



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 2000.18 Lot 80
Work Site Location 36 BIONDI ST.
CLIFFWOOD N.J.
Owner in Fee Finkel
Address 36 BIONDI ST.
CLIFFWOOD
Tele. (____) _____

Contractor B.T. Enterprises
Address 544 WASHINGTON AVE
BELLEVILLE N.J.
Tele. (800) 427-1140
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. 583-21-0003

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

INSTALL SIDING ON REAR AND
TOP FRONT of house ~~REPAIR~~ 3
ENTRY DOORS. REPAIR WALK AROUND
house REMOVE EXISTING ROOF INSTALL
New Roof

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 \$ 12,000 8000

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____

CONSTRUCTION OFFICIAL

(see reverse side)