Brick

Permit Without a Jacket

Permit Number 2434-94

LDS BR 10421219

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-20-94
Date Issued
Control #
Permit # 2634-94

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

Block 1422-07 Lot 18
Work Site Location 758 TALL OAKS
BRICKTOWN
Owner in Fee NICK PREZZAMA
Address 758 TALL OAKS
BRICKTOWN
Tele. ([redacted]
Contractor Modular Associates t/a Centennial
Address 189 Hwy 37E
Toms River
Tele (908) 270-3555
Lic. No. or Bldrs. Reg. No. 01565
Federal Emp. No 221-965679 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	1/10/95	RC	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 9 Ft.
Area—Largest Floor 224 Sq. Ft.
Total Bldg. Area/All Floors 224 Sq. Ft.
Volume of Structure 2016 Cu. Ft.
Total Land Area Disturbed 224 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ 3,500

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
14x16 Centennial Sunporch on existing foundation
See Previous Plans

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other Sunporch
[ ] Demolition
[ ] Miscellaneous
[ ] Fence ____ Height
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other ____

(Office Use Only)
FEE $ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy