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

Update Issued 11/07/97
Control #
Permit # 97-1990+A
Permit Issued 11/05/97

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 4401 Lot 15 Qual

Work Site Location 17-19 CALABRESE

Owner in Fee GRANICCI
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:

Estimated Cost of Work $ 200

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	TS

Construction Official

11/07/97
Date

U.C.C. F190 (rev. 3/96)

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UCC NEW JERSEY
BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/07/97
Date Issued 11/07/97
Control #
Permit # 97-1990+A

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 GRANICCI

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

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 $ 200
3. Total (1+2) $ 200

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # Cash Minimum Fee	$ 0
Collected by: TS TOTAL FEE	$ 0
State Permit Surcharge Fee	$ 0

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