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MAR 18 2009
BUILDING DEPARTMENT
Borough of Englewood Cliffs

BOROUGH OF ENGLEWOOD CLIFFS
482 HUDSON TERRACE
ENGLEWOOD CLIFFS, NJ 07632
201-568-9262

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone #, Fed ID numbers etc.
COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block# _____ Lot# _____
Work Site Location: 483 E Palisade Ave
Owner in Fee: Mrs. Torres
Address: Same as above
Telephone: _____

Agent: Angelo's A/C
Address: 2372 7th st
Fort Lee N.J. 07024
Telephone: 201-446-0625 Fax: _____
License #: _____ Fed ID: 22 3274997

Is this a rental property? ( ) Yes ( ) No Number of Tenants: _____

BUILDING SECTION

Description of Work:
Replace Exsisting A/C System with New A/C System

( ) New Building ( ) Sign _____ Sq. Ft.
( ) Addition ( ) Pool
( ) Alteration ( ) Asbestos Abatement Subchapter 8
( ) Roofing ( ) Lead Hazard Abatement
( ) Siding ( ) Demolition
( ) Fence Ht. _____ (exceeds 6')

Contractor: Angelo's A/C
Address: 2372 7th st
Fort Lee N.J. 07024
Phone: 201-592-0567
Lic. #: _____ Expire _____
Fed. ID #: _____

Office Use Only
Plan Review Date Initial
( ) No Plans Req'd _____
( ) All _____
( ) Footing _____
( ) Foundation _____
( ) Frame _____
( ) Other _____

Joint Plan Review Required
( ) Electric ( ) Plumb ( ) Fire

Approved By _____ Date 4.1.09
Construction Official Date

Building Characteristics: Use Group: Present _____ Proposed _____
Construction Class: Present _____ Proposed _____
New Pool _____ Sq. Ft.
New Building: # Stories _____ Height _____ Fl Area-Largest Floor _____ Sq. Ft.
All Floors Sq. Ft Volume Cu. Ft. Total Land Disturbed Sq. Ft.

Estimate Cost of Building Work: 1. New Bldg $ _____ 3. Demolition $ _____
2. Alteration $ _____ 4. Total (1+2+3) 4000

I certify that I am the (agent of) owner of record and am authorized to make this application.
X Angelo Pino
( ) Licensed Building Contractor ( ) Exempt Applicant (✓) Agent ( ) Owner

ELECTRICAL SECTION

Description of Work:
Disconnect Exsisting A/C unit & reconnect them to New Units

QTY.	SIZE	ITEMS
____		Lighting Fixtures
____		Receptacles
____		Switches
____		Detectors
____		Light Poles
____		Motors-Fract.HP
____		Emergency/Exit Lights
____		Communication Points
____		Alarm FAC Panel
____		Other _____
____		TOTAL NUMBERS
____		Pool Permit/w Uw Light
____		Storable Pool/Spa
		Hot Tub
____		Other _____

QTY.	SIZE	ITEMS
____	____	KW Elec. Water Heater
____	____	KW Dryer/Receptacle
____	____	KW Dishwasher
____	____	HP Garbage Disposal
1	____	KW Central A/C Unit
____	____	HP/KW Space Htr/Air Handler
____	____	KW Base Board Heat
____	____	HP Motors 1/+HP
____	____	KW Transformer/Generator
____	____	AMP Service
____	____	AMP SubPanels
____	____	AMP Motor Control Center
____	____	KW Elec Sign/Outline Light
____	____	KW Elec. Range/Receptacle
____	____	KW Oven/Surface Unit
____	____	Other _____

Contractor: Angelo's A/C
Address: 2372 7th st
Fort Lee N.J. 07024
Phone: 201 446 0625 Fax _____
Contractor Lic. #: _____ Exp. _____
Home Improve Contractor Registration # 13VH00510700
Fed. ID # 22-3274997

Electrical Characteristics:
Use Group: Present _____ Proposed _____
( ) Pole Pad # _____ ( ) Temporary ( ) Other
Building Occupied as _____
Utility Co. _____

