

Date Issued 05/30/14
Control #
Permit # 140969

Federal Emp. No. 27-3216835

Collected By PM

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

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

Date Issued 05/30/14
Control #
Permit # 140969

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 4401 Lot 15 Qual

Work Site Location 17-19 CALABRESE

Contractor ROBERT SCARRATTI

Owner in Fee GRANUCCI

Address 9022 FULTON ST

Address SAME

NORTH BERGEN, NJ 07047-

SAME, NJ 07410-

Telephone (201) 320-1875

Telephone (201) 707-9416

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 27-3216835

Is hereby granted permission to perform the following work:

☐ BUILDING	☐ PLUMBING	☐ ASBESTOS ABATEMENT (Subchapter 8 only)
☒ ELECTRICAL	☐ FIRE PROTECTION	☐ LEAD HAZARD ABATEMENT
☐ ELEVATOR DEVICES	☐ MECHANICAL	☐ DEMOLITION
	☐ OTHER <u> </u>	

DESCRIPTION OF WORK:

100A SERVICE

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 \$ 1,400

Construction Official

05/30/14
Date

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>85</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	<u> </u>
DCA State Permit Fee	<u>2</u>
Cert. of Occupancy	<u>0</u>
Other	<u> </u>
Total	<u>87</u>
Check No.	<u> </u>
Cash	<u>X</u>
Collected By	<u>PM</u>

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UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/30/14
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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 ROBERT SCARRATTI
Address 9022 FULTON ST
NORTH BERGEN, NJ 07047-
Tel. (201) 320-1875 Fax () -
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 27-3216835

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 \$ 1,400

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	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
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
1	100	AMP Service	85
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>Cash</u>	Minimum Fee	\$ 0
Collected by: <u>PM</u>	TOTAL FEE	\$ 85
	DCA State Permit Fee	\$ 2

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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	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
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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>Cash</u>	Minimum Fee	\$ 0
Collected by: <u>PM</u>	TOTAL FEE	\$ 85
	DCA State Permit Fee	\$ 2