Sandy Storm

BLOCK 259 LOT 19 QUALIFICATION CODE ______ ADDRESS (SITE) ______ PERMIT NO. 13-0725

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION
1. Proposed Work Site at: 1 N Hartford ave
2. Name of Owner in Fee: Asffaq Hossain
   Tel. ______ e-mail ______
   Address 1 N Hartford ave Atlantic City N.J. (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: M+3 Electric Tel. (609 345-8087
   Address 116 N California ave e-mail ______
   License No. OR, if new home, Builder Reg. No. 1125 Exp. Date ______
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
   Federal Emp. ID No. 21 6718 225 FAX: 345 2225
5. Architect or Engineer ______ Contact ______
   Address ______ e-mail ______
   Tel. 345 8087 FAX: 345 2226
6. Responsible Person in Charge once Work has Begun Billy Kovacs
   Tel. 345 8087 FAX: 345 2225

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy	NC		
12.	Other			
13.	TOTAL			

VI. BUILDING/SITE CHARACTERISTICS (office use only)
1. Number of Stories ______
2. Height of Structure ______ ft.
3. Area — Largest Floor ______
4. New Building Area ______
5. Volume of New Structure ______
6. Max. Live Load ______
7. Max. Occupancy Load ______
8. If Industrialized Bldg.: State Appr ______
9. Total Land Area Disturbed ______
10. Flood Hazard Zone ______
11. Base Flood Elevation ______
12. Wetlands yes ______ no ______

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

IIb. SUBCODES
(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval		Re-viewer
☐ Building	$2,200	CM	8/14/13						
☑ Electrical	NP			8/20/13		[illegible]			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	2200	$0							

FOR OFFICE USE ONLY (Optional)

VII. DE...
A. RESI...
1. State...
2. Use...
3. Char...
4. No. o...
Ga...
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 ______

III. PLAN REVIEW (optional)
DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Voided
Darkins
8-19-13

13-0725 M+ Voided by Kovacs - becau... ~~Plumbing~~ NO Electric being do... Plumbing was issu... on 13-0735

City of Atlantic City

PLUMBING SUBCODE
TECHNICAL SECTION #1

Date Received 9/6/2013 Date Issued 9/25/2013
Control # 58209 Permit # 20131651

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

Block 381 Lot 82 Qualification Code

Work Site Location **217 N CALIFORNIA AVE**

Owner in Fee **DAVIS, FLURRETTE**

Telephone [redacted] e-mail

Address **217 N CALIF AVE, ATLANTIC CITY NJ 08401**

Contractor **J.F. KEILY CONSTRUCTION CO.**

Telephone **609-641-2552** e-mail

Address **20 ADAMS ROAD, EGG HARBOR TWP NJ 08234**

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

1. New/ Addition: **$ 0.00** 2. Rehabilitation: **$ 500.00**

3. Demolition: **$ 0.00** Est. Cost of Plumbing Work (1+2+3): **$ 500.00**

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 [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				
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.

Sign here:

Print name

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1 GAS PIPING

QTY.	FIXTURE/ EQUIPMENT:	FEE (Office Use only)
0	Water Closet	
0	Urinal/ Bidet	
0	Bath Tub	
0	Lavatory	
0	Shower	
0	Floor Drain	
0	Sink	
0	Dishwasher	
0	Drinking Fountain	
0	Washing Machine	
0	Hose Bibb	
0	Water Heater	
0	Fuel Oil Piping	
1	Gas Piping	$ 13.00
	LP Gas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
0	Sewer Pump	
0	Interceptor/ Separator	
0	Backflow Preventer (R)	
	Backflow Preventer (C)	
0	Greasetrap	
	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
0	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	
0	Other 4:	
0	Other 5:	
0	Other 6:	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	$ 1.00
	TOTAL FEE	$ 58.00

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