



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 2/9/2009
Control Number _____
Permit Number 08-1357
Permit Issue Date 10/17/2008
Certificate Number 08-1357

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 9 TAFT ROAD HEWITT, NJ 07421, NJ Block: 1609 Lot: 2 Qual: _____
Owner in Fee: GIANNANTONIO, MICHAEL
Owner Address: 9 TAFT ROAD HEWITT NJ 07421-
Telephone: [REDACTED]
Contractor: CYNDI PLUMBING & HEATING, INC.
Address: 301 SPRING HILL ROAD CLIFTON NJ 07013-
Telephone: 973/5949812 Fax: _____ Federal Emp. Number: 20-2334793
License Number or Builders Registration Number: 11220

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: _____ Maximum Occupancy Load: _____
Description of Work/Use: - HOT WATER BOILER REPLACEMENT

Certificate Comments: HOT WATER BOILER REPLACEMENT

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **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 _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:


Construction Official

Date Printed: 2/24/2025

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 12/7/2007
Control Number
Permit Number 07-1307
Permit Issue Date 10/16/2007
Certificate Number 07-1307

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 9 TAFT ROAD HEWITT, NJ 07421, NJ Block: 1609 Lot: 2 Qual:
Owner in Fee: GIANNANTONIO, MICHAEL
Owner Address: 9 TAFT ROAD HEWITT NJ 07421-
Telephone:
Contractor: WATER RESOURCE TECHNOLOGIES, INC.
Address: 2 KANOUSE ROAD NEWFOUNDLAND NJ 07435-
Telephone: 973/6974700 Fax: 973/6973220 Federal Emp. Number: 22-3379415
License Number or Builders Registration Number: 13VH00976100 US 00871

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification:
Maximum Live Load: Maximum Occupancy Load:
Description of Work/Use: - INSTALL 1-330 GALLON STEEL AST OIL TANK

Certificate Comments: INSTALL 1-330 GALLON STEEL AST OIL TANK

☐ **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**

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☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

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This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

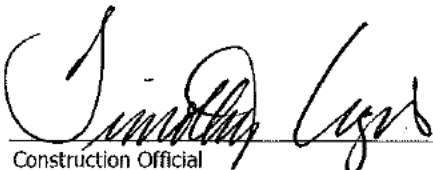
☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:


Construction Official

Date Printed: 2/24/2025

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number:
Collected By:

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West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 12/7/2007
Control Number _____
Permit Number 07-1306
Permit Issue Date 10/16/2007
Certificate Number 07-1306

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 9 TAFT ROAD HEWITT, NJ 07421, NJ Block: 1609 Lot: 2 Qual: _____
Owner in Fee: GIANNANTONIO, MICHAEL
Owner Address: 9 TAFT ROAD HEWITT NJ 07421-
Telephone: [REDACTED]
Contractor: WATER RESOURCE TECHNOLOGIES, INC.
Address: 2 KANOUSE ROAD NEWFOUNDLAND NJ 07435-
Telephone: 973/6974700 Fax: 973/6973220 Federal Emp. Number: 22-3379415
License Number or Builders Registration Number: 13VH00976100 US 00871

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: _____ Maximum Occupancy Load: _____

Description of Work/Use: - LEAKER DEP # 07-1206-1050-09 REMOVAL OF 1-550 GALLON UST OIL TANK

Certificate Comments: REMOVAL OF 1-550 GALLON UST OIL TANK LEAKER DEP # 07-1206-1050-09

☐ **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.

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The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

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☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:


Construction Official

Date Printed: 2/24/2025

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 1/9/2024
Control Number C-23-1630
Permit Number 23-1406
Permit Issue Date 11/22/2023
Certificate Number 23-1406

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 9 TAFT RD HEWITT, NJ 07421 Block: 1609 Lot: 2 Qual: _____
Owner In Fee: MAYORGA CHELY C & KARIMOV ORKHAN T
Owner Address: 9 TAFT RD HEWITT NJ 07421
Telephone: _____
Contractor: SISCO SERVICES LLC
Address: 38 CASTLEROCK RD PO BOX 926 HEWITT NJ 07421
Telephone: (201) 749-2415 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: _____ Maximum Occupancy Load: _____
Description of Work/Use: - SEPTIC PUMP AND LINE

Certificate Comments:

☐ **Certificate of Occupancy**

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This certificate has an expiration date of: _____
Conditions to be met:


Construction Official

Date Printed: 2/24/2025

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 3/21/2011
Control Number C-10-0707
Permit Number 10-0594
Permit Issue Date 6/14/2010
Certificate Number 10-0594

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 9 TAFT RD HEWITT, NJ 07421 Block: 1609 Lot: 2 Qual: _____
Owner in Fee: GIANNANTONIO, MICHAEL & CAROL
Owner Address: 9 TAFT RD HEWITT NJ 07421
Telephone: _____
Contractor GIANNANTONIO, MICHAEL & CAROL
Address 9 TAFT RD HEWITT NJ 07421
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INSTALLATION OF A WOODSTOVE

Certificate Comments:

☐ **Certificate of Occupancy**

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☐ Partial or limited time period (_____ years); see file

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☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



PLUMBING SUBCODE **TECHNICAL SECTION**



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

Block 1609 Lot 2 Qualification Code _____

Work Site Location 9 TAFT RD HEWITT, NJ 07421

Owner in Fee: MAYORGA CHELY C & KARIMOV ORKHAN T

Tel. _____ e-mail _____

Address 9 TAFT RD HEWITT NJ 07421

Street Municipality zip code
Contractor: SISCO SERVICES LLC Tel. (201) 749-2415

Address 38 CASTLEROCK RD PO BOX 926 HEWITT NJ 07421

e-mail _____

Contractor License No. 13VH08827600 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Est. Cost of Plumbing Work \$ \$200

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing				
PLAN REVIEW ☐ No Plan 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: Failure Failure Approval Initial Slab _____ Rough _____ Water _____ Sewer _____ Fixtures _____ Gas Equipment _____ Gas Piping _____ LPGas Tank _____ Fuel Oil Piping _____ Solar _____ TCO _____ Final _____ Other _____				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's sign/Contractor sign and seal here: Print name here: _____

☐ Licensed Electrical Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SEPTIC PUMP AND LINE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
1	Sewer Connector	\$80
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____ \$80



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 1609 Lot 2 Qualification Code _____

Work Site Location 9 TAFT RD HEWITT, NJ 07421

Owner in Fee: MAYORGA CHELY C & KARIMOV ORKHAN T

Tel. [REDACTED] e-mail _____

Address 9 TAFT RD HEWITT NJ 07421

Street Municipality zip code

Contractor: TRANSYLVANIA ELECTRIC LLC Tel. (201) 456-0606

Address 63 CHOPIN DR WAYNE NJ 07470

e-mail TRANSYLVANIAELECTRIC@YAHOO.COM

Contractor License No. 16856 Exp. Date _____

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

Federal Emp. ID No. _____ FAX _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

☐ Partial-Underslab Approved

Date: _____ Approved by: _____

☐ Electrical 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

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

Dates (Month/Day)

Date Received 11/16/2023
Date Issued 11/22/2023
Control # C-23-1630
Permit # 23-1406

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SEPTIC PUMP AND LINE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		SEPTIC ALARM	
2		TOTAL NUMBERS	\$ \$70
		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	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	30	AMP Subpanels	\$70
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge\$

Minimum Fee\$

State Permit Surcharge Fee \$ \$2

TOTAL FEES \$142



FIRE SUBCODE TECHNICAL SECTION



Date Received 6/14/2010
Control # C-10-0707
Date Issued 6/14/2010
Permit # 10-0594

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 1609 Lot 2 Qualification Code _____

Work Site Location 9 TAFT RD HEWITT, NJ 07421

Owner in Fee: GIANNANTONIO, MICHAEL & CAROL

Tel. _____ e-mail _____

Address 9 TAFT RD HEWITT NJ 07421

Street Municipality zip code

Contractor: GIANNANTONIO, MICHAEL & CAROL Tel. _____

Address 9 TAFT RD HEWITT NJ 07421 e-mail _____

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(if applicable): _____

Federal Emp. ID No. _____ Fax. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R-5

Constr. Class: Present _____ Proposed _____

Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ \$3,000

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: _____

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's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALLATION OF A WOODSTOVE

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (tamper, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL		
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	_____	_____
CO2 Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____		
Fireplace Venting/Metal Chimney	_____	_____
Other <u>WOODSTOVE</u>		\$80

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
☐ No Plan Required			Alarm System				
☐ Partial Underlab Utilities Approved			Suppression Sys.				
Date: _____ Approved by: _____			Standpipe				
☐ Fire Protection Plans Approved			Fire Pump				
Date: _____ Approved by: _____			Pre-Eng. System				
Joint Plan Review Required			Mechanical				
☐ Bldg. ☐ Elec. ☐ Plumb ☐ Elev.			Smoke Control				
SUBCODE APPROVAL for PERMIT			TCO				
Date: _____			Flam/Combust Tank				
Approved by: _____			Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE			Final				
☐ CO ☐ CCO ☐ CA			Other				
Date: _____							
Approved by: _____							

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____ \$5
TOTAL FEE \$ _____ \$85



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 1609 Lot 2 Qualification Code _____

Work Site Location 9 TAFT ROAD HEWITT, NJ 07421, NJ

Owner in Fee: GIANNANTONIO, MICHAEL

Tel. [REDACTED] e-mail _____

Address 9 TAFT ROAD HEWITT NJ 07421-

Street Municipality zip code

Contractor: CYNDI PLUMBING & HEATING, INC. Tel. 973/5949812

Address 301 SPRING HILL ROAD CLIFTON NJ 07013-

e-mail _____

Contractor License No. 11220 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 20-2334793 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 \$ \$5,000

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing				
PLAN REVIEW		INSPECTIONS				
☐ No Plan Required		Type:	Failure	Failure	Approval	Initial
☐ Partial Underslab Utilities Approved		Slab				
Date: _____ Approved by: _____		Rough				
☐ Plumbing Plans Approved		Water				
Date: _____ Approved by: _____		Sewer				
Joint Plan Review Required		Fixtures				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Equipment				
SUBCODE APPROVAL for PERMIT		Gas Piping				
Date: _____		LPGas Tank				
Approved by: _____		Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE		Solar				
☐ CO ☐ CCO ☐ CA		TCO				
Date: _____		Final				
Approved by: _____		Other				

Date Received 10/17/2008
Control # _____
Date Issued 10/17/2008
Permit # 08-1357

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
HOT WATER BOILER REPLACEMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$ _____
	Urinal/Bidet	_____
	Bath Tub	_____
	Lavatory	_____
	Shower	_____
	Floor Drain	_____
	Sink	_____
	Dishwasher	_____
	Drinking Fountain	_____
	Washing Machine	_____
	Hose Bibb	_____
	Water Heater	_____
	Fuel Oil Piping	_____
	Gas Piping	_____
	LP Gas Tank	_____
	Steam Boiler	_____
1	Hot Water Boiler	\$80
	Sewer Pump	_____
	Interceptor/Separator	_____
1	Backflow Preventor	\$80
	Greasetrap	_____
	Sewer Connector	_____
	Water Service Connection	_____
	Stacks	_____
	Other _____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____ \$7
TOTAL FEE \$ _____ \$167

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



FIRE SUBCODE TECHNICAL SECTION



Date Received 10/16/2007

Control #

Date Issued 10/16/2007

Permit # 07-1307

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

Block 1609 Lot 2 Qualification Code

Work Site Location 9 TAFT ROAD HEWITT, NJ 07421, NJ

Owner in Fee: GIANNANTONIO, MICHAEL

Tel. e-mail

Address 9 TAFT ROAD HEWITT NJ 07421-

Street

Municipality

zip code

Contractor: WATER RESOURCE TECHNOLOGIES, INC. Tel. 973/6974700

Address 2 KANOUSE ROAD NEWFOUNDLAND NJ 07435- e-mail INFO@WRTNJ.COM

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

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

Fire Alarm Contractor No. 13VH00976100 Exp. Date

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

Federal Emp. ID No. 22-3379415 Fax 973/6973220

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed U

Constr. Class: Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ ReplacementFuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar☐ Other

Location:

Total Cost of Fire Protection Work \$ \$1,200

Fuel Storage Tank:

Fuel Type ☐ Flammable or ☐ Combustible
Capacity 330Fire Alarm System: ☐ New or ☐ Existing
Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☐ Existing
Location of Main Control Valve:

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's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL 1-330 GALLON STEEL AST OIL TANK

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	\$ \$80
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tamper, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
☐ No Plan Required			Alarm System				
☐ Partial Underslab Utilities Approved			Suppression Sys.				
Date: Approved by:			Standpipe				
☐ Fire Protection Plans Approved			Fire Pump				
Date: Approved by:			Pre-Eng. System				
Joint Plan Review Required			Mechanical				
☐ Bldg. ☐ Elec. ☐ Plumb ☐ Elev.			Smoke Control				
SUBCODE APPROVAL for PERMIT			TCO				
Date:			Flam/Combust Tank				
Approved by:			Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE			Final				
☐ CO ☐ CCO ☐ CA			Other				
Date:							
Approved by:							

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	\$2
TOTAL FEE \$	\$82



BUILDING SUBCODE TECHNICAL SECTION



Date Received 10/16/2007
Control # _____
Date Issued 10/16/2007
Permit # 07-1306

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

Block 1609 Lot 2 Qualification Code _____

Work Site Location 9 TAFT ROAD HEWITT, NJ 07421, NJ

Owner in Fee: GIANNANTONIO, MICHAEL

Tel. [REDACTED] e-mail _____

Address 9 TAFT ROAD HEWITT NJ 07421-

Street _____ Municipality _____ zip code _____

Contractor: WATER RESOURCE TECHNOLOGIES, INC. Tel. 973/6974700

Address 2 KANOUSE ROAD NEWFOUNDLAND NJ 07435-

Email INFO@WRTNJ.COM

Contractor License No. or Builder Registration No. 13VH00976100 Exp. Date _____

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

Federal Emp. ID No. 22-3379415 FAX 973/6973220

JOB SUMMARY (Office Use Only)			INSPECTIONS			
PLAN REVIEW	Date	Initial	Type:	Failure	Dates (Month/Day)	Initial
☐ No Plan Required	_____	_____	Footings	_____	_____	_____
☐ All	_____	_____	Footings Bonding	_____	_____	_____
☐ Footings/Foundations	_____	_____	Foundation	_____	_____	_____
☐ Struct/Framework	_____	_____	Slab	_____	_____	_____
☐ Exterior	_____	_____	Frame	_____	_____	_____
☐ Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer	_____	_____	_____
Date: _____			Finishes-Final	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____
☐ CO ☐ CCO ☐ CA			TCO	_____	_____	_____
Date: _____			Other	_____	_____	_____
Approved by: _____			Final	_____	_____	_____
			Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrial Building: _____

Height of Structure _____ Ft. State Approved _____ HUD _____

Area - Largest Floor _____ Sq. Ft. Est. Cost of Bldg. Work:

New Bldg. Area / All Floors _____ Sq. Ft. 1. New Bldg. _____

Volume of New Structure _____ Cu. Ft. 2. Rehabilitation \$400

Total Land Area Disturbed _____ Sq. Ft. 3. Total (1+2) \$400

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LEAKER DEP # 07-1206-1050-09 REMOVAL OF 1-550 GALLON
UST OIL TANK

TYPE OF WORK	FEE (Office Use Only)
☐ 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	<u>\$80</u>

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ \$80



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 5/17/2024
Control # C-24-0677
Date Issued 6/4/2024
Permit # 24-0597

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

Block 1609 Lot 2 Qualification Code _____

Work Site Location 9 TAFT RD HEWITT, NJ 07421

Owner in Fee: MAYORGA CHELY C & KARIMOV ORKHAN T

Tel. _____ e-mail _____

Address 9 TAFT RD HEWITT NJ 07421

Street _____ Municipality _____ zip code _____

Contractor: CARIBBEAN BLUE DBA AQUA DOCTOR Tel. (973) 795-4120

Address 2012 GREENWOOD LAKE TPK HEWITT NJ 07421

e-mail INFO@AQUADOCTORNJ.COM

Contractor License No. 6180 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ R-5 _____ Proposed _____ R-5 _____

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Est. Cost of Plumbing Work \$ \$5,800

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing				
PLAN REVIEW		INSPECTIONS				
☐ No Plan Required		Dates (Month/Day)				
☐ Partial Underslab Utilities Approved		Type:	Failure	Failure	Approval	Initial
Date: _____ Approved by: _____		Slab	_____	_____	_____	_____
☐ Plumbing Plans Approved		Rough	_____	_____	_____	_____
Date: _____ Approved by: _____		Water	_____	_____	_____	_____
Joint Plan Review Required		Sewer	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Fixtures	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Gas Equipment	_____	_____	_____	_____
Date: _____		Gas Piping	_____	_____	_____	_____
Approved by: _____		LP Gas Tank	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Solar	_____	_____	_____	_____
Date: _____		TCO	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____
		Other	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER TREATMENT SYSTEM

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
<u>1</u>	Other <u>WATER TREATMENT</u>	<u>\$80</u>

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ \$11

TOTAL FEE \$ \$91

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



BUILDING SUBCODE TECHNICAL SECTION



Date Received 9/24/2013
Control # C-13-1300
Date Issued 9/24/2013
Permit # 13-1174

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

Block 1609 Lot 2 Qualification Code _____

Work Site Location 9 TAFT RD HEWITT, NJ 07421

Owner in Fee: GIANNANTONIO, MICHAEL & CAROL

Tel. _____ e-mail _____

Address 9 TAFT RD HEWITT NJ 07421

Street _____ Municipality _____ zip code _____
Contractor: ALPHA ROOFING Tel. 973/8539056

Address 7 SOUTH RICHFIELD ROAD HEWITT NJ 07421-

Email _____

Contractor License No. or Builder Registration No. 13VH03436100 Exp. Date _____

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

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plan Required _____

☐ All _____

☐ Footing/Foundations _____

☐ Struct/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	Dates (Month/Day)	Initial
Footing	_____	Failure _____ Approval _____	_____
Footing Bonding	_____	_____	_____
Foundation	_____	_____	_____
Slab	_____	_____	_____
Frame	_____	_____	_____
Truss Sys./Bracing	_____	_____	_____
Barrier-Free	_____	_____	_____
Insulation	_____	_____	_____
Finishes-Base Layer	_____	_____	_____
Finishes-Final	_____	_____	_____
Energy	_____	_____	_____
Mechanical	_____	_____	_____
TCO	_____	_____	_____
Other	_____	_____	_____
Final	_____	_____	_____
Barrier-Free	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW ROOF WITH ICE SHIELD

open

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
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____

_____ \$70

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrial Building: _____

Height of Structure _____ Ft. State Approved _____ HUD _____

Area - Largest Floor _____ Sq. Ft. Est. Cost of Bldg. Work:

New Bldg. Area / All Floors _____ Sq. Ft. 1. New Bldg. _____

Volume of New Structure _____ Cu. Ft. 2. Rehabilitation _____

Total Land Area Disturbed _____ Sq. Ft. 3. Total (1+2) \$3,400

U.C.C F110
(rev. 11/08)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ \$6
TOTAL FEE \$ \$76



BUILDING SUBCODE TECHNICAL SECTION



Date Received 8/13/2013
Control # C-13-1101
Date Issued 8/27/2013
Permit # 13-1052

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

Block 1609 Lot 2 Qualification Code _____

Work Site Location 9 TAFT RD HEWITT, NJ 07421

Owner in Fee: GIANNANTONIO, MICHAEL & CAROL

Tel. _____ e-mail _____

Address 9 TAFT RD HEWITT NJ 07421

Street _____ Municipality _____ zip code _____

Contractor: POWER HOME REMODELING GROUP Tel. _____ / Cell: _____

Address 2501 SEAPORT DRIVE FIRST FLOOR CHESTER PA 19013

Email _____

Contractor License No. or Builder Registration No. 13VH01237300 Exp. Date _____

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

Federal Emp. ID No. 233030708 FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plan Required _____

☐ All _____

☐ Footing/Foundations _____

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW ROOF WITH ICE SHIELD

open

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
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____

_____ \$70

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrial Building: _____

Height of Structure _____ Ft. State Approved _____ HUD _____

Area - Largest Floor _____ Sq. Ft. Est. Cost of Bldg. Work:

New Bldg. Area / All Floors _____ Sq. Ft. 1. New Bldg. _____

Volume of New Structure _____ Cu. Ft. 2. Rehabilitation _____

Total Land Area Disturbed _____ Sq. Ft. 3. Total (1+2) \$6,359

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____ \$11
TOTAL FEE \$ _____ \$81