CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 4/30/91
Control #
Permit # 7978

IDENTIFICATION Block 605 Lot 12

Work Site Location 483 PALISADE AVE ENGLEWOOD CLIFFS N.J.
Owner in Fee FRANK DAHNE
Address 483 PALISADE AVE ENGLEWOOD CLIFFS
Tele. ( ) 568-4118

Contractor ABLE BUILDERS
Address P.O. BOX 1199 HACKENSACK N.J.
Tele. ( ) 488-4852
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-2438643
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
REPLACE EXISTING KITCHEN CABINETS.

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 $ 1200.-

PAYMENTS **(Office Use Only)**

Building	
Plumbing	
Electrical	84.-
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	2846
Cash	
Collected By:	M. Manotas

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

MDIA INSPECTIONS SINCE 1983

Englewood Cliffs, NJ
MUNICIPALITY

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 4/30/91
Date Issued
Control #
Permit # 1978

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

Block 605 Lot 12
Work Site Location 483 PALISADE AVE ENGLEWOOD CLIFFS
Owner in Fee FRANK DANNE
Address 483 PALISADE AVE ENGLEWOOD CLIFFS
Tele. ( ) 568-4118
Contractor Slater Electric
Address 5 Colonial Ct Woodcliff Lake
Tele. ( ) 307-0300
Lic. No. 5615
Federal Emp. No. 222-168-883.000 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 8/8/91
Approved by:

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

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 and perform the work listed on this application.

Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

MDIA INSPECTOR

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
1		Fixtures (1)	
2		Receptacles (2)	
1		Switches (3)	
7		Total 1 + 2 + 3	25.—
1		Range	7.—
		Oven(s)	
		Surface Unit	
1		Dishwasher	7.—
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

	Administrative Surcharge	$ 45.—
Paid [ ] Check #	Minimum Fee	$
Collected by:	TOTAL FEE	$ 84.—

U.C.C. Form F-120A

1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

39.00
8-9-91

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/30/91
Date Issued
Control #
Permit # 7978

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

Block 605 Lot 12
Work Site Location 483 PALISADE AVE
ENGLEWOOD CLIFFS, N.J.
Owner in Fee FRANK DAHNE
Address 483 PALISADE AVE
ENGLEWOOD CLIFFS, N.J.
Tele. ( ) 568-4118
Contractor ABLE BUILDERS
Address P.O. BOX 1199
HACKENSACK, N.J. 07602
Tele. ( ) 488-4822
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2438648 or Social Security No.

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE EXISTING KITCHEN CABINETS NO PLUMBING LAYOUT AS EXISTING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ 2,300

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other REPLACE CABINETS
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only) FEE

$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy