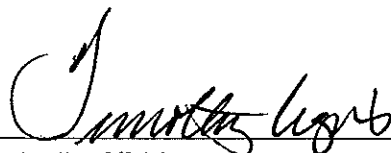
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

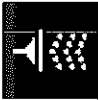


Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block 6001 Lot 3 Qualification Code

Work Site Location: 404 MORSETOWN ROAD WEST MILFORD NJ 07480 NJ

Owner in Fee: KELLEY, DENISE

Address 404 MORSETOWN ROAD WEST MILFORD NJ 07480-

Tel. 973/6708544 Email

Contractor: PETROMWHALECO

Address 260 ROUTE 10 WHIPPANY NJ 07981-

Tel. 973/9525223 Email

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

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$5,545

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: by:

☐ Plumbing Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Approval

Initial

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

U.C.C.F130 (rev. 11/09)

Date Received 9/1/2005
Control #
Date Issued 9/1/2005
Permit # 05-1196

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE BOILER

FEE (Office Use Only)

NO. FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventor

Greasetrap

Sewer Connector

Water Service Connection

Stacks

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

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



FIRE SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 6001 Lot 3 Qualification Code

Work Site Location: 404 MORSETOWN ROAD WEST MILFORD NJ 07480 NJ

Owner in Fee: HICKEY HORACE
Address 404 MORSETOWN ROAD WEST MILFORD NJ 07480- Email
Tel. 973/6708544
Contractor: HICKEY HORACE Tel. 973/6708544
Address 404 MORSETOWN ROAD WEST MILFORD NJ 07480 Email
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Expiration Date:
Home improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Employee No. HQ- Fax.

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present Proposed U Fuel Type ☐ Flammable or ☐ Combustible
Constr. Class Present Proposed Capacity 275
Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other
Location:
Fire Alarm System: ☐ New or ☐ Existing
Location of Panel:
Fire Suppression/Standpipe System:
☐ New or ☐ Existing
Location of Main Control Valve:

Total Cost of Fire Protection Work \$400

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☐ No Plan Required	Alarm System				
Partial Underslab Utilities Approved	Suppression Sys.				
Date: by:	Standpipe				
☐ Fire Protection Plans Approved	Fire Pump				
Date:	Pre-Eng. System				
Approved by:	Mechanical				
Joint Plan Review Required	Smoke Control				
☐ Building ☐ Plumbing	TCO				
☐ Electrical ☐ Elevator	Flam/Combust Tank				
SUBCODE APPROVAL for PERMIT		Fireplace Venting			
Date: by:	Final				
SUBCODE APPROVAL for CERTIFICATE		Other			
☐ CO ☐ CCO ☐ CA					
Date: by:					

Date Received 11/9/2004
Control #
Date Issued 11/9/2004
Permit # 04-1527

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 Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
INSTALLATION OF A 275 GALLON AST OIL TANK
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	\$50
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, waterflow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee \$1
TOTAL FEE \$51



BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/9/2004
Control # _____
Date Issued 11/9/2004
Permit # 04-1526

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 5001 Lot 3 Qualification Code _____
Work Site Location: 404 MORSETOWN ROAD WEST MILFORD NJ 07480 NJ

Owner in Fee: HICKEY, HORACE
Address 404 MORSETOWN ROAD WEST MILFORD NJ 07480-
Tel. 973/6708544 Email _____
Contractor: FIRNOT SERVICES
Address GREENPOND ROAD NEWFOUNDLAND NJ 07435-
Tel. 973/2771484 Email _____ Fax. _____
Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____

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: _____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	If Industrial Building:
Constr. Class	Present	Proposed	State Approved
Number of Stories	_____	_____	HUD
Height of Structure	_____ Ft.	_____	Est. Cost of Bldg. Work:
Area - Largest Floor	_____ Sq. Ft.	_____	1. New Bldg. _____
New Bldg. Area / All Floors	_____ Sq. Ft.	_____	2. Rehabilitation \$800
Volume of New Structure	_____ Cu. Ft.	_____	3. Total (1+2) \$800
Total Land Area Disturbed	_____ Sq. Ft.	_____	

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
REMOVAL OF A 550 GALLON UST OIL TANK

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)

Administrative Surcharge	_____
Minimum Fee	_____
State Permit Surcharge Fee	_____
TOTAL FEE	<u>\$50</u>



BUILDING SUBCODE TECHNICAL SECTION



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

Block 5001 Lot 3 Qualification Code _____

Work Site Location: 404 MORSETOWN ROAD WEST MILFORD, NJ 07480, NJ

Owner in Fee: HICKEY, HORACE

Address 404 MORSETOWN ROAD, WEST MILFORD, NJ 07480-

Tel. _____ Email _____

Contractor: LOMBARDO SIDING INC

Address 355 HAMBURG TURNPIKE, WEST MILFORD, NJ 07480-

Tel. 973/2480271 Fax _____

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

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

Federal Emp. ID No. 22-2231714

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: _____

Footing _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

DATES (Month/Day)

Failure _____

Approval _____

Initial _____

B. BUILDING CHARACTERISTICS

Use Group _____

Present _____

Proposed _____

Constr. Class _____

Present _____

Proposed _____

Number of Stories _____

Height of Structure _____ Ft.

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

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

RE-ROOF WITH ICE SHIELD

TYPE OF WORK

☐ New Building

☐ Addition

☒ Rehabilitation

☒ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.

☐ 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)

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

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.