BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 2/1/08

Date Issued Permit # 08-026

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

Block 75 Lot 1 Qualification Code

Work Site Location FORREST DEVISSER

Owner in Fee: 508 TOTOWA RD

Tel. (973) 979-0226 e-mail

Address SAME

Contractor: A+A OIL RECOVERY CO (street, municipality) Tel. (973) 709-1700 (zip code)

Address 198 NEWARK POMPTON TPK e-mail PEQUANNOCK NJ 07440

Contractor License No. or Builder Registration No. 19511 Exp. Date 6/30/09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 223-47-9521 FAX: (973) 709-1703

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

REMOVAL OF 1,000 GST OIL TANK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO	Tank Leak!			
Other				
Final	2/5/08			
Barrier Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [x] Other Tank Removal
- [ ] Demolition

FEE (Office Use Only)

$	50.00
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	50.00

PD Ck # 9091
M. Fitzgerald

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		

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. Rehabilitation $ 1000-
3. Total (1+ 2) $ 1000-

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/6/02
Control #
Permit # 22078

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

Block 75 Lot 1
Work Site Location 568 TOTOWA ROAD.

Owner in Fee JOHN DE VISSER
Address 568 TOTOWA ROAD.
TOTOWA N.J. 07512
Tele. (973) 595 8857
Contractor JAMES JOSEPH CONSTRUCTION CO. INC
Address 117 WAYNE AVENUE
PATERSON N.J. 07502
Tele. (973) 904 9899 Fax (973) 904 0166
Lic. No. or Bldrs. Reg. No. 22.3260958
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
REMOVE EXISTING ROOF
REPLACE W/ NEW ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	3/6/02	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3/22/02
Approved by:

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

	$
Roofing	46.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 2.00
TOTAL FEE	$ 48.00

Paid ck # 4260
Rec'd by

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories 1 1/2
Height of Structure 18 Ft.
Area — Largest Floor 924 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 $ 2500.00
3. Total (1+ 2) $ 2500.00

75-1

BOROUGH OF TOTOWA

APPLICATION FOR TREE REMOVAL PERMIT

00092_031901
1366 SF 3127

* 0 0 0 1 0 L Q F *

PLEASE PRINT

Name of Applicant ~~ADIRONDACK TREE~~ DEVISSER

Address of tree(s) to be removed: 568 TOTOWA RD

Address of Applicant: SAME

Name / Address of Tree Service Provider: ADIRONDACK TREE
PO BOX 4102 WAYNE, NJ 07470

ALL DEBRIS TO BE CHIPPED AND TAKEN AWAY BY TREE SERVICE

Total number of trees for removal: 1

Reason for Removal: HAZARD Location RIGHT SIDE

Reason for Removal _____ Location _____

Application file date: 3-26-19 Proposed date of tree removal: _____

LTCA #360

Signature of Applicant: Bill Boulos Phone (973) 332-8628

Permit application does not constitute approval: DO NOT schedule tree removal until permit has been approved and issued by township.
Trees proposed for removal shall be identified with string or tape around trunk, DO NOT paint tree.
Permit if approved will be valid for a 3 month period upon issue date below.

DO NOT WRITE BELOW THIS LINE

The permit fee of $35.00 _____ Cash, _____ Check # 7553 was received by: JW

A landscape plan ✓ is not required, or _____ is required

The planting of a replacement tree(s) ✓ is not required, _____ is required
Variety of tree _____, number required _____

Tree removal permit approval granted: ✓ Yes, _____ No: if not approved, reasons for rejection

conditions, or inspector's comments _____

Authorization of Township Rep: _____

#7553 Permit 1984

O-I-C. JL Wayne 3-26-2019 2:20 PM