



**BUILDING SUBCODE
TECHNICAL SECTION**



Closed

Date Received 5/14/2015
Control # 552539
Date Issued 10/4/1993
Permit # 93-1232

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

Block 1601 Lot 27 Qualification Code _____

Work Site Location 1480 VAUXHALL RD

UNION TWP, NJ 07083

Owner in Fee: ALVAREZ, CARLOS B AND DIANA I

Tel. (____) _____ e-mail _____

Address 1480 VAUXHALL RD, UNION, NJ 07083

Contractor: ALVAREZ, CARLOS B AND DIANA I Tel. (____) _____

Address 1480 VAUXHALL RD e-mail _____

UNION, NJ 07083,

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SIDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer	_____	_____	_____	_____
Date: _____			Finishes -Final	_____	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved by: _____			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____ 0.00

2. Rehabilitation \$ _____ 0.00

3. Total (1+ 2) \$ _____ 0.00

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(rev. 11/09)

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ 0 _____ Sq. Ft.
- Pool
- Retaining Wall _____ 0 _____ Sq. Ft.
- Asbestos Abatement Subchapter B
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other _____
- Demolition _____

FEE (Office Use Only)

\$ _____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00

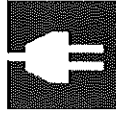
Administrative Surcharge \$ _____	0.00
Minimum Fee \$ _____	0.00
State Permit Surcharge Fee \$ _____	0.00
TOTAL FEE \$ _____	0.00

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Closed

Date Received 5/14/2015
Control # 548775
Date Issued 5/3/1993
Permit # 93-387

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

Block 1601 Lot 27 Qualification Code _____

Work Site Location 1480 VAUXHALL RD
UNION, NJ 07083

Owner in Fee: ALVAREZ, CARLOS B AND DIANA I

Tel. _____ e-mail _____

Address 1480 VAUXHALL RD, UNION, NJ 07083

Contractor: ALVAREZ, CARLOS B AND DIANA I Tel. _____

Address 1480 VAUXHALL RD
UNION, NJ 07083, e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
[] No Plans Required	Type:				
[] Partial -Underslab Utilities Approved	Rough				
Date: _____ Approved by: _____	Barrier-Free				
[] Electric Plans Approved	Trench				
Date: _____ Approved by: _____	Temp. Serv.				
Joint Plan Review Required:	Constr. Serv.				
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO				
SUBCODE APPROVAL for PERMIT	Other				
Date: _____	Service				
Approved by: _____	Final				
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free				
[] CO [] CCO [] CA	Temp. Cut-in-Card Date Issued				
Date: _____	Final Cut-in-Card Date Issued				
Approved by: _____	Annual Pool Inspection				
	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 sign/Contractor sign and seal here: _____

Print name here: _____

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: SVC

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	\$ _____ 0.00
_____		Pool Permit/with UW Lights	_____ 0.00
_____		Storable Pool/Spa/Hot Tub	_____ 0.00
_____	0	KW Elec. Range/Receptacle	_____ 0.00
_____	0	KW Oven/Surface Unit	_____ 0.00
_____	0	KW Elec. Water Heater	_____ 0.00
_____	0	KW Elec. Dryer/Receptacle	_____ 0.00
_____	0	KW Dishwasher	_____ 0.00
_____	0	HP Garbage Disposal	_____ 0.00
_____	0	KW Central A/C Unit	_____ 0.00
_____	0	HP/KW Space Heater/Air Handler	_____ 0.00
_____	0	KW Baseboard Heat	_____ 0.00
_____	0	HP Motors 1/+ HP	_____ 0.00
_____	0	KW Transformer/Generator	_____ 0.00
_____	0	AMP Service	_____ 0.00
_____	0	AMP Subpanels	_____ 0.00
_____	0	AMP Motor Control Center	_____ 0.00
_____	0	KW Elec. Sign/Outline Light	_____ 0.00
_____	0		_____ 0.00

Administrative Surcharge	\$	_____ 0.00
Minimum Fee	\$	_____ 0.00
State Permit Surcharge Fee	\$	_____ 0.00
TOTAL FEE	\$	_____ 0.00



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 506699
Date Issued 11/26/2001
Permit # 01-2025

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

Block 1601 Lot 27 Qualification Code
Work Site Location 1480 VAUXHALL RD
UNION TWP, NJ 07083

Owner in Fee: ALVAREZ, CARLOS B AND DIANA I

Tel. () e-mail

Address 1480 VAUXHALL RD, UNION, NJ 07083

Contractor: ALVAREZ, CARLOS B AND DIANA I Tel. ()

Address 1480 VAUXHALL RD e-mail

UNION, NJ 07083,

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ()

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BLDG - ROOF

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Approval, Initial. Rows include No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE.

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
No. of Stories 0
Height of Structure 0 ft.
Area - Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0

TYPE OF WORK:

- [] New Building
[] Addition
[] Rehabilitation
[] Roofing
[] Siding
[] Fence Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Retaining Wall 0 Sq. Ft.
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Radon Remediation
[] Other
[] Demolition

FEE (Office Use Only)

Table with columns: FEE (Office Use Only), Amount. Rows include New Building, Addition, Rehabilitation, Roofing, Siding, Fence, Sign, Pool, Retaining Wall, Asbestos Abatement, Lead Haz. Abatement, Radon Remediation, Other, Demolition.

Administrative Surcharge \$ 0.00
Minimum Fee \$ 0.00
State Permit Surcharge Fee \$ 0.00
TOTAL FEE \$ 0.00

U.C.C. F110 (rev. 11/99)

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