



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 6/3/82
Date Issued 6/3/82
Control #
Permit #

35-92

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

Block 31 Lot 6
Work Site Location 139 FRANKLIN ST SWEDENSBORO

Owner in Fee RDE FERRARO
Address SAME

Tele. (609) 467-8725

Contractor OWNER

Address _____

Tele. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____ or Social Security No. 146-30-0810

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Req.	<u>6/3/82</u>	<u>RF</u>	Footing	_____	_____	_____	_____
☒ All			Foundation	_____	_____	_____	_____
☐ Footing			Slab	_____	_____	_____	_____
☐ Foundation			Frame	_____	_____	_____	_____
☐ Frame			Insulation	_____	_____	_____	_____
☐ Other _____			Finishes:	_____	_____	_____	_____
Joint Plan Review Required:			Energy	_____	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL			TCO _____	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA			Other _____	_____	_____	_____	_____
Date: _____			Final _____	_____	_____	_____	_____
Approved By: _____				_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed R4
Constr. Class Present R3 Proposed R4
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ 2000
3. Total (1+2) \$ 2000

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.

John Feldman
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Porch Roof

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding Roofing over existing pad.
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence _____ Height
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

(Office Use Only)

FEE

\$ _____

35-00

Administrative Surcharge \$ _____
Paid ☒ Check # 1532 Minimum Fee \$ _____
Collected by: [Signature] TOTAL FEE \$ 35-00