

522

BLOCK 822-21 2122, 23, 24 QUALIFICATION CODE 2

Address (Site) 1607 N. Ginnerton Ave

PERMIT NO. 06-1772



CONSTRUCTION PERMIT APPLICATION

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

06-10/889

I. IDENTIFICATION

1. Proposed Work Site at: 1607 N. Ginnerton Ave Brk 105
2. Name of Owner in Fee: Suzanne Johnson Meier
Address: 1607 N. Ginnerton Ave Brk 105 08224
3. Ownership in fee: Public Private
4. Principal Contractor: Home Depot Tel. ()
Address: License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. FAX: ()
5. Architect or Engineer Tel. ()
Address: Contact:
6. Responsible Person in Charge once Work has Begun
Tel. () FAX: ()

Above ground pool

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Reflection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building		8/2	5/1/10		6/20/10			
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☒ Electrical					5/31/08	MM		
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS								

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ 75	
2. Electrical	\$ 50	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	\$ 1	
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Fee Surcharge	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other	24	
13. TOTAL	\$ 3750	

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. Construction Classification
7. Total Land Area Disturbed sq. ft.
8. Flood Hazard Zone ft.
9. Base Flood Elevation ft.
10. Wetlands yes no
11. Max. Live Load
12. Max. Occupancy Load

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- 1. State Specific Use:
- 2. Use Group:
- 3. Change in Use Group, Indicate Former:
- 4. No. of dwelling units:

Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL

- 1. State Specific Use:
- 2. Use Group:
- 3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

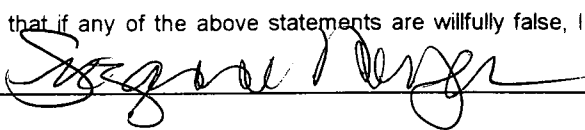
C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature



Date

8/17/06

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

X Agent Name

Address

Telephone ()

Signature

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE ISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

IMPORTANT

A.H.B.T. - EXEMPT

**ANY BUILDING QUESTIONS
CALL 732-262-1027**

FOR OFFICE USE ONLY

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____ Date: _____

☐ Zoning Application approved

Initialed: _____ Date: _____

☐ Zoning permit updates:



CONSTRUCTION PERMIT

Date Issued 06/02/2006
Control # C-06-101889
Permit # 06-1772

IDENTIFICATION Block: 822 Lot: 21 Qualifier
Work Site Location: 1607 W. PRINCETON AVE , NJ Contractor MEYER, JOHN R & SUZANNE F
Address 1607 W. PRINCETON AVE BRICK NJ 08724
Owner in Fee MEYER, JOHN R & SUZANNE F
Address 1607 W. PRINCETON AVE BRICK NJ 08724 Telephone:
Lic. No. or Bldg. Reg. No.
Federal Employee No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ABOVE GROUND SWIMMING POOL

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 \$1,000

Construction Official 06/02/2006
Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$50
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$30
Total	\$156
Check No.	
Cash	\$156
Credit	\$0
Collected By	Stephanie Capozzi

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

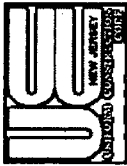
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

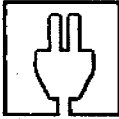
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 222.21 Lo 21232324 Qualification Code
Work Site Location 14074 Princeton Ave Bick
Owner in Fee Suzanne & John Mewer
Address 14074 Princeton Ave Bick
NY 12124

Contractor Self
Address _____

Tel (____) _____ FAX (____) _____
Contractor License No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 2004

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Type:	Failure	Approval	Initial	
☒ No Plans Required				
Joint Plan Review Required:				
☐ Building ☐ Plumbing				
☐ Fire ☐ Elevator				
☐ Elec. Plans Approved				
Date: <u>53106</u>				
Approved by: <u>AM</u>				
SUBCODE APPROVAL				
☐ CO ☐ CCO ☐ CA				
Date: _____				
Approved by: _____				
Date of Grounding and Bonding Certification				

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.

Applicant's Signature _____

☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr'r ☐ Exempt Applicant

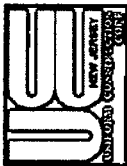
D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

Date Received
Control #
Date Issued
Permit #

6/2/66
66-1772



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 822.21 Lot 212233.24 Qualification Code _____

Work Site Location 1401 W. Princeton Ave. Beck

Owner in Fee SUNCOAST Yacht Mktg

Address 1401 W. Princeton Ave. Beck

City NY State CA Zip 90244

Contractor SELF

Address _____

Tel (____) _____ FAX (____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2004

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☒ No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
[] Building [] Plumbing			Trench			
[] Fire [] Elevator			Temp. Serv.			
[] Elec. Plans Approved			Constr. Serv.			
Date: <u>5/10/00</u>			TCO			
Approved by: <u>AM</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued			
Date: _____			Annual Pool Inspection			
Approved by: _____			Date of Grounding and Bonding Certification			

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.

Applicant's Signature/Contractor's Seal and Signature _____

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors—Fract. HP _____

Emergency & Exit Lights _____

Communications Points _____

Alarm Devices/F.A.C. Panel _____

TOTAL NUMBERS _____

Pool Permit/with UW Lights _____

Storable Pool/Spa/Hot Tub _____

KW Elec. Range/Receptacle _____

KW Oven/Surface Unit _____

KW Elec. Water Heater _____

KW Elec. Dryer/Receptacle _____

KW Dishwasher _____

HP Garbage Disposal _____

KW Central A/C Unit _____

HP/KW Space Heater/Air Handler _____

KW Baseboard Heat _____

HP Motors 1/+ HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



BUILDING SUBCODE TECHNICAL SECTION



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

Block 822.21 Lot 21.22, 23, 24 Qualification Code 21.22, 23, 24
Work Site Location 1407 N. Prince Ave Brick N

Owner in Fee J METER
Address 1607 W PRINCIPLE AVE BRICK

Contractor SELF
Address [REDACTED]

Contractor License No. or Builder Registration No. [REDACTED] FAX () [REDACTED]
Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required	<u>6/26/07</u>	<u>EM</u>	Type: <u>Footings</u>	Failure	Approval
☐ All			<u>Footings Bonding</u>		
☐ Footings			<u>Foundation</u>		
☐ Foundation			<u>Slab</u>		
☐ Frame			<u>Frame</u>		
☐ Other			<u>Truss Sys./Bracing</u>		
Joint Plan Review Required:			<u>Barrier-Free</u>		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			<u>Insulation</u>		
SUBCODE APPROVAL			<u>Finishes -Base Layer</u>		
☐ CO ☐ CCO ☐ CA			<u>Finishes -Final</u>		
Date: <u>[REDACTED]</u>			<u>Energy</u>		
Approved by: <u>[REDACTED]</u>			<u>Mechanical</u>		
			<u>TCO</u>		
			<u>Other</u>		
			<u>Final</u>		
			<u>Barrier-Free</u>		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. <u>\$ 200,000</u>
No. of Stories			2. Rehabilitation <u>\$ 200,000</u>
Height of Structure			3. Total (1+2) <u>\$</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

Date Received
Control #
Date Issued
Permit #

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

27 foot above ground

Any Access To Pool must meet code

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☒ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



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

Block 222 Lot 2122.23.24 Qualification Code 2122.23.24
Work Site Location 1007 N. Lincoln Ave. Newark, NJ

Owner in Fee T. M. J. P. J.
Address 1607 W. Princeton Ave. Bldg. A

Contractor Self
Address 1607 W. Princeton Ave. Bldg. A

Federal Emp. No. FAX () tion No.

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☒ No Plans Required	<u>6/26/04</u>	<u> </u>	Type: <u> </u>
☐ All			Footings
☐ Footing			Footings Bonding
☐ Foundation			Foundation
☐ Frame			Slab
☐ Other			Frame
			Truss Sys./Bracing
			Barrier-Free
			Insulation
			Finishes - Base Layer
			Finishes - Final
			Energy
			Mechanical
			TCO
			Other
			Final
			Barrier-Free
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			
SUBCODE APPROVAL			
☐ CO ☐ CCO ☐ CA			
Date: <u> </u>			
Approved by: <u> </u>			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u> </u>
No. of Stories			2. Rehabilitation \$ <u>200,000</u>
Height of Structure			3. Total (1+2) \$ <u> </u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

Date Received
Control # 612/04
Date Issued
Permit # 06-1772

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
27 foot new signboard
Any Access To Pool must meet code

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	\$ <u> </u>
☐ Addition	<u> </u>
☐ Rehabilitation	<u> </u>
☐ Roofing	<u> </u>
☐ Siding	<u> </u>
☐ Fence	<u> </u>
☐ Sign	<u> </u>
☒ Pool	<u> </u>
☐ Asbestos Abatement Subchapter 8	<u> </u>
☐ Lead Haz. Abatement NJAC 5:17	<u> </u>
☐ Other	<u> </u>
☐ Demolition	<u> </u>

Administrative Surcharge \$	Minimum Fee \$	State Permit Surcharge Fee \$	TOTAL FEE \$
<u> </u>	<u> </u>	<u> </u>	<u> </u>

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy