BLOCK 149 LOT 12 QUALIF /CODE _____ ADDRESS (SITE) 340 Lorillards Ave PERMIT NO. 05-204

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 340 Lorillards Ave

2. Name of Owner in Fee: Darlene Clancy Tel. ( )
   Address: 340 Lorillards Ave. (street) Union Beach (municipality), N.J. 07735 (zip code)

3. Ownership in Fee: Public _____ Private ✓

4. Principal Contractor: S&F Tel. (732) 566-9416
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ Fax ( )

5. Architect or Engineer Chris Peraino, R.A. Tel. (732) 747-0137
   Address 130 Maple Ave. Suite 9A
   Red Bank, N.J.

6. Responsible Person in Charge of Work Pat DeRosa (Pathuse)
   Tel. (732) 566-9416 Fax (732) 583-3066

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	543		
2. Electrical		240		
3. Plumbing		394		
4. Fire Protection		104		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal		1340		
11. Cert. of Occupancy		137		
12. Other				
13. TOTAL	$	1525		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	2	
2. Height of Structure	28' ft.	
3. Area — Largest Floor	2472 sq. ft.	
4. New Building Area	1842 sq. ft.	
5. Volume of New Structure	51,707 cu. ft.	
6. Construction Classification	5B	
7. Total Land Area Disturbed	1200 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes / no ✓		
11. Max. Live Load	40	
12. Max. Occupancy Load	30	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd by	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
1. ☐ Minor Work									
2. ☑ New Building		MC	8/9/05						
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection				8/16/05	8/18/05	VG			
6. ☑ Plumbing									
7. ☑ Electrical					8/11/05	AE			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat.Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No of dwelling units: *All Units* / *Income restricted*
   Before Construction ____ / ____
   After Construction ____ / ____
   Net Gain or loss ____ / ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, indicate Former:

III. DO YOU WANT: (optional)
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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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FOLD FOLD

8/16/05 No Drawings on file

CERTIFICATION IN LIEU OF OATH

I OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. (X) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (X) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. (X) Fire Protection

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. (X) Plumbing

D (X) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature Danene Clancy Date 8/9/05

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

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FOLD

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board									
☐ Zoning Board			X	X	X	X		X	
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X	X	X	X			
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X	X	X	
☐ N.J. Department of Transportation	X	X	X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	
☐ Temporary Certificate of Compliance	No. _____	
☐ Continued Certificate of Occupancy	No. _____	
☐ Certificate of Compliance	No. _____	DATE REISSUED
☐ Certificate of Occupancy	No. _____	
☐ Certificate of Approval	No. _____	
☐ Lead Abatement Clearance Certificate	No. _____	DATE EXPIRED

Other _____

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued: 9/4/05

Permit # 05 304

IDENTIFICATION Block 149 Lot 12 Qualification Code

Work Site Location 340 LORILLARD AVE
UNION BEACH, N.J. 07735

Owner in Fee DAWRENCE CLANCY

Address 340 Lorillard Ave
Union Beach, N.J. 07735

Tel. (732) 566-9416

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

CONSTRUCT NEW 2 STORY SINGLE FAMILY DWELLING

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 $ 95,400.00

Construction Official

8/16/05
Date

PAYMENTS (Office Use Only)

Building	515
Electrical	290
Plumbing	391
Fire Protection	104
Elevator Devices	
Other	
DCA State Permit Fee	58
Cert. of Occupancy	137
Other	
Total	1525
Check No.	
Cash	
Collected by	

(see reverse side)

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1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/6/05
Date Issued
Control # 05204
Permit #

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

Block 149 Lot 12
Work Site Location 340 LORILLARD AVE.
UNION BEACH N.J. 07735
Owner in Fee/Occupant DANIELLE CLANCY
Address 340 LORILLARD AVE
UNION BEACH, N.J. 07735
Tele. (732) 566-9416
Contractor VSR ELEC LLC
Address 135 Morgan ave
Un Beach N.J.
Tele. (732) 264-4283 Fax ( )
Lic. No. 15428
Federal Emp. No. 20-2333372

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required 211 NF
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8/11/5
Approved by: NF

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough (circled)			11/3/05	
Temp. Serv.				
Constr. Serv.				
TCO				
Other Service (circled)			11/3/05	
Final			1/13/06	

Temp. Cut-In-Card Date Issued
Final Cut-In-Card Date Issued 11-3-05

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-31-6
Approved by: NF

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.

