



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

12/29/00
00-334

IDENTIFICATION Block 114 Lot 1
Work Site Location 2 Leighton St. Contractor Admiral Plumbing & Drain Cleaning
Owner in Fee 201st Address 65 W. Main Street
Address Bergenfield, NJ 07621
Tel. (201) 384-1188 Tel. (201) 384-1188
Lic. No. or Bldrs. Reg. No. #10477 Lic. No. or Bldrs. Reg. No. #10477
Tel. (201) 585-8473 Fed. Emp. No. 222-932-850

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Installed 30 Gal H/W/H

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 400

Construction Official

Date

U.C.C. F170
(rev 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing 50.00
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. 1009
Cash _____
Collected by mm-m-m-m-m



Date Received
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12/29/00
0-334

Block 117 Lot 1
Work Site Location 2 Leighton St.

Owner in Fee 3014141
Address 2 Leighton St.
Englewood Cliffs
Tele. (201) 585-8973
Contractor **Admiral Plumbing & Drain Cleaning**
Address **65 W. Main Street**
Bergenfield, NJ 07621
Tele. (201) 384-1188 Fax (201) 384-0393
Lic. No. #10477
Federal Emp. No. 222-932-850

Use Group	Present	Proposed
Building Sewer Size	Public Sewer	Private Septic
Water Service Size	Public Water	Private Well
Est. Cost of Plumbing Work	\$	450

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
☐ No Plans Required		Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:		Slab	_____	_____	_____	_____	
☐ Building	☐ Electric	Rough	_____	_____	_____	_____	
☐ Fire	☐ Elevator	Water	_____	_____	_____	_____	
☐ Plumbing Plans Approved		Sewer	_____	_____	_____	_____	
Date: _____		Fixtures	_____	_____	_____	_____	
Approved by: _____		Gas Equipment	_____	_____	_____	_____	
		Gas Piping	_____	_____	_____	_____	
SUBCODE APPROVAL		Solar	_____	_____	_____	_____	
☐ CO	☐ CCO	☐ CA	TCO _____	_____	_____	_____	
Date: _____			_____	_____	_____	_____	
Approved by: _____			_____	_____	_____	_____	

NO.	FIXTURE/EQUIPMENT
_____	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
_____	Steam Boiler
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor/Separator
_____	Backflow Preventer
_____	Greasetrap
_____	Sewer Connection
_____	Water Service Connection
_____	Stacks
_____	Other _____
_____	Other _____
_____	Other _____

[illegible]

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____



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.

Signature — Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C. F130
(rev 3/96)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy