

Department of Public Works

CONSTRUCTION OFFICIAL
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION
428-60th STREET • ROOM 27
WEST NEW YORK, NJ 07093

Tel. (201) 295-5170 • Fax. (201) 295-9597



ALBERTO RODRIGUEZ
COMMISSIONER

THOMAS M. O'MALLEY
CONSTRUCTION OFFICIAL

CONSTRUCTION PERMIT APPLICATIONS

General Instructions

Failure to adhere to these instructions will result in permit denial.

Please be advised that when submitting permit applications, YOU MUST SUBMIT THE FOLLOWING:

1. A COPY OF YOUR LICENSE and CERTIFICATE OF INSURANCE showing The Town of West New York as a Certificate Holder. Failure to do so will result in application denial.
2. The jacket MUST include the correct block and lot (you must obtain this information from the Tax Office);
3. Sections VI and VII must be completed to the best of your ability. Furthermore, you MUST include the current number of dwelling units before and after construction, no matter how large or small your project is;
4. The Certification In Lieu of Oath must be completed and signed.
5. Should you be applying for NEW CONSTRUCTION or an ADDITION, be sure to include two sets of original plans, sealed by a New Jersey Licensed Architect, the Architectural Plans Check-List including all documentation; a copy of the resolution from the Board of Adjustment or Planning Board if applicable; and any other documentation as requested by the Building Department.
6. Should you be applying for a Building Demolition Permit, be sure to include the Demolition Permit Check-List including all of its documentation. Furthermore you will need to obtain Dumpster Permits from the Building Department.
7. The Building Tech Form must be completed in its entirety, including Sections A, B, Section C. The Estimated Cost of Bldg. Work must be completed. Section D, entitled "Description of Work" must be completed in detail including all work that is being done. Failure to do so will result in permit denial.
8. The Electrical Tech Form must be completed in its entirety including Sections A, B and C. Furthermore when completing Section D, include all KW, HP and AMP information. The permit must be sealed by the licensed

electrical who is submitting electric application. Failure to do so will result in permit denial.

9. The Plumbing Tech Form must be completed in its entirety including Section A, B and C. Furthermore, the permit must be sealed by the licensed plumber who is submitting the plumbing application. Failure to do so will result in permit denial.
10. The Fire Tech Form must be completed in its entirety including Sections A, B, C and D. Furthermore, the permit must be sealed by the licensed fire protection/alarm installation company submitting the applications. Failure to do so will result in permit denial.
11. The Construction Permit Form must be completed in its entirety including a detailed description of work and the TOTAL cost of all of the work that you will be doing at the property. Failure to do so will result in permit denial.
12. The Permit Update Form must be completed in its entirety including the Permit Number which you are updating and the TOTAL cost of all the additional work that you will be doing at the property.
13. Should you be applying for a Change of Contractor, you must complete the appropriate Technical Section reflecting the new contractor's information. It must duplicate exactly what is on the original permit. Any additional work will require a permit update. Furthermore, you must submit an original, notarized letter from the owner of the property authorizing said change and a copy of the new contractor's license and Certificate of Insurance with the Town of West New York as the Certificate Holder.

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Please be advised that the following forms are for informational purposes only. These forms must be completed in their entirety on the original quadruplicate forms, i.e. (Uniform Construction Code Forms) which can be obtained at the West New York Building Department.

UCC F-100-1	CONSTRUCTION JACKET
UCC F110	BUILDING TECH FORM
UCC F120	ELECTRIC TECH FORM
UCC F130	PLUMBING TECH FORM
UCC F140	FIRE TECH FORM
UCC F170	CONSTRUCTION PERMIT
UCC F190	PERMIT UPDATE



TOWN OF WEST NEW YORK



CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VIII

BLOCK _____

LOT _____

QUALIFICATION CODE _____

ADDRESS (SITE) _____

PERMIT NO. _____

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____ Tel. (____) _____
Address _____
street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____ Tel. (____) _____
Address _____

4. Principal Contractor: _____ Tel. (____) _____
Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (____) _____

5. Architect or Engineer _____ Tel. (____) _____
Address _____

6. Responsible Person in Charge of Work _____
Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
2. Electrical	\$ _____		
3. Plumbing	\$ _____		
4. Fire Protection	\$ _____		
5. Elevator Devices	\$ _____		
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. DCA Training Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ _____		
12. Other	\$ _____		
13. TOTAL	\$ _____		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands _____
yes _____ no _____

11. Max Live Load _____

12. Max Occupancy Load _____

(office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
							Approval	Rejection
1. <input type="checkbox"/> Minor Work								
2. <input type="checkbox"/> New Building								
3. <input type="checkbox"/> Addition								
4. <input type="checkbox"/> Alteration								
5. <input type="checkbox"/> Fire Protection								
6. <input type="checkbox"/> Plumbing								
7. <input type="checkbox"/> Electrical								
8. <input type="checkbox"/> Elevator Devices								
9. <input type="checkbox"/> Asbestos Abat. Subch. 8								
10. <input type="checkbox"/> Lead Hazard Abatement								
11. <input type="checkbox"/> Demolition								
TOTAL COSTS								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

No. of dwelling units: _____

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. S sprinklers

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. I further certify that I will perform or supervise the following work:

C.1. Building C.2. Fire Protection

I further certify that I will perform the following work:

C.3. Electrical C.4. Plumbing

D. I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

III. LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition _____ Building _____ Electrical _____ Plumbing _____ Fire Protection _____ Mechanical _____	Name of Code & Edition _____ Energy _____ Barrier Free _____ Flood Hazard _____ As Built Elevation Cert. _____ Other _____
---	---

X. CERTIFICATES ISSUED	(office use only)	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy		No.	_____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance		No.	_____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy		No.	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance		No.	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy		No.	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval		No.	_____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate		No.	_____	_____	_____	_____



TOWN OF
WEST NEW YORK



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Tele. (_____) _____
Contractor _____
Address _____

Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval
<input type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____
<input type="checkbox"/> All	_____	_____	Foundation	_____	_____
<input type="checkbox"/> Footing	_____	_____	Slab	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Frame	_____	_____
<input type="checkbox"/> Frame	_____	_____	Barrier-Free	_____	_____
<input type="checkbox"/> Other	_____	_____	Insulation	_____	_____
Joint Plan Review Required:		_____	Finishes	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____	Energy	_____	_____
SUBCODE APPROVAL		_____	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 _____ Proposed _____
Constr Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+ 2) \$ _____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
Sq. Ft. _____
- Sign _____ Sq. Ft. _____
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____



TOWN OF WEST NEW YORK



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____

Owner in Fee/Occupant _____
Address _____

Tele. (____) _____ Fax (____) _____
Contractor _____
Address _____

Lic. No. _____ Federal Emp. No. _____
B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Dates (Month/Day), Approval, Initial. Rows include No Plans Required, Joint Plan Review Required, Building, Fire, Elec. Plans Approved, etc.

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's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

Table with columns: QTY, SIZE, ITEMS. Lists items like Lighting Fixtures, Receptacles, Switches, Detectors, Light Poles, Motors, etc.

Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$

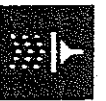
FEE (Office Use Only)



TOWN OF WEST NEW YORK



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

D. TECHNICAL SITE DATA (List of all fixtures.)

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Contractor _____
Address _____

Tele. (____) _____ Fax (____) _____
Lic. No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

Table with columns: PLAN REVIEW, JOBSUMMARY (Office Use Only), INSPECTIONS, Dates (Month/Day), Failure, Approval, Initial. Rows include Building, Fire, Plumbing Plans, and Subcode Approval.

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's Seal _____

[] Licensed Plumbing Contractor [] Exempt Applicant

Table for D. TECHNICAL SITE DATA listing fixtures like Water Closet, Urinal/Bidet, Bath Tub, Lavatory, Shower, Floor Drain, Sink, Dishwasher, etc., with columns for Fixture/Equipment and Fee (Office Use Only).

Summary table with rows: Administrative Surcharge, Minimum Fee, DCA Training Fee, TOTAL FEE.



TOWN OF
WEST NEW YORK



FIRE
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____

Owner In Fee _____
Address _____

Tele. (____) _____
Contractor _____
Address _____

Tele. (____) _____ Fax (____) _____
Lic. No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____ Fire Alarm System
Constr. Class Present _____ Proposed _____ New [] Existing []
Heating Systems [] New [] Existing [] HVAC Location of Panel: _____
Type: [] Gas [] Oil [] Electric [] Solar Fire Suppressor/Standpipe System
[] Other _____ New [] Existing []
Location: _____ Location of Main Control Valve: _____
Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
Type:	Failure	Approval
[] No Plans Required	Alarm System	
Joint Plan Review Required:	Suppression Sys.	
[] Building [] Plumbing	Standpipe	
[] Electric [] Elevator	Fire Pump	
[] Fire Plans Approved	Pre-Eng. System	
Date: _____	Mechanical	
Approved by: _____	Smoke Control	
SUBCODE APPROVAL	TCO	
[] CO [] CCO [] CA	Final	
Date: _____	Other	
Approved by: _____		

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid
[] LPG [] LNG Capacity _____ Fuel _____

Alarm Systems [] 110v Interconnected NUMBER _____
[] System

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____
Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

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 _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas [] or Oil [] Fired Appliances _____

Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

U.C.C. F-140
(rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Blue = Notice Form
4 Gold = Amendment Form



TOWN OF WEST NEW YORK



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block _____ Lot _____
Work Site Location _____

Owner In Fee _____ Contractor _____
Address _____ Address _____

Tel. (____) _____ Tel. (____) _____

Lic. No. or Bids. Reg. No. _____

Is hereby granted permission to perform the following work:

- BUILDING PLUMBING LEAD HAZARD ABATEMENT
- ELECTRICAL FIRE PROTECTION DEMOLITION
- ELEVATOR DEVICES ASBESTOS ABATEMENT OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK: _____

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 \$ _____

Construction Official _____ Date _____
U.C.C. F170
(rev. 5/26)

- 1 WHITE—INSPECTOR
 - 2 CANARY—OFFICE
 - 3 PINK—TAX ASSESSOR
 - 4 GOLD—APPLICANT
- (see reverse side)

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____



TOWN OF WEST NEW YORK



PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

IDENTIFICATION Block _____ Lot _____
Work Site Location _____

Owner In Fee _____

Address _____

Tel. (_____) _____

Contractor _____
Address _____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Fed. Emp. No. _____

Is hereby granted permission to perform the following work:

- BUILDING PLUMBING LEAD HAZARD ABATEMENT
 - ELECTRICAL FIRE PROTECTION DEMOLITION
 - ELEVATOR DEVICES ASBESTOS ABATEMENT OTHER _____
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Estimated Cost of Work \$ _____

Construction Official _____ Date _____

U.C.C. F-190
(rev. 3/96)

- 1 WHITE—INSPECTOR COPY
- 2 CANARY—OFFICE COPY
- 3 PINK—OFFICE COPY
- 4 GOLD—APPLICANT COPY

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____