BOROUGH OF FAIR LAWN
8-01 FAIR LAWN AVENUE
FAIR LAWN, NJ 07410

Date Issued 04/16/02
Control #
Permit # 02-0797

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 4401 Lot 15 Qual

Work Site Location 17-19 CALABRESE

Owner in Fee GRANUCCI
Address
Telephone ( )

Contractor
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] LEAD HAZARD ABATEMENT
[ ] ELEVATOR DEVICES [ ] MECHANICAL [ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:

WATER HEATER

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.

Estimated Cost of Work $ 250

Construction Official

04/16/02
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Mechanical	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	X
Collected By	EMG

U.C.C. F170 (rev. 3/96)

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BOROUGH OF FAIR LAWN
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UCC NEW JERSEY
BUILDING SUBCODE
TECHNICAL SECTION

Date Received 04/16/02
Date Issued 04/16/02
Control #
Permit # 02-0797

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

Block 4401 Lot 15 Qual

Work Site Location 17-19 CALABRESE

Owner in Fee GRANUCCI

Address

Tel.( )

Contractor

Address

Tel.( ) 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

WATER HEATER

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Req		
[ ] All		
[ ] Foot/Found		
[ ] Struct/Frame		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elect [ ] Plumb [ ] Fire

SUBCODE APPR - PERM [ ] Elev

Date:

Approved By:

SUBCODE APPR - CERTIF

[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bond				
Foundation				
Slab				
Frame				
Truss/Brac				
BarrierFree				
Insulation				
Finishes-Bas				
Finishes-Fin				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK

	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Rehabilitation	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool - Above Ground	0
[ ] Pool - In Ground	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ 0
2. Alteration $ 250
3. Total (1+2) $ 250

Industrialized Building:

[ ] State Approved

[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 0
State Permit Surcharge Fee	$ 0

Paid [X] Check # Cash

Collected by: EMG

U.C.C. F110 (rev. 11/09)

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