

Brick

Permit Without a Jacket

Permit Number 291-93



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

3-3-93
291-93

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

Block 382.31 Lot 21
Work Site Location 231 ESSEX PLACE
BRICKTOWN
Owner in Fee JOHN VAN EEWENNAAM
Address 231 ESSEX PLACE
BRICKTOWN
Te [REDACTED]
Contractor RAINBOW SIDING
Address 18 HILLY CREST DR
BRICK
Tele (908) 920-3023
Lic. No. or Bldrs. Reg. No. 002-751-510
Federal Emp. No. 22-265-2070 or Social Security No. _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed _____
Constr. Class Present _____ Proposed _____
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 \$ _____
3. Total (1+2) \$ _____

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**

Vinyl Siding

TYPE OF WORK:

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

**(Office Use Only)
FEE**

\$ _____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____