Called 4/25/18

Call before you go.

BOROUGH OF TOTOWA

APPLICATION FOR TREE REMOVAL PERMIT

PLEASE PRINT

Name of Applicant Rose Saffoite

Address of tree(s) to be removed: 30 Willard Ave

Address of Applicant: Same

Name / Address of Tree Service Provider: Mountain View Tree & Crane.

ALL DEBRIS TO BE CHIPPED AND TAKEN AWAY BY TREE SERVICE

Total number of trees for removal: 1

Reason for Removal: Tree Dying Location left side Front yard

Reason for Removal ______ Location ______

Application file date: 4/24/18 Proposed date of tree removal: ______

Signature of Applicant: Rose Saffoite Phone (301) 351-1331

Permit application does not constitute approval: DO NOT schedule tree removal until permit has been approved and issued by township.

Trees proposed for removal shall be identified with string or tape around trunk, DO NOT paint tree.

Permit if approved will be valid for a 3 month period upon issue date below.

DO NOT WRITE BELOW THIS LINE

The permit fee of $35.00 35.00 Cash, ______ Check # ______ was received by: CS

00092_031058 3037
9481 SF

0000XF7P

A landscape plan: ✓ **is not required,** or ______ **is required**

The planting of a replacement tree(s) ✓ **is not required,** ______ **is required**

Variety of tree ______, number required ______

Tree removal permit approval granted: ✓ Yes, ______ No: if not approved, reasons for rejection

conditions, or inspector's comments ______

Authorization of Township Rep: ______

OK [signature] 4-24-18 3:55 pm

Will replant new tree

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12/4/07
Control #
Date Issued 07-535
Permit #

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

Block 13 Lot 4 Qualification Code ______

Work Site Location 30 Williams Ave
Totowa, NJ

Owner in Fee B Smith

Address 30 Williams Ave
Totowa, NJ.

Tel (____) ______

Contractor Ray Keeley Plumbing

Address 100 Sherwood Ave
Paterson NJ

Tel (973) 956-5361 FAX (973) 956-5371

Contractor License No. 10450

Federal Emp. No. 22-3503237

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed ______

Building Sewer Size 4" Public Sewer ✓ Private Septic ______

Water Service Size 3/4 Public Water ✓ Private Well ______

Est. Cost of Plumbing Work $ 1,500 -

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: 12/3/07

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			12/3/07	MB

Dates (Month/Day)

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10 —
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	10 —
1	Shower	10 —
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	9 —
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

00092_031058 3037
9485 SF
0000XF7T

Pd. ck#2495
T. Fitzgerald

Administrative Surcharge	$
Minimum Fee	$ 39.00
State Permit Surcharge Fee	$ 2.00
TOTAL FEE	$ 41.00

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.

[signature]

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

[Seal: 10450]

U.C.C. F130
(rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/18/13

Date Issued / Permit # 13-541

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

Block 13 Lot 4 Qualification Code

Work Site Location 30 Willard Ave

Owner in Fee: Rosemary Saffoite

Tel. (973) 333-3965 e-mail

Address 30 (street) Willard Ave (municipality) Totowa 07512 (zip code)

Contractor: Vivint, Inc. C/O Steve Coppola Tel. (877) 479-1667

Address 820 Bear Tavern Rd.-3rd Fl, West Trenton, NJ 08628 e-mail

Contractor License No. 34BA00180100 Exp. Date 08/31/13

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

Federal Emp. ID No. 20-3754038 Fax: (801) 765-5743

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 199

JOB SUMMARY (Office Use Only)

PLAN REVIEW

X [ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 3/4/13

Approved by: PR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/day)			
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 Issued				
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

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of low-voltage, wireless burglar alarm system

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
2		Detectors	
		Light Poles	
		Motor—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
10		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 75
		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 Heater/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	

PSE&G# 028095 (N)

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 76.00

U.C.C F120 (rev. 12/07)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/18/13
Control #
Date Issued
Permit # 13-541

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

Block 13 Lot 4 Qualification Code
Work Site Location 30 Willard Ave

Owner in Fee Rosemary Gatfoite
Address 30 Willard Ave Totowa 07512

Tel (973) 333-3965
Contractor Vivint, Inc. C/O Steve Coppola
Address 820 Bear Tavern Rd.-3rd Fl, West Trenton, NJ 08628

Tel (877) 479-1667 FAX (801) 765-5743
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 34FA00141000
Fire Alarm Contractor No.
Federal Emp. No. 20-3754038

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel:
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other Location of Main Control Valve:
Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 99

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3/4/13
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/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.
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Installation of smoke detector

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)	2	50 —
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Pick #028095

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 50.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/18/13

Date Issued / Permit # 13-541

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

Block 13 Lot 4 Qualification Code

Work Site Location 30 Willard Ave

Owner in Fee: Rosemary Saffoite

Tel. (973) 333-3965 e-mail

Address 30 (street) Willard Ave Totowa (municipality) 07512 (zip code)

Contractor: Vivint, Inc. C/O Steve Coppola Tel. (877) 479-1667

Address 820 Bear Tavern Rd.-3rd Fl, West Trenton, NJ 08628 e-mail

Contractor License No. 34BA00180100 Exp. Date 08/31/13

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

Federal Emp. ID No. 20-3754038 Fax: (801) 765-5743

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 199

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 3/4/13

Approved by: PR

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/day)			
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 Issued				
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

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of low-voltage, wireless burglar alarm system

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
2		Detectors	
		Light Poles	
		Motor—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
16		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 75
		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 Heater/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	

PSE&G# 028095 (N)

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 76.00

U.C.C F120 (rev. 12/07)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/18/13
Control #
Date Issued
Permit # 13-541

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

Block 13 Lot 4 Qualification Code
Work Site Location 30 Willard Ave

Owner in Fee Rosemary Cuffolite
Address 30 Willard Ave Totowa 07512

Tel (973) 333-3965
Contractor Vivint, Inc. C/O Steve Coppola
Address 820 Bear Tavern Rd.-3rd Fl, West Trenton, NJ 08628

Tel (877) 479-1667 FAX (801) 765-5743
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 34FA00141000
Fire Alarm Contractor No.
Federal Emp. No. 20-3754038

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel:
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other Location of Main Control Valve:
Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 99

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[V] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3/4/13
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/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.
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Installation of smoke detector

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)	2	50 —
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Pack #028095 R

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	50.00

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/5/02
Date Issued
Control #
Permit # 22131

00092_031058 3037
9489 SF
0000XF7X

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

Block 13 Lot 4.
Work Site Location 30 Willard Ave

Owner in Fee Arthur cathy smith
Address SAme AS Above

Tele. ( )
Contractor Feliciano Gen cont. INC.
Address 20 yercauce Ave
Chilton N.J. 07011
Tele. (973) 4781787 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.

[signature]
Signature

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	4/5/02	dB
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

(Dates (Month/Day) apply to Failure, Failure, Approval columns)

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5B Proposed 5B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 4,000.00
3. Total (1+ 2) $

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Rip off and Replace Roof
Ice&water shield where needed
25 yr timberline shingles

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

Pd Cash
[signature]

FEE (Office Use Only)
$
46.00

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 3.00
TOTAL FEE $ 49.00

U.C.C. F110
(rev. 3/96)

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

BOROUGH OF TOTOWA

PASSAIC COUNTY, NEW JERSEY

ALLAN BURGHARDT
CONSTRUCTION CODE OFFICIAL
BUILDING SUBCODE OFFICIAL
ZONING OFFICER

MUNICIPAL COMPLEX
537 TOTOWA ROAD
TOTOWA, N.J. 07512
973-956-7929

PERMIT

BLOCK 00013 LOT 00004

WORK SITE LOCATION 30 WILLARD AVE

OWNER IN FEE Arthur Smith

ADDRESS 30 WILLARD AVE TOTOWA NJ 07512

TELEPHONE # (973) 720-8078

CONTRACTOR ARTISTIC FENCE

ADDRESS

TELEPHONE # (973) 779-4540

LICENSE #

DESCRIPTION OF WORK

FENCE PUT UP ON PROPERTY
Sides 4' — Rear 6'

FEE $35.00 DATE 6/20/03 PERMIT # 1

APPLICANT SIGNATURE

BOROUGH OF TOTOWA OFFICIAL

Recd 6/20/03 Ck# 1572 $35.00
Receipt # 5424

00092_031058 3037
9487 SF

00000XF7V

BOROUGH OF TOTOWA

PASSAIC COUNTY, NEW JERSEY

ALLAN BURGHARDT
CONSTRUCTION CODE OFFICIAL
BUILDING SUBCODE OFFICIAL
ZONING OFFICER

MUNICIPAL COMPLEX
537 TOTOWA ROAD
TOTOWA, N.J. 07512
973-956-7929

CELL # 973 819-1488

PERMIT

BLOCK 13 LOT 4

WORK SITE LOCATION 30 WILLARD AVE

OWNER IN FEE ARTHUR SMITH

ADDRESS 30 WILLARD AVE

TELEPHONE # (973) 720 - 8078

CONTRACTOR:

ADDRESS

TELEPHONE # ( )

LICENSE #

DESCRIPTION OF WORK

EXPAND AND REPAVE DRIVEWAY
(Total 14')

FEE ~~$~~ 35.00 DATE 6/24/04 PERMIT # 1

CK # 1791

APPLICANT SIGNATURE

00092_031058 3037
9568 SF
00000XFA4

BOROUGH OF TOTOWA OFFICIAL

please see marked up survey.

BUILDING SUBCODE TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received 10/2/02
Date Issued
Control #
Permit # 22429

00092_031058 3037
9488 SF
0000XF7W

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

Block 13 Lot 4
Work Site Location 30 Willard Ave

Owner in Fee Arthur & Cathy Smith
Address Same as above

Tele. (973) 720 8078
Contractor Feliciano General Contractor Inc.
Address 20 Vereance Ave
Clifton NJ - 07011
Tele. (973) 478-1787 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.
[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace front windows?
Rip off old ~~[illegible]~~ siding
Install new vinyl siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

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

FEE (Office Use Only)
$ 46.00

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 4.00
TOTAL FEE $ 50.00

Pd Cash
[signature]

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ Ft.
Area — Largest Floor ______ Sq. Ft.
New Bldg. Area/All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 4500.00
3. Total (1+ 2) $

U.C.C. F110
(rev. 3/96)

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