ok

3/23

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/9/2020
Control # 3-18-2020
Date Issued
Permit # 20-051

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

Block 20 Lot 8 Qualification Code

Work Site Location 206 Garden Ave

Owner in Fee: Brian + Melinda Ellwanger

Tel. (609) 760-9569 e-mail

Address 206 Garden Ave (street) Somerdale (municipality) 08083 (zip code)

Contractor: BANA, LLC Tel. (856) 343-4557

Address 937 Monroeville Rd e-mail info@njdeckbuilder.com
Mullica Hill NJ 08062

Contractor License No. or Builder Registration No. 13VH06880400 Exp. Date 3/31/20

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

Federal Emp. ID No. 45-4886539 FAX: (856) 343-4557

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.

Sign here: Brett Wolvin

Print name here: Brett Wolvin

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

12x20 deck w/ steps

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	3/20/20	PC
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/19/20 PC
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] OA
Date: 6-15-2020
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			6-1-20	PC
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6-1-20	PC
Barrier-Free				

TYPE OF WORK:
[X] 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
[ ] Other
[ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $ 29.00
Minimum Fee $ 29.00
State Permit Surcharge Fee $ 13.00
TOTAL FEE $ 192.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure 2.5 ft.
Area — Largest Floor 240 sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 8139
2. Rehabilitation $ _____
3. Total (1+ 2) $ 8139

Ck # 2844

U.C.C. F110 (rev. 11/09)

BOROUGH OF SOMERDALE

GARY J. PASSANANTE, Mayor
105 KENNEDY BLVD.
SOMERDALE, NJ 08083
(856) 783-6320 – FAX: (856) 784-9377

DATE: 5/16/12

APPLICATION FOR ZONING PERMIT
($25.00 APPLICATION FEE REQUIRED)
($25.00 APPLICATION FEE FOR SIGN PERMITS)
($50.00 APPLICATION FEE FOR FENCE PERMITS)

CONTRACTOR: Heartland / Lowes PHONE: _____

ADDRESS: 206 Garden Ave BLOCK 20 LOT 8

ZONE _____

Ck# 1354 J.K.

OWNER: Brian Ellwanger PHONE: 609 760-9570

ADDRESS: 206 Garden Ave

EXISTING USE: _____ PROPOSED USE: _____

TYPE OF CONSTRUCTION: 8x8 shed (non-perm)

INTERIOR LOT X CORNER LOT _____ WIDTH _____

FRONT SET BACK _____ REAR SET BACK 5Ft From Fence

UTILITY SHED ✓ WIDTH 8 LENGTH 8 HEIGHT > 10Ft

GARAGE _____ WIDTH _____ LENGTH _____ HEIGHT _____

ADDITION _____ WIDTH _____ LENGTH _____ HEIGHT _____

TYPE OF FOOTING OR FLOOR _____

SIDE SET BACK RT. _____ SIDE SET BACK LT. _____

FENCE GOOD SIDE FACES OUT

FENCING _____ HEIGHT _____ LENGTH _____

DECK _____ SQUARE FT. _____ TYPE OF CONSTRUCTION _____

SIGNS _____ SIZE _____ HEIGHT _____

SETBACK FROM PROPERTY LINE: _____

POOLS _____ DIMENSIONS _____ ABOVE OR BELOW GROUND _____

PLOT PLAN IS REQUIRED ON ALL CONSTRUCTION AND MUST BE ATTACHED.

SIGNATURE OF APPLIANT: Brian Ellwanger

APPROVED: _____ DENIED: _____

SITE PLAN REQUIRED: _____ VARIANCE REQUIRED: _____

ZONING OFFICER

Need attached survey

BOROUGH OF SOMERDALE

GARY J. PASSANANTE, Mayor
105 KENNEDY BLVD.
SOMERDALE, NJ 08083
(856) 783-6320 – FAX: (856) 784-9377

Pd Ck#1301

DATE: 7-2-09

APPLICATION FOR ZONING PERMIT
($10.00 APPLICATION FEE REQUIRED)
($25.00 APPLICATION FEE FOR SIGN PERMIT)
($50.00 APPLICATION FEE FOR FENCE PERMIT)