Office Use Only (✓) No Plans Required
( ) Electric Plans Approved
Approved By _____ Date

Estimate Cost of Electrical Work: $ 300
I certify that I am the (agent of) owner of record and am authorized to make this application.
X _____
( ) Licensed Electrical Contractor ( ) Certif'd Landscape Irrigation Contractor (✓) Exempt Applicant (✓) Agent ( ) Owner

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PLUMBING SECTION

Description of Work: Connect Drain pipe for Condensation (A/C)

QTY.	Fixture/Equipment	QTY.	Fixture/Equipment
____	Water Closet	____	Gas Piping
____	Urinal/Bidet	____	Steam Boiler
____	Bath Tub	____	Hot Water Boiler
____	Lavatory	____	Sewer Pump
____	Shower	____	Interceptor/Separator
____	Floor Drain	____	Back Flow Preventor
____	Sink	____	Greasetrap
____	Dishwasher	____	Sewer Connection
____	Drinking Fountain	____	Water Service Connection
____	Washing Machine	____	Stacks
____	Hose Bibb	____	LPGas Tank
____	Water Heater	1	Other Drain pipe Condensate A/C
____	Fuel Oil Piping	____	Other

Contractor: Angelo's A/C
Address: 2372 7th St
Fort Lee NJ. 07024
Phone: 201-446-0825 Fax ____
Contractor License # ____ Expire ____
Home Improvement Contractor Registration # 13VH00510700
Federal Emp. # 22-32 74997

Plumbing Characteristics:
Use Group: Present ____ Proposed ____
Bldg Sewer Size ____
( ) Public Sewer ( ) Private Septic
Water Service Size ____
( ) Public Water ( ) Private Well

Office Use Only ( ) No Plans Required
( ) Electric Plans Approved
Approved By ____ Date 5/24/09

Estimate Cost of Plumbing Work: $ 100

I certify that I am the (agent of) owner of record and am authorized to make this application.
X ____ ( ) Agent ( ) Owner
( ) Licensed Plumbing Contractor (X) Exempt Applicant

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FIRE SECTION

Description of Work:

Storage Tanks	Capacity	Fuel
( )Flammable Liquid	____	____
( )Combustible Liquid	____	____
( )LPG	____	____
( )LNG	____	____

Fire Protection Characteristics:
Use Group: Present ____ Proposed ____
Const. Class: Present ____ Proposed ____
Heating System: ( )New ( )Existing ( )HVAC Location ____
Type: ( )Gas ( )Oil ( )Electric ( )Solar ( )Other ____
Fire Alarm System: ( )New ( )Existing Panel Location ____
Fire Suppression/Standpipe System: ( ) New ( )Existing
Main Control Valve Location ____
Method of Supervision ____
Water Supply Source ____

QTY. **Alarm Systems** ( )Fire Pump ( )System
( ) 110v Interconnected ( )CO Dectectors/110v
____ Alarm Devices (i.e. smoke, heat, pulls, waterflow)
____ Supervisory Devices (i.e. tampers, low/high air)
____ Signalling 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 & wet)
____ Standpipes

Pre-Engineering Systems
____ Wet Chemical
____ Dry Chemical
____ CO2 Suppression
____ Foam Suppression
____ Halon Suppression
____ Other ____

____ FM200 Suppression
____ Kitchen Hood Exhaust System
____ Smoke Control System
____ Fired Appliances ( )Gas ( )Oil
____ Fireplace Venting/MetalChimney

Contractor: ____
Address: ____
____
Phone: ____ Fax: ____
Fed. ID # ____
Fire Protection Equipment, NJ Div of Fire Safety Permit # ____
Fire Protection Equipment, NJ Div of Fire Safety Installer # ____
Fire Alarm Contractor # ____

Office Use Only
( ) No Plans Required
( ) Fire Plans Approved
Approved By ____ Date ____

Estimate Cost of Fire Work: $ ____
I certify that I am the (agent of) owner of record and am authorized to make this application.
X ____ ( ) Agent ( ) Owner
( ) Licensed Plumbing Contractor ( ) Exempt Applicant

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