Building Dept.
1976 Morris Ave.
Union, NJ NJ 07083
(908)851-8509

# CERTIFICATE

2019 - TWP OF UNION

Date Issued: 01/04/2017
Permit # 15-02257-
Certificate: 1502257.1

**IDENTIFICATION**

Block 2301 Lot 10 Qualifier

Work Site Location 1963 MOUNTAINVIEW AVE
Twp of Union, NJ 07083

Owner in Fee EUERAS COMMUNITY SERVICE
Address 24 W. WORLDS FAIR DRIVE
SOMERSET, NJ 08873

Telephone (732) 805-1912

Contractor NOWELLE, LLC

Address PO BOX 853
FRANKLIN LAKES, NJ 07417

Telephone (973) 726-0488 FAX

Lic No/Bldrs Reg No. 46606 Fed. Emp. No.060037720

Home Imprv. Reg No. / Exempt Reason -

Home Warranty No.

Type of Warranty Plan [ ] State [ ] Private

Use Group I/R-5

Maximum Live Load 40

Construction Class

Max. Occupancy Load

Description of Work/Use
NEW SINGLE FAMILY DWELLING

☒ **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 the 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 will be

☐ **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 ( 0years); 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

_____ .

A. Manguso TDA 1/4/17
CONSTRUCTION OFFICIAL

Fee $35.00
Paid [ $35.00 ] Check No. 1019
Collected by: TDA

PermitsNJ

PNJF260 rev. (5/2013)
Printed On: 01/04/2017 09:29

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 10/8/2015
Control # 645948

Date Issued 10/30/2015
Permit # 15-02257

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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812
street municipality zip code

Contractor: NOWELLE, LLC Tel. (973) 726-0488

Address PO BOX 853 e-mail
FRANKLIN LAKES, NJ 07417

Contractor License No. or Builder Registration No. 46606 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 060037720 FAX:

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Failure | Failure | Dates (Month/Day) Approval | Initial |
|---|---|---|---|---|
| Footing | | | 07/12 | DL |
| Footing Bonding | | | | |
| Foundation | | | 07/18 | DL |
| Slab | | | 09/07 | DL |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | 09/22 | DL |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 12/07 | DL |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present Proposed R-5
No. of Stories 1
Height of Structure 19 ft.
Area — Largest Floor 2165 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 38370 cu. ft.
Max. Live Load 40
Max. Occupancy Load 0

**Constr. Class** Present Proposed

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $ 155,000.00
2. Rehabilitation $ 155,000.00
3. Total (1+ 2) $ 310,000.00

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

**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:

Print name here:

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
NEW SINGLE FAMILY DWELLING

TYPE OF WORK:

| | | FEE (Office Use Only) |
|---|---|---|
| [X] | New Building | $ 959.00 |
| [ ] | Addition | 0.00 |
| [ ] | Rehabilitation | 0.00 |
| [ ] | Roofing | 0.00 |
| [ ] | Siding | 0.00 |
| [ ] | Fence ____ Height (exceeds 6') | 0.00 |
| [ ] | Sign 0 Sq. Ft. | 0.00 |
| [ ] | Pool | 0.00 |
| [ ] | Retaining Wall 0 Sq. Ft. | 0.00 |
| [ ] | Asbestos Abatement Subchapter 8 | 0.00 |
| [ ] | Lead Haz. Abatement NJAC 5:17 | 0.00 |
| [ ] | Radon Remediation | 0.00 |
| [ ] | Other | 0.00 |
| [ ] | Demolition | 0.00 |

| | |
|---|---|
| Administrative Surcharge $ | 0.00 |
| Minimum Fee $ | 959.00 |
| State Permit Surcharge Fee $ | 142.00 |
| TOTAL FEE $ | 1,101.00 |

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 10/8/2015
Control # 645948
Date Issued 10/30/2015
Permit # 15-02257

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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812
street municipality zip code

Contractor: J . VAN HUNTER ELECTRIC Tel. (973) 584-8441

Address 27 IONIA RD e-mail
FLANDERS, NJ 07836

Contractor License No. 4497 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed R-5

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 70,000.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Failure | Failure | Dates (Month/Day) Approval | Initial |
|---|---|---|---|---|
| Rough | | | 09/15 | AJD |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | 09/15 | AJD |
| Final | | | 11/22 | AU |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding 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.

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| 14 | | Lighting Fixtures | |
| 41 | | Receptacles | |
| 20 | | Switches | |
| 8 | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communications Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | $ 48.00 |
| | | Pool Permit/with UW Lights | 0.00 |
| | | Storable Pool/Spa/Hot Tub | 0.00 |
| | 0 | KW Elec. Range/Receptacle | 0.00 |
| | 0 | KW Oven/Surface Unit | 0.00 |
| | 0 | KW Elec. Water Heater | 0.00 |
| | 0 | KW Elec. Dryer/Receptacle | 0.00 |
| 1 | 0 | KW Dishwasher | 10.00 |
| | 0 | HP Garbage Disposal | 0.00 |
| 1 | 0 | KW Central A/C Unit | 10.00 |
| | 0 | HP/KW Space Heater/Air Handler | 0.00 |
| | 0 | KW Baseboard Heat | 0.00 |
| | 0 | HP Motors 1/+ HP | 0.00 |
| | 0 | KW Transformer/Generator | 0.00 |
| 1 | 0 | AMP Service | 46.00 |
| | 0 | AMP Subpanels | 0.00 |
| | 0 | AMP Motor Control Center | 0.00 |
| | 0 | KW Elec. Sign/Outline Light | 0.00 |
| | 0 | | 0.00 |

| | |
|---|---|
| Administrative Surcharge | $ 0.00 |
| Minimum Fee | $ 114.00 |
| State Permit Surcharge Fee | $ 0.00 |
| TOTAL FEE | $ 114.00 |

U.C.C. F120 (rev. 11/09)

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

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received 10/8/2015
Control # 645948

Date Issued 10/30/2015
Permit # 15-02257

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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812

Contractor: NORTH EAST FIRE PREV. (street / municipality) Tel. (201) 803-7256 (zip code)

Address 19 2ND AVENUE e-mail
HAWTHORNE, NJ 00000

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 0442 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223745566 FAX:

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present ____ Proposed R-5

**Constr. Class:** Present ____ Proposed ____

**Heating System:** [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

**Total Cost of Fire Protection Work $** 16,000.00

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel:

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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 | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | 11/22 | JP |
| Other | | | | |

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

**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.

Applicant/Contractor sign here:

Print name here:

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
**Water Supply Source**
**Method of Alarm/Suppression System Supervision**

| | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Flammable/Combustible Tanks | 0 | $0.00 |
| **Alarm Systems** | | |
| [X] System | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | 9 | $0.00 |
| Supervisory Devices (i.e., tampers, low/high air) | 1 | $0.00 |
| Signaling Devices (i.e., horn/strobes, bells) | 0 | $0.00 |
| Other Devices | 0 | $0.00 |
| TOTAL | 10 | $35.00 |
| **Suppression Systems** | | |
| Fire Pump ____ GPM Type ____ | 0 | $0.00 |
| Dry Pipe/Alarm Valves | 0 | $0.00 |
| Pre-action Valves | 0 | $0.00 |
| Sprinkler Heads (Dry and Wet) | 18 | $50.00 |
| Standpipes | 0 | $0.00 |
| **Pre-engineered Systems** | | |
| Wet Chemical | 0 | $0.00 |
| Dry Chemical | 0 | $0.00 |
| $CO_2$ Suppression | 0 | $0.00 |
| Foam Suppression | 0 | $0.00 |
| FM200 Suppression | 0 | $0.00 |
| Other | 0 | $0.00 |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | 0 | $0.00 |
| Smoke Control System | 0 | $0.00 |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid | 3 | $120.00 |
| Fireplace Venting/Metal Chimney | 0 | $0.00 |
| Other | 0 | $0.00 |
| Administrative Surcharge $ | | 0.00 |
| Minimum Fee $ | | 205.00 |
| State Permit Surcharge Fee $ | | 0.00 |
| TOTAL FEE $ | | 205.00 |

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 10/8/2015
Control # 645948

Date Issued 10/30/2015
Permit # 15-02257

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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812
street municipality zip code

Contractor: RICHARD A. JOSEPH P AND H, INC. Tel. (973) 670-7688

Address 38 E. SHORE DRIVE e-mail
NEWTON, NJ 07860

Contractor License No. 9375 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223161169 FAX:

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 12,000.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | 09/07 | VF |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | 11/21 | RK |
| | | | | |

**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 sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 2 | Water Closet | $ 20.00 |
| 0 | Urinal/Bidet | 0.00 |
| 0 | Bath Tub | 0.00 |
| 2 | Lavatory | 20.00 |
| 1 | Shower | 10.00 |
| 3 | Floor Drain | 30.00 |
| 1 | Sink | 10.00 |
| 1 | Dishwasher | 10.00 |
| 0 | Drinking Fountain | 0.00 |
| 1 | Washing Machine | 10.00 |
| 0 | Hose Bibb | 0.00 |
| 1 | Water Heater | 30.00 |
| 0 | Fuel Oil Piping | 0.00 |
| 1 | Gas Piping | 15.00 |
| 0 | LPGas Tank | 0.00 |
| 0 | Steam Boiler | 0.00 |
| 0 | Hot Water Boiler | 0.00 |
| 0 | Sewer Pump | 0.00 |
| 0 | Interceptor/Separator | 0.00 |
| 0 | Backflow Preventer | 0.00 |
| 0 | Greasetrap | 0.00 |
| 1 | Sewer Connection | 150.00 |
| 1 | Water Service Connection | 30.00 |
| 3 | Stacks | 30.00 |
| | Other | 0.00 |

| | |
|---|---|
| Administrative Surcharge | $ 0.00 |
| Minimum Fee | $ 375.00 |
| State Permit Surcharge Fee | $ 0.00 |
| TOTAL FEE | $ 375.00 |

U.C.C. F130 (rev. 11/09)

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 9/15/2016
Control # 645948
Date Issued 9/15/2016
Permit # 15-02257+2

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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812
street municipality zip code

Contractor: J . VAN HUNTER ELECTRIC Tel. (973) 584-8441

Address 27 IONIA RD e-mail
FLANDERS, NJ 07836

Contractor License No. 4497 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed R-5

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding 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.

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: COMMUNICATION AND ALARM DEVICES

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors—Fract. HP | |
| | | Emergency & Exit Lights | |
| 4 | | Communications Points | |
| 12 | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | $ 0.00 |
| | | Pool Permit/with UW Lights | 0.00 |
| | | Storable Pool/Spa/Hot Tub | 0.00 |
| | 0 | KW Elec. Range/Receptacle | 0.00 |
| | 0 | KW Oven/Surface Unit | 0.00 |
| | 0 | KW Elec. Water Heater | 0.00 |
| | 0 | KW Elec. Dryer/Receptacle | 0.00 |
| | 0 | KW Dishwasher | 0.00 |
| | 0 | HP Garbage Disposal | 0.00 |
| | 0 | KW Central A/C Unit | 0.00 |
| | 0 | HP/KW Space Heater/Air Handler | 0.00 |
| | 0 | KW Baseboard Heat | 0.00 |
| | 0 | HP Motors 1/+ HP | 0.00 |
| | 0 | KW Transformer/Generator | 0.00 |
| | 0 | AMP Service | 0.00 |
| | 0 | AMP Subpanels | 0.00 |
| | 0 | AMP Motor Control Center | 0.00 |
| | 0 | KW Elec. Sign/Outline Light | 0.00 |
| | 0 | | 0.00 |

| | |
|---|---|
| Administrative Surcharge | $ 0.00 |
| Minimum Fee | $ 0.00 |
| State Permit Surcharge Fee | $ 0.00 |
| TOTAL FEE | $ 0.00 |



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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 9/20/2016
Control # 645948

Date Issued 11/4/2016
Permit # 15-02257+3

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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812
street municipality zip code

Contractor: A-PLUS CONTRACTING LLC Tel. (201) 891-7221

Address P.O. BOX 247 e-mail
WYCKOFF, NJ 07481

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 9,600.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | | |
| | | | | |

**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 sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 0 | Water Closet | $ 0.00 |
| 0 | Urinal/Bidet | 0.00 |
| 0 | Bath Tub | 0.00 |
| 0 | Lavatory | 0.00 |
| 0 | Shower | 0.00 |
| 0 | Floor Drain | 0.00 |
| 0 | Sink | 0.00 |
| 0 | Dishwasher | 0.00 |
| 0 | Drinking Fountain | 0.00 |
| 0 | Washing Machine | 0.00 |
| 0 | Hose Bibb | 0.00 |
| 0 | Water Heater | 0.00 |
| 0 | Fuel Oil Piping | 0.00 |
| 0 | Gas Piping | 0.00 |
| 0 | LPGas Tank | 0.00 |
| 0 | Steam Boiler | 0.00 |
| 0 | Hot Water Boiler | 0.00 |
| 0 | Sewer Pump | 0.00 |
| 0 | Interceptor/Separator | 0.00 |
| 0 | Backflow Preventer | 0.00 |
| 0 | Greasetrap | 0.00 |
| 0 | Sewer Connection | 0.00 |
| 0 | Water Service Connection | 0.00 |
| 0 | Stacks | 0.00 |
| 2, | Other WARM AIR FURNACES AND | 50.00 |

| | | |
|---|---|---|
| Administrative Surcharge | $ | 0.00 |
| Minimum Fee | $ | 50.00 |
| State Permit Surcharge Fee | $ | 0.00 |
| TOTAL FEE | $ | 50.00 |



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

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received 11/22/2016
Control # 645948

Date Issued 12/7/2016
Permit # 15-02257+4

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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812
street municipality zip code

Contractor: ADVANCED ALARM SYSTEMS INC Tel. (973) 403-7777

Address 10 KINGSBRIDGE ROAD SUITE 12 e-mail
FAIRFIELD, NJ 07004

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present Proposed R-5

**Constr. Class:** Present Proposed

**Heating System:** [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

**Total Cost of Fire Protection Work $** 600.00

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel:

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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 | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | | | |
| 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.

Applicant/Contractor sign here:

Print name here:

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: CO. DETECTORS

**Water Supply Source**

**Method of Alarm/Suppression System Supervision**

| | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Flammable/Combustible Tanks | 0 | $0.00 |
| **Alarm Systems** | | |
| [X] System | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | 7 | $0.00 |
| Supervisory Devices (i.e., tampers, low/high air) | 0 | $0.00 |
| Signaling Devices (i.e., horn/strobes, bells) | 0 | $0.00 |
| Other Devices | 2 | $0.00 |
| TOTAL | 9 | $40.00 |
| **Suppression Systems** | | |
| Fire Pump GPM Type | 0 | $0.00 |
| Dry Pipe/Alarm Valves | 0 | $0.00 |
| Pre-action Valves | 0 | $0.00 |
| Sprinkler Heads (Dry and Wet) | 0 | $0.00 |
| Standpipes | 0 | $0.00 |
| **Pre-engineered Systems** | | |
| Wet Chemical | 0 | $0.00 |
| Dry Chemical | 0 | $0.00 |
| $CO_2$ Suppression | 0 | $0.00 |
| Foam Suppression | 0 | $0.00 |
| FM200 Suppression | 0 | $0.00 |
| Other | 0 | $0.00 |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | 0 | $0.00 |
| Smoke Control System | 0 | $0.00 |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid | 0 | $0.00 |
| Fireplace Venting/Metal Chimney | 0 | $0.00 |
| Other | 0 | $0.00 |
| Administrative Surcharge $ | | 0.00 |
| Minimum Fee $ | | 40.00 |
| State Permit Surcharge Fee $ | | 0.00 |
| TOTAL FEE $ | | 40.00 |

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 2/29/2016
Control # 657006

Date Issued 3/3/2016
Permit # 16-00434

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

Block 2301 Lot 10 Qualification Code _____

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. _____ e-mail _____

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812
street municipality zip code

Contractor: BOULDER HILL ESCAVATION Tel. (201) 956-1474

Address 14 BERGEN ST SUITE A e-mail _____
HACKENSACK, NJ 07601

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

| | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] 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 | | | | |
| Other | | | | |
| Final | | | 01/13 | JD |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present R-5 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.
Max. Live Load 0
Max. Occupancy Load 0

**Constr. Class** Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

**Est. Cost of Bldg. Work:**

1. New Bldg. $ 0.00
2. Rehabilitation $ 7,000.00
3. Total (1+ 2) $ 14,000.00

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

**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: _____

Print name here: _____

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
DEMOLITION OF ONE FAMILY ONE

TYPE OF WORK:

| | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0.00 |
| [ ] Addition | 0.00 |
| [ ] Rehabilitation | 0.00 |
| [ ] Roofing | 0.00 |
| [ ] Siding | 0.00 |
| [ ] Fence _____ Height (exceeds 6') | 0.00 |
| [ ] Sign 0 Sq. Ft. | 0.00 |
| [ ] Pool | 0.00 |
| [ ] Retaining Wall 0 Sq. Ft. | 0.00 |
| [ ] Asbestos Abatement Subchapter 8 | 0.00 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0.00 |
| [ ] Radon Remediation | 0.00 |
| [ ] Other _____ | 0.00 |
| [X] Demolition | 75.00 |

| | |
|---|---|
| Administrative Surcharge | $ 0.00 |
| Minimum Fee | $ 75.00 |
| State Permit Surcharge Fee | $ 0.00 |
| TOTAL FEE | $ 75.00 |

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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 2/29/2016
Control # 657006

Date Issued 3/3/2016
Permit # 16-00434

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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812
street municipality zip code

Contractor: NOUVELLE, LLC Tel. (973) 726-0488

Address P. O. BOX 853 e-mail
FRANKLIN LAKES, NJ 07417

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

**B. PLUMBING CHARACTERISTICS**

Use Group Present R-5 Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 750.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Plumbing Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | | |
| | | | | |

**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 sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
CAP SEWER FOR DEMOLITION FOR ONE FAMILY

| QTY. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| 0 | Water Closet | $ 0.00 |
| 0 | Urinal/Bidet | 0.00 |
| 0 | Bath Tub | 0.00 |
| 0 | Lavatory | 0.00 |
| 0 | Shower | 0.00 |
| 0 | Floor Drain | 0.00 |
| 0 | Sink | 0.00 |
| 0 | Dishwasher | 0.00 |
| 0 | Drinking Fountain | 0.00 |
| 0 | Washing Machine | 0.00 |
| 0 | Hose Bibb | 0.00 |
| 0 | Water Heater | 0.00 |
| 0 | Fuel Oil Piping | 0.00 |
| 0 | Gas Piping | 0.00 |
| 0 | LPGas Tank | 0.00 |
| 0 | Steam Boiler | 0.00 |
| 0 | Hot Water Boiler | 0.00 |
| 0 | Sewer Pump | 0.00 |
| 0 | Interceptor/Separator | 0.00 |
| 0 | Backflow Preventer | 0.00 |
| 0 | Greasetrap | 0.00 |
| 1 | Sewer Connection | 150.00 |
| 0 | Water Service Connection | 0.00 |
| 0 | Stacks | 0.00 |
| | Other | 0.00 |

| | | |
|---|---|---|
| Administrative Surcharge | $ | 0.00 |
| Minimum Fee | $ | 150.00 |
| State Permit Surcharge Fee | $ | 0.00 |
| TOTAL FEE | $ | 150.00 |



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

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received 3/30/2016
Control # 659531

Date Issued 3/30/2016
Permit # 16-00630

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

Block 2301 Lot 10 Qualification Code

Work Site Location 1963 MOUNTAINVIEW AVE
UNION, NJ 07083

Owner in Fee: PUERTO RICAN FEDERATION SERVICES

Tel. e-mail

Address 326 ROUTE 22,WEST-STE 7B, GREENBROOK, NJ 08812
(street)

Contractor: ABOVE ENVIRONMENTAL SERVICES (municipality) Tel. (973) 702-7021 (zip code)

Address P. O. BOX 801 e-mail
VERNON, NJ 07462

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

**B. FIRE PROTECTION CHARACTERISTICS**

**Use Group:** Present U Proposed

**Constr. Class:** Present Proposed

**Heating System:** [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

**Total Cost of Fire Protection Work $** 1,025.00

**Fuel Storage Tank:**
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

**Fire Alarm System:** [ ] New OR [ ] Existing
Location of Panel:

**Fire Suppression/Standpipe System:**
[ ] New OR [ ] Existing
Location of Main Control Valve:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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 | | | | |
| Flam/Combust Tanks | | | | |
| Fireplace Venting | | | | |
| Final | | 04/13 | | DM |
| Other | | | | |

U.C.C. F140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

**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.

Applicant/Contractor sign here:

Print name here:

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: TANK REMOVAL

**Water Supply Source**

**Method of Alarm/Suppression System Supervision**

| | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Flammable/Combustible Tanks | 0 | $ $0.00 |
| **Alarm Systems** | | |
| [ ] System | | |
| [ ] 110v Interconnected | | |
| [ ] CO Detectors/110v | | |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) | 0 | $0.00 |
| Supervisory Devices (i.e., tampers, low/high air) | 0 | $0.00 |
| Signaling Devices (i.e., horn/strobes, bells) | 0 | $0.00 |
| Other Devices | 0 | $0.00 |
| TOTAL | 0 | $0.00 |
| **Suppression Systems** | | |
| Fire Pump GPM Type | 0 | $0.00 |
| Dry Pipe/Alarm Valves | 0 | $0.00 |
| Pre-action Valves | 0 | $0.00 |
| Sprinkler Heads (Dry and Wet) | 0 | $0.00 |
| Standpipes | 0 | $0.00 |
| **Pre-engineered Systems** | | |
| Wet Chemical | 0 | $0.00 |
| Dry Chemical | 0 | $0.00 |
| $CO_2$ Suppression | 0 | $0.00 |
| Foam Suppression | 0 | $0.00 |
| FM200 Suppression | 0 | $0.00 |
| Other | 0 | $0.00 |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | 0 | $0.00 |
| Smoke Control System | 0 | $0.00 |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid | 0 | $0.00 |
| Fireplace Venting/Metal Chimney | 0 | $0.00 |
| Other | 0 | $0.00 |
| Administrative Surcharge $ | | 0.00 |
| Minimum Fee $ | | 40.00 |
| State Permit Surcharge Fee $ | | 0.00 |
| TOTAL FEE $ | | 40.00 |