Carolynn Tiesi

From: Nancy L. Saffos, RMC
Sent: Thursday, October 10, 2019 10:32 AM
To: Agnes Cueto; Carolynn Tiesi; Patti Chacker
Subject: FW: OPRA request - 1214 MARTIN AVENUE CHERRY HILL NJ 08002

Please log and respond to the message below as an OPRA received this date.

Thank you

Nancy L. Saffos, RMC/CMR
Municipal Clerk
Registrar of Vital Statistics

Township of Cherry Hill
820 Mercer Street
Cherry Hill, NJ 08002
Phone: (856) 488-7892
Fax: (856) 488-7893
nsaffos@chtownship.com

-----Original Message-----
From: jessica martin <opra+request-7568-ffe3f830@requests.opramachine.com>
Sent: Thursday, October 10, 2019 9:15 AM
To: Nancy L. Saffos, RMC <NSaffos@chtownship.com>
Subject: OPRA request - 1214 MARTIN AVENUE CHERRY HILL NJ 08002

Dear Cherry Hill Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

Please supply a copy of permit #19-2714
Provide copies of any other open permits from 2017 to present Block 161.01, Lot 18

Yours faithfully,

jessica martin

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-7568-ffe3f830@requests.opramachine.com

Is nsaffos@chtownship.com the wrong address for OPRA requests to Cherry Hill Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=cherry_hill_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/1214_martin_avenue_cherry_hill_n

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Block 161.01 Lot 18 Qualification Code _____ Address (Site) 1214 MARTIN AVE Permit No. 20192714

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1214 MARTIN AVE CHERRY HILL TOWNSHIP NJ 08002
2. Name of Owner in Fee: US BANK & TRUST Tel. [redacted]
   Address 13801 WIRELESS WAY OKLAHOMA OK
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: INSTANT AIR LLC Tel. [redacted]
   Address 1775 S BLACKHORSE PIKE BLACKWOOD NJ 08012
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. [redacted] Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical	115		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	175		
7. Less 20% for State Plan Review			
8. Subtotal	175		
9. State Permit Surcharge Fee	9		
10. Subtotal	184		
11. Cert of Occupancy			
12. Other			
13. TOTAL	184		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
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. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands	yes _____ no _____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	300	EE	4/4/2019 11:33:13 AM		4/4/2019 2:27:42 PM				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 4300

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: R-5
2. Use Group: R-5
3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: TYPE VB

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	4/4/2019
Date Issued	9/24/2019
Control #	114914
Permit #	20192714

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 161.01 Lot: 18 Qualifier _____ Use Group R-5

Work Site Location: 1214 MARTIN AVE CHERRY HILL TOWNSHIP, NJ 08002
Owner in Fee: US BANK & TRUST
Address: 13801 WIRELESS WAY OKLAHOMA OK
Telephone: [redacted]

Contractor: INSTANT AIR LLC
Address: 1775 S BLACKHORSE PIKE BLACKWOOD NJ 08012
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.: 19HC00804800 12055 19HC00804800
Federal Employee. 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
- ☑ Mechanical (Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACEMENT BOILER, SERVICE - 100 AMP

Note: If constuction 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 $4,300

Construction Official _____ Date _____

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	$115
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	$60
046	DCA Training Fee	$9
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$184

Check No.	1200
Check	$184
Cash	$0
Credit	$0
Collected By	Sandi Del Rocini

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/4/2019
Date Issued 9/24/2019
Control # 114914
Permit # 20192714

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

Block 161.01 Lot 18 Qualification Code

Work Site Location: 1214 MARTIN AVE CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: US BANK & TRUST

Address 13801 WIRELESS WAY OKLAHOMA OK

Email

Tel. [redacted]

Contractor: INSTANT AIR LLC

Address 177 S BLACKHORSE PIKE BLACKWOOD NJ 08012

Email

Tel. [redacted] Fax.

