

BOROUGH OF FAIR LAWN  
8-01 FAIR LAWN AVENUE  
FAIR LAWN, NJ 07410

Date Issued 02/20/09  
Control #  
Permit # 090215

UCC NEW JERSEY  
CONSTRUCTION  
PERMIT

IDENTIFICATION Block 2613 Lot 17 Qual \_\_\_\_\_

Work Site Location 13-12 JEROME

Contractor AAA 1ST CHOICE LLC

Owner in Fee KONYO

Address 128 WEST CENTRAL BLVD

Address SAME

PALISADES PARK, NJ 07650-

SAME, NJ 07410-

Telephone (201) 363-8700

Telephone (201) 398-0367

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Federal Emp. No. 20-4834830

Is hereby granted permission to perform the following work:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> BUILDING         | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> ASBESTOS ABATEMENT (Subchapter 8 only) |
| <input type="checkbox"/> ELECTRICAL       | <input type="checkbox"/> FIRE PROTECTION     | <input type="checkbox"/> LEAD HAZARD ABATEMENT                  |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL          | <input type="checkbox"/> DEMOLITION                             |
|   |  | <input type="checkbox"/> OTHER _____                            |

DESCRIPTION OF WORK:

CHIMNEY LINER

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 \$ 1,750

\_\_\_\_\_  
Construction Official

02/20/09  
Date

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>0</u>
Plumbing	<u>60</u>
Fire Protection	<u>0</u>
Mechanical	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>2</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>62</u>
Check No.	<u>134906</u>
Cash	_____
Collected By	<u>PM</u>

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UCC NEW JERSEY  
**PLUMBING**  
**SUBCODE**  
**TECHNICAL SECTION**

Date Received 02/20/09  
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A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. DO UTILITY DIG NO: 1-800-272-1000

Block 2613 Lot 17 Qual \_\_\_\_\_  
 Work Site Location 13-12 JEROME  
 \_\_\_\_\_  
 Owner in Fee KONYO  
 Address SAME  
SAME, NJ 07410-  
 Tel. (201) 398-0367  
 Contractor AAA 1ST CHOICE LLC  
 Address 128 WEST CENTRAL BLVD  
PALISADES PARK, NJ 07650-  
 Tel. (201) 363-8700 Fax ( ) \_\_\_\_\_  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Emp. No. 20-4834830

B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed R-5  
 Building Sewer Size \_\_\_\_\_ [ ] Public Sewer [ ] Private Septic  
 Water Sewer Size \_\_\_\_\_ [ ] Public Water [ ] Private Well  
 Estimated Cost of Plumbing Work \$ 1,750

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[ ] No Plans Required	Slab	_____	_____	_____	_____
[ ] Partial -Underslab Util Appr	Rough	_____	_____	_____	_____
Date: _____ Appr by: _____	Water	_____	_____	_____	_____
[ ] Plumb Plans Approved	Sewer	_____	_____	_____	_____
Date: _____ Appr by: _____	Fixtures	_____	_____	_____	_____
Joint Plan Review Required:	Gas Equip	_____	_____	_____	_____
[ ] Build [ ] Elect [ ] Fire	Gas Piping	_____	_____	_____	_____
SUBCODE APPR - PERM [ ] Elev	LPGas Tank	_____	_____	_____	_____
Date: _____ Appr by: _____	FuelOil Pip	_____	_____	_____	_____
SUBCODE APPR - CERTIF	Solar	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA	TCO	_____	_____	_____	_____
Date: _____ Appr by: _____	Final	_____	_____	_____	_____

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.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other <u>CHIM LINER</u>	60
0	Other _____	0
0	Other _____	0
	Administrative Surcharge	\$ 0
	Paid [ X ] Check # <u>134906</u> Minimum Fee	\$ 0
	Collected by: <u>PM</u> TOTAL FEE	\$ 60
	DCA State Permit Fee	\$ 2

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