BORO OF UPPER SADDLE RIVER
376 W. SADDLE RIVER RD
UPPER SADDLE RIVER, NJ 07458
201 - 9343966

Permit Number: 20200252
Update Number:
Control Number: 29243
Application Date: 05/29/2020
Permit Date: 07/16/2020
Expiration Date: 01/14/2021

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 506 Lot: 6 Qualification Code:
Work Site Location: 27 PARKER PL UPPER SADDLE RIVER

Owner In Fee: Abramson, Hale
Address: [redacted]

Telephone: [redacted]

Use Group(s): R-5

Contractor: Abramson Homes LLC
Address: [redacted]

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 81-1152020

is hereby granted permission to perform the following work :

[X] BUILDING	[X] PLUMBING	[ ] DEMOLITION
[X] ELECTRICAL	[X] FIRE PROTECTION	[ ] OTHER
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	
[ ] ASBESTOS ABATEMENT	[ ] LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:
New Construction

ESTIMATED COST OF WORK:

Cost of Construction:	529,000.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$529,000.00

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.

JAMES J. DOUGHERTY
Construction Official

Date

Note:

PAYMENTS (Office Use Only)	
Building	$2,217.00
Electrical	$632.00
Plumbing	$1,090.00
Fire Protection	$75.00
Elevator Devices	
Mechanical	
VolFee (DCA)	$274.00
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$120.00
CCO Fee	
Minimum Fee	
Total	$4,408.00
All Fees Waived:	No

Amount to be Paid:	**$4,408.00**
Check Number:	1099
Check amount:	$4,408.00

Collected by:	GD
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$4,408.00
Total CC Amount:	
Grand Total:	$4,408.00

BORO OF UPPER SADDLE RIVER

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 05/29/2020
Control #: 29243

Date Issued: 07/16/2020
Permit #: 20200252

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

Block: 506 Lot: 6 Qualification Code:

Work Site Location: 27 PARKER PL

Owner Details

Name: Abramson, Hale

Address: [redacted]

Telephone: [redacted]

E-mail:

Contractor Details

Contractor: Abramson Homes LLC

Address: [redacted]

Telephone: [redacted]

E-mail:

Federal Emp. No: 81-1152020

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 13vh08873900

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5		Proposed:	
Constr. Class	Present:		Proposed:	
No. of Stories			If Industrialized Building	
Height of Structure		Ft.	State Approved _____	HUD_____
Area - Largest Floor		Sq. Ft.		
New Bldg. Area/All Floors	7052	Sq. Ft.	**Est. Cost of Bldg. work:**	
Volume of New Structure	73904	Cu. Ft.	1. New Building	480,000.00
Total Land Area Disturbed		Sq. Ft.	2. Rehabilitation	0.00
Max. Live Load			3. Demolition	0.00
Max. Occupancy Load			4. Total (1+2+3)	$480,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/Foundations		
[ ]Structural/Framework		
[ ]Exterior		
[ ]Interior		
[ ]Other		

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

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
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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 here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
New Construction

TYPE OF WORK:

[X] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$2,217.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$274.00
TOTAL FEE	$2,491.00

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

ELECTRICAL SUBCODE TECHNICAL SECTION

BORO OF UPPER SADDLE RIVER

Date Received: 05/29/2020 Control #: 29243

Date Issued: 07/16/2020 Permit #: 20200252

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

Block: 506 Lot: 6 Qualification Code:

Work Site Location: 27 PARKER PL

Owner in Fee: Abramson, Hale

Address: [redacted]

E-mail:

Telephone: [redacted]

Contractor: PAPS ELECTRIC
ATTN:

Address: 407 BURLINGTON RD
PARAMUS NJ 07652

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 17711 Exp Date: 3/31/2021 Federal Emp. No.: 273345979

DESCRIPTION OF WORK:
New Construction

Telephone: () -

Fax:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $28,000.00 2. Rehabilitation $0.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $28,000.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] 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
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
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.

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
140		Lighting Fixtures	
80		Receptacles	
60		Switches	
		Detectors	
		Light Poles	
3		Motor-Fract.HP	
		Emergency&Exit Lights	
7		Communication Points	
1		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 291	
		Pool Permit/with UW Lights	$532.00
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	
		HP Garbage Disposal	
2		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	200.00	AMP Service	$100.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$632.00

U.C.C.F120(rev. 11/09)

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

BORO OF UPPER SADDLE RIVER

FIRE SUBCODE TECHNICAL SECTION

Date Received 05/29/2020 Date Issued 07/16/2020
Control # 29243 Permit # 20200252

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

Block: 506 Lot: 6 Qualification Code:

Work Site Location : 27 PARKER PL

Owner Details

Owner in Fee: Abramson, Hale
Address: [redacted]
Telephone: [redacted]
E-mail:

Contractor Details

Contractor: PAPS ELECTRIC
ATTN:
Address: 407 BURLINGTON RD
PARAMUS NJ 07652
Telephone: ( ) - Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.: Federal Emp. No.: 273345979
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel 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:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel
1. New: $3,000.00 2. Rehabilitation: $0.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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 here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
New Construction

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	10	$50.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	10	$50.00
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		
Fuel-Fired Appliances [ ]Gas [ ]Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other:		

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

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

BORO OF UPPER SADDLE RIVER

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 05/29/2020 Date Issued: 07/16/2020

Control #: 29243 Permit #: 20200252

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

Block: 506 Lot: 6 Qualification Code:

Work Site Location: 27 PARKER PL

Owner in Fee : Abramson, Hale

Address : [redacted]

Email:

Telephone: [redacted]

Contractor: Teddy & Plumbing & Heating

ATTN:

Address: 42 Emma PL
Clifton NJ 07013

Telephone: (201) 893-5500

Fax:

E-mail:

Contractor License No.: 13173 Expiration Date:

Federal Emp. No.: 81-1022068

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $18,000.00 2. Rehabilitation: $0.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $18,000.00

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:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

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

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
New Construction

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	$100.00
	Urinal/Bidet	
2	Bath Tub	$40.00
7	Lavatory	$140.00
2	Shower	$40.00
	Floor Drain	
4	Sink	$80.00
1	Dishwasher	$20.00
	Drinking Fountain	
2	Washing Machine	$40.00
2	Hose Bibb	$40.00
1	Water Heater	$50.00
	Fuel Oil Piping	
8	Gas Piping	$400.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
1	Backflow Preventer : Residential	$35.00
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
1	Water Service Connection	$80.00
1	Stacks	$25.00
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$1,090.00

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

BORO OF UPPER SADDLE RIVER
376 W. SADDLE RIVER RD
UPPER SADDLE RIVER, NJ 07458
201 - 9343966

Permit Number: 20200252
Update Number: 1
Control Number: 30592
Application Date: 05/06/2021
Permit Date: 06/23/2021
Expiration Date: 12/22/2021

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 506 Lot: 6 Qualification Code:
Work Site Location: 27 PARKER PL UPPER SADDLE RIVER

Owner In Fee: Abramson, Hale
Address: [redacted]
Telephone: [redacted]
Use Group(s): R-5

Contractor: Abramson Homes LLC
Address: [redacted]
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 81-1152020

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
TRANSFER SWITCH/ GAS FIREPLACE/ OUTDOOR WOODBURNING FIREPLACE

PAYMENTS (Office Use Only)	
Building	
Electrical	$100.00
Plumbing	
Fire Protection	$75.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$175.00
All Fees Waived:	No

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

Amount to be Paid: **$175.00**
Check Number: 1236
Check amount: $175.00

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.

JAMES J. DOUGHERTY
Construction Official

Date

Collected by: gd
Receipt No:
Total Cash Amount:
Total Check Amount: $175.00
Total CC Amount:
Grand Total: $175.00

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

BORO OF UPPER SADDLE RIVER

Date Received: 05/06/2021 Control #: 30592

Date Issued: 06/23/2021 Permit #: 20200252 - 1

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

Block: 506 Lot: 6 Qualification Code:

Work Site Location: 27 PARKER PL

Owner in Fee: Abramson, Hale

Address: [redacted]

E-mail:

Telephone: [redacted]

Contractor: PAPS ELECTRIC
ATTN:

Address: 407 BURLINGTON RD
PARAMUS NJ 07652

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 17711 Exp Date: 3/31/2021 Federal Emp. No.: 273345979

DESCRIPTION OF WORK:
TRANSFER SWITCH/ GAS FIREPLACE/ OUTDOOR WOODBURNING FIREPLACE

Telephone: ( ) -

Fax:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $0.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $0.00

Job Summary(Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] 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
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
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.

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
		TOTAL NUMBER
		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 Htr./Air Handler
		KW Baseboard Heat
		HP Motors 1/+HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		KW Photovoltaic Systems
1		Other 3: Transfer switch
		Other 4:
		Other 5:
		Other 6:
		Other 7:
		Other 8:
		Other 9:

FEE (Office Use Only)

$25.00

Administrative Surcharge	
Minimum Fee	$100.00
State Permit Surcharge Fee	
TOTAL FEE	$100.00

U.C.C.F120(rev. 11/09)

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

BORO OF UPPER SADDLE RIVER

FIRE SUBCODE TECHNICAL SECTION

Date Received 05/06/2021 Date Issued 06/23/2021
Control # 30592 Permit # 20200252 - 1

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

Block: 506 Lot: 6 Qualification Code:

Work Site Location : 27 PARKER PL

Owner Details

Owner in Fee: Abramson, Hale
Address: [redacted]
[redacted]
Telephone: [redacted]
E-mail:

Contractor Details

Contractor: DAVCO ENERGY SYSTEM INC
ATTN:
Address: 313 TENTH ST
CARLSTADT NJ 07072
Telephone: (201) 507-9300 Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason: 13VH05205300
Fire/Security Alarm Contractor No.: Federal Emp. No.:
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing
or [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel 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:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel
1. New: $0.00 2. Rehabilitation: $0.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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 here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
TRANSFER SWITCH/ GAS FIREPLACE/ OUTDOOR WOODBURNING FIREPLACE

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.,horns/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		
Fuel-Fired Appliances [ ]Gas [ ]Oil [ ] Solid		
Fireplace Venting/Metal Chimney	2	$50.00
Other:		

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

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