Lic No. 12055 Exp. Date 3/31/2021

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $300

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT BOILER, SERVICE, - 100 AMP

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	$65
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $1
TOTAL FEE $116

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Partial Underslab Utilities Approved		
Date: by:		
Electric Plans Approved		
Date: by:		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☐ Electrical Plans Approved		
SUBCODE APPROVAL for PERMIT		
Date: by:		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date:		
Approved by:		

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C F120 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 4/4/2019
Control # 114914
Date Issued 9/24/2019
Permit # 20192714

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

Block 161.01 Lot 18 Qualification Code

Work Site Location: 1214 MARTIN AVE CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: US BANK & TRUST

Address 13801 WIRELESS WAY OKLAHOMA OK

Email

Tel. [redacted]

Contractor: INSTANT AIR LLC

Address 177 S BLACKHORSE PIKE BLACKWOOD NJ 08012

Email

Tel. [redacted] Fax.

Contractor License No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

B. MECHANICAL CHARACTERISTICS

Use Group Present R-5 Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☑ Replacement

Type: ☐ Hydronic ☑ Hot Air

Fuel: ☑ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plan Required

MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date: by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of record and am authorized to make this application.

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT BOILER, SERVICE, - 100 AMP

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
1	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge	
Minimum Fee	$60
State Permit Surcharge Fee	$8
TOTAL FEE	$68

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

INSTALL NEW GRADE 1 OIL, 275 GAL. VERT. AST
CUT/CLEAN & REMOVE EXISTING/LEAKING BST
DEP#07-11-09.0756-32

161.01- 18

2007 3531

RECEIVED
NOV 09 2007
BUILDING INSPECTIONS

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1214 MARTIN AVE.
2. Name of Owner in Fee: VERONICA SMYTH Tel. [redacted]
   Address 1214 MARTIN AVE. (street) CHERRY HILL (municipality) 08002 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: HARRIETT'S OIL SERVICE Tel. [redacted]
   Address 101 S. MAIN STREET
   MEDFORD, NJ 08055
   License No. OR, if new Home Builder Reg. No. 13VH02378200 Exp. Date 12/07
   Federal Employee No. [redacted] FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work MIKE KELLY
   Tel. [redacted] FAX (609) 654-4517

Remove & Install AST

V. FEE SUMMARY (for office use only)

		Update	Update
1 Building	$		
2 Electrical		65	
3 Plumbing			
4 Fire Protection		92	
5. Elevator Devices			
6 Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$	3	
9 DCA Training Fee			
10 Subtotal			
11. Cert of ~~Occupancy~~			
12. Other			
13 TOTAL	$	160	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration	3330.-								
5. ☒ Fire Protection	2280.00				11/16/07	CW			
6. ☒ Plumbing	250.00				11/16/07	DA			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition	~~1050.00~~								
TOTAL COSTS	3580.00								

OPTIONAL (for office use only)

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. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

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:

LDS CH-B 10507016

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 HARRIETT'S OIL SERVICE
Address 101 S. MAIN STREET
MEDFORD, NJ 08055

Telephone [redacted]

Signature Larry M. Growatt

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

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE

Date Issued: 12/04/2007
Control #: 62140
Permit #: 20073531

IDENTIFICATION

Block: 161.01 Lot: 18 Qualification Code:
Work Site Location: 1214 MARTIN AVENUE
CHERRY HILL
Owner in Fee: VERONICA SMYTH
Address: 1214 MARTIN AVENUE
CHERRY HILL NJ 08002
Telephone: [redacted]
Agent/Contractor: HARRIETTS OIL SERVICE
Address: 101 S. MAIN STREET
MEDFORD NJ 08055
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: [redacted]
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____

Description of Work/Use:

REMOVE/ INSTALL BASEMENT TANK

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Anthony Saccomanno Construction Official

Fees: $0.00
Paid[X]Check No.: 745
Collected by: lt

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL NJ 08002
856 488 7855

Permit Number 20073531
Permit Date 11/28/2007
Update Number
Control Number 62140
Application Date 11/16/07

PAID NOV 28 2007

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block 161 01	Lot 18	Qualifier	
Work site Location	1214 MARTIN AVENUE CHERRY HILL	Contractor	HARRIETTS OIL SERVICE
Owner In Fee	VERONICA SMYTH	Address	101 S MAIN STREET
Address	1214 MARTIN AVENUE		MEDFORD NJ 08055
	CHERRY HILL NJ 08002	Telephone	[redacted]
Telephone	[redacted]	Lic No / Bldrs Reg No	
Use Group(s)	R 5	Federal Emp No	[redacted]

is hereby granted permission to perform the following work

[ ] BUILDING
[X] PLUMBING
[ ] ELECTRICAL
[X] FIRE PROTECTION
[ ] ELEVATOR DEVICES
[ ] MECHANICAL
[ ] LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] ASBESTOS ABATEMENT
[ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK

REMOVE/ INSTALL BASEMENT TANK

ESTIMATED COST OF WORK

Cost of Construction	$0 00
Cost of Alteration	$1 915 00
Cost of Demolition	$1 665 00
Total Cost	$3 580 00

If construction does not commence within one year of date of issuance or if construction ceases for a period of six months this permit is void

Anthony Saccomanno
Contruction Official

11/28/07
Date

Failure to obtain all required inspections may result in administrative action.
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times

Note

PAYMENTS (Off U O ly)

[70 43]	Building	
[70 48]	Electrical	
[70 36]	Plumbing	$65 00
[70 37]	Fire Protection	$92 00
[70 61]	Elevator Devices	
[70 38]	Mechanical	
[70 91]	VolFee (DCA)	
[70 91]	AltFee (DCA)	$3 00
[70 50]	CO Fee	
[70 50]	CCO Fee	
[70 45]	Engineering	
[71 78]	Sewer	
[70 62]	DOC Imaging	
[70 53]	Street Opening	
[73 83]	Street Open Escrow	
	Total	**$ 160 00**

All Fees Waived No
Amount to be Paid $ 160 00
Check Number 745
Check amount $160 00

Collected by lt
Total Cash Amount
Total Check Amount $160 00
Total CC Amount
Grand Total $160 00

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11/28/07
Permit # 2007-353

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

Block 161.01 Lot 16 Qualification Code
Work Site Location 1214 MARTIN AVE.

Owner In Fee VERONICA SMYTH
Address 1214 MARTIN AVE.
CHERRY HILL N.J. 08002
Tel [redacted]
Contractor HARRIETT'S OIL SERVICE
Address 101 S. MAIN STREET
MEDFORD NJ 08055
Tel [redacted] FAX ( )
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. 13VH02378200
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ✓ Proposed R6
Constr. Class: Present V Proposed V-B
Heating System: [ ] New OR [✓] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

Fuel Storage Tank:
#2 *Fuel Type:* [X] *Flammable* OR [ ] *Combustible* *Capacity* 275 GAL.

Total Cost of Fire Protection Work $ ~~2,280.00~~ 3330.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 11/16/07
Approved by: CMK

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 12/3/07
Approved by: Cathy

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks			12/03/07	CMK
Fireplace Venting				
Final			12/3/07	Cathy
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the tenant or owner of record and am authorized to make this application. Larry M. Smyth
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL NEW 275 GAL. VERT/AST
- REMOVE BASEMENT ST.
DEP CASE # 07-11-09-0756-32
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	2	90
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	90
TOTAL FEE $	

U.C.C. F140
(rev. 1/04)

1 White - Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11/28/01
Permit # 000-3531

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

Block 161.01 Lot 18 Qualification Code
Work Site Location 1214 MARTIN AVE.

Owner in Fee VERONICA SMYTH
Address 1214 MARTIN AVE.
CHERRY HILL N.J. 08002
Tel [redacted]
Contractor HARRIETT'S OIL SERVICE
Address 101 S. MAIN STREET
MEDFORD NJ 08055
Tel [redacted] FAX ( )
Contractor License No. [redacted]
Federal Emp. No. [redacted]

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 $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator VLF
[✓] Plumbing Plans Approved
Date: 11-16-01
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] OA
Date: 12/3/01
Approved by: MC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping			12/3/01	MC
Solar				
Final			12/3/01	MC

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.

Larry M. Stovall
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	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	65
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 65
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 01/04)

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4 Hard = Applicant Copy