



BUILDING SUBCODE
TECHNICAL SECTION



Date Received 7/24/2012
Control # 42892
Date Issued 7/24/2012
Permit # 120665

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 128.05 Lot 23 Qualification Code
Work Site Location: 23 THREADLEAF TERRACE , NJ

Owner in Fee: MARTIN, ROBERT J & HEATHER J
Address 23 THREADLEAF TERRACE BURLINGTON NJ 08016-
Tel. 609/2396864 Email
Contractor: DAVID FERRELL ENTERPRISES
Address 44 ALLENTOWN ROAD SOUTHAMPTON NJ 08088-
Tel. 609/9262630 Fax. 609/8591897
Contractor License No. or, if new home, Bldrs Reg. No. 13VH04183300 Exp.
Home improvment Contractor Registration No. or Exemption Reason(is applicable):
Federal Emp. ID No. 56-2440284

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
☐ No Plan Required			Footing			
☐ All			Footing Bonding			
☐ Footing/Foundation			Foundation			
☐ Struct/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer			
Date: _____			Finishes-Final			
Approved by: _____			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
☐ CO ☐ CCO ☐ CA			TCO			
Date: _____			Other			
Approved by: _____			Final			
			Barrier-Free			

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 \$4,500
Volume of New Structure _____ Cu. Ft. 3. Total (1+2) \$4,500
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

10 X 20 DECK

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)

\$135

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$8
TOTAL FEE \$143

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.



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