CONTRACTOR: Homeowner PHONE: 609-760-9570

ADDRESS: 206 Garden Ave BLOCK 20 LOT 8
ZONE _____

OWNER: Brian + Melinda Ellwanger PHONE 609-760-9570
ADDRESS: 206 Garden Ave Somerdale NJ. 08083

EXISTING USE: _____ PROPOSED USE: _____
TYPE OF CONSTRUCTION: _____
INTERIOR LOT X CORNER LOT _____ WIDTH _____
FRONT SET BACK _____ REAR SET BACK _____
UTILITY SHED _____ WIDTH _____ LENGTH _____ HEIGHT _____
GARAGE _____ WIDTH _____ LENGTH _____ HEIGHT _____
ADDITION _____ WIDTH _____ LENGTH _____ HEIGHT _____
TYPE OF FOOTING OR FLOOR _____
SIDE SET BACK RT. _____ SIDE SET BACK LT. _____

FENCE GOOD SIDE FACES OUT

FENCING Ch. link HEIGHT 4' LENGTH _____
DECK _____ SQUARE FT. _____ TYPE OF CONSTRUCTION _____

SIGNS _____ SIZE _____ HEIGHT _____
SETBACK FROM PROPERTY LINE: _____

POOLS _____ DIMENTIONS _____ ABOVE OR BELOW GROUND _____

PLOT PLAN IS REQUIRED ON ALL CONSTRUCTION AND MUST BE ATTACHED.
SIGNATURE OF APPLICANT: Brian Ellwanger
APPROVED: _____ DENIED: _____
SITE PLAN REQUIRED: _____ VARIANCE REQUIRED _____

ZONING OFFICER

BOROUGH OF SOMERDALE
105 KENNEDY BOULEVARD
SOMERDALE, NJ 08083

Date Issued 01/27/09
Control #
Permit # 08-032

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 20 Lot 8 Qual
Work Site Location 206 GARDEN AVE

Owner in Fee/Occupant VALENTI
Address 289 S. BLACK HORSE PIKE
MT EMPHRAIM, NJ 08059-
Telephone (856) 933-0900
Contractor JOHN VALENTI
Address 289 S BLACK HORSE PIKE
MT EMPHRAIM, NJ 08059-
Telephone (856)933-0900 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 008872
Federal Emp. No. -

Home Warranty No. NJ109712
[ ] State [X] Private 2-10 HOME BUYERS WARRANTY
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

NEW HOME WITH BASEMENT

[X] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Fee $ 70
Paid [X] Check No. 4680
Collected by: DR

Construction Official

U.C.C. F260 (rev. 3/96)

Cheryl Secretary

BUILDING SUBCODE
TECHNICAL SECTION

3/28/08

4/16 LOCK Bot PAN

Date Received 1-7-08
Control # 3-6-08
Date Issued
Permit # 08-032

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

Block 20 Lot 8 Qualification Code

Work Site Location 206 Garden Ave
Somerdale NJ 0

Owner in Fee John Valenti
Address 289 So. Black Horse Pike
Mt. Ephraim, NJ 08059
Tel. (856) 933-0900

Contractor John Valenti cell# 609-560-0770
Address 289 So. Black Horse Pike
Mt. Ephraim NJ 08059
Tel. (856) 933-0900 FAX (856) 933-0910
Contractor License No. or Builder Registration No. 008872 EXP. 12/31/09
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.

John Valenti
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SINGLE FAMILY HOME
AS PER PLANS
with basement

JOB SUMMARY (Office Use Only)

foundation walls 4/9/08

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2/19/08	MM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 4/21/08
Approved by:

INSPECTIONS Type	Failure Dates (Month/Day)	Failure Dates (Month/Day)	Approval Dates (Month/Day)	Initial
Footing			3/28/08	MM
Footing Bonding				
Foundation			4/16/08	MM
Slab backfill			4/16/08	MM
Frame	6/11/08		6/25/08	MM
Truss Sys./Bracing				
Barrier Free ~~Framing~~	MM			
Insulation			6/25/08	MM
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other sill	5/14/08	5/19/08	6/25	MM
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	2	
Height of Structure	28'	Ft.
Area — Largest Floor	689	Sq. Ft.
New Bldg. Area/All Floors	1349	Sq. Ft.
Volume of New Structure	32,113	Cu. Ft.
Total Land Area Disturbed	1349	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 69,000.
2. Rehabilitation $
3. Total (1+ 2) $ 69,000

