Town Clerk

From:	KIMBERLY O'MALLEY
Sent:	Monday, April 24, 2023 12:41 PM
To:	Town Clerk; THOMAS O'MALLEY; KRYSTLE CAMACHO
Cc:	ADELINNY PLAZA; Joseph Roque; Tyara Conil
Subject:	RE: Tracking #12229 (Request) 5205 Blvd. East.
Attachments:	OPRA 12229 5205 Blvd. East.pdf

Please be advised that with regards to the above referenced Tracking Number, I have attached the only documents the building department has on file at this time, as specifically requested by the applicant. All are open unless otherwises marked as closed.

This concludes this request. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Kimberly O'Malley
Technical Assistant to Construction Official
Building Dept./Code Enforcement

Town of West New York
428-60th Street, Room 27
West New York, NJ 07093
komalley@westnewyorknj.org
Office 201.295.5170
Direct 201.295.5179
Follow the Town of West New York
on Facebook, Twitter, Instagram & visit our website

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/20/2023
Control # C-23-00086
Date Issued 1/24/2023
Permit # 20230043

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD EAST Ground Floor Town of West New York, NJ 07093

Owner in Fee: YOMTOBIAN, HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652

Tel. Email

Contractor: AERIAL RESTORATION

Address 2162 MORRIS AVENUE UNION NJ 07083

Email

Tel. (908) 884-5604 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Kitchen And Bath Update
Install 2 Smoke Detectors

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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 $6,200
3. Total (1+2) $6,200

TYPE OF WORK

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

FEE (Office Use Only)

Rehabilitation	$175
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$12
TOTAL FEE	$187

U.C.C F110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/20/2023
Control # C-23-00086
Date Issued 1/24/2023
Permit # 20230043

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD EAST Ground Floor Town of West New York, NJ 07093

Owner in Fee: YOMTOBIAN HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652

Email

Tel.

Contractor: S&N Plumbing & Heating LLC

Address 15-19 Fairlawn NJ 07410

Email

Tel. (201) 410-3525 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $2,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Kitchen And Bath Update
Install 2 Smoke Detectors

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$70
	Urinal/Bidet	
1	Bath Tub	$35
2	Lavatory	$70
1	Shower	$35
	Floor Drain	
1	Sink	$35
1	Dishwasher	$35
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$50
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4
TOTAL FEE	$334

U.C.C F130 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/20/2023
Date Issued 1/24/2023
Control # C-23-00086
Permit # 20230043

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD EAST Ground Floor Town of West New York, NJ 07093

Owner in Fee: YOMTOBIAN, HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652

Email

Tel.

Contractor: Conception Electric

Address 115 Brill Street Newark NJ 07105

Email

Tel. (973) 277-5484 Fax.

Lic No. 17011 Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $4,000

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Kitchen And Bath Update
Install 2 Smoke Detectors

QTY.	SIZE	ITEMS	FEE (Office Use Only)
40		Lighting Fixtures	
2		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
42		TOTAL NUMBERS	$115
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
1		KW Dishwasher	$35
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	60	AMP Service	$150
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $8
TOTAL FEE $308

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
☐ No Plan Required
☐ Partial/Underslab Approved
Partial Underslab Utilities Approved
Date: by:
☐ Electrical Plans Approved
Date: by:
Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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U.C.C F120 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE SUBCODE
TECHNICAL SECTION

Date Received 1/20/2023
Control # C-23-00086
Date Issued 1/24/2023
Permit # 20230043

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD EAST Ground Floor Town of West New York, NJ 07093

Owner in Fee: YOMTOBIAN, HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652 Email

Tel.

Contractor: Conception Electric Tel. (973) 277-5484

Address 115 Brill Street Newark NJ 07105 Email

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted] Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $100

Fuel Storage Tank:

Fuel Type ☐ *Flammable or* ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New *or* ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New *or* ☐ Existing

Location of Main Control Valve:

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.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Kitchen And Bath Update
Install 2 Smoke Detectors

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	2	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL	2	$85.00
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$85

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

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U.C.C F140 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/23/2022
Control # C-22-00395
Date Issued 5/25/2022
Permit # 20220297

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD EAST Ground Floor Unit West New York Town, NJ 07093

Owner in Fee: YOMTOBIAN, HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652

Tel. Email

Contractor: AERIAL RESTORATION

Address 2162 MORRIS AVENUE UNION NJ 07083

Email

Tel. (908) 884-5604 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing	✓			
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5 If Industrial Building:
Constr. Class Present Proposed State Approved
HUD
Number 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 $1,000
3. Total (1+2) $1,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Ground floor unit - REPAIR/REPLACE EXISTING WALLS, FLOORS AND KITCHEN CABINETS

TYPE OF WORK

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

FEE (Office Use Only)

	$25
Administrative Surcharge	
Minimum Fee	$70
State Permit Surcharge Fee	$2
TOTAL FEE	$72

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received	4/9/2010
Control #	18317
Date Issued	4/9/2010
Permit #	20100174

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

Block 85 Lot 30 Qualification Code ______

Work Site Location: 5205 BLVD. EAST WEST NEW YORK, NJ

Owner in Fee: YOMTOBIAN, HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652

Tel. ______ Email ______

Contractor: C.A.I-NSIDING CONST., INC.

Address 41 ESSEX ST. BELLEVILLE NJ 07109

______ Email ______

Tel. ______ Fax. ______

Contractor License No. or, if new home, Bldrs Reg. No. ______ Exp. ______

Home improvment Contractor Registration No. or Exemption Reason(is applicable): ______

Federal Emp. ID No. ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: ______
Approved by: ______

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed ______

Constr. Class Present ______ Proposed ______

Number of Stories ______

Height of Structure ______ Ft.

Area - Largest Floor ______ Sq. Ft.

New Blbg. Area / All Floors ______ Sq. Ft.

Volume of New Structure ______ Cu. Ft.

Total Land Area Disturbed ______ Sq. Ft.

If Industrial Building:
State Approved ______
HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. ______
2. Rehabilitation $1,500
3. Total (1+2) ______

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

______
Signature

Print Name Here: ______

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations stucco front building

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$38
☐ Roofing	
☐ Siding	
☐ Fence ______ Height (exceeds 6')	
☐ Sign ______ Sq. Ft.	
☐ Pool	
☐ Retaining Wall ______ Sq. Ft.	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other ______	
☐ Demolition	

Administrative Surcharge	
Minimum Fee	$45
State Permit Surcharge Fee	$3
TOTAL FEE	$48

U.C.C F110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/9/2010
Control # 18316
Date Issued 4/9/2010
Permit # 20100173

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

Block 85 Lot 30 Qualification Code

Work Site Location: 5205 BLVD. EAST WEST NEW YORK, NJ

Owner in Fee: YOMTOBIAN, HARUN

Address 390 BURNET PLACE PARAMUS NJ 07652

Tel. Email

Contractor: C.A.I-NSIDING CONST., INC.

Address 41 ESSEX ST. BELLEVILLE NJ 07109

Email

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Alterations sidewalk bridge

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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 $1,200
3. Total (1+2)

TYPE OF WORK

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

FEE (Office Use Only)

	$33
Administrative Surcharge	
Minimum Fee	$45
State Permit Surcharge Fee	$3
TOTAL FEE	$48

U.C.C F110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.