



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

07-15-07
07-2005

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

Block 933 Lot 34 Qualification Code _____

Work Site Location 1645 TILFORD BLVD

Owner in Fee GENE APPELATE

Address 1645 TILFORD BLVD

Tel. _____

Con _____

Address _____

Tel. (____) _____ FAX (____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. 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.

Gene Appelate
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of vinyl siding
Replace new vinyl siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type:	Failure Failure Approval Initial
☐ All	_____	_____	Footings	_____
☐ Footing	_____	_____	Footings Bonding	_____
☐ Foundation	_____	_____	Foundation	_____
☐ Frame	_____	_____	Slab	_____
☐ Other	_____	_____	Frame	_____
			Truss Sys./Bracing	_____
			Barrier-Free	_____
Joint Plan Review Required:			Insulation	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer	_____
			Finishes -Final	_____
SUBCODE APPROVAL			Energy	_____
☐ CO ☐ CCO <u>10 CA</u>			Mechanical	_____
Date: <u>12/2/09</u>			TCO	_____
Approved by: <u>KA</u>			Other	_____
			Final	<u>1-27-09</u> <u>JA</u>
			Barrier-Free	_____

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☒ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Office Use Only)

\$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ Ft.

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1+2) \$ 1000.00

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

