

Date Issued 05/16/13
Control #
Permit # 130820

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

Date Issued 05/16/13
Control #
Permit # 130820

Federal Emp. No. 22-1212800

Collected By	PM
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U.C.C. F170 (rev. 3/96)

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

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/06/13
Date Issued 05/16/13
Control #
Permit # 130820

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

Block 4401 Lot 15 Qual _____
Work Site Location 17-19 CALABRESE

Owner in Fee GRANUCCI
Address SAME
SAME, NJ 07410-
Tel. (201) 707-9416
Contractor PUBLIC SERVICE ELECTRIC & GAS
Address 240 KULLER RD
CLIFTON, NJ 07011-
Tel. (973) 365-5315 Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-1212800

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 50

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type	Failure Failure Approval Initial
[] No Plans Required	Rough	_____
[] Partial -Underslab Util Appr	BarrierFr	_____
Date: _____ Appr by: _____	Trench	_____
[] Elect Plans Approved	Temp Serv	_____
Date: _____ Appr by: _____	Const Serv	_____
Joint Plan Review Required:	TCO	_____
[] Build [] Plumb [] Fire	Other	_____
SUBCODE APPR - PERM [] Elev	Service	_____
Date: _____ Appr by: _____	Final	_____
SUBCODE APPR - CERTIF	BarrierFr	_____
[] CO [] CCO [] CA	Temp. Cut-in-Card	Date Issued _____
Date: _____ Appr by: _____	Final Cut-in-Card	Date Issued _____
	AnnPoolIns	_____
	Date of Gnd/Bond Certification	_____

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 and perform the work listed on this application.

Signature/Contractor Seal

[] Licensed Elect Contr [] Certif Landscape Irrig Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	4
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other _____	0
		Other _____	0
		Other _____	0

	Administrative Surcharge	\$	0
Paid [X] Check # <u>4872</u>	Minimum Fee	\$	76
Collected by: <u>PM</u>	TOTAL FEE	\$	80
	DCA State Permit Fee	\$	0

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Date: _____ Appr by: _____	Trench	_____
[] Elect Plans Approved	Temp Serv	_____
Date: _____ Appr by: _____	Const Serv	_____
Joint Plan Review Required:	TCO	_____
[] Build [] Plumb [] Fire	Other	_____
SUBCODE APPR - PERM [] Elev	Service	_____
Date: _____ Appr by: _____	Final	_____
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0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	4
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other _____	0
		Other _____	0
		Other _____	0

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Paid [X] Check # <u>4872</u>	Minimum Fee	\$	76
Collected by: <u>PM</u>	TOTAL FEE	\$	80
	DCA State Permit Fee	\$	0

BOROUGH OF FAIR LAWN
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PLUMBING
SUBCODE
TECHNICAL SECTION

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Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-1212800

B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
Building Sewer Size _____ [] Public Sewer [] Private Septic
Water Sewer Size _____ [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 8,392

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[] No Plans Required	Slab	_____	_____	_____	_____
[] Partial -Underslab Util Appr	Rough	_____	_____	_____	_____
Date: _____ Appr by: _____	Water	_____	_____	_____	_____
[] Plumb Plans Approved	Sewer	_____	_____	_____	_____
Date: _____ Appr by: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required:	Gas Equip	_____	_____	_____	_____
[] Build [] Elect [] Fire	Gas Piping	_____	_____	_____	_____
SUBCODE APPR - PERM [] Elev	LPGas Tank	_____	_____	_____	_____
Date: _____ Appr by: _____	FuelOil Pip	_____	_____	_____	_____
SUBCODE APPR - CERTIF	Solar	_____	_____	_____	_____
[] CO [] CCO [] CA	TCO	_____	_____	_____	_____
Date: _____ Appr by: _____	Final	_____	_____	_____	_____

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[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
1	Hot Water Boiler	80
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other _____	0
	Other _____	0
	Other _____	0

	Administrative Surcharge	\$	0
Paid [X] Check # <u>4872</u>	Minimum Fee	\$	0
Collected by: <u>PM</u>	TOTAL FEE	\$	80
	DCA State Permit Fee	\$	14

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B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed R-5

Building Sewer Size [] Public Sewer [] Private Septic

Water Sewer Size [] Public Water [] Private Well

Estimated Cost of Plumbing Work \$ 8,392

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[] No Plans Required	Slab				
[] Partial -Underslab Util Appr	Rough				
Date: <u></u> Appr by: <u></u>	Water				
[] Plumb Plans Approved	Sewer				
Date: <u></u> Appr by: <u></u>	Fixtures				
Joint Plan Review Required:	Gas Equip				
[] Build [] Elect [] Fire	Gas Piping				
SUBCODE APPR - PERM [] Elev	LPGas Tank				
Date: <u></u> Appr by: <u></u>	FuelOil Pip				
SUBCODE APPR - CERTIF	Solar				
[] CO [] CCO [] CA	TCO				
Date: <u></u> Appr by: <u></u>	Final				

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D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>0</u>	Water Closet	<u>0</u>
<u>0</u>	Urinal / Bidet	<u>0</u>
<u>0</u>	Bath Tub	<u>0</u>
<u>0</u>	Lavatory	<u>0</u>
<u>0</u>	Shower	<u>0</u>
<u>0</u>	Floor Drain	<u>0</u>
<u>0</u>	Sink	<u>0</u>
<u>0</u>	Dishwasher	<u>0</u>
<u>0</u>	Drinking Fountain	<u>0</u>
<u>0</u>	Washing Machine	<u>0</u>
<u>0</u>	Hose Bibb	<u>0</u>
<u>0</u>	Water Heater	<u>0</u>
<u>0</u>	Fuel Oil Piping	<u>0</u>
<u>0</u>	Gas Piping	<u>0</u>
<u>0</u>	Steam Boiler	<u>0</u>
<u>1</u>	Hot Water Boiler	<u>80</u>
<u>0</u>	Sewer Pump	<u>0</u>
<u>0</u>	Interceptor / Separator	<u>0</u>
<u>0</u>	Backflow Preventer	<u>0</u>
<u>0</u>	Greasetrap	<u>0</u>
<u>0</u>	Sewer Connection	<u>0</u>
<u>0</u>	Water Service Connection	<u>0</u>
<u>0</u>	Stacks	<u>0</u>
	Other <u></u>	<u>0</u>
	Other <u></u>	<u>0</u>
	Other <u></u>	<u>0</u>

	Administrative Surcharge	\$	<u>0</u>
Paid [X] Check # <u>4872</u>	Minimum Fee	\$	<u>0</u>
Collected by: <u>PM</u>	TOTAL FEE	\$	<u>80</u>
	DCA State Permit Fee	\$	<u>14</u>

BOROUGH OF FAIR LAWN
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UCC NEW JERSEY
FIRE PROTECTION
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Federal Emp. No. 22-1212800

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present R-5 Proposed R-5 Fire Alarm System

Constr Class - Present Proposed New ☐ Existing ☐

Heating Systems ☐ New ☐ Existing ☐ HVAC Location of Panel:

Type: ☐ Gas ☐ Oil ☐ Elect ☐ Solar Fire Suppression/Standpipe Sys

☐ Other New ☐ Existing ☐

Location: Location of Main Control Valve

Total Est Cost of Fire Prot Work \$ 10

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type	Failure Failure Approval Initial
☐ No Plans Required	Alarm Sys	<u></u> <u></u> <u></u> <u></u>
☐ Partial -Underslab Util Appr	Suppr Test	<u></u> <u></u> <u></u> <u></u>
Date: <u></u> Appr by: <u></u>	Standpipe	<u></u> <u></u> <u></u> <u></u>
☐ Fire Plans Approved	Fire Pump	<u></u> <u></u> <u></u> <u></u>
Date: <u></u> Appr by: <u></u>	PreEng Sys	<u></u> <u></u> <u></u> <u></u>
Joint Plan Review Required:	Mechanical	<u></u> <u></u> <u></u> <u></u>
☐ Build ☐ Elect ☐ Plumb	Smoke Ctl	<u></u> <u></u> <u></u> <u></u>
SUBCODE APPR - PERM ☐ Elev	TCO	<u></u> <u></u> <u></u> <u></u>
Date: <u></u> Appr by: <u></u>	Fl/Comb Tnk	<u></u> <u></u> <u></u> <u></u>
SUBCODE APPR - CERTIF	Firepl Vnt	<u></u> <u></u> <u></u> <u></u>
☐ CO ☐ CCO ☐ CA	Final	<u></u> <u></u> <u></u> <u></u>
Date: <u></u> Appr by: <u></u>	Other <u></u>	<u></u> <u></u> <u></u> <u></u>

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/Contractor Seal

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

FEE (Office Use Only)

Type: ☐ Flammable Liquid ☐ Combust Liquid

☐ LPG ☐ LNG Capacity 0 Fuel

Alarm Systems ☐ 110v Interconnected NUMBER

☐ System

Alarm Devices (smoke,heat,pulls,water/flow) 0

Supervisory Devices (tamper,low/high air) 0

Signaling Devices (horn/strobes, bells) 0

Other Devices 0

TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type 0

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 0 0

Standpipes 0 0

Pre-Engineered Systems

Wet Chemical 0 0

Dry Chemical 0 0

CO2 Suppression 0 0

Foam Suppression 0 0

Halon Suppression 0 0

Other 0

Kitchen Hood Exhaust System 0 0

Smoke Control System 0 0

Gas ☐ or Oil ☐ Fired Appliances 0 0

Other GAS BOILER 80

Other 0

Other 0

Administrative Surcharge \$ 0

Paid ☒ Check # 4872 Minimum Fee \$ 0

Collected by: PM TOTAL FEE \$ 80

DCA State Permit Fee \$ 0

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Date: <u></u> Appr by: <u></u>	Standpipe	<u></u> <u></u> <u></u> <u></u>
☐ Fire Plans Approved	Fire Pump	<u></u> <u></u> <u></u> <u></u>
Date: <u></u> Appr by: <u></u>	PreEng Sys	<u></u> <u></u> <u></u> <u></u>
Joint Plan Review Required:	Mechanical	<u></u> <u></u> <u></u> <u></u>
☐ Build ☐ Elect ☐ Plumb	Smoke Ctl	<u></u> <u></u> <u></u> <u></u>
SUBCODE APPR - PERM ☐ Elev	TCO	<u></u> <u></u> <u></u> <u></u>
Date: <u></u> Appr by: <u></u>	Fl/Comb Tnk	<u></u> <u></u> <u></u> <u></u>
SUBCODE APPR - CERTIF	Firepl Vnt	<u></u> <u></u> <u></u> <u></u>
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Date: <u></u> Appr by: <u></u>	Other <u></u>	<u></u> <u></u> <u></u> <u></u>

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Fire Pump 0 GPM Type 0

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 0 0

Standpipes 0 0

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Dry Chemical 0 0

CO2 Suppression 0 0

Foam Suppression 0 0

Halon Suppression 0 0

Other 0

Kitchen Hood Exhaust System 0 0

Smoke Control System 0 0

Gas ☐ or Oil ☐ Fired Appliances 0 0

Other GAS BOILER 80

Other 0

Other 0

Administrative Surcharge \$ 0

Paid ☒ Check # 4872 Minimum Fee \$ 0

Collected by: PM TOTAL FEE \$ 80

DCA State Permit Fee \$ 0