



BUILDING SUBCODE TECHNICAL SECTION



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

Block 20003 Lot 2021, 22 Qualification Code _____

Work Site Location 384 CORMUNIAW AVE,

Tenney City, NJ

Owner in Fee: HIGHLAND BATH LLC.

Tel. (201) 216-0800 e-mail vince@vyzaslaw.com

Address 900 HADDONFIELD AVE, COLINGSWOOD, NJ 08108

Contractor: PIONEER CONSTRUCTION Tel. (516) 405-9070

Address 1408 WINNISON CT, e-mail jose.minaassian@yohoo.com

DENVILLE, NJ 07834

Contractor License No. or Builder Registration No. 49818 Exp. Date 10/31/2025

Home Improvement Contractor Registration No. or Exemption Reason 13V409658800

Federal Emp. ID No. 36-4852474 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Footling				
<input type="checkbox"/> All			Footling 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-1 Proposed VA Constr. Class Present R-1 Proposed VA

No. of Stories 3 If Industrialized Building: _____ HUD _____

Height of Structure 7 ft. State Approved _____

Area — Largest Floor 1,228 sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+2) \$ 50,000

Max. Occupancy Load _____

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

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: Jose Minaassian

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLITION OF A 3 STORY
BRICK BUILDING.

TYPE OF WORK:

<input type="checkbox"/> New Building			
<input type="checkbox"/> Addition			
<input type="checkbox"/> Rehabilitation			
<input type="checkbox"/> Roofing			
<input type="checkbox"/> Siding			
<input type="checkbox"/> Fence _____	Height (exceeds 6')		
<input type="checkbox"/> Sign _____	Sq. Ft.		
<input type="checkbox"/> Pool			
<input type="checkbox"/> Retaining Wall _____	Sq. Ft.		
<input type="checkbox"/> Asbestos Abatement Subchapter 8			
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17			
<input type="checkbox"/> Radon Remediation			
<input type="checkbox"/> Other _____			
<input checked="" type="checkbox"/> Demolition			

FEE (Office Use Only)

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

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

Date Received
Control #

Date Issued
Permit #