BLOCK 605 LOT 12 QUALIFICATION CODE C-12-292 ADDRESS (SITE) 483 E Palisade PERMIT NO. 12-157

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 483 E Palisades Avenue
2. Name of Owner in Fee: Torres
   Tel. (201) 741-1156 e-mail
   Address 483 E Palisades Ave (street) Englewood Cliffs (municipality) (zip code)
3. Ownership in Fee: Public Private —
4. Principal Contractor: Tim Ennis Plumbing Tel. (201) 573-0923
   Address 51 Woodcrest Dr e-mail
   Woodcliff Lake NJ 07677
   License No. OR, if new home, Builder Reg. No. 7041 Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 152 60 5694 FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun mike Nuta
   Tel. (201) 930-1225 FAX: (201) 505-0183

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

Closed 5/17/12

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories
2. Height of Structure ft.
3. Area — Largest Floor sq. ft.
4. New Building Area sq. ft.
5. Volume of New Structure cu. ft.
6. Max. Live Load
7. Max. Occupancy Load
8. If Industrialized Building: State Approved HUD
9. Total Land Area Disturbed sq. ft.
10. Flood Hazard Zone
11. Base Flood Elevation ft.
12. Wetlands yes no

(office use only)

RECEIVED MAY 14 2012 BUILDING DEPARTMENT Borough of Englewood Cliffs

IIa. PROPOSED WORK

Minor Work	New Building	Addition	Demolition
Repair	Alteration	Renovation	Reconstruction
Asbestos Abat. -Subch. 8	Lead Hazard Abatement	Radon Remediation	Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
Building									
Electrical									
Plumbing	2500.-				05/15/12	MY			
Fire Protection									
Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. Partial Releases
2. Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. High Pressure Boilers
3. Pressure Vessels
4. Refrigeration Systems
5. Cross-Connections/Backflow Preventers
6. Hazardous Uses/Places of Assembly
7. Sprinklers
8. Smoke Control Systems in Open Wells
9. Underground Storage Tanks
10. Swimming Pools, Spas and Hot Tubs
11. LPGas Tanks