**BUILDING SUBCODE TECHNICAL SECTION**

Date Received
Date Issued 10/1/93
Control #
Permit # 93-0PL

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

Block 62 Lot 7
Work Site Location 216 CHURCH ST LAKEHURST N.J. 08733

Owner in Fee MRS LUTKIEWICZ
Address 216 CHURCH ST LAKEHURST N.J. 08733

Tele. (908) 657-7672
Contractor JAMES W. ABRAHAMSEN
Address 212 CHURCH ST LAKEHURST N.J. 08733

Tele. (908) 657-5818
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 156-42-2933

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [X] No Plans Req. | 10-1-93 | DLD |
| [ ] All | | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Insulation | | | | |
| Finishes: | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |

**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 $
3. Total (1+2) $

**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.

James W. Abraham
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

VINYL SIDE HOUSE OVER ASBESTOS SIDING APPROX 1259

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other SIDING
[ ] Other
[ ] Demolition

C of A

**(Office Use Only)**

| | FEE |
|---|---|
| | $105.00 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 20.00 |

Administrative Surcharge $
Paid [ ] Check # 424 Minimum Fee $
Collected by: DCA TRAINING FEE $ 5.00
TOTAL FEE $ 130.00

U.C.C. Form F-110B

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