



BUILDING SUBCODE TECHNICAL SECTION

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

Block 287 Lot 21
Work Site Location Marion Street
South River NJ 08882
Owner in Fee Bernard
Address Marion Street
South River NJ 08882
Tele. (732) 238-4308
Contractor Mark Four Ent.
Address 41 Plymouth St.
Fairfield NJ 07004
Tele. (973) 827-9393 Fax (973) 827-9133
Lic. No. or Bldg. Reg. No. LO43722
Federal Emp. No. 22-1775117

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
☐ No Plans Required			Footings			
☐ All			Foundation			
☐ Footing			Slab			
☐ Foundation			Frame			
☐ Other			Barrier-Free			
Joint Plan Review Required:			Insulation			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes			
SUBCODE APPROVAL			Energy			
☐ CC ☐ CA			Mechanical			
Date: <u>4/24/98</u>			TCO			
Approved by: <u>[Signature]</u>			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Const. 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. \$ 16580-
2. Alteration \$ _____
3. Total (1 + 2) \$ _____



Date Received 5/10/04
Date Issued 04-211
Control # _____
Permit # _____

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

Bath Remodeling -
Direct replacement

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

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ 105
DCA Training Fee \$ _____
TOTAL FEE \$ 1145

U.C.C. F110
(rev. 3/95)

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