BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 6/2/04
Control #
Permit # 04-267

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

Block 285 Lot 32
Work Site Location 1 Marion st. So. River N.J. 08882

Owner in Fee David Berardo
Address 1 Marion Street
South River NJ 08882
Tele. (732) 238-4304
Contractor owner
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FRONT STEPS

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 6/11/04
Approved by:

12/17/04 88

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	12/17/04		12/17/04	88
Barrier-Free				

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
[X] Other Front Steps
[ ] Demolition

FEE (Office Use Only)
$ 30

CASH

Administrative Surcharge $ ____
Minimum Fee $ 39
DCA Training Fee $ ____
TOTAL FEE $ 31

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
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 $ 800.00
3. Total (1+ 2) $ 800.00

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

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IDENTIFICATION Block 285 Lot 32
Work Site Location 1 Marion Street South River NJ 08882
Owner in Fee David Berardo
Address 1 Marion Street South River NJ 08882
Tele. (732) 238-4304

Contractor owner
Address
Tele. (____) Exp. Date
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER Front Steps
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)
Building 30
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 1
Cert. of Occ.
Other
Total 31
Check No.
Cash
Collected By:

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.

6/1/04

Estimated Cost of Work $ 800.00

CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170C

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT