mfareri@collingswood.com

From: hmannel@collingswood.com
Sent: Monday, February 26, 2024 2:05 PM
To: eglaze2@collingswood.com; mfareri@collingswood.com; zoning@collingswood.com
Subject: 2-26-2024 Anne 126 Washington Ave OPRA

-----Original Message-----
From: Anne <opra+request-58778-3e59b180@requests.opramachine.com>
Sent: Monday, February 26, 2024 11:49 AM
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - 126 Washington Ave Block 32 Lot 6

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please see the OPRA request below. Let me know if you have any questions.
When responding please refer to the request number. It helps keep me organized when responding. Thank you for your help. Let me know if you have any questions.

Thank you -Holly

Dear Collingswood Borough,

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.
I'm requesting:

1. Records of Borough Inspections, permits, certificates and registrations at above address from **1/1/2014 to present,** including ✓ ✓

2. Rental Registration Forms/Landlord Identity Statements

3. Rental Inspection Reports Resale & Rental Certificates of Occupancy

4. Permit Applications /Open Permits/Final Inspections

5. Certificates of Smoke & Carbon Monoxide

6. Compliance Lead-safe/Lead-free

7. Certificates Violation Notices

Yours faithfully,

Anne

BLOCK 32 LOT 6 ADDRESS (SITE) 126 WASHINGTON AVE PERMIT NO. 313-91

BUREAU OF CODE ENFORCEMENT
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 126 WASHINGTON AVE
2. Name of Owner in Fee: GEORGE WEBER Tel. (609) 547-6571
   Address 204 (street) 3RD AVE HADDON HEIGHTS (municipality) NJ 08035 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: LIGHTCAP ELECTRIC Tel. (609) 663-5220
   Address 7319 RUDDEROW AVE PENNSAUKEN NJ 08109
   License No. OR, if new home, Builder Reg. No. 9053 Exp. Date 3-94
   Federal Emp. No. [redacted] Social Security No. [redacted]
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work STEPHEN LIGHTCAP Tel. (609) 663-5220

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☑ Small Job ($5,000 and no prior approvals)	1350
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1350.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	9/19/91						

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

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		95.00	
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$	95.00	
7. Less 20% for State Plan Review			
8. Subtotal	$	95.00	
9. DCA Training Fee			
10. Subtotal	$	95.00	
11. Cert. of Occupancy			
12. Other CA		10.00	
13. TOTAL	$	105.00	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories
2. Height of Structure ____ ft.
3. Area—Largest Floor ____ sq. ft.
4. Building Area—All Floors ____ sq. ft.
5. Volume of 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 ____ sq. ft. / no
11. Fire Grading
12. Max. Live Load
13. Max. Occupancy Load

3226
00146_034215
313-91 SF

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 1
After Construction 1
Net gain or loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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 New Jersey 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 LIGHTCAP ELECTRIC

Address 7319 RUDDEROW AVE

PENNSAUKEN NJ 08109

Telephone (609) 663 5220

Signature _____ Date 9-18-91

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☒ Certificate of Approval	No. 313-91	10/3/91	
☐ None			

CERTIFICATE

Date Issued 10/3/91
Control #
Permit # 313-91

IDENTIFICATION

Block 32 Lot 6
Work Site Location 126 Washington Ave.
Collingswood, NJ 08108
Owner in Fee George Weber
Address 204 3rd Ave.
Haddon Heights, NJ 08035
Tele. (609) 547-8571
Contractor Lightcap Electric
Address 7319 Rudderow Ave.
Pennsauken, NJ 08109
Tele. (609) 663-5220
Lic. No. or Bldrs. Reg. No. 9853
Federal Emp. No. [redacted]
or Social Security No.

Home Warranty No.
Use Group R-4
Maximum Live Load
Description of Work/Use:

Electric installation, 5 receptacles, 1 50A range, 1 range hood and a 100 AMP service.

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☒ **CERTIFICATE OF APPROVAL**

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

☐ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Charles G. Burnett Jr.
CONSTRUCTION OFFICIAL

Fee $ 10.00
Paid [X] Check No. 1382
Collected by: CH

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 9/19/91
Control #
Permit # 313-91

IDENTIFICATION Block 32 Lot 6

Work Site Location 126 Washington Ave.
Collingswood, NJ 08108
Owner in Fee George Weber
Address 204 3rd Ave.
Haddon Heights, NJ 08035
Tele. (609) 547-8571

Contractor Lightcap Electric
Address 7319 Rudderow Ave.
Pennsauken, NJ 08109
Tele. (609) 663-5220
Lic. No. or Bldrs. Reg. No. 9853 Exp. Date 21-22
Federal Emp. No. [redacted]
or Social Security No. [redacted]

is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
100 AMP Service, 5 receptacles, 1 range and range hood.

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	95.00
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other C/A	10.00
Total	105.00
Check No.	1382
Cash	
Collected By:	CH

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 $ 1,350.00

Charles G. Bernotz
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material: plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

3

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/19/91
Date Issued
Control #
Permit # 313-91

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

Block 32 Lot 6
Work Site Location 126 WASHINGTON AVE
COLLINGSWOOD NJ
Owner in Fee GEORGE WEBER
Address 204 3RD AVE
HADDON HEIGHTS NJ
Tele. (609) 547-8571
Contractor LIGHTCAP ELECTRIC
Address 7319 RUDDEROW AVE
PENNSAUKEN NJ 08109
Tele. (609) 6635220
Lic. No. 9053
Federal Emp. No. [redacted] or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. PSE+G
Est. Cost of Elec. Work $ 1350

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 9/19/91
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] OK
Date: 10/3/91
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service			10/3/91	
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 10/4/91
Line Dept.

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.

[X] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
5		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	32.00
1	50A	Range	25.00
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	100A	Service Entrance	30.00
1		Other RANGE HOOD	8.00
		Administrative Surcharge	$ 10.00
Paid [✓] Check # 1382		Minimum Fee	$
Collected by: CH		TOTAL FEE	$ 105.00

U.C.C. Form F-120A

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

CUT-IN-CARD

MUNICIPALITY Borough of Collingswood.

LOCATION 126 Washington Ave. UTILITY CO PSE&G

Collingswood, NJ 08108 BLK 32 LOT 6

OWNER George Weber OCCUPANT Single Family

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 100 AMP

INSTALLED BY Lightcap Electric LICENSE NO 9853

DATE 10/3/91 PERMIT # 313-91 INSPECTOR Charles G. Barnett

Lic. No: 000907

U.C.C. Form F-350A 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

CUT-IN-CARD

MUNICIPALITY [illegible] Co[illegible] od.

LOCATION [illegible] UTILITY CO PSE&G

Collingswood, NJ 08[illegible] BLK [illegible] LOT 6

OWNER George Weber OCCUPANT [illegible]le Family

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE [illegible]

INSTALLED BY [illegible] LICENSE NO 4853

DATE 10/3/[illegible] PERMIT # [illegible] INSPECTOR Charles G. Barnett

Lic. No: CC0907

U.C.C. Form F-350A 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

BOROUGH OF COLLINGSWOOD

NEW JERSEY

Charles G. Barnett
Construction Official
Building Subcode Official
Electrical Subcode Official
Plumbing Subcode Official

Municipal Building
678 Haddon Avenue
Collingswood, N.J. 08108
Tel. (609) 858-0177

October 4, 1991

TO: Public Service Electric & Gas Co.
300 New Albany Road
Moorestown, NJ 08057

FROM: Charles G. Barnett
Electrical Subcode Official

SUBJECT: Cut-In-Card

#313-91, 100 AMP Service, George Weber, 126 Washington Ave., Collingswood, NJ 08108
Block 32 Lot 6

CB:ch

OCT 8 1991

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 32 Lot 6 Qualification Code

Work Site Location 126 Washington Avenue Collingswood

Owner in Fee: WUSM1 Associates LLC

Tel. (856) 904-7901 e-mail wurffer@aol.com

Address 254 W Main Street Moorestown, NJ 08057
(street) (municipality) (zip code)

Contractor: George R Coulter Plumbing & Heating Tel. (856) 753-9871

Address 143 Raymond Avenue e-mail mail@irishgeorge.com
Marlton, NJ 08053

Contractor License No. 9708 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: (856) 753-9872

B. PLUMBING CHARACTERISTICS

Use Group Present ~ Proposed

Building Sewer Size 4" Public Sewer ~ Private Septic

Water Service Size 3/4" Public Water Private Well

Est. Cost of Plumbing Work $ 2,500

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: George R Coulter

Print name: George R Coulter [X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installing the plumbing for the laundry up stairs

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks Existing 4"	
1	Other ADV	

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

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

CONSTRUCTION PERMIT

Permit #: 176-92
Date Issued: 05/19/92

IDENTIFICATION Block/Lot/Qual: 32. 6.

Work Site Location: 126 WASHINGTON AVE

Owner in Fee: CAPECE CARL RHONDA

Address: 126 WASHINGTON AVE
COLLINGSWOOD NJ 08108

Tel. (609)858-5167

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:

6 FT FENCE.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	

Check No. _____

Cash _____

Collected by _____

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.

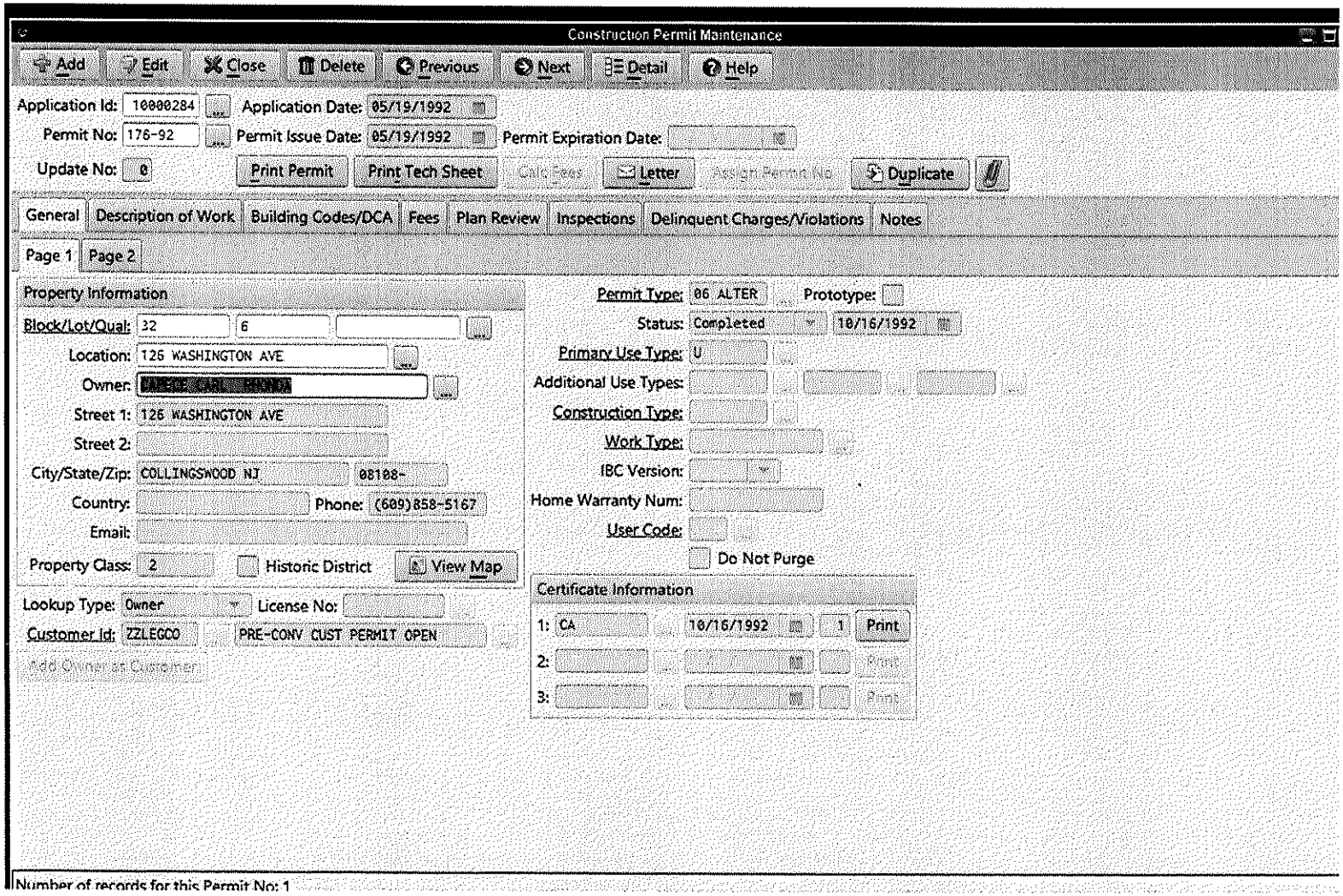
Est. Cost of Work $ 655.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10000284
Application Date: 05/19/1992
Permit No: 176-92
Permit Issue Date: 05/19/1992
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 32 6
Location: 126 WASHINGTON AVE
Owner: [redacted]
Street 1: 126 WASHINGTON AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: (609)858-5167
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
10/16/1992
Primary Use Type: U
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
10/16/1992
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 176-92
Issue Date: 05/19/92
Application Id: 10000284
Application Date: 05/19/92

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

Block/Lot/Qual: 32. 6.

Work Site Location: 126 WASHINGTON AVE

Owner in Fee: CAPECE CARL RHONDA

Tel. (609)858-5167 email:

126 WASHINGTON AVE COLLINGSWOOD NJ 08108

Contractor: Tel.

email:

Contractor License No. or Builder Registration No.: Exp Date:

Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX:

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
6 FT FENCE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present _____ Proposed _____

No. of Stories 0.00

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+2) $ 655.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other _____
- [ ] Demolition

FEE (Office Use Only)

	$ _____
	40.00

Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 51.00

U.C.C. F110 (rev. 11/09)
Internet version

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

CONSTRUCTION PERMIT

Permit #: 99-0315
Date Issued: 09/07/99

IDENTIFICATION Block/Lot/Qual: 32. 6.

Work Site Location: 126 WASHINGTON AVE

Owner in Fee: CAPECE CARL RHONDA
Address: 126 WASHINGTON AVE
COLLINGSWOOD NJ 08108
Tel. (609)858-5167

Contractor: PRE-CONV CUST PERMIT OPEN
Address:

Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE EXISTING ROOFING. REROOF WITH 25 YEAR ASPHALT/FIBERGLASS. SHINGLES..

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 2,350.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 99-0315
Issue Date: 09/07/99
Application Id: 10004415
Application Date: 09/01/99

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

Block/Lot/Qual: 32. 6.

Work Site Location: 126 WASHINGTON AVE

Owner in Fee: CAPECE CARL RHONDA

Tel. (609)858-5167 email:

126 WASHINGTON AVE COLLINGSWOOD NJ 08108

Contractor: R BOYLE CONTRACTING INC Tel. (856)662-2742

7455 WALNUT AVE email:

PENNSAUKEN, NJ 08109

Contractor License No. or Builder Registration No.: Exp Date:

Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX: (856)662-7652

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present Proposed

No. of Stories 0.00

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 2,350.00

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE EXISTING ROOFING. REROOF WITH 25 YEAR ASPHALT/FIBERGLASS. SHINGLES..

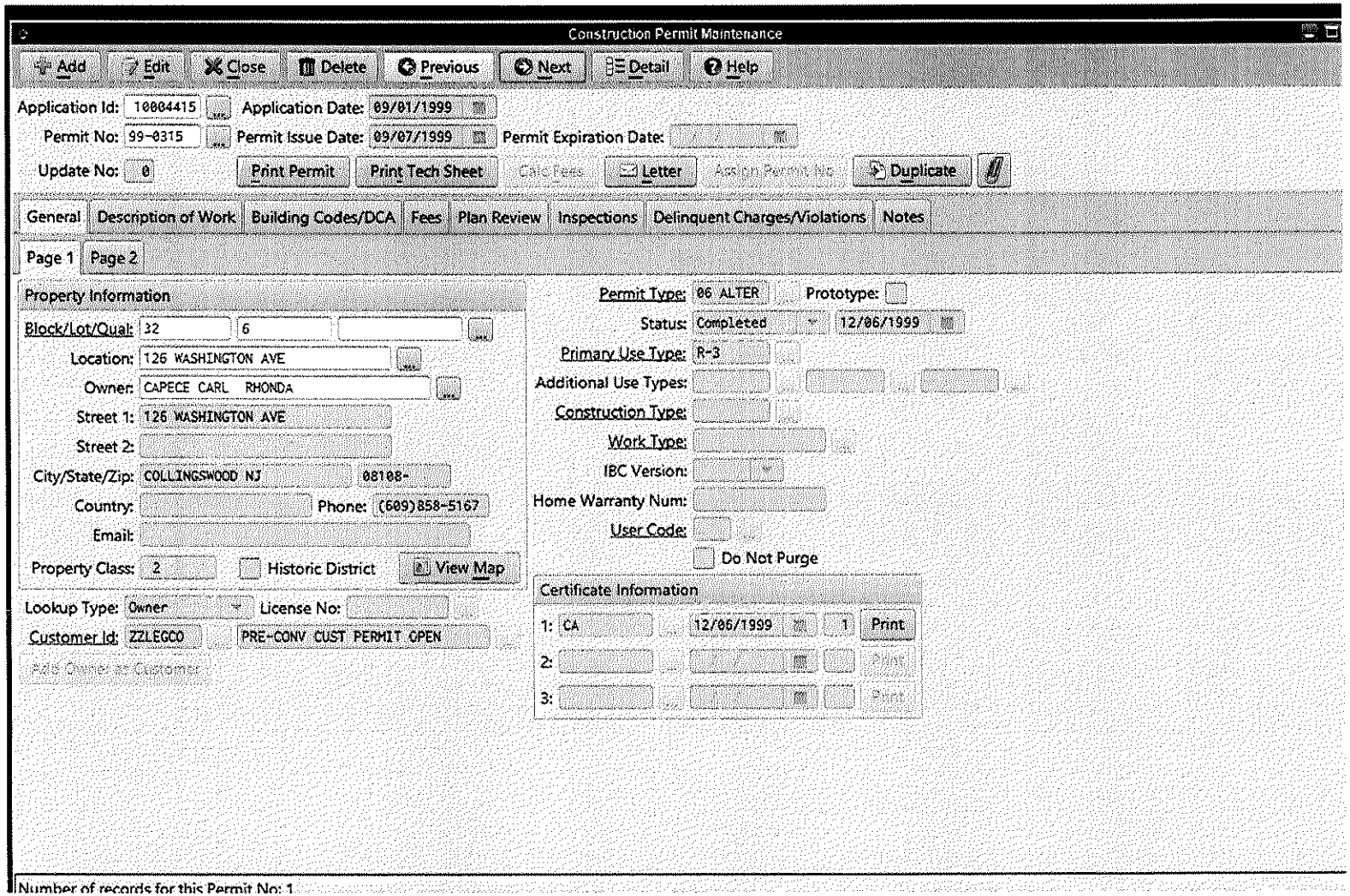
TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[X] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

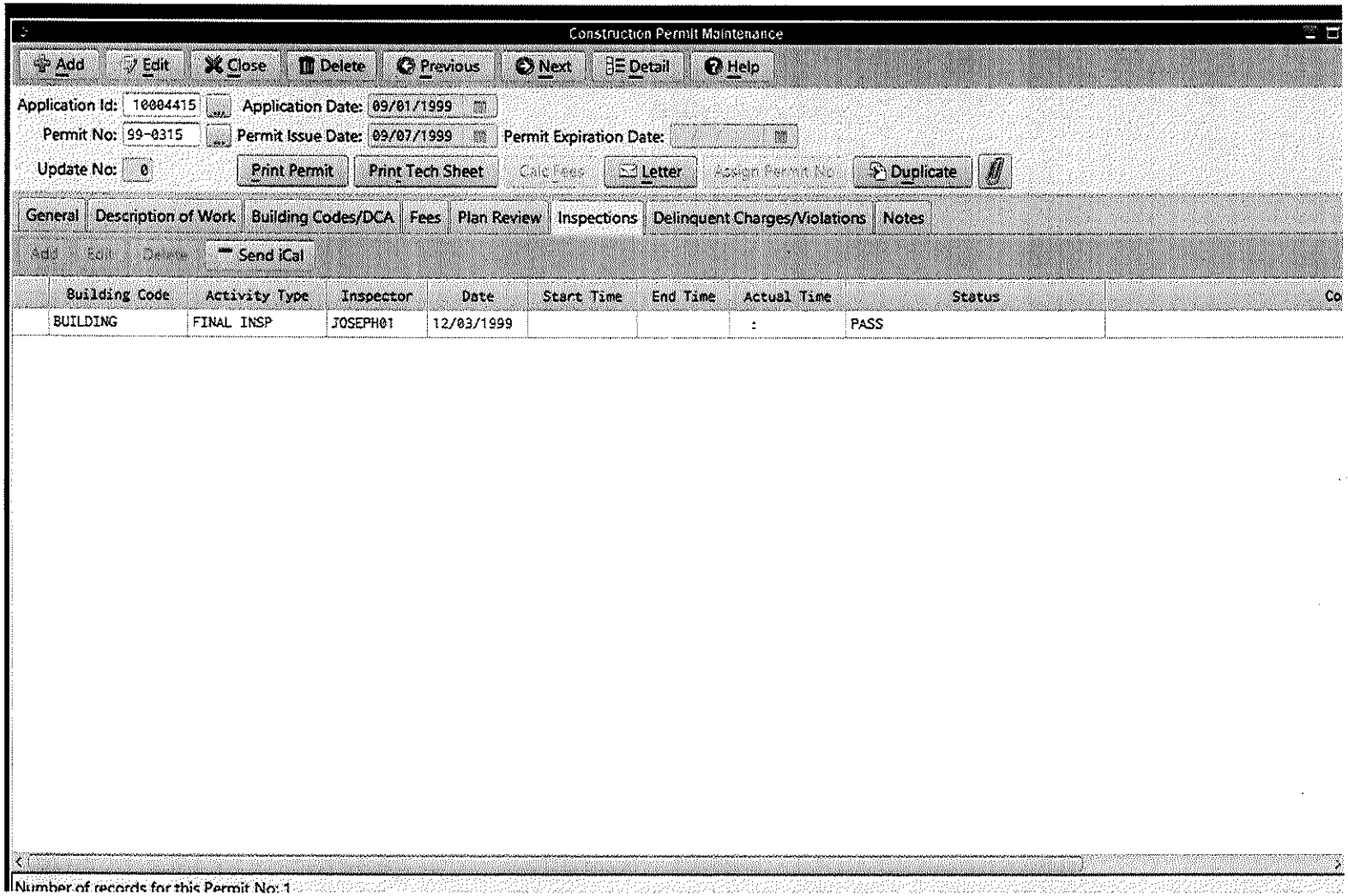
FEE (Office Use Only)

	$
Rehabilitation	0.00
Roofing	46.00
Siding	
Fence	
Sign	
Pool	
Retaining Wall	
Asbestos Abatement Subchapter 8	
Lead Haz. Abatement NJAC 5:17	
Radon Remediation	
Other	
Demolition	
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 4.00
TOTAL FEE	$ 50.00

U.C.C. F110 (rev. 11/09)
Internet version

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10004415
Application Date: 09/01/1999
Permit No: 99-0315
Permit Issue Date: 09/07/1999
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 32 6
Location: 126 WASHINGTON AVE
Owner: CAPECE CARL RHONDA
Street 1: 126 WASHINGTON AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: (609)858-5167
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
12/06/1999
Primary Use Type: R-3
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
12/06/1999
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10004415
Application Date: 09/01/1999
Permit No: 99-0315
Permit Issue Date: 09/07/1999
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
BUILDING
FINAL INSP
JOSEPH01
12/03/1999
:
PASS
Number of records for this Permit No: 1

BLOCK 32 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 126 WASHINGTON AVE, C32/6 PERMIT NO. 01-0188

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 126 Washington Ave
2. Name of Owner in Fee: Lorean Zarob Tel. [redacted]
   Address 126 Washington Ave, Collingswood 08108 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Sanders Enterprises Tel. (856) 227-0900
   Address 2804 Garwood Rd. Erial NJ 08081
   License No. OR, If new home, Builder Reg. No. 0726 Exp. Date _____
   Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Peter Sanders
   Tel. (856) 227-0900 FAX (856) 227-4843

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		9.00	
3. Plumbing		46.00	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$	55.00	
7. Less 20% for State Plan Review			
8. Subtotal	$	55.00	
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	55.00	

VI. BUILDING/SITE CHARACTERISTICS (office use)

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 _____

00146_034203 3226 SF 20010188 *0001516GX*

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									
5. ☐ Fire Protection									
6. ☑ Plumbing	499.00								
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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 1
After Construction 1
Net Gain or Loss 0

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

5/1/01 10:05 MP

U.C.C. F100-1 (rev. 3/95)

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 Sanders Enterprises Inc.
Address 2864 Garwood Rd
Erial NJ 08081
Telephone (856) 227-0900
Signature Peter E Sanders

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/03/2001
Date Issued 5/10/01
Control # C32/6
Permit # 01-0188

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

Block 32 Lot 6 Qual

Work Site Location 126 WASHINGTON AVENUE

Owner in Fee ZAREB LORBEN 39
Address 126 WASHINGTON AVENUE
COLLINGSWOOD, NJ 08108-
Tele.(856)227-0900 Fax (856)227-4843
Contractor P.R. SANDERS INC
Address 2864 GARWOOD ROAD
ERIAL, NJ 08021-
Tele.(856)227-0900
Lic. No. or Bidrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 250

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check # 003318	Minimum Fee	$ 0
Collected by: CA	TOTAL FEE	$ 46
	DCA Training Fee	$ 0

U.C.C. F140 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/03/2001
Date Issued 5/10/01
Control # C32/6
Permit # 01-0188

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

Block 32 Lot 6 Qual

Work Site Location 126 WASHINGTON AVENUE

Owner in Fee ZAREB LOREEN 39

Address 126 WASHINGTON AVENUE
COLLINGSWOOD, NJ 08108-

Tele.(856)227-0900 Fax (856)227-4843

Contractor P.R. SANDERS INC

Address 2864 OAKWOOD ROAD
ERIAL, NJ 08021-

Tele.(856)227-0900

Lic. No. or Bldrs. Reg. No. 6726

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 299

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	8
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 1
Paid [ ] Check # 003318 Minimum Fee $ 0
Collected by: CR TOTAL FEE $ 9
DCA Training Fee $ 0

U.C.C. P130 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/03/2001
Date Issued 5/10/01
Control # C32/6
Permit # 01-0188

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

Block 32 Lot 6 Qual

Work Site Location 126 WASHINGTON AVENUE

Owner in Fee ZAREB LOREEN 39
Address 126 WASHINGTON AVENUE
COLLINGSWOOD, NJ 08108-
Tele.(856)227-0900 Fax (856)227-4843
Contractor P.R. SANDERS INC
Address 2864 GARWOOD ROAD
ERIAL, NJ 08021-
Tele.(856)227-0900
Lic. No. or Bldrs. Reg. No. 6726
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 299

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Pixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	8
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 1
Paid [ ] Check # 003318 Minimum Fee $ 0
Collected by: CRL TOTAL FEE $ 9
DCA Training Fee $ 0

U.C.C. P130 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/03/2001
Date Issued 5/10/01
Control # C32/6
Permit # 01-0188

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

Block 32 Lot 6 Qual
Work Site Location 126 WASHINGTON AVENUE

Owner in Fee ZAREB LOREEN 39
Address 126 WASHINGTON AVENUE
COLLINGSWOOD, NJ 08108-
Tele.(856)227-0900 Fax (856)227-4843
Contractor P.R. SANDERS INC
Address 2864 GARWOOD ROAD
ERIAL, NJ 08021-
Tele.(856)227-0900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 250

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check # 003218	Minimum Fee	$ 0
Collected by: C.A.	TOTAL FEE	$ 46
	DCA Training Fee	$ 0

U.C.C. P140 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

Date Issued 5/10/08
Control # C32/6
Permit # 01-0188

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 32 Lot 6 Qual

Work Site Location 126 WASHINGTON AVENUE

Owner in Fee ZAREB LOREEN 39
Address 126 WASHINGTON AVENUE
COLLINGSWOOD, NJ 08108-
Telephone (856)869-5694

Contractor P.R. SANDERS INC
Address 2864 GARWOOD ROAD
ERIAL, NJ 08021-
Telephone (856)227-0900
Lic. No. or Bldrs. Reg. No. 6726
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL NEW WATER HEATER

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 $ 549

Construction Official

5/14/01
Date

D.C.C. P178 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	9
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	55
Check No.	003318
Cash	
Collected By	CH

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

Date Issued 5/10/08
Control # C32/6
Permit # 01-0188

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 32 Lot 6 Qual

Work Site Location 126 WASHINGTON AVENUE

Owner in Fee ZAREB LOREEN 39
Address 126 WASHINGTON AVENUE
COLLINGSWOOD, NJ 08108-
Telephone (856)869-5694

Contractor P.R. SANDERS INC
Address 2864 GARWOOD ROAD
ERIAL, NJ 08021-
Telephone (856)227-0900
Lic. No. or Bldrs. Reg. No. 6726
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL NEW WATER HEATER

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 $ 549

Construction Official

5/4/01
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	9
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	55
Check No.	003318
Cash	
Collected By	CM

U.C.C. F170 (rev. 3/96)

SANDERS ENTERPRISES, INC. dba Mr. Rooter of South Jersey Erial, NJ 08081

Collingswood Borough (TCOLL)

	DESCRIPTION	INVOICE NO	GROSS INVOICE	DISCOUNT	NET AMT
5/07/01		126WASHINGTO	55.00	0.00	55.00
5/07/01		230NEWJERSEY	55.00	0.00	55.00
			110.00	0.00	110.00

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C32/6
Permit #

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

Block 32 Lot 6
Work Site Location 126 Washington Ave
Collingswood, NJ 08108
Owner in Fee Lorenn Zarek
Address Same
Tele. (856) 869-5694
Contractor Sanders Enterprises INC.
Address 28604 Garwood Rd
Erial NJ 08081
Tele. (856) 227-0900 Fax (856) 227-4843
Lic. No. 6726
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 $ 499.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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

[X] 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	
1	Water Heater Replacement	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

32 6

PLUMBING SUBCODE TECHNICAL SECTION

111 Washington Ave.

Date Received
Date Issued
Control # C32/6
Permit #

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

Block 32 Lot 6
Work Site Location 126 Washington Ave
Collingswood, NJ 08108
Owner in Fee Lorern Zareb
Address Same

Tele. (856) 869-5694
Contractor Sanders Enterprises Unlimited
Address 2864 Garwood Rd
Erial, NJ 08081
Tele. (856) 227-0900 Fax (856) 227-4843
Lic. No. 6726
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 $ 499.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3/7
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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

[X] 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	55.00
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	5.00
	Washing Machine	
	Hose Bibb	
1	Water Heater Replacement	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

U.C.C. F130 (rev. 3/96)

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C32/6
Permit #

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

Block 32 Lot 6
Work Site Location 66 Washington Ave
Collingswood NJ 08108
Owner in Fee Loreen Zareb
Address Same as above

Tele. (856) 869-5694
Contractor Sanders Enterprises Inc.
Address 2864 Garwood Rd
Erial NJ 08081
Tele. (856) 227-0900 Fax (856) 227-4843
Lic. No. 10726
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

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.

Bill Sanders
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
replace gas water htr.

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

U.C.C. F140
(rev. 3/98)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C 32/6
Permit #

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

Block 32 Lot 6
Work Site Location 120 Washington Ave
Collingswood NJ 08108
Owner in Fee Loreen Zareb
Address Same as above

Tele. (856) 869-5694
Contractor Sanders Enterprises Inc.
Address 2864 Garwood Rd
Erial NJ 08081
Tele. (856) 227-0900 Fax (856) 227-4843
Lic. No. 6724
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required.
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

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: replace gas water htr.

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

U.C.C. F140
(rev. 3/98)

CERTIFICATE

Permit #: 19-00159
Date Issued: 03/13/19
Certificate Issued Date: 07/11/19

IDENTIFICATION

Work Site Location: 126 WASHINGTON AVE
Block/Lot/Qual: 32. 6.
Owner in Fee: WUSM1 ASSOCIATES LLC
Address: 254 W MAIN STREEET
MOORESTOWN 08057

Contractor: GEORGE R. COULTER PLUMBING
Address: 143 RAYMOND DR
MARLTON, NJ 08053

Tel.: (856)753-9871
Fax: (856)753-9872
Lic. No. or Bldrs. Reg. No: 9708
Federal Employer No: [redacted]

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: INSTALLING THE PLUMBING FOR THE LAUNDRY UPSTAIRS

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.

TEMPORARY CERTIFICATE OF 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 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

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 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 immediate 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

Construction Official — Date 7/11/19

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 19-00159
Issue Date: MAR 13 2019
Application Id: 90005269
Application Date: 03/05/19

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

Block/Lot/Qual: 32. 6.
Work Site Location: 126 WASHINGTON AVE

Owner In Fee: WUSM1 ASSOCIATES LLC
Tel. (856)904-7901 email:
254 W MAIN STREEET MOORESTOWN 08057
Contractor: GEORGE R. COULTER PLUMBING Tel. (856)753-9871
1430 RAYMOND DR email: MAIL@IRISHGEORGE.COM
MARLTON, NJ 08053
Contractor License No.: 9708 Exp Date: 06/30/19
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No [redacted] FAX: (856)753-9872

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough		4-4-19		
Water				
Sewer				
Fixtures		5/1/19		
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final		5/1/19		

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 sign/Contractor sign and seal here: _____
Print name here: _____
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALLING THE PLUMBING FOR THE LAUNDRY UPSTAIRS

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	15.00
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks	15.00
1	Other	15.00

Administrative Surcharge	$	
Minimum Fee	$	20.00
State Permit Surcharge Fee	$	
TOTAL FEE	$	65.00

U.C.C. F130 (rev. 11/09)
Internet version

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

BOROUGH OF COLLINGSWOOD

03/13/19 15:41 Invoice Pymt

Customer: GEORGE04
Name: GEORGE R. COULTER PLUMBING

Invoice: I1801027
Permit No: 19-00159

Item 1 DCA Alteration Fee	5.00
Item 2 Washing Machine	15.00
Item 3 Stacks	15.00
Item 4 Other	15.00
Item 5 Plumbing Sub Code Min Fee	20.00
	70.00

Batch Id: COUNTER2
Ref Num: 17650 Seq: 34 to 38

Cash Amount:	0.00
Check Amount:	70.00
Credit Amount:	0.00
Total:	70.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I1801027

INVOICE DATE: 03/05/19
DUE DATE: 04/04/19

ACCOUNT ID: GEORGE04
GEORGE R. COULTER PLUMBING
1430 RAYMOND DR
MARLTON, NJ 08053

PERMIT INFORMATION
PERMIT NO: 19-00159
LOCATION: 126 WASHINGTON AVE
OWNER: WUSM1 ASSOCIATES LLC

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCDCAALT	DCA Alteration Fee Permit No: 19-00159	5.000000	5.00
1.0000	UCP10A	Washing Machine Permit No: 19-00159	15.000000	15.00
1.0000/EA	UCP24A	Stacks Permit No: 19-00159	15.000000	15.00
1.0000	UCP25D	Other Permit No: 19-00159	15.000000	15.00
1.0000	UCPMINFE	Plumbing Sub Code Min Fee Permit No: 19-00159	20.000000	20.00

TOTAL DUE: $ 70.00

BLOCK 32 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 126 Washington Ave PERMIT NO. 19-000159

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 126 Washington Avenue Collingswood
2. Name of Owner in Fee: WUSM1 Associates LLC
   Tel. (856) 904-7901 e-mail wurffer@aol.com
   Address 254 W Main Street (street) Moorestown, NJ (municipality) 08057 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: George R Coulter Plumbing & Heating Tel. (856) 753-9871
   Address 143 Raymond Avenue e-mail mail@irishgeorge.com
   Marlton, NJ 08053
   License No. OR, if new home, Builder Reg. No. 9708 Exp. Date 06/30/2019
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. [redacted] FAX: (856) 753-9872
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun George R Coulter
   Tel. (856) 753-9871 FAX: (856) 753-9872

V. FEE SUMMARY (for office use only)

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

-70 Collected 3/5/19 3

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. 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 _____

RECEIVED FEB 28 2019 By

4291 00146_052183 1444 SF 0025800*

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☒ Plumbing	2,500	M			3/5/19				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$2500 $0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group

4. No. of dwelling units:	Total Units	Income-restricted
Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 5/06)

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name George R Coulter Plumbing & Heating

Address 143 Raymond Avenue
Marlton, NJ 08053

Telephone (856) 753-9871

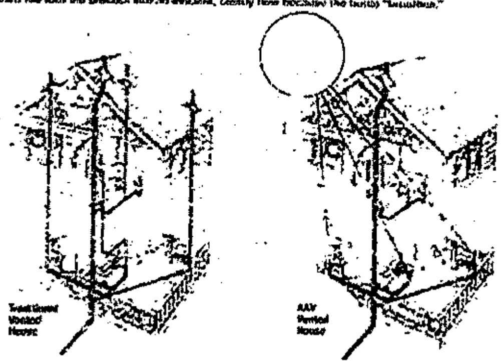
Signature George R Coulter 2-25-19

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

[No New Roof Penetrations!]

[illegible]



EVERY DRAIN NEEDS A TRAP. EVERY TRAP NEEDS A VENT.

[illegible]

WHY USE A SURE-VENT® AIR ADMITTANCE VALVE?

[illegible]

Oatey® SURE-VENT® AIR ADMITTANCE VALVES

TECHNICAL SPECIFICATIONS

ISO 9001

Engineering Specification:

The purpose of an air admittance valve is to provide a method of allowing air to enter the plumbing system without the use of a vent extended to open air and to prevent sewer gases from escaping into a building.

FEATURES

[illegible]

LISTINGS

[illegible]

CODE APPROVALS

[illegible]

INSTALLATION

[illegible]

Oatey®

[illegible]

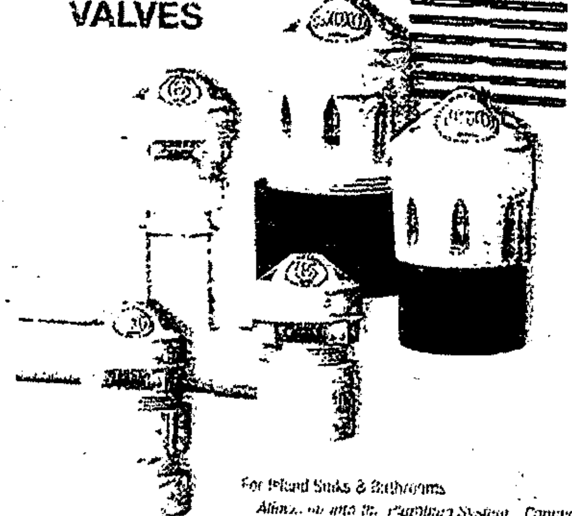
OATEYSCS®

Supply Chain Services

[illegible]

Oatey

AIR ADMITTANCE VALVES



For Island Sinks & Bathrooms

[illegible]

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Master Plumbers

HAS LICENSED

George R. Coulter
T/A GEORGE R COULTER P and H INC
143 RAYMOND AVENUE
MARLTON NJ 08053-7039

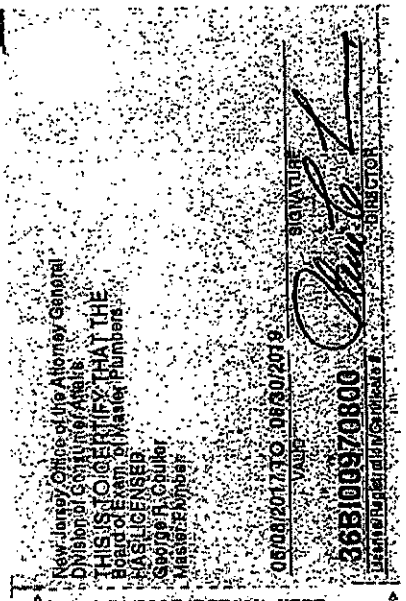
FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/08/2017 TO 06/30/2019
VALID

36BI00970800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

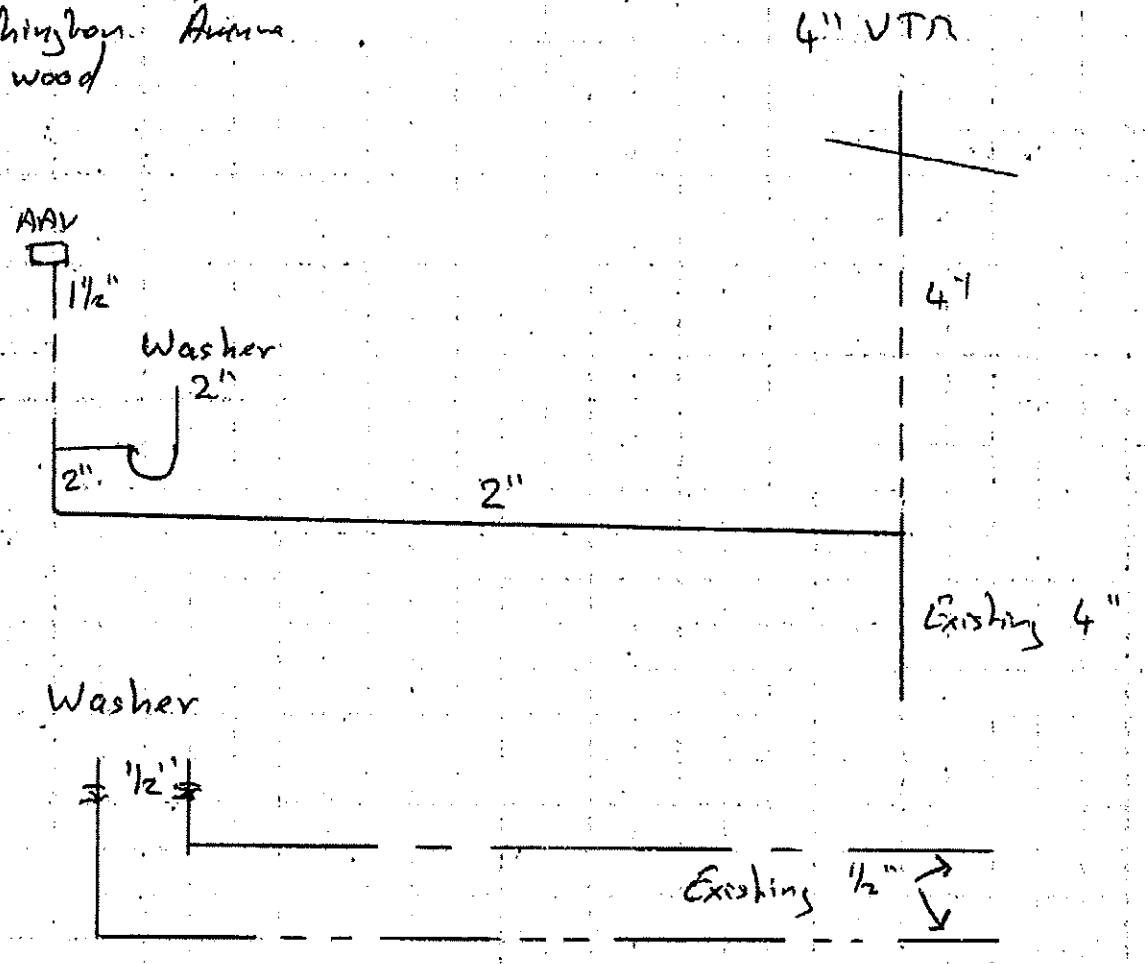


PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of Master Plumbers
P.O. Box 45008
Newark, NJ 07101

PLEASE DETACH HERE

WUSM1 Associates LLC
126 Washington Avenue
Collingswood
NJ



PLAN REVIEW/RELEASE

BUILDING _____

ELECTRICAL _____

PLUMBING 05-3519

FIRE _____

C.O. _____

Gary C. Cotter

BLOCK 32 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 126 Washington Ave PERMIT NO. 19-00168

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 126 Washington Ave
2. Name of Owner in Fee: Wayne Griffet 08057
   Tel. ( ) _____ e-mail _____
   Address 254 W Main St (street) Moorestown (municipality) NJ 08057 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Pro Elect. Servs Tel. (856) 429-7647
   Address PO Box 1187 e-mail _____
   Haddonfield NJ 08033
   License No. OR, if new home, Builder Reg. No. 15175 Exp. Date March 2021
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Ron Pro
   Tel. (856) 986-0853 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

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

76
3/6/19
3 32

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. 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 _____

RECEIVED MAR 04 2019

(office use only)

4281
00146_052183
1443 SF
00025acz

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	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	5700				3/5/19	BM			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	5700								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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. 5:23-2.15(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 Price Electrical Service LLC

Address PO Box 1187

Hedonfield NJ 08037

Telephone (856) 429-4647

Signature _____

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

CERTIFICATE

Permit #: 19-00168
Date Issued: 03/12/19
Certificate Issued Date: 07/11/19

IDENTIFICATION

Work Site Location: 126 WASHINGTON AVE
Block/Lot/Qual: 32. . 6. .
Owner in Fee: WUSM1 ASSOCIATES, LLC
Address: 254 W MAIN STREET
MOORESTOWN 08057

Contractor: PRICE ELECTRICAL SERVICE
Address: PO BOX 1183
HADDONFIELD, NJ 08033

Tel.: (856)429-4647
Fax:
Lic. No. or Bldrs. Reg. No: 15175
Federal Employer No: [redacted]

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: KNOB AND TUBE REWIRE

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.

TEMPORARY CERTIFICATE OF 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 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

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 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 immediate 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

W. Fisher 7/11/19

Construction Official Date

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 19-00168
Issue Date: MAR 12 2019
Application Id: 90005273
Application Date: 03/06/19

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

Block/Lot/Qual: 32. 6.
Work Site Location: 126 WASHINGTON AVE

Owner in Fee: WUSM1 ASSOCIATES, LLC
Tel. email:
254 W MAIN STREET MOORESTOWN 08057
Contractor: PRICE ELECTRICAL SERVICE Tel. (856)429-4647
PO BOX 1183 email:
HADDONFIELD, NJ 08033
Contractor License No.: 15175 Exp Date: 03/31/21
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 5,700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7/11/19
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			4/4/19	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7/11/19	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding 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.
Applicant sign/Contractor sign and seal here:
Print name here:
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
KNOB AND TUBE REWIRE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
12		Receptacles	
10		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
30		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	6	KW Elec. Dryer/Receptacle	15.00
		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	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 65.00

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

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

1st Floor

126 West Hampton Ave.

Kitchen

5'

5'

Dining Room

5'5'

Office

Living Room

5'5'

PLAN REVIEW/RELEASE

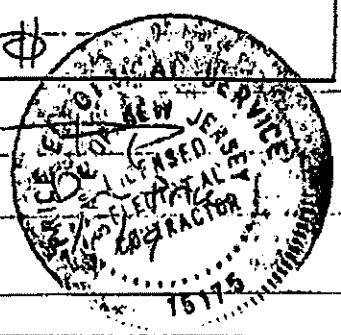
BUILDING

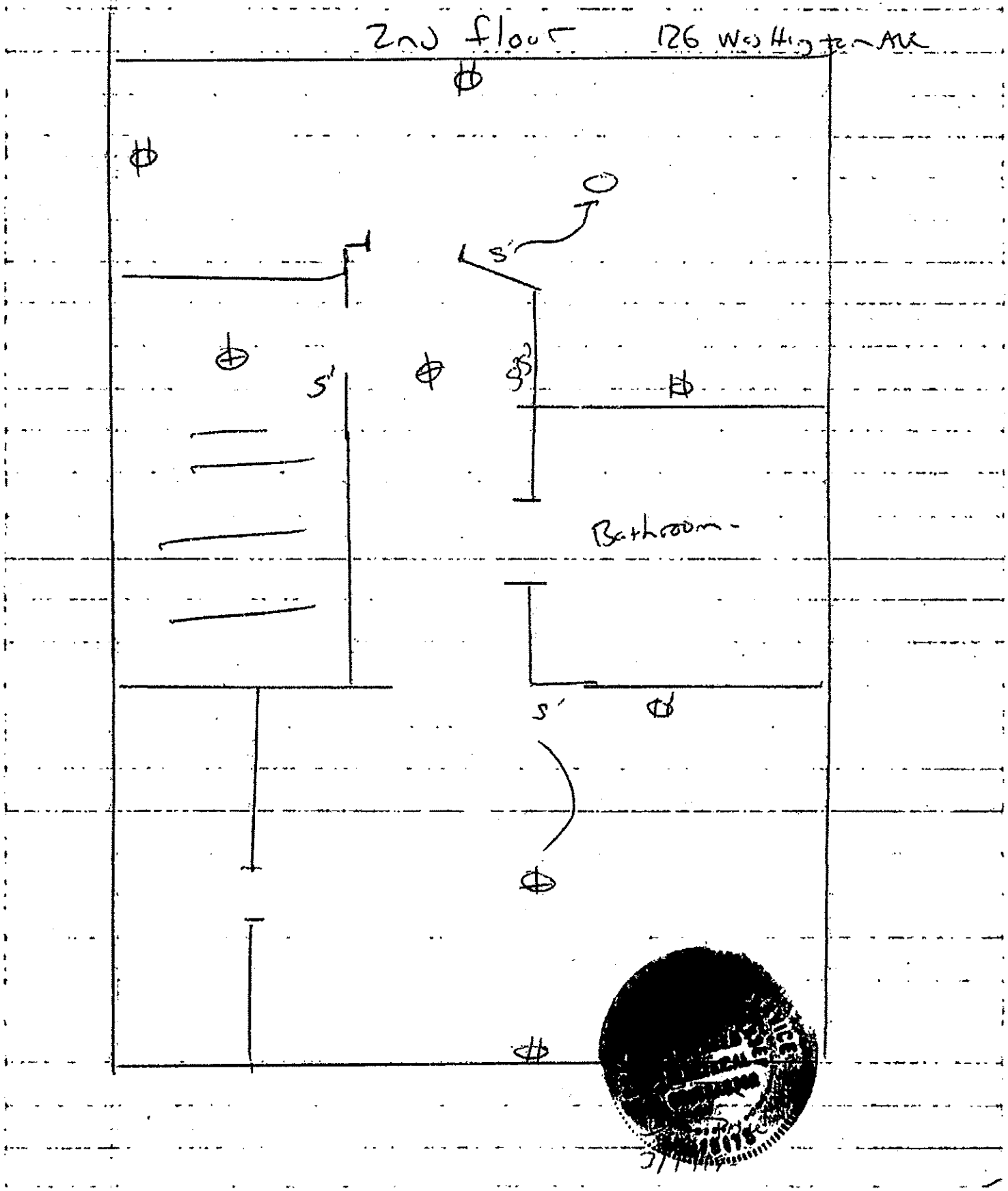
ELECTRICAL SEP 3/5/19

PLUMBING

FIRE

C.O.




2nd floor
126 Washington Ave
5'
5'
5'
5'
Bathroom

4/4/18 —
Mostly OLD Work
Visual insp Only

OPEN DR Ceiling - Fan Box
+ 2nd Fl. Bath W/D

CONSTRUCTION PERMIT

Permit #: 19-00168
Date Issued: MAR 12 2019

IDENTIFICATION Block/Lot/Qual: 32. 6.
Work Site Location: 126 WASHINGTON AVE
Owner in Fee: WUSM1 ASSOCIATES, LLC
Address: 254 W MAIN STREET
MOORESTOWN 08057
Tel.

Contractor: PRICE ELECTRICAL SERVICE
Address: PO BOX 1183
HADDONFIELD, NJ 08033
Tel. (856)429-4647
Lic. No. or Bldrs. Reg. No. 15175

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
KNOB AND TUBE REWIRE

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	11.00
Cert. of Occupancy	
Other	
Total	76.00

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 5,700.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I1801030

INVOICE DATE: 03/06/19
DUE DATE: 04/05/19

ACCOUNT ID: PRICEE01
PRICE ELECTRICAL SERVICE
PO BOX 1183
HADDONFIELD, NJ 08033

PERMIT INFORMATION
PERMIT NO: 19-00168
LOCATION: 126 WASHINGTON AVE
OWNER: WUSM1 ASSOCIATES, LLC

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCDCAALT	DCA Alteration Fee Permit No: 19-00168	11.000000	11.00
8.0000	UCE01A	Lighting Fixtures Permit No: 19-00168	0.000000	0.00
12.0000	UCE02A	Receptacles Permit No: 19-00168	0.000000	0.00
10.0000	UCE03A	Switches Permit No: 19-00168	0.000000	0.00
1.0000	UCE11A	TOTAL ELECTRICAL FIXTURES Permit No: 19-00168	50.000000	50.00
1.0000	UCE17A	KW Elec. Dryer/Receptacle Permit No: 19-00168	15.000000	15.00
			TOTAL DUE:	$ 76.00

BOROUGH OF COLLINGSWOOD

03/12/19 11:26 Invoice Pymt

Customer: PRICEE01
Name: PRICE ELECTRICAL SERVICE

Invoice: I1801030
Permit No: 19-00168

Item 2	
Lighting Fixtures	0.00
Item 3	
Receptacles	0.00
Item 4	
Switches	0.00
Item 1	
RCA Alteration Fee	11.00
Item 5	
TOTAL ELECTRICAL FIXTURES	50.00
Item 6	
KW Elec. Dryer/Receptacle	15.00
	76.00

Batch Id: COUNTER1
Ref Num: 17642 Seq: 24 to 29

Cash Amount:	0.00
Check Amount:	76.00
Credit Amount:	0.00
Total:	76.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control
Date Issued
Permit #

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

Block 32 Lot 4 Qualification Code

Work Site Location 126 WASHINGTON AVE
COLLINGSWOOD NJ 08108

Owner in Fee: WAYNE URFFER

Tel. e-mail

Address 254 W MAIN ST MOORESTOWN NJ 08057
street municipality zip code

Contractor: PRICE ELECTRICAL SERVICE Tel. 8564294647

Address e-mail priceelectric@verizon.net
PO BOX 1183 HADDONFIELD NJ 08033

Contractor License No. 15175 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 3/5/19 Approved by: BP

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

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 sign/Contractor sign and seal here:

Print name here: DARIN PRICE

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
KNOB AND TUBE REWIRE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
12		Receptacles	
10		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
30		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	6	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 $
State Permit Surcharge Fee $
TOTAL FEE $

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

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

CONSTRUCTION PERMIT

Permit #: 21-00541
Date Issued: 10/12/21

IDENTIFICATION Block/Lot/Qual: 32. 6.

Work Site Location: 126 WASHINGTON AVE

Owner in Fee: WUSM1 ASSOCAITES LLC
Address: 254 W MAIN STREET
MOORESTOWN NJ 08057
Tel. (856)904-7901

Contractor: ALBERT ELLIS INC
Address: 124 MILL ST
MOORESTOWN, NJ 08057
Tel. (609)235-0697
Lic. No. or Bldrs. Reg. No. 19HC00512500

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FURNACE AND AC REPLACEMENT

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	92.00
DCA State Permit Fee	19.00
Cert. of Occupancy	
Other	
Total	176.00

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 10,100.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 21-00541
Issue Date: 10/12/21
Application Id: 90007384
Application Date: 09/14/21

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

Block/Lot/Qual: 32. 6.
Work Site Location: 126 WASHINGTON AVE

Owner in Fee: WUSM1 ASSOCAITES LLC
Tel. (856)904-7901 email:
254 W MAIN STREET MOORESTOWN NJ 08057
Contractor: LIGHTSOURCE CONTR. & ELEC. INC Tel. (856)308-3581
986 SHERBROOK WAY email: LIGHT.SOURCECE@GMAIL.COM
SOMERDALE, NJ 08083
Contractor License No.: [redacted] 15444 Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)665-3037

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved 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 _____

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 sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
FURNACE AND AC REPLACEMENT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 50.00
		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	
1		KW Central A/C Unit	15.00
		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	$	
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	65.00

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

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Permit #: 21-00541
Issue Date: 10/12/21
Application Id: 90007384
Application Date: 09/14/21

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

Block/Lot/Qual: 32. 6.

Work Site Location: 126 WASHINGTON AVE

Owner in Fee: WUSM1 ASSOCAITES LLC

Tel. (856)904-7901 email:

254 W MAIN STREET MOORESTOWN NJ 08057

Contractor: ALBERT ELLIS INC Tel. (609)235-0697

124 MILL ST email: AELLISINC@GMAIL.COM

MOORESTOWN, NJ 08057

Contractor License No. or Builder Registration No.: 19HC00512500 Exp Date: 06/30/22

Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):

Federal Emp. ID No. [redacted] FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed: _____

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Est. Cost of Mechanical Work $ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date:_____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	DATES Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other _____				

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.

Sign here: _____

Print name here: _____

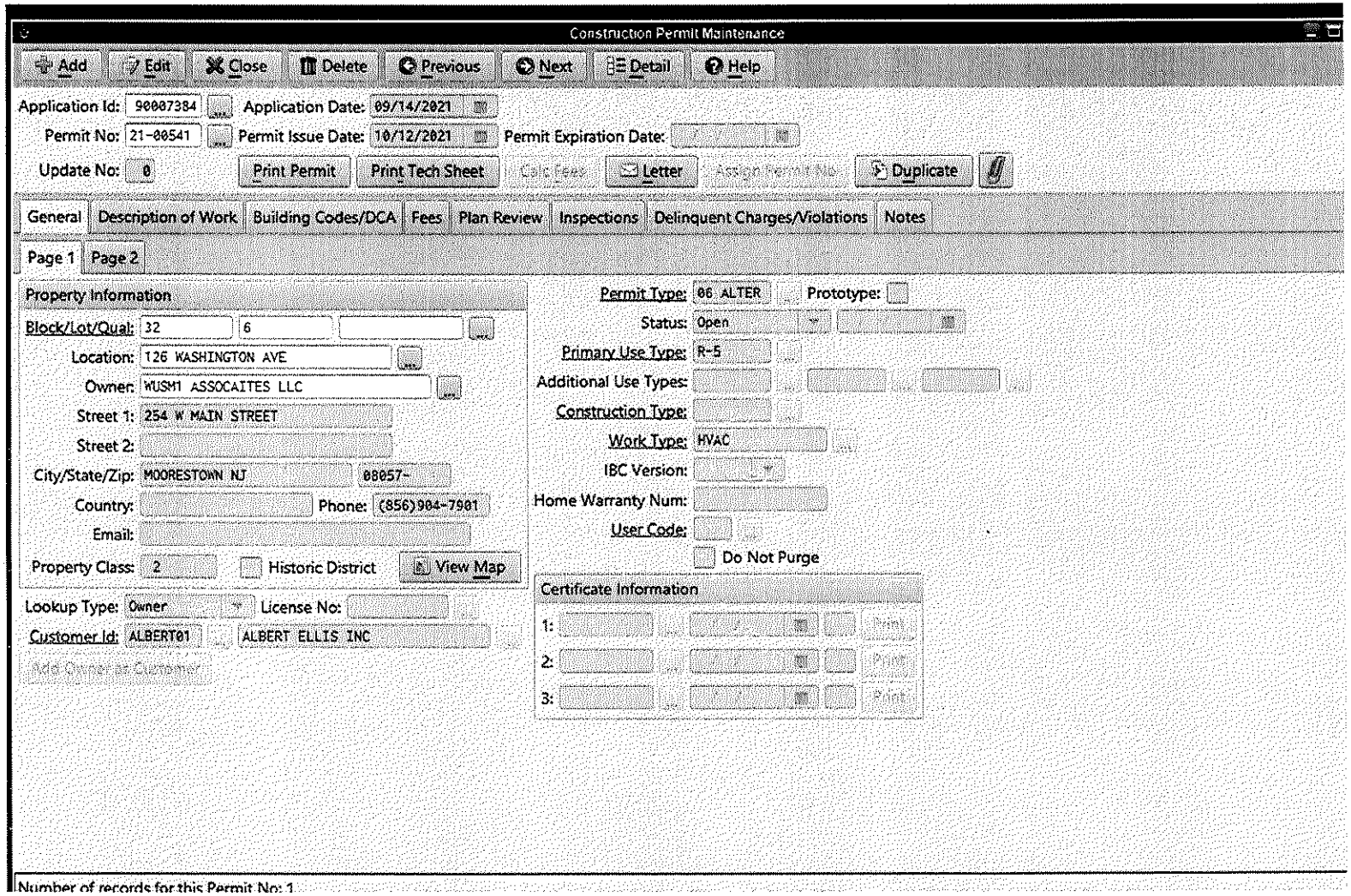
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FURNACE AND AC REPLACEMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
1	Gas Piping Connections	15.00
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	62.00
	Oil Tank	
	LPG Tank	
	Fireplace	
1.0000	Other	15.00

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	19.00
TOTAL FEE $	111.00

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90007384
Application Date: 09/14/2021
Permit No: 21-00541
Permit Issue Date: 10/12/2021
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 32 6
Location: 126 WASHINGTON AVE
Owner: MUSM1 ASSOCAITES LLC
Street 1: 254 W MAIN STREET
Street 2:
City/State/Zip: MOORESTOWN NJ 08057-
Country:
Phone: (856)904-7981
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ALBERT01
ALBERT ELLIS INC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Open
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: HVAC
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Print
Print
Number of records for this Permit No: 1