4/16/08 Left note sill plate insp. Required MM

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Rehabilitation
[ ] 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)

	$
Administrative Surcharge	$ 4124.00
Minimum Fee	$ 85.00
State Permit Surcharge Fee	$
TOTAL FEE	$ 1269.00

Cl #4680

U.C.C.1 F1-0
(rev. 07/03)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Change of Contractor

LOCK BOX PAN

H&B (9/26)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 6-2-08

Date Issued Permit # 08-032

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

Block 20 Lot 8 Qualification Code

Work Site Location 206 Garden Ave Somerdale,

Owner in Fee: John Valenti

Tel. (856) 933-0900 e-mail JVTUNA@AOL.COM

Address 289 So. Blackhorse Pike Mt Ephraim NJ 08059
street municipality zip code

Contractor: Brian Conner Plumbing L.L.C. Tel. (856) 768-2888

Address 1044 Industrial Dr. #19 West Berlin, NJ 08091 e-mail brianconner1@verizon.net

Contractor License No. 12134 Exp. Date 6/30/2009

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 165900

Federal Emp. ID No. 20-0945551 FAX (856) 768-0808

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 6,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] DA

Date 1/14/09

Approved by

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approved	Initial
Slab				
Rough	6/26/08		6/26/08	MO
Water			7/9/08	MO
Sewer			7/9/08	MO
Fixtures				
Gas Equipment			6/26/08	MO
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO	7/14/08			

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.

No Entry

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
3	Sink	
	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
1	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
3	Stacks	
4	Other GAS APPL.	
	Other	

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

U.C.C. F130 (rev. 10/06)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FAN boxes
MSTR BDRM

ELECTRICAL SUBCODE TECHNICAL SECTION

6/17

Date Received 5-7-08
Date Issued 5-6-08
Control #
Permit # 08-032

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

Block 20 Lot 8
Work Site Location 206 GARDEN AVE. SOMERDALE, NJ
Owner in Fee/Occupant JOHN VALENTI
Address 289 S. BLACK HORSE PIKE MOUNT EPHRAIM NJ 08059
Tele. (856) 933-0900
Contractor DIRKES ELECTRIC INC
Address 3003 N MILL ROAD VINELAND, NJ 08360
Tele. (856) 692-2900 Fax (856) 691-4271
Lic. No. 1970-A
Federal Emp. No. 22-1970868

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as SINGLE FAMILY HOME Utility Co. PSEG
Est. Cost of Elec. Work $ 5,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 11/5/08
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			6/17	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			11/5/08	
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 6/2008

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 11/5/08
Approved by:

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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
16	20	Lighting Fixtures
50	63	Receptacles
25	28	Switches
5	6	Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
1	8	KW Dishwasher
1		HP Garbage Disposal
1	3	KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	150	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

	$
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 161.00

Ck #4688
Paid

UCC #120
(rev 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-7-08
Date Issued 3-6-08
Control #
Permit # 08-032

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

Block 20 Lot 8
Work Site Location 206 Garden Ave. Somerdale, NJ
Owner in Fee John Valenti
Address 289 So. Black Horse Pike Mt. EPHRAIM NJ 08059
Tele. (856) 933-0900
Contractor Dirkes Electric
Address 3003 North Mill Road Vineland NJ
Tele. (856) 692-2900 Fax ( ) _____
Lic. No. 1970A
Federal Emp. No. 221970868

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-5
Constr. Class Present _____ Proposed _____
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: UTILITY ROOM
Total Cost of Fire Protection Work $ 500.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 1/15/08
Approved by: _____
SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 1/23/08
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			1/23/08	
Other				

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 Valenti
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
SINGLE FAMILY HOME AS PER PLANS

Water Supply Source Hydrant
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____

Alarm Systems [ ] 110v Interconnected **NUMBER**
[ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	15	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	15	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System	1	
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	3	
Other DUCTLESS HOOD EX.		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 360.00

C #1468

UCC F-40 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy