BLOCK 673 LOT 8 ADDRESS (SITE) _____ PERMIT NO. 194-93

RECEIVED
JAN 25 1993
DIV. OF INSPECTIONS

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 2796 HOOPER AVE
2. Name of Owner PETER TRAHANAS Tel. (___) _____
   Address 4 MANHATTAN AVE (street) RYE (municipality) N.Y. 10580 (zip code)
3. Ownership Public _____ Private ✓
4. Principal Contractor: SHORE MECHANICAL Tel. (908) 920-1525
   Address 69 CHESTNUT CT. BRICK.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-3199094 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work MARK MASIERO Tel. (908) 920-1525

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical		40		
3. Plumbing		33-		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	73		
7. Less 20% for State Plan Review		5.		
8. Subtotal	$			
9. DCA Training Fee		2.		
10. Subtotal	$			
11. Cert. of Occupancy		20.-		
12. Other				
13. TOTAL	$	100.-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☑ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	✓ 2000.00

elec to go

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
WP	1/25/93						
			1-25-93		7/10/95		
			1/27/93				

III. DO YOU WANT: (optional) 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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL ✓
1. State Specific Use: RETAIL RENTAL SPACE
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10207618

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 _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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.

Agent Name MARK MASIERO

Address 69 CHESTNUT CT.
BRICK N.J. 08723

Telephone (908) 920-1575

Signature _____ Date _____

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
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 REISSUED	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.				

CONSTRUCTION PERMIT

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2-9-93
Control #
Permit # 194-93

IDENTIFICATION Block 673 Lot 8

Work Site Location 2771 HOOPER AVE

Owner in Fee [illegible]

Address [illegible]

[illegible] N.Y. 10580

Tele. ( ) [illegible]

Contractor [illegible]

Address 61 Chestnut St

[illegible] NJ

Tele. ( )

Lic. No. or Bldrs. Reg. No. ________ Exp. Date ________

Federal Emp. No. ________

or Social Security No. ________

is hereby granted permission to perform the following work:

[ ] BUILDING [x] PLUMBING [ ] OTHER ________

[ ] ELECTRICAL [x] FIRE PROTECTION

DESCRIPTION OF WORK:

Furnace Replace elec to gas.

PAYMENTS (Office Use Only)		
Building		
Plumbing	40 —	
Electrical		.00
Fire Protection	33	
Other	1R 5	.00
Other	1	
DCA Training Fee	2	.00
Cert. of Occ.	20	.00
Other		.00
Total	100	.00
Check No.	# 110	.00
Cash		.00
Collected By:	[illegible]	

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 $ 2,000.

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

979-4730
O.C ELECTRICAL BUREAU
Brick
W/R

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # SEP 11 95 0 0 0 2 1 8
Permit #

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

Block 673 Lot 8
Work Site Location 2796 Hooper Ave
Brick Mall
Owner in Fee Mary Jane Russell - Tenant
Address 2796 Hooper Ave
Brick, NJ
Tele. ( )
Contractor Coyle Electrical Contracting Inc
Address PO Box 874
Jackson, NJ 08527
Tele. (908) 367 6529
Lic. No. 10377
Federal Emp. No. 22-3124370 or Social Security No.

B. ELECTRICAL CHARACTERISTICS
Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 400—

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved By: ______

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

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______

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

D. TECHNICAL SITE DATA

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

Paid [✓] Check # Cash
Collected by: JA

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 40.—
TOTAL FEE	$

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Pd by owner

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-9-93
Control #
Permit # 194-93

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

Block 623 Lot 8
Work Site Location 2296 HOOPER AVE

Owner in Fee PETER TRAHANAS
Address 4 MANHATTAN AVE
RYE N.Y. 10580
Tele. (914) 967-8957
Contractor SHORE MECHANICAL
Address 69 CHESTNUT CT.
B'PORT.
Tele. (908) 920 1575
Lic. No.
Federal Emp. No. 223199099 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other Combustible air
Location: SUSPENDED FROM METAL TRUSS
Total Est. Cost of Fire Prot. Work $ 2000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 1-25-93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 7/12/95
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical	2-10-93		7/12/95	
TCO				
Other				
Other				
Other				

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.

(owner)
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work elec. to gas

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	53
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 53
Collected by TOTAL FEE $

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

2-10-93. Furnace not on, must Remove Slide Bolts from Seat.
Exit

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-9-93
Control #
Permit # 194-93

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

Block 623 Lot 8
Work Site Location 2296 HOOPER AVE
Owner in Fee PETER TRAHANAS
Address 4 MANHATTAN AVE
RYE N.Y. 10580
Tele. (914) 967-8957
Contractor SHORE MECHANICAL
Address 69 CHESTNUT CT.
BRICK.
Tele. (908) 920-1575
Lic. No.
Federal Emp. No. 22-3199094 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [/] New [ ] Existing
Type: [/] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: SUSPENDED FROM METAL TRUSS
Total Est. Cost of Fire Prot. Work $ 2000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 1-25-93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

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 elec. to gas
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	33
OTHER		
Administrative Surcharge		$
Paid [ ] Check # Minimum Fee		$
Collected by TOTAL FEE		$ 33

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-9-93
Control #
Permit # 194-93

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

Block 673 Lot 8
Work Site Location 2796 HOOPER AVE

Owner in Fee PETER TRAHANAS
Address 4 MANHATTAN AVE
RYE N.Y. 10580
Tele. (914) 967-8957
Contractor SHORE MECHANICAL
Address 69 CHESTNUT CT.
BRICK
Tele. (908) 920-1575
Lic. No.
Federal Emp. No. 22-3199094 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed V
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 1-27-93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
~~Gas Equipment~~			2-16-93	JC
Gas Final				
Solar				
TCO				

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 Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

elec. to gas

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
✓	Gas Piping	15
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	~~Hot Water Boiler~~ FURN.	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 40
Paid [ ] Check #	Minimum Fee	$
Collected by:	TOTAL	$

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-9-93
Control #
Permit # 194-93

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

Block 673 Lot 8
Work Site Location 2746 HWY 9 NE

Owner in Fee [illegible]
Address 4 [illegible] AVE
[illegible]
Tele. (908) [illegible]
Contractor [illegible]
Address [illegible]
[illegible]
Tele. (908) 840 1575
Lic. No.
Federal Emp. No. 22-3195494 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 1-27-93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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 Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

elec. to gas

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 40
Paid [ ] Check # _____ Minimum Fee $
Collected by: _____ TOTAL $

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-9-93
Control #
Permit # 194-93

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

Block 673 Lot 8
Work Site Location 2796 HOOPER AVE

Owner in Fee PETER TRAHALAS
Address 4 MANAHAN AVE
RYE N.Y. 10580
Tele. (914) 967-8957
Contractor SHORE MECHANICAL
Address 69 CHESTNUT CT.
BRICK
Tele. (908) 920-1575
Lic. No.
Federal Emp. No. 22-3195494A or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed V
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 1-27-93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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 Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

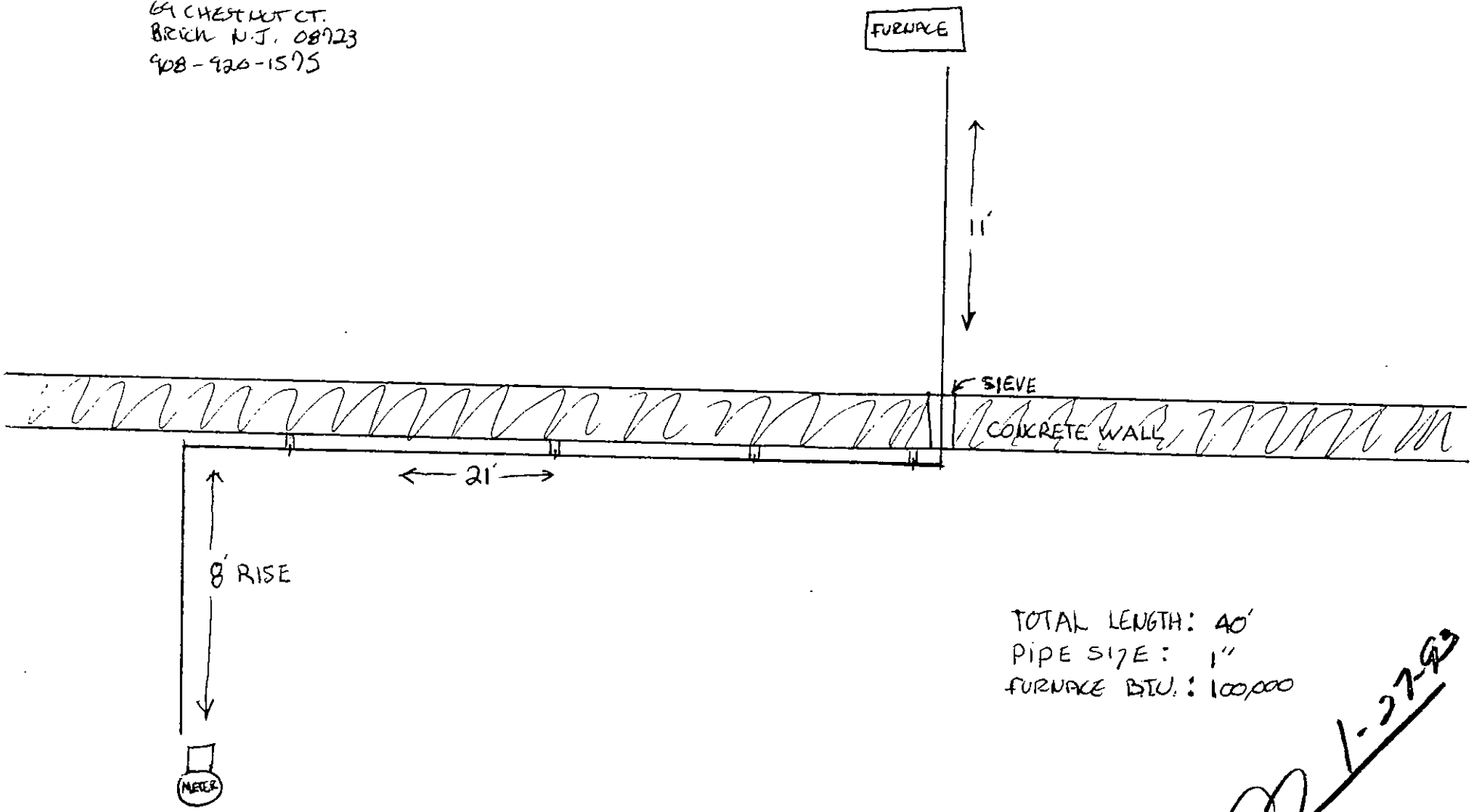
elec. to gas

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
1	Hot Water Boiler	15
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other	10
	Administrative Surcharge	$ 40
Paid [ ] Check #	Minimum Fee	$
Collected by:	TOTAL	$

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

OWNER: PETER TRAHANAS
4 MANHATTAN AVE.
RYE N.Y. 10580
914-967-8957

CONTRACTOR: SHORE MECHANICAL
69 CHESTNUT CT.
BRICK N.J. 08723
908-920-1575



TOTAL LENGTH: 40'
PIPE SIZE: 1"
FURNACE BTU.: 100,000

1-27-93