

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

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

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

I. IDENTIFICATION

1. Proposed Work Site at: _____ Tel. (____) _____

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

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

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

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

Federal Employee No. _____ FAX: (____) _____

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

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 _____ (office use only)

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 _____

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

X. CERTIFICATES ISSUED (office use only)

	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 #

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

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)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)					
<input type="checkbox"/> No Plans Required			<input type="checkbox"/> Footing					
<input type="checkbox"/> All			<input type="checkbox"/> Foundation					
<input type="checkbox"/> Footing			<input type="checkbox"/> Slab					
<input type="checkbox"/> Foundation			<input type="checkbox"/> Frame					
<input type="checkbox"/> Frame			<input type="checkbox"/> Barrier-Free					
<input type="checkbox"/> Other			<input type="checkbox"/> Insulation					
Joint Plan Review Required:			<input type="checkbox"/> Finishes					
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator					
SUBCODE APPROVAL			<input type="checkbox"/> Energy					
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	<input type="checkbox"/> Mechanical					
Date: _____			<input type="checkbox"/> TCO					
Approved by: _____			<input type="checkbox"/> Other					
			<input type="checkbox"/> Final					
			<input type="checkbox"/> 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) \$ _____

TYPE OF WORK:

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- 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. (____) _____
Contractor _____
Address _____

Fax (____) _____
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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial	Dates (Month/Day)
<input type="checkbox"/> No Plans Required				Rough					
<input type="checkbox"/> Joint Plan Review Required:				Temp. Serv.					
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing				Constr. Serv.					
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator				TCO					
<input type="checkbox"/> Elec. Plans Approved				Other					
Date: _____				Service					
Approved by: _____				Final					
SUBCODE APPROVAL									
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA		Temp. Cut-in-Card	Date Issued				
				Final Cut-in-Card	Date Issued				
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 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

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
TOTAL NUMBERS		
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

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

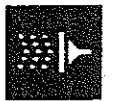
FEE (Office Use Only)



**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 _____
Tele. (_____) _____
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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Slab	_____	_____	_____	_____
Joint Plan Review Required:					
<input type="checkbox"/> Building	Electric	Rough	_____	_____	_____
<input type="checkbox"/> Fire	Elevator	Water	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Sewer	Sewer	_____	_____	_____
Date: _____					
Approved by: _____					
SUBCODE APPROVAL					
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO	_____	_____
Date: _____					
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 and perform the work listed on this application.

Signature — Contractor's Seal _____

Licensed Plumbing Contractor Exempt Applicant

FEE (Office Use Only)

Water Closet	\$ _____
Urinal/Bidet	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bibb	_____
Water Heater	_____
Fuel Oil Piping	_____
Gas Piping	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrapp	_____
Sewer Connection	_____
Water Service Connection	_____
Stacks	_____
Other _____	_____
Other _____	_____
Other _____	_____
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
Work Site Location

Owner In Fee
Address

Tele.
Contractor
Address

Tele.
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group
Constr. Class
Heating Systems
Type:
Location:
Total Cost of Fire Protection Work

INSPECTIONS
Type:
Failure
Dates (Month/Day)
Approval
Initial

JOB SUMMARY (Office Use Only)

PLAN REVIEW
No Plans Required
Joint Plan Review Required:
Building
Electric
Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL
CO
CCO
CA
Date:
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:
Alarm Systems
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
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
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 Bldgs. 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. 5/2K)

- 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

Table with 2 columns: Item Name, Amount. Includes Building, Electrical, Plumbing, Fire Protection, Elevator Devices, Other, DCA Training Fee, Cert. of Occupancy, Other, Total, Check No., Cash, Collected by.