Vincent Rosato Jr.
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
21		Lighting Fixtures	80
48		Receptacles	
26		Switches	
9 carbon		Detectors	31
		Light Poles	14
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		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	
1		KW Dishwasher	25
2 Ton		HP Garbage Disposal	
3 Ton		KW Central A/C Unit	25
1-3/4 HP		HP/KW Space Heater/Air Handler	35
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
150		AMP Service	75.
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		T-STAT	5.
			290

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

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1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/6/05
Date Issued
Control #
Permit # 05204

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

Block 149 Lot 12
Work Site Location 340 LORILLARD AVE.
UNION BEACH, N.J. 07735
Owner in Fee DARLENE CLANCY
Address 340 LORILLARD AVE.
UNION BEACH, N.J. 07735
Tele. (732) 566-9416
Contractor
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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.

Daneene Clancy
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONSTRUCT NEW 2 STORY SINGLE FAMILY DWELLING

Need Finish Floor height for Flood Plan

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other New Building	8/16/05	

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 2/2/06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing & Bond			9/21/05	
Foundation			9/29/05	
Slab				
Frame	11/4/05		11/15/05	
Barrier-Free				
Insulation			11/15/05	
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	1/31/06		2/2/06	
Barrier-Free				

TYPE OF WORK:
[X] New Building 2172 SQ.FT. X .025
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 2172 SQ.FT. X .0265
[ ] Demolition

FEE (Office Use Only)

$	543
	58
Administrative Surcharge $	543
Minimum Fee $	
DCA Training Fee $	58
TOTAL FEE $	601

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 28' Ft.
Area — Largest Floor 2172 Sq. Ft.
New Bldg. Area/All Floors 1842 Sq. Ft.
Volume of New Structure 21,727 Cu. Ft.
Total Land Area Disturbed 1200 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 95,000.00
2. Alteration $
3. Total (1+ 2) $ 95,000.00

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1. White/Inspector Copy 2. Canary/Office Copy
3. Pink/ Office Copy 4. White Tag

9/29/05 No Flood Vents / Crawl Grade to be raised / Anchor bolts 12" from corner

11/10/05 Girder 3-2x10's Called 3-2x12 / Hip & Ridge 2-2x12 all are single / Floor Frame on 15'6" Span 2x10 16"oc Called 2x10 12"oc

12/31/06 Raise H/C Condenser on / Paper work Hand rails to Code

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/6/05
Date Issued
Control # 05304
Permit #

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

Block 149 Lot 12
Work Site Location 340 LORILLARD AVE.
UNION BEACH N.J. 07735
Owner in Fee DAWSONE CLANCY
Address 340 LORILLARD AVE.
UNION BEACH, N.J. 07735
Tele. (732) 566-9416
Contractor V&R Elec. LLC
Address 80 Longside Ave
Un Beach N.J. 07735
Tele. (732) 264-4258 Fax ( )
Lic. No. 15439
Federal Emp. No. 202.3333 72

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R-5
Constr. Class Present ____ Proposed V.B
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ATTIC
Total Cost of Fire Protection Work $ 450.00

Fire Alarm System
New [X] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8/12/05
Approved by:
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 1/12/06
Approved by: 1/12/06

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System			1/12	Jta
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			1/12	Jta
Smoke Control				
TCO				
Final			1/12	Jta
Other ROUGH			11/3	Jta

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.

Vincent Rosato Jr
Signature

F.S.C.O.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: S/F/D

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [6] 110v Interconnected NUMBER [ ] System 1 Carbon.		
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	7	14.00
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		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [✓] or Oil [ ] Fired Appliances	2	10.00
Other ____		

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	104

1 White = Inspector Copy
2 Canary = Office Copy
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4 Gold = Applicant Copy

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PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/4/06
Date Issued
Control #
Permit # 05 264

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

Block 149 Lot 12
Work Site Location 340 Lorillard Ave Union Beach N.J. 07735
Owner in Fee Dawson & Clancy
Address 340 Lorillard Ave. Union Beach, N.J. 07735
Tele. (732) 566-9416
Contractor All Phase Plumbing
Address 10 Franklin Ave. Edison N.J. 08837
Tele. (732) 661-1144 Fax ( )
Lic. No. BI-10019
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 1" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 4,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1/12/06
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			11/7	CA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping TJ			11/9	CA
Solar				
TCO				
			1/11	BJ

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.

Charles Kiernan
Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	27
	Urinal/Bidet	
2	Bath Tub	18
5	Lavatory	45
	Shower	
	Floor Drain	9
1	Sink	9
1	Dishwasher	
	Drinking Fountain	9
1	Washing Machine	16
2	Hose Bibb	
1	Water Heater	15
	Fuel Oil Piping	
✓	Gas Piping	60
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection 4" PVC	60
1	Water Service Connection 1" Poly	50
4	Stacks 3-2" – 1 1½"	36
1	Other Stow A/C Unit	35
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	391
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy