CITY OF BAYONNE
Department of Engineering
630 Avenue C
Bayonne, New Jersey 07002

CONSTRUCTION PERMIT

IDENTIFICATION Block Lot Qualification Code
Work Site Location ____________________________________________
Owner in Fee ________________________________________________
Address ____________________________________________________
Tel. (_____) ________________________________________________
Contractor _________________________________________________
Address ____________________________________________________
Tel. (_____) ________________________________________________
Lic. No. or Bldrs. 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 ____________

PAYMENTS (Office Use Only)
Building _____________________________
Electrical _____________________________
Plumbing _____________________________
Fire Protection _________________________
Elevator Devices _______________________
Other ________________________________
DCA State Permit Fee ___________________
Cert. of Occupancy ______________________
Other ________________________________
Total ________________________________
Check No. _____________________________
Cash _________________________________
Collected by ___________________________

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT