



BUILDING SUBCODE TECHNICAL SECTION



Date Received

Control #

Date Issued

Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location Griddle This Deli
17 Grant Ave.

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: Ramapo Awning LLC Tel. (201) 267-6067

Address 67 Ramapo Valley Rd, Mahwah NJ e-mail suncontrol100@gmail.com
Ste 201-C 07430

Contractor License No. or Builder Registration No. 13VH09266600 Exp. Date 3/31/2021

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

Federal Emp. ID No. 47-5098939 FAX: (201) 267-6067

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

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: 8,500.00

1. New Bldg. \$ 8,500.00

2. Rehabilitation \$ _____

3. Total (1+ 2) \$ 8,500.00

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

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: James Collishaw President Ramapo

D. TECHNICAL SITE DATA

Awning LLC

DESCRIPTION OF WORK

Custom Stationary awning
to be wall mounted as
per drawing.

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 Awning
☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy