

THE BOROUGH OF GLASSBORO
CONSTRUCTION OFFICE
(856) 881-9230 X 88310

Date Issued 11/03/05
Control #
Permit # 05-649

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 412.07 Lot 1 Qual _____

Work Site Location 538 FISHPOND ROAD Contractor HHM CONTRACTING CORP
B Address 337 ELK RD
Owner in Fee ALEX FANFARILLO MONROEVILLE, NJ 08343-
Address 538 FISHPOND Telephone [REDACTED]
GLASSBORO, NJ 08028- Lic. No. or Bldrs. Reg. No. _____
Telephone () - Federal 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:

RE-ROOF OVER EXISTING ONE LAYER

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 \$ 1,800

PAYMENTS (Office Use Only)

Building 60
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other _____
DCA State Permit Fee 2
Cert. of Occupancy 0
Other _____
Total 62
Check No. 1247
Cash _____
Collected By JEP

Construction Official

11/03/05
Date

THE BOROUGH OF GLASSBORO
 CONSTRUCTION OFFICE
 (856) 881-9230 X 88310

UCC NEW JERSEY
 BUILDING
 SUBCODE
 TECHNICAL SECTION

Date Received 11/04/05
 Date Issued 11/03/05
 Control #
 Permit # 05-649

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

Block 412.07 Lot 1 Qual _____
 Work Site Location 538 FISHPOND ROAD

B

Owner in Fee ALEX FANFARILLO
 Address 538 FISHPOND
GLASSBORO, NJ 08028-

Tele. () - _____

Contractor HM CONTRACTING CORP

Address 337 ELK RD

MONROEVILLE, NJ 08343-

Tele. _____ Fax () - _____

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

Federal Emp. No. _____

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

RE-ROOF OVER EXISTING ONE LAYER

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)		TYPE OF WORK		FEE (Office Use Only)	
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial		\$	
<input type="checkbox"/> No Plans Req	_____	_____	Footing	_____	_____	_____	_____	<input type="checkbox"/> New Building	_____	0
<input type="checkbox"/> All	_____	_____	Footing Bond	_____	_____	_____	_____	<input type="checkbox"/> Addition	_____	0
<input type="checkbox"/> Foot/Found	_____	_____	Foundation	_____	_____	_____	_____	<input checked="" type="checkbox"/> Rehabilitation	_____	0
<input type="checkbox"/> Struct/Frame	_____	_____	Slab	_____	_____	_____	_____	<input checked="" type="checkbox"/> Roofing	_____	0
<input type="checkbox"/> Exterior	_____	_____	Frame	_____	_____	_____	_____	<input type="checkbox"/> Siding	_____	0
<input type="checkbox"/> Interior	_____	_____	Truss/Brac	_____	_____	_____	_____	<input type="checkbox"/> Fence _____ Height (exceeds 6')	_____	0
Joint Plan Review Required:			BarrierFree	_____	_____	_____	_____	<input type="checkbox"/> Sign _____ Sq. Ft.	_____	0
<input type="checkbox"/> Elect <input type="checkbox"/> Plumb <input type="checkbox"/> Fire			Insulation	_____	_____	_____	_____	<input type="checkbox"/> Pool - Above Ground	_____	0
SUBCODE APPR - PERM <input type="checkbox"/> Elev			Finishes-Bas	_____	_____	_____	_____	<input type="checkbox"/> Pool - In Ground	_____	0
Date: _____			Finishes-Fin	_____	_____	_____	_____	<input type="checkbox"/> Asbestos Abatement Subchapter 8	_____	0
Approved By: _____			Energy	_____	_____	_____	_____	<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	_____	0
SUBCODE APPR - CERTIF			Mechanical	_____	_____	_____	_____	<input type="checkbox"/> Other _____	_____	0
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO	_____	_____	_____	_____	Other _____	_____	0
Date: _____			Other	_____	_____	_____	_____	<input type="checkbox"/> Demolition	_____	0
Approved By: _____			Final	_____	_____	_____	_____			
			BarrierFree	_____	_____	_____	_____			

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
 Constr. Class Present _____ Proposed _____
 No. of Stories 0
 Height of Structure 0 Ft.
 Area Largest Floor 0 Sq. Ft.
 New Bldg. Area/All Floors 0 Sq. Ft.
 Volume of New Structure 0 Cu. Ft.
 Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
 1. New Bldg. \$ 0
 2. Alteration \$ 1,800
 3. Total (1+2) \$ 1,800
 Industrialized Building:
 State Approved
 HUD

Administrative Surcharge \$ 0
 Paid Check # 1247 Minimum Fee \$ 60
 Collected by: JEP TOTAL FEE \$ 60
 State Permit Surcharge Fee \$ 2

THE BOROUGH OF GLASSBORO
CONSTRUCTION OFFICE
(856) 881-9230 X 88310

Date Issued 02/08/06
Control #
Permit # 06-055

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 412.07 Lot 1 Qual _____
Work Site Location 538 FISHPOND ROAD Contractor H O M E O W N E R
B Address _____
Owner in Fee ALEX FANFARILLO Telephone () _____
Address 538 FISHPOND Lic. No. or Bldrs. Reg. No. _____
GLASSBORO, NJ 08028- Federal Emp. No. HO-
Telephone _____

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:

TWO CAR ADDITION TO EXISTING GARAGE

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 \$ 17,500

PAYMENTS (Office Use Only)

Building	<u>512</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>34</u>
Cert. of Occupancy	<u>60</u>
Other	_____
Total	<u>606</u>
Check No.	<u>134</u>
Cash	_____
Collected By	<u>JEP</u>

02/08/06

Date

Construction Official

THE BOROUGH OF GLASSBORO
 CONSTRUCTION OFFICE
 (856) 881-9230 X 88310

UCC NEW JERSEY
 BUILDING
 SUBCODE
 TECHNICAL SECTION

Date Received 02/06/06
 Date Issued 02/08/06
 Control #
 Permit # 06-055

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

Block 412.07 Lot 1 Qual _____
 Work Site Location 538 FISHPOND ROAD

B

Owner in Fee ALEX FANFARILLO

Address 538 FISHPOND

GLASSBORO, NJ 08028-

Tele. _____

Contractor HOMEOWNER

Address _____

Tele. () _____ Fax () _____

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

Federal Emp. No. HO-

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

TWO CAR ADDITION TO EXISTING GARAGE

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Req	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footing Bond	_____	_____	_____	_____
<input type="checkbox"/> Foot/Found	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Struct/Frame	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Truss/Brac	_____	_____	_____	_____
Joint Plan Review Required:			BarrierFree	_____	_____	_____	_____
<input type="checkbox"/> Elect	<input type="checkbox"/> Plumb	<input type="checkbox"/> Fire	Insulation	_____	_____	_____	_____
SUBCODE APPR - PERM <input type="checkbox"/> Elev			Finishes-Bas	_____	_____	_____	_____
Date: _____			Finishes-Fin	_____	_____	_____	_____
Approved By: _____			Energy	_____	_____	_____	_____
SUBCODE APPR - CERTIF			Mechanical	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved By: _____			Final	_____	_____	_____	_____
			BarrierFree	_____	_____	_____	_____

TYPE OF WORK	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ 0
<input checked="" type="checkbox"/> Addition	512
<input type="checkbox"/> Rehabilitation	0
<input type="checkbox"/> Roofing	0
<input type="checkbox"/> Siding	0
<input type="checkbox"/> Fence <u>0</u> Height (exceeds 6')	0
<input type="checkbox"/> Sign <u>0</u> Sq. Ft.	0
<input type="checkbox"/> Pool - Above Ground	0
<input type="checkbox"/> Pool - In Ground	0
<input type="checkbox"/> Asbestos Abatement Subchapter 8	0
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	0
<input type="checkbox"/> Other _____	0
Other _____	0
Other _____	0
<input type="checkbox"/> Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
 Constr. Class Present _____ Proposed _____
 No. of Stories 1
 Height of Structure 22 Ft.
 Area Largest Floor 1,200 Sq. Ft.
 New Bldg. Area/All Floors 1,200 Sq. Ft.
 Volume of New Structure 12,800 Cu. Ft.
 Total Land Area Disturbed 1,000 Sq. Ft.

Est. Cost of Bldg. Work:
 1. New Bldg. \$ 17,500
 2. Alteration \$ 0
 3. Total (1+2) \$ 17,500

Industrialized Building:
 State Approved
 HUD

Administrative Surcharge \$ 0
 Paid Check # 134 Minimum Fee \$ 0
 Collected by: JEP TOTAL FEE \$ 512
 State Permit Surcharge Fee \$ 34

THE BOROUGH OF GLASSBORO
CONSTRUCTION OFFICE
(856) 881-9230 X 88310

Update Issued 06/27/06
Control #
Permit # 06-055+A
Permit Issued 02/08/06

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 412.07 Lot 1 Qual _____

Work Site Location 538 FISHPOND ROAD
E

Owner in Fee ALEX FANFARILLO
Address 538 FISHPOND
GLASSBORO, NJ 08028-
Telephone _____

Contractor R.J. REILLEY ELECT. CONTR.
Address BOX 362
PITMAN, NJ 08071-
Telephone _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:
GARAGE EXTENSION

Estimated Cost of Work \$ 3,000

Construction Official

06/27/06
Date

PAYMENTS (Office Use Only)

Building	<u>0</u>
Electrical	<u>139</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Other	_____
DCA State Permit Fee	<u>0</u>
Cert. of Occupancy	<u>0</u>
Other	_____
Total	<u>139</u>
Check No.	<u>1377</u>
Cash	_____
Collected By	<u>JEP</u>

THE BOROUGH OF GLASSBORO
 CONSTRUCTION OFFICE
 (856) 881-9230 X 88310

UCC NEW JERSEY
 ELECTRICAL
 SUBCODE
 TECHNICAL SECTION

Date Received 06/27/06
 Date Issued 06/27/06
 Control #
 Permit # 06-055+A

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

Block 412.07 Lot 1 Qual _____
 Work Site Location 538 FISHPOND ROAD

 Owner in Fee ALEX FANFARILLO
 Address 538 FISHPOND
GLASSBORO, NJ 08028-
 Tele. _____
 Contractor R.J. REILLEY ELECT. CONTR.
 Address BOX 362
PITMAN, NJ 08071-
 Tele. _____ Fax () _____
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-3 Proposed R-3
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 Estimated Cost of Electrical Work \$ 3,000

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)
PLAN REVIEW	Type	Failure Failure Approval Initial
<input type="checkbox"/> No Plans Required	Rough	_____
<input type="checkbox"/> Partial -Underslab Util Appr	BarrierFr	_____
Date: _____ Appr by: _____	Trench	_____
<input type="checkbox"/> Elect Plans Approved	Temp Serv	_____
Date: _____ Appr by: _____	Const Serv	_____
Joint Plan Review Required:	TCO	_____
<input type="checkbox"/> Build <input type="checkbox"/> Plumb <input type="checkbox"/> Fire	Other	_____
SUBCODE APPR - PERM <input type="checkbox"/> Elev	Service	_____
Date: _____ Appr by: _____	Final	_____
SUBCODE APPR - CERTIF	BarrierFr	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Temp. Cut-in-Card Date Issued	_____
Date: _____ Appr by: _____	Final Cut-in-Card Date Issued	_____
	AnnPoolIns	_____
	Date of Gnd/Bond Certification	_____

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 Seal

Licensed Elect Contr Certif Landscape Irrig Contr Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
19		Lighting Fixtures	
26		Receptacles	
10		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
57		TOTAL NUMBERS	29
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
1	60	KW Elect Range/Receptacle	50
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
1	1	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	30
1	150	AMP Subpanels	30
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0
		Other	0

Administrative Surcharge \$	0
Paid <input checked="" type="checkbox"/> Check # <u>1377</u> Minimum Fee \$	0
Collected by: <u>JEP</u> TOTAL FEE \$	139
DCA State Permit Fee \$	0

THE BOROUGH OF GLASSBORO
CONSTRUCTION OFFICE
(856) 881-9230 X 88310

Date Issued 02/05/13
Control #
Permit # 13-040

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 412.07 Lot 1 Qual _____

Work Site Location 538 FISHPOND ROAD

Contractor T D PRATZ CONSTRUCTION

Owner in Fee ANFARILLO, ALEX

Address 874 REED AVENUE

Address 538 FISHPOND ROAD

FRANKLINVILLE, NJ 08322-

Address GLASSBORO, NJ 08028-

Telephone [REDACTED]

Telephone [REDACTED]

Lic. No. or Bldrs. Reg. No. [REDACTED]

Federal Emp. No. [REDACTED]

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:

REMOVE AND AND REPLACE ROOF
DISPOSAL G.C. RECYCLE

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 \$ 5,400

PAYMENTS (Office Use Only)
Building 60
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other _____
DCA State Permit Fee 9
Cert. of Occupancy 0
Other _____
Total 69
Check No. _____
Cash X
Collected By TAF

02/05/13
Date

Construction Official

THE BOROUGH OF GLASSBORO
 CONSTRUCTION OFFICE
 (856) 881-9230 X 88310

UCC NEW JERSEY
 BUILDING
 SUBCODE
 TECHNICAL SECTION

Date Received 02/04/13
 Date Issued 02/05/13
 Control #
 Permit # 13-040

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

Block 412.07 Lot 1 Qual _____
 Work Site Location 538 FISHPOND ROAD

Owner in Fee FANFARILLO, ALEX
 Address 538 FISHPOND ROAD
GLASSBORO, NJ 08028-

Tele. _____
 Contractor T D PRATZ CONSTRUCTION
 Address 874 REED AVENUE

FRANKLINVILLE, NJ 08322-

Tele _____ Fax () _____

Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. _____

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

REMOVE AND AND REPLACE ROOF
 DISPOSAL G.C. RECYCLE

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW	Date Initial	Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/> No Plans Req	_____	Footing	_____	_____	_____	_____	_____
<input type="checkbox"/> All	_____	Footing Bond	_____	_____	_____	_____	_____
<input type="checkbox"/> Foot/Found	_____	Foundation	_____	_____	_____	_____	_____
<input type="checkbox"/> Struct/Frame	_____	Slab	_____	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	Frame	_____	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	Truss/Brac	_____	_____	_____	_____	_____
Joint Plan Review Required:		BarrierFree	_____	_____	_____	_____	_____
<input type="checkbox"/> Elect	<input type="checkbox"/> Plumb	<input type="checkbox"/> Fire	Insulation	_____	_____	_____	_____
SUBCODE APPR - PERM	<input type="checkbox"/> Elev	Finishes-Bas	_____	_____	_____	_____	_____
Date: _____		Finishes-Fin	_____	_____	_____	_____	_____
Approved By: _____		Energy	_____	_____	_____	_____	_____
SUBCODE APPR - CERTIF		Mechanical	_____	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO	_____	_____	_____	_____
Date: _____		Other	_____	_____	_____	_____	_____
Approved By: _____		Final	_____	_____	_____	_____	_____
		BarrierFree	_____	_____	_____	_____	_____

TYPE OF WORK	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ _____ 0
<input type="checkbox"/> Addition	_____ 0
<input checked="" type="checkbox"/> Rehabilitation	_____ 0
<input checked="" type="checkbox"/> Roofing	_____ 60
<input type="checkbox"/> Siding	_____ 0
<input type="checkbox"/> Fence _____ 0 Height (exceeds 6')	_____ 0
<input type="checkbox"/> Sign _____ 0 Sq. Ft.	_____ 0
<input type="checkbox"/> Pool - Above Ground	_____ 0
<input type="checkbox"/> Pool - In Ground	_____ 0
<input type="checkbox"/> Asbestos Abatement Subchapter 8	_____ 0
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	_____ 0
<input type="checkbox"/> Other _____	_____ 0
Other _____	_____ 0
Other _____	_____ 0
<input type="checkbox"/> Demolition	_____ 0

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class Present	_____	Proposed _____	1. New Bldg. \$ _____ 0
No. of Stories _____ 0			2. Alteration \$ _____ 5,400
Height of Structure _____ 0 Ft.			3. Total (1+2) \$ _____ 5,400
Area Largest Floor _____ 0 Sq. Ft.			Industrialized Building:
New Bldg. Area/All Floors _____ 0 Sq. Ft.			<input type="checkbox"/> State Approved
Volume of New Structure _____ 0 Cu. Ft.			<input type="checkbox"/> HUD
Total Land Area Disturbed _____ 0 Sq. Ft.			

Administrative Surcharge	\$ _____ 0
Paid <input checked="" type="checkbox"/> Check # _____ Cash	Minimum Fee \$ _____ 0
Collected by: TAF	TOTAL FEE \$ _____ 60
State Permit Surcharge Fee	\$ _____ 9