Collingswood Bureau of Fire Prevention
New Jersey Uniform Fire Code
Certificate of Inspection
&
Residential Housing/Maintenance
Certificate of Compliance

Issued to: **Single Family**

Property Location: **126 Washington AVE**
Collingswood, NJ 08108

Issued by: Collingswood Bureau of Fire Prevention
434 Haddon Avenue
Collingswood, New Jersey 08108

LEA Code# 0412-001

Inspection Date: **05/05/2015**

Expiration Date: **03/31/2016**

State Registration #:

Occupant Load:

Take notice that the aforementioned premise has been inspected by a duly authorized local enforcing agency for the above jusrisdiction.

Take further notice that this premise conforms to the applicable regulations of the Uniform Fire Code and the BOCA National Property Maintenance Code/1993, and all complaints and inquires

concerning the above captioned property should be directed to the agency listed at the top of this notice.

The State Uniform Fire Safety Act (N.J.S.A. 52:27D et. seq.) requires that the Certificate of Inspection be posted in a place visible to tenants, public, etc.

Geoffrey T. Joyce, Fire Official

Date: **03/05/2024**

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4/1
1-33

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856) 665-0774
F. (856) 662-0757

Lt. Daniel L. Kerr Jr.
Fire Official

LANDLORD IDENTITY STATEMENT

N.J.A.C. 5:29-1.2 thru 5:29-2.2
Collingswood Ordinance # 1127

Due Date: APR 0 1 2015

BUILDING ADDRESS 126 Washington Ave Collingswood, N.J. 08108

PURSUANT TO N.J.S.A. 46:8-27 THRU 37

***Please print or type all information*:**

1. The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows: (Name, address & phone number):

MARIO FERRIOLO
146 CITATION LANE
CHERRY HILL N.J. 08002

2. If the record owner is a corporation, the names and address of the registered agent and of the corporate officers are as follows (name, address and phone number):

N/A

[ ] Record owner is not a corporation

3. If the address of any record owner is not located in the county in which the dwelling is located, the name & address of a person who resides in the county and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address and phone number:

4. The name and address of the managing agent is as follows (name, address and phone number:

N/A

[ ] There is no managing agent

5. A superintendent, janitor, custodian or other person employed to provide regular maintenance service are as follows (name, address, including apartment number, dwelling unit, etc, phone number):

[ ] There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service

PLEASE CONTINUE & COMPLETE PAGE 2

DO NOT WRITE BELOW THIS LINE / OFFICIAL USE ONLY

Date Received 3/23/15 Amount $ 135 Check # 226

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856) 665-0774
F. (856) 662-0757

Lt. Daniel L. Kerr Jr.
Fire Official

Landlord Identity Statement

6. The individual representative of the record owner or managing agent who may be reached or contacted at anytime in the event of any emergency affecting the dwelling unit, including such emergencies as the failure of any essential service of system and who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows: (Name, Address and Phone number) :

7. The Name and Address of holders of recorded mortgages on the property are as follows:
Mario Ferraiolo
126 Washington Ave Collingswood, N.J. 08108
[ ] There is NO record mortgage on the property.

8. If fuel oil is used to heat the building and the owner furnishes heat, the Name & Address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows (Name, address & Phone #):
[✓] The building is NOT heated by Fuel Oil.
[ ] The building IS heated by Fuel Oil, but the owner Does Not furnish heat.

9. Number of dwelling Units: 1

10. On the attached Tenant Information Form ,indicate the Unit number, List ALL Tenant's names (including children), ages, and a contact phone number. Include room dimensions as indicated.

11. A floor plan of the building must be submitted. The floor plans should indicate all rooms, doors, kitchens, sleeping areas, etc. with room dimensions. NOTE: If you have provided a floor plan previously and it is on file with the Fire Department, you do not need to submit a new one, unless there has been a change in the floor plan of the property.
[ ] Floor Plan Attached [ ] Floor Plan on file with Fire Department, no changes.

12 The owner of the property is a senior citizen & qualifies under NJ Statute 54:4-8.41. [ ] Yes [✓] NO

13. Driver's License # for the registering owner: [redacted] State: N.J.

Signature Mario Ferraiolo Printed Name Title

This form is to be completed and returned to the Pennsauken-Collingswood Fire Prevention & Inspection Bureau with the proper fee, payable to **" Borough of Collingswood"**
If this form is not received by the due date indicated, a **$ 50.00 Late fee** surcharge will be assessed.
If you have any questions concerning this form, please call the Fire Prevention Office at (856) 665-0774 x 10

Pennsauken/Collingswood Bureau of Fire Prevention
4700 Westfield Avenue
Pennsauken, New Jersey 08110

856-665-0774 (Phone) 856-662-0757 (FAX)
www.collingswoodfire.com

Application For Certificate of Inspection

Please type or print all information

Address of Building 126 Washington AVE
Collingswood, NJ 08108

Name of Property Single Family

Business Phone [redacted]

Owner of Property Mario Ferriolo

Home Address 146 Citation Lane

City Cherry Hill, State N.J. Zip 08002

Cell/Daytime Phone [redacted] Home Phone ( )

Email Address: [redacted]

Emergency Contacts: Name Patricia Capri ([redacted]) [redacted]

Owner of Business

Home Address

City State Zip

Cell/Daytime Phone ( ) Home Phone ( )

Email Address:

Emergency Contacts: Name ( )

PLEASE INDICATE WHO IS THE RESPONSIBLE PARTY FOR INSPECTIONS AND VIOLATIONS:
Property Owner ✓ Business Owner Other/Agent

If Other/Agent:
Name

Address SAA

City /State Zip Email

Cell Phone ( )

Signature of Applicant 3-23-15 Date

By signing this application, I am taking responsiblility for the fire inspection and all requirements necessary for the issue of a certificate of compliance.

(Do Not Write Below This Line)

Date Received Amount Check #

Occupancy ID: SING851 Month to be inspected: 0

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856) 665-0774
F. (856) 662-0757

Lt. Daniel L. Kerr Jr.
Fire Official

TENANT INFORMATION 20__
COLLINGSWOOD

Please PRINT all information clearly

Property Address: 126 Washington Ave Collingswood, N.J. 08108

Owner/Agent Name: Mario Ferraiolo Phone 609-929-0355

Number of Units: 1 **(All Information MUST be provided EACH YEAR)**

Unit # 1

Room Dimensions **

Name of each occupant of this unit	AGE	Phone#
Michelle Bruno	24	[redacted]
John Kunkle	25	[redacted]

LR	15 X 12
DR	13 X 12
BR#1	15 X 12
BR#2	13 X 12
BR#3	
BR#4	

Unit # _____

Room Dimensions **

Name of each occupant of this unit	AGE	Phone#

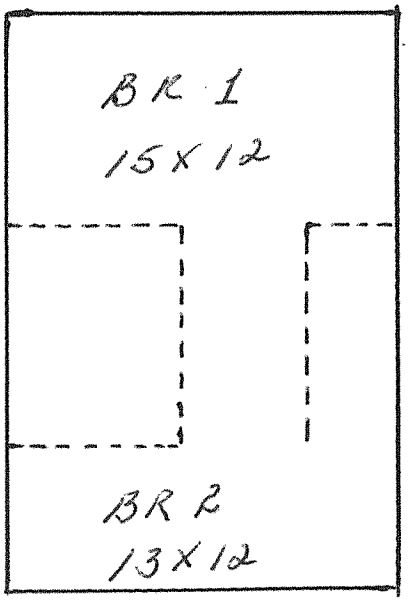
LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	

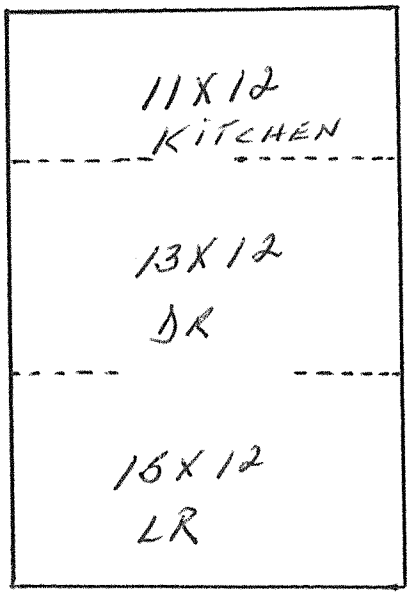
Unit # _____

Room Dimensions **

Name of each occupant of this unit	AGE	Phone#

LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	


BR 1
15 X 12
BR 2
13 X 12


11 X 12
KITCHEN
13 X 12
DR
15 X 12
LR

Collingswood Bureau of Fire Prevention

434 Haddon Avenue

Collingswood, New Jersey 08108

856-854-7447 856-854-1279 (FAX)

Fire/Housing Code or Borough Ordinance Violations

Mario Ferraiolo
146 Citation Lane

Cherry Hill NJ 08002

Inspector: Day, William J
Inspected: 05/05/2015
Registration No: SING851
State Registration:

Premises Name: Single Family

Premises: 126 Washington AVE

The violations cited on the above premises are as follows:

Reinspection Date:			
Inspector:			

Number	Description	Abate by	U/A	U/A	U/A
Fire 1	Nature: Liquefied-petroleum-gas-fueled cooking devices. Code Section: N.J.A.C. 5:70-3 308.3.1.1 Description and Location: Violation carried over from inspection on 04/01/2015 Portable-LP:gas cooking equipment such as barbecue grills and outdoor fireplaces shall not be stored or used: 1. On any porch, balcony or any other portion of a building; 2.. Within any room or space of a building; 3. Within 5 feet (1524 mm) of any combustible exterior wall; 4. Within 5 feet (1524 mm), vertically or horizontally, of an opening in any wall; or 5. Under any building overhang. Exception: Detached one- and two-family dwellings. <REAR DECK REMOVE BARBECUE GRIIL FROM DECK>	Abated			
Fire 2	Nature: Unapproved conditions. Code Section: N.J.A.C. 5:70-3 605.6 Description and Location: Violation carried over from inspection on 04/01/2015 Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. <BASEMENT REPAIR OR REPLACE LIGHT FIXURE>	Abated			
Fire 3	Nature: Battery operated smoke detectors Code Section: N.J.A.C. 5:70-3 907.21.2 Description and Location: Violation carried over from inspection on 04/01/2015 Battery operated smoke detectors in Group R-l and R-2 buildings and in bed and breakfast homestays shall be maintained, tested andI inspected as follows: 1. The owner of the building or the owner's representative shall inspect each detector whenever a change of ocupancy occurs; 2. The owner of the building or the owner's representative shall clean the detectors and or replace the batteries as necessary, but, at least once a year, to ensure proper operation.	Abated			

Collingswood Bureau of Fire Prevention

434 Haddon Avenue

Collingswood, New Jersey 08108

856-854-7447 856-854-1279 (FAX)

Fire/Housing Code or Borough Ordinance Violations

	<3RD FLOOR MAINTAIN SMOKE DETECTOR>				
4 Housing	Nature: Exterior Code Section: BOCA 1993 PM-304.1 Description and Location: Violation carried over from inspection on 04/01/2015 The exterior of the premises shall be maintained in good repair <EXTERIOR TRIM UNDERNEATH FRONT WINDOW AND PILLAR PAINT ALL PEELING AREAS>	Abated			

Key: The numbering of violations is for identification purposes only and shall not be construed as bearing in any way on the seriousness of any violation.
"U" Unabated- Violation uncorrected.
"A" Abated- Violation corrected.

Collingswood Bureau of Fire Prevention
New Jersey Uniform Fire Code
Certificate of Inspection
&
Residential Housing/Maintenance
Certificate of Compliance

Issued to: **Single Family**

Property Location: **126 Washington AVE**
Collingswood, NJ 08108

Issued by: Collingswood Bureau of Fire Prevention
434 Haddon Avenue
Collingswood, New Jersey 08108

LEA Code# 0412-001

Inspection Date: **06/02/2016**

Expiration Date: **03/01/2017**

State Registration #:

Occupant Load:

Take notice that the aforementioned premise has been inspected by a duly authorized local enforcing agency for the above jusrisdiction.

Take further notice that this premise conforms to the applicable regulations of the Uniform Fire Code and the BOCA National Property Maintenance Code/1993, and all complaints and inquires

concerning the above captioned property should be directed to the agency listed at the top of this notice.

The State Uniform Fire Safety Act (N.J.S.A. 52:27D et. seq.) requires that the Certificate of Inspection be posted in a place visible to tenants, public, etc.

Geoffrey T. Joyce, Fire Official

Date: **03/05/2024**

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Lt. Daniel L. Kerr Jr.
Fire Official

LANDLORD IDENTITY STATEMENT

N.J.A.C. 5:29-1.2 thru 5:29-2.2
Collingswood Ordinance # 1127

Due Date: APR 0 1 2016

BUILDING ADDRESS 126 Washington Ave Collingswood, N.J 08108
PURSUANT TO N.J.S.A. 46:8-27 thru 37

***Please print or type all information*:**

1. The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows: (Name, address & phone number):

Mario Ferraiolo
146 Citation Lane
Cherry Hill, N.J. 08002

2. If the record owner is a corporation, the names and address of the registered agent and of the corporate officers are as follows (name, address and phone number):

[X] Record owner is not a corporation

3. If the address of any record owner is not located in the county in which the dwelling is located, the name & address of a person who resides in the county and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address and phone number:

4. The name and address of the managing agent is as follows (name, address and phone number:

[X] There is no managing agent

5. A superintendent, janitor, custodian or other person employed to provide regular maintenance service are as follows (name, address, including apartment number, dwelling unit, etc., phone number):

[X] There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service

PLEASE CONTINUE & COMPLETE PAGE 2

DO NOT WRITE BELOW THIS LINE / OFFICIAL USE ONLY

Date Received 4/1/16 **Amount $** 135- **Check #** 404

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Lt. Daniel L. Kerr Jr.
Fire Official

Landlord Identity Statement

6. The individual representative of the record owner or managing agent who may be reached or contacted at anytime in the event of any emergency affecting the dwelling unit, including such emergencies as the failure of any essential service of system and who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows: (Name, Address and Phone nu[redacted]

Mario Ferraiolo

146 Citation Lane Cherry Hill, N.J. 08002

7. The Name and Address of holders of recorded mortgages on the property are as follows:

Loancare

P.O. Box 37628 Philadelphia, Pa. 19101

[ ] There is NO recorded mortgage on the property.

8. If fuel oil is used to heat the building and the owner furnishes heat, the Name & Address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows (Name, address & Phone #):

[X] The building is NOT heated by Fuel Oil.
[ ] The building IS heated by Fuel Oil, but the owner does not furnish heat.

9. Number of dwelling Units: 1

10. On the attached Tenant Information Form, indicate the Unit number, List ALL Tenant's names (including children), ages, and a contact phone number. Include room dimensions as indicated.

11. A floor plan of the building must be submitted. The floor plans should indicate all rooms, doors, kitchens, sleeping areas, etc. with room dimensions. NOTE: If you have provided a floor plan previously and it is on file with the Fire Department, you do not need to submit a new one, unless there has been a change in the floor plan of the property.

[ ] Floor Plan Attached [X] Floor Plan on file with Fire Department, no changes.

12. The owner of the property is a senior citizen & qualifies under NJ Statute 54:4-8.41. [ ] Yes [X] NO

13. Driver's License # for the registering owner: [redacted] State: N.J.

Signature

Mario Ferraiolo
Printed Name

Owner
Title

This form is to be completed and returned to the Pennsauken-Collingswood Fire Prevention & Inspection Bureau with the proper fee, payable to **"Borough of Collingswood"**

If this form is not received by the due date indicated, a **$ 50.00 Late Fee** will be assessed. If you have any questions concerning this form, please call the Fire Prevention Office at (856) 665-0774 x14

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

Property Registration Form

Please type or print all information

Property Address: 126 Washington Ave Collingswood, N.J

Name of Business: _____ Square Feet: 1,300

Business Phone: _____ Business Fax: _____

Property Owner: Mario Ferraiolo

Home Address: 146 Citation Lane

City: Cherry Hill State: N.J. Zip: 08002

Home Phone: (__) _____ Cell Phone: (609 929-0355

Email Address: [redacted]

Emergency Contacts: Name Patricia Capri Phone [redacted]

Business Owner: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (__) _____ Cell Phone: (__) _____

Email: _____

Emergency Contacts: Name _____ Phone # (__) _____

PLEASE INDICATE WHO IS THE RESPONSIBLE PARTY FOR INSPECTIONS AND VIOLATIONS

Property Owner X Business Owner_____ Other/Agent _____

IF OTHER/AGENT:

Name: _____ Cell Phone: (__) _____

Address: _____ City/State/Zip: _____

Email: _____

_____ 3-18-16

Signature of Applicant Date

By signing this application I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

www.twp.pennsauken.nj.us
www.collingswoodfire.com

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

TENANT INFORMATION 20__
COLLINGSWOOD

Please PRINT all information clearly

Property Address: 126 Washington Ave Collingswood, N.J.

Owner/Agent Name: Mario Ferraiolo Phone [redacted]

Number of Units: _____ **(All Information MUST be provided EACH YEAR)**

Unit # 1

Name of each occupant of this unit	AGE	Phone#

Room Dimensions **

LR	13 x 11
DR	13 x 11
BR#1	14 x 11
BR#2	10 x 6
BR#3	
BR#4	

Unit # _____

Name of each occupant of this unit	AGE	Phone#

Room Dimensions **

LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	

Unit # _____

Name of each occupant of this unit	AGE	Phone#

Room Dimensions **

LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	

Collingswood Bureau of Fire Prevention

434 Haddon Avenue

Collingswood, New Jersey 08108

856-854-7447 856-854-1279 (FAX)

Fire/Housing Code or Borough Ordinance Violations

Mario Ferraiolo
146 Citation Lane

Cherry Hill NJ 08002

Inspector: Day, William J
Inspected: 06/02/2016
Registration No: SING851
State Registration:

Premises Name: Single Family

Premises: 126 Washington AVE

The violations cited on the above premises are as follows:

			Reinspection Date:		
			Inspector:		
Number	Description	Abate by	U/A	U/A	U/A
Fire 1	Nature: Unapproved conditions. Code Section: N.J.A.C. 5:70-3 605.6 Description and Location: Violation carried over from inspection on 04/25/2016 Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. <BASEMENT PROVIDE BLANK FOR ELECTRICAL PANEL>	Abated			
Borough 2	Nature: Provide a smoke detector in every bedroom Code Section: B.O. 1233 CHAPTER_163-10 Description and Location: Violation carried over from inspection on 04/25/2016 "Nicky's Law" Provide a smoke detector in every bedroom. <2ND FLOOR FRONT BEDROOM REPLACE SMOKE DETECTOR>	Abated			

Key: The numbering of violations is for identification purposes only and shall not be construed as bearing in any way on the seriousness of any violation.
"U" Unabated- Violation uncorrected.
"A" Abated- Violation corrected.

Signature of Representative

Collingswood Bureau of Fire Prevention
New Jersey Uniform Fire Code
Certificate of Inspection
&
Residential Housing/Maintenance
Certificate of Compliance

Issued to: **Single Family**

Property Location: **126 Washington AVE**
Collingswood, NJ 08108

Issued by: Collingswood Bureau of Fire Prevention
434 Haddon Avenue
Collingswood, New Jersey 08108

LEA Code# 0412-001

Inspection Date: **12/04/2017**

Expiration Date: **04/01/2018**

State Registration #:

Occupant Load:

Take notice that the aforementioned premise has been inspected by a duly authorized local enforcing agency for the above jusrisdiction.

Take further notice that this premise conforms to the applicable regulations of the Uniform Fire Code and the BOCA National Property Maintenance Code/1993, and all complaints and inquires

concerning the above captioned property should be directed to the agency listed at the top of this notice.

The State Uniform Fire Safety Act (N.J.S.A. 52:27D et. seq.) requires that the Certificate of Inspection be posted in a place visible to tenants, public, etc.

Geoffrey T. Joyce, Fire Official

Date: **03/05/2024**

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

LANDLORD IDENTITY STATEMENT

N.J.A.C. 5:29-1.2 thru 5:29-2.2
Collingswood Ordinance # 1127

Due Date: APR - 1 2017

BUILDING ADDRESS 126 Washington Ave Collingswood, N.J. 08108
PURSUANT TO N.J.S.A. 46:8-27 thru 37

***Please print or type all information*:**

1. The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows: (Name, address & phone number):
MARIO FERRIOLO
[redacted]
146 CITATION LANE
CHERRY HILL, N.J. 08002

2. If the record owner is a corporation, the names and address of the registered agent and of the corporate officers are as follows (name, address and phone number):

[√] Record owner is not a corporation

3. If the address of any record owner is not located in the county in which the dwelling is located, the name & address of a person who resides in the county and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address and phone number:

4. The name and address of the managing agent is as follows (name, address and phone number:

[√] There is no managing agent

5. A superintendent, janitor, custodian or other person employed to provide regular maintenance service are as follows (name, address, including apartment number, dwelling unit, etc., phone number):

[√] There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service

PLEASE CONTINUE & COMPLETE PAGE 2

DO NOT WRITE BELOW THIS LINE / OFFICIAL USE ONLY

Date Received 3/29/17 **Amount $** 35- **Check #** 598

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

Landlord Identity Statement

6. The individual representative of the record owner or managing agent who may be reached or contacted at anytime in the event of any emergency affecting the dwelling unit, including such emergencies as the failure of any essential service of system and who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows: (Name, Address and Phone number) :

Mario Ferraiolo [redacted]

146 Citation Lane Cherry Hill, N.J. 08002

7. The Name and Address of holders of recorded mortgages on the property are as follows:

LOANCARE P.O. Box 8068 Virginia Beach Va. 23450

[ ] There is NO recorded mortgage on the property.

8. If fuel oil is used to heat the building and the owner furnishes heat, the Name & Address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows (Name, address & Phone #):

[✓] The building is NOT heated by Fuel Oil.
[ ] The building IS heated by Fuel Oil, but the owner does not furnish heat.

9. Number of dwelling Units: 1

10. On the attached Tenant Information Form, indicate the Unit number, List ALL Tenant's names (including children), ages, and a contact phone number. Include room dimensions as indicated.

11. A floor plan of the building must be submitted. The floor plans should indicate all rooms, doors, kitchens, sleeping areas, etc. with room dimensions. NOTE: If you have provided a floor plan previously and it is on file with the Fire Department, you do not need to submit a new one, unless there has been a change in the floor plan of the property.

[ ] Floor Plan Attached [✓] Floor Plan on file with Fire Department, no changes.

12. The owner of the property is a senior citizen & qualifies under NJ Statute 54:4-8.41. [ ] Yes [ ] NO

13. Driver's License # for the registering owner: [redacted] State: N.J.

Signature Mario Ferraiolo (Printed Name) Owner (Title)

This form is to be completed and returned to the Pennsauken-Collingswood Fire Prevention & Inspection Bureau with the proper fee, payable to **"Borough of Collingswood"**

If this form is not received by the due date indicated, a **$ 50.00 Late Fee** will be assessed. If you have any questions concerning this form, please call the Fire Prevention Office at (856) 665-0774 x14

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FIRE PREVENTION & INSPECTION BUREAU

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Pennsauken, New Jersey 08110

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F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

TENANT INFORMATION
COLLINGSWOOD

20 17

Please PRINT all information clearly

Property Address: 126 Washington Ave Collingswood, N.J. 08108

Owner/Agent Name: Mario Fermiolo Phone [redacted]

Number of Units: 1 **(All Information MUST be provided EACH YEAR)**

Unit # 1

Name of each occupant of this unit	AGE	Phone#
Evan Magallanes	30	[redacted]
Nicollete Magallanes	30	[redacted]

Room Dimensions **

LR	12 X 12
	14 x 12
BR#1	14 x 12
BR#2	10 x 10
BR#3	
BR#4	

Unit # _____

Name of each occupant of this unit	AGE	Phone#

Room Dimensions **

LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	

Unit # _____

Name of each occupant of this unit	AGE	Phone#

Room Dimensions **

LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

Property Registration Form

Please type or print all information

Property Address: 126 Washington Ave Collingswood NJ. 08108

Name of Business: _____ Square Feet: _____

Business Phone: _____ Business Fax: _____

Property Owner: Mario Ferraiolo

Home Address: 146 Citation Lane

City: Cherry Hill State: NJ. Zip: 08002

Home Phone: ( ) _____ Cell Phone [redacted]

Email Address [redacted]

Emergency Contacts: Name Patricia Capri-Ferraiolo Phone # [redacted]

Business Owner: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ( ) _____ Cell Phone: ( ) _____

Email: _____

Emergency Contacts: Name _____ Phone # ( ) _____

THIS SECTION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent :

Name: Mario Ferraiolo Cell Phone: ( )

Address: 146 Citation Lane City/St/Zip: Cherry Hill NJ. 08002

Email: [redacted]

Signature of Applicant 3-27-17 Date

By signing this application I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

Collingswood Bureau of Fire Prevention

434 Haddon Avenue

Collingswood, New Jersey 08108

856-854-7447 856-854-1279 (FAX)

Fire/Housing Code or Borough Ordinance Violations

Mario Ferraiolo
146 Citation Lane

Cherry Hill NJ 08002

Inspector: Day, William J
Inspected: 12/04/2017
Registration No: SING851
State Registration:

Premises Name: Single Family

Premises: 126 Washington AVE

The violations cited on the above premises are as follows:

			Reinspection Date:		
			Inspector:		
Number	Description	Abate by	U/A	U/A	U/A
1 Fire	Nature: Working space and clearance. Code Section: N.J.A.C. 5:70-3 605.3 Description and Location: Violation carried over from inspection on 10/31/2017 Violation carried over from inspection on 04/17/2017 A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall not be less than the width of the equipment. No storage of any materials shall be located within the designated working space. Exceptions: 1. Where other dimensions are required or allowed by the Uniform Construction Code.; 2. Access openings into attics or under-floor areas which provide a minimum clear opening of 22 inches (559 mm) by 30 inches (762 mm).<BASEMENT - REMOVE STORAGE IN FRONT OF ELECTRIC PANEL AND GAS METER>	Abated			
2 Borough	Nature: Provide Re-inspection Fees Code Section: B.O. 1469 CHAPTER_237-14 Description and Location: Violation carried over from inspection on 10/31/2017 Provide housing re-inspections fees of <PREMISES PROVIDE $45.00 RE INSPECTION FEE TO THE BUREAU OF FIRE PREVENTION>	Abated			

Key: The numbering of violations is for identification purposes only and shall not be construed as bearing in any way on the seriousness of any violation.
"U" Unabated- Violation uncorrected.
"A" Abated- Violation corrected.

Signature of Representative

Collingswood Bureau of Fire Prevention
New Jersey Uniform Fire Code
Certificate of Inspection
&
Residential Housing/Maintenance
Certificate of Compliance

Issued to: **Single Family**

Property Location: **126 Washington AVE**
Collingswood, NJ 08108

Issued by: Collingswood Bureau of Fire Prevention
434 Haddon Avenue
Collingswood, New Jersey 08108

LEA Code# 0412-001

Inspection Date: **06/19/2018**

Expiration Date: **04/01/2019**

State Registration #:

Occupant Load:

Take notice that the aforementioned premise has been inspected by a duly authorized local enforcing agency for the above jusrisdiction.

Take further notice that this premise conforms to the applicable regulations of the Uniform Fire Code and the BOCA National Property Maintenance Code/1993, and all complaints and inquires

concerning the above captioned property should be directed to the agency listed at the top of this notice.

The State Uniform Fire Safety Act (N.J.S.A. 52:27D et. seq.) requires that the Certificate of Inspection be posted in a place visible to tenants, public, etc.

Geoffrey T. Joyce, Fire Official

Date: **03/05/2024**

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

N.J.A.C. 5:29-1.2 thru 5:29-2.2
Collingswood Ordinance # 1127

Due Date: _____

BUILDING ADDRESS _____

PURSUANT TO N.J.S.A. 46:8-27 thru 37

Please print or type all information:

1. The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows: (Name, address & phone number):

Mario Ferraiolo
146 Citation Lane
Cherry Hill, N.J. 08002

2. If the record owner is a corporation, the names and address of the registered agent and of the corporate officers are as follows (name, address and phone number):

[✓] Record owner is not a corporation

3. If the address of any record owner is not located in the county in which the dwelling is located, the name & address of a person who resides in the county and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address and phone number:

4. The name and address of the managing agent is as follows (name, address and phone number:

[✓] There is no managing agent

5. A superintendent, janitor, custodian or other person employed to provide regular maintenance service are as follows (name, address, including apartment number, dwelling unit, etc., phone number):

[✓] There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service

PLEASE CONTINUE & COMPLETE PAGE 2

DO NOT WRITE BELOW THIS LINE / OFFICIAL USE ONLY

Date Received _____ **Amount $**_____ **Check #** _____

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

Landlord Identity Statement

6. The individual representative of the record owner or managing agent who may be reached or contacted at anytime in the event of any emergency affecting the dwelling unit, including such emergencies as the failure of any essential service of system and who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows: (Name, Address and Phone number) :

Mario Ferraiolo 146 Citation Lane Cherry Hill, N.J. 08002 [redacted]

7. The Name and Address of holders of recorded mortgages on the property are as follows:

SAA

[ ] There is NO recorded mortgage on the property.

8. If fuel oil is used to heat the building and the owner furnishes heat, the Name & Address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows (Name, address & Phone #):

[✓] The building is NOT heated by Fuel Oil.
[ ] The building IS heated by Fuel Oil, but the owner does not furnish heat.

9. Number of dwelling Units: 1

10. On the attached Tenant Information Form, indicate the Unit number, List ALL Tenant's names (including children), ages, and a contact phone number. Include room dimensions as indicated.

11. A floor plan of the building must be submitted. The floor plans should indicate all rooms, doors, kitchens, sleeping areas, etc. with room dimensions. NOTE: If you have provided a floor plan previously and it is on file with the Fire Department, you do not need to submit a new one, unless there has been a change in the floor plan of the property.

[ ] Floor Plan Attached [✓] Floor Plan on file with Fire Department, no changes.

12. The owner of the property is a senior citizen & qualifies under NJ Statute 54:4-8.41. [ ] Yes [ ] NO

13. Driver's License # for the registering owner: [redacted] State: N.J.

Signature | Mario Ferraiolo (Printed Name) | Owner (Title)

This form is to be completed and returned to the Pennsauken-Collingswood Fire Prevention & Inspection Bureau with the proper fee, payable to **"Borough of Collingswood"**

If this form is not received by the due date indicated, a **$ 50.00 Late Fee** will be assessed. If you have any questions concerning this form, please call the Fire Prevention Office at (856) 665-0774 x14

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

Property Registration Form

Please type or print all information

Property Address: 126 Washington Ave Collingswood, N.J.

Name of Business: _____ Square Feet: _____

Business Phone: _____ Business Fax: _____

Property Owner: Mario Ferraiolo

Address: 146 Citation Lane

City: Cherry Hill State: N.J. Zip: 08002

Home Phone: (___) _____ Cell Phone: [redacted]

Email Address: [redacted]

Emergency Contacts: Name Patricia Phone # [redacted]

Business Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (___) _____ Cell Phone: (___) _____

Email: _____

Emergency Contacts: Name _____ Phone # (___) _____

THIS SECTION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent :

Name: Mario Ferraiolo Cell Phone: (___) _____

Address: 146 Citation Lane City/State/Zip: Cherry Hill N.J. 08002

Email: SAA Drivers License#: [redacted]

Signature of Applicant 3-12-18 Date

By signing this application I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

TENANT INFORMATION 20___
COLLINGSWOOD

Please PRINT all information clearly

Property Address: 126 Washington Ave Collingswood, N.J. 08108

Owner/Agent Name: Mario Ferraiolo Phone [redacted]

Number of Units: 1 **(All Information MUST be provided EACH YEAR)**

Unit # _____ **Room Dimensions ****

Name of each occupant of this unit	AGE	Phone#
Nicolette Magallanes		

LR 13 x 11
DR 13 x 11
BR#1 14 x 11
BR#2 10 x 6
BR#3 _____
BR#4 _____

Unit # _____ **Room Dimensions ****

Name of each occupant of this unit	AGE	Phone#

LR _____
DR _____
BR#1 _____
BR#2 _____
BR#3 _____
BR#4 _____

Unit # _____ **Room Dimensions ****

Name of each occupant of this unit	AGE	Phone#

LR _____
DR _____
BR#1 _____
BR#2 _____
BR#3 _____
BR#4 _____

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856) 665-0774
F. (856) 662-0757

Daniel L. Kerr Jr.
Fire Marshal

Application for CSDCMAC /& Exterior Certificate

Complete this Application form (PLEASE PRINT) and submit to the Fire Prevention & Inspection Bureau at the above address or Collingswood Fire Station at 20 W. Collings, with required fee.

Today's Date 11 / 14 / 2018 Requested Inspection Date* 11 / 21 / 2018 (Wed. or Fri. only) 9:00-11:30 AM

Property Address: 126 Washington Ave., Collingswood, NJ 08108

Seller Name(s): Mario Farraiolo

Seller Address: 146 Citation Ln., Cherry Hill Phone# (___) _____

Settlement Date 11 / 26 / 2018 Block # 00032 Lot # 00006

Does Buyer Intend to Occupy Premises as **Primary Residence**? ___Y _X_ N

Is the Property Bank Owned ___Y _X_ N **Vacant** _X_ Y ___N

Buyer Name(s): Wayne Urffer & Susan Mammarella

Buyer Address: 254 W. Main St., Moorestown, NJ 08057

_____ Phone# [redacted]

Inspection Requested by:
Agent Name /Company Pamela Ginalli / Keller Williams Realty

Day/Cell Phone# [redacted] Fax# [redacted]

Exterior Fee: $ 50.00 (please provide separate checks for each inspection)

CSDCMAC Fee Schedule - Based on Application Date

>10 days prior to Inspection appointment - **$50.00**
4 to 10 days prior to Inspection appointment - **$85.00**
<4 days prior to Inspection Appointment - **$140.00**

All re-inspections are an additional $50.00

All fees are due at time of application and are payable by CASH, CHECK, or MONEY ORDER, to "Borough of Collingswood". All returned checks require a $20.00 processing fee in addition to any bank fees. All Certificates are valid for one change of ownership or six (6) months, whichever comes first.

Call 856.665.0774 x10 to schedule inspection

www.twp.pennsauken.nj.us
www.collingswoodfire.com

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856) 665-0774
F. (856) 662-0757

Daniel L. Kerr Jr.
Fire Marshal

November 26, 2018

To Whom It May Concern:

Pursuant to the Occupancy Certificate (OC) inspection at **(126 Washington Ave)**, the property has been cited for exterior driveway or sidewalk repair/replacement. Due to the nature of the agreement, this letter shall serve as the Temporary OC for the settlement with the following conditions.

- **Escrow of double the amount of an estimate by a certified contractor to complete the repairs.**
- **Within 24 hours of settlement, produce a copy of the estimate along with the validated escrow letter from settlement to our office.**
- **Upon completion of work a re-inspection by our office must be completed and passed before the escrow money is released.**
- **Work and re-inspection must be completed within six (6) months of settlement.**

If the above is not complied with, the person responsible for the OC may be issued a court summons and subsequent fines.

Inspector

Signature of responsible party

WAYNE W. URFFER
Printed name of responsible party

* Licensed & Insured.

Job Invoice

DATE ORDERED: 11/26/2018
ORDER TAKEN BY: Keith Calhan
SOLD TO: Wayne Urffer
126 Washington Avenue
Collingswood, NJ 08108
PHONE NO: [redacted]
CUSTOMER ORDER #:
JOB LOCATION: Collingswood, NJ
JOB PHONE: [redacted]
STARTING DATE:
TERMS: * All work Guaranteed.

QTY.	MATERIAL	UNIT	AMOUNT
	* Tear out existing 13' x 9' and replace with white concrete. (Boom finish) (4,500 mix) 6" Thick.		
	* Place Expansion and control joints where necessary.		
	* Crushed Concrete base with wire for base for the Concrete.		
	* Form and Grade prior to concrete with proper base.		
	* Strip forms and Clean entire job site of all material.		
	TOTAL MATERIALS		

DESCRIPTION OF WORK

9' x 13' Concrete Driveway
* Tear out and Replace

MISCELLANEOUS CHARGES

TOTAL MISCELLANEOUS	

LABOR	HRS.	RATE	AMOUNT
TOTAL LABOR			

WORK ORDERED: 11/26/2018
DATE ORDERED: 11/26/2018
DATE COMPLETED:

TOTAL LABOR	
TOTAL MATERIALS	
TOTAL MISCELLANEOUS	
SUBTOTAL	2,100.00
TAX	147.00
GRAND TOTAL	2,147.00

CUSTOMER APPROVAL SIGNATURE _____

AUTHORIZED SIGNATURE Keith Calhan

A-2817-3817 / T-3866

10-11

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856) 665-0774
F. (856) 665-0757

Daniel L. Kerr Jr.
Fire Marshal

Violations for Collingswood EXTERIOR CO Inspection

Property Address 126 Washington AVE

Inspection Date 11/21/2018 **Inspector** DAY

_____ House Numbers Required (Minimum of 2 ½ " in height, visible from street front)

_____ Blocks marked for Replacement (marked "X")

_____ Blocks to be Leveled (marked "L") _____ Curb to be repaired (marked "X)

X Driveway to be installed

The following are the accepted repairs for the final inspection and certification.

- Blocks marked "X" MUST be REPLACED. All sidewalk blocks must be 4' in width and 4" thick. Sidewalks abutting driveway aprons must be 6" thick.
- Repairs or patching to blocks marked "X" are NOT acceptable.
- Blocks to be leveled may be replaced or lifted up and leveled out with the abutting blocks. Feathering with a patch material is not accepted. If the block is damaged in the process, it must be replaced.
- Curbs to be repaired must be replaced with an 18" depth, 6" top & 7" bottom constructed of concrete.
- Driveways must be constructed of:
    - Bituminous concrete with a 4" base and 2" top coat of FABC top mix
    - Concrete with a 6" depth using 4,000PSI mix
    - Bricks or pavers on a 4" base of 3,500 PSI concrete
- Driveways must be a minimum of 9' wide and 18' long starting at the sidewalk edge abutting to the driveway.
- Contact the **Department of Public Works** for permit information **(856) 858-0533**

The repairs deeded necessary by the Code Enforcement Officer shall be completed within thirty (30) days. When repairs are complete, please call the Fire Prevention Office to schedule a follow-up re-inspection 856-665-0774

Signature _____ **Owner / Agent**

Contact phone # (____) _____ Date 11/21/2018

Collingswood Bureau of Fire Prevention

434 Haddon Avenue

Collingswood, New Jersey 08108

856-854-7447 856-854-1279 (FAX)

Fire/Housing Code or Borough Ordinance Violations

Mario Ferraiolo
146 Citation Lane

Cherry Hill NJ 08002

Inspector: Day, William J
Inspected: 06/19/2018
Registration No: SING851
State Registration:

Premises Name: Single Family

Premises: 126 Washington AVE

The violations cited on the above premises are as follows:

			Reinspection Date:		
			Inspector:		

Number	Description	Abate by	U/A	U/A	U/A
Fire 1	Nature: Inside storage: Code Section: N.J.A.C. 5:70- 3.1(a)21, F-2103.2 Description and Location: Violation carried over from inspection on 05/08/2018 Storage located in structures shall be orderly <BASEMENT STORAGE SHALL BE NEAT AND ORDERLY MAINATIN 2 FOOT ISLE SPACE>	Abated			
Fire 2	Nature: Covers for electrical switches and outlets Code Section: N.J.A.C. 5:70- 3.1(a)3, F-310.6 Description and Location: Violation carried over from inspection on 05/08/2018 Approved covers shall be provided for all switch and electrical outlet boxes. <BASEMENT PROVIDE BLANK FOR INSIDE OF BREAKER AT THE BOTTOM>	Abated			
Fire 3	Nature: General requirements. Code Section: N.J.A.C. 5:70-3 906.2 Description and Location: Violation carried over from inspection on 05/08/2018 Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10. Exceptions: 1. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.; 2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every three years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met: 2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.; 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.; 2.3. The extinguishers shall be installed inside of a	Abated			

Collingswood Bureau of Fire Prevention

434 Haddon Avenue

Collingswood, New Jersey 08108

856-854-7447 856-854-1279 (FAX)

Fire/Housing Code or Borough Ordinance Violations

		building or cabinet in a noncorrosive environment.; 2.4. Electronic monitoring devices and supervisory circuits shall be tested every three years when extinguisher maintenance is performed.; 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to ensure that hydrostatic tests are conducted at the frequency required by NFPA 10. <PROVIDE NEW FIRE EXTINGUISHER CURRENT ONE HAS BEEN RECALLED>				
Fire	4	Nature: Inside storage: Code Section: N.J.A.C. 5:70- 3.1(a)21, F-2103.2 Description and Location: Violation carried over from inspection on 05/08/2018 Storage located in structures shall be orderly <3RD FLOOR SHALL BE NEAT AND ORDERLY MAINTAIN ISLE SPACE>	Abated			

Key: The numbering of violations is for identification purposes only and shall not be construed as bearing in any way on the seriousness of any violation.
"U" Unabated- Violation uncorrected.
"A" Abated- Violation corrected.

Collingswood Bureau of Fire Prevention
New Jersey Uniform Fire Code
Certificate of Inspection
&
Residential Housing/Maintenance
Certificate of Compliance

Issued to: **Single Family**

Property Location: **126 Washington AVE**
Collingswood, NJ 08108

Issued by: Collingswood Bureau of Fire Prevention
434 Haddon Avenue
Collingswood, New Jersey 08108

LEA Code# 0412-001

Inspection Date: **06/18/2019**

Expiration Date: **03/31/2020**

State Registration #:

Occupant Load:

Take notice that the aforementioned premise has been inspected by a duly authorized local enforcing agency for the above jusrisdiction.

Take further notice that this premise conforms to the applicable regulations of the Uniform Fire Code and the BOCA National Property Maintenance Code/1993, and all complaints and inquires

concerning the above captioned property should be directed to the agency listed at the top of this notice.

The State Uniform Fire Safety Act (N.J.S.A. 52:27D et. seq.) requires that the Certificate of Inspection be posted in a place visible to tenants, public, etc.

Geoffrey T. Joyce, Fire Official

Date: **03/05/2024**

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

LANDLORD IDENTITY STATEMENT

N.J.A.C. 5:29-1.2 thru 5:29-2.2
Collingswood Ordinance # 1127

Due Date: 04/01/2019

BUILDING ADDRESS 126 Washington Ave., Collingswood, NJ 08108
PURSUANT TO N.J.S.A. 46:8-27 thru 37

***Please print or type all information*:**

1. The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows: (Name, address & phone number):
WUSM1 Associates, LLC Wayne Urffer and Susan Mammoralla
254 West Main Street, Moorestown, NJ 08057
[redacted] [redacted]

2. If the record owner is a corporation, the names and address of the registered agent and of the corporate officers are as follows (name, address and phone number):

☒ Record owner is not a corporation

3. If the address of any record owner is not located in the county in which the dwelling is located, the name & address of a person who resides in the county and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out of county record owner(s) are as follows (name, address and phone number:

4. The name and address of the managing agent is as follows (name, address and phone number:

☒ There is no managing agent

5. A superintendent, janitor, custodian or other person employed to provide regular maintenance service are as follows (name, address, including apartment number, dwelling unit, etc., phone number):

☒ There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service

PLEASE CONTINUE & COMPLETE PAGE 2

DO NOT WRITE BELOW THIS LINE / OFFICIAL USE ONLY

Date Received 3/18/19 **Amount $** 135 **Check #** 107

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

Landlord Identity Statement

6. The individual representative of the record owner or managing agent who may be reached or contacted at anytime in the event of any emergency affecting the dwelling unit, including such emergencies as the failure of any essential service of system and who has authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows: (Name, Address and Phone number) :

Wayne Urffar, 254 West Main Straat, Moorestown, NJ 08057

[redacted]

7. The Name and Address of holders of recorded mortgages on the property are as follows:

☒ There is **NO** recorded mortgage on the property.

8. If fuel oil is used to heat the building and the owner furnishes heat, the Name & Address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows (Name, address & Phone #):

☒ The building is **NOT** heated by Fuel Oil.
[ ] The building **IS** heated by Fuel Oil, but the owner does not furnish heat.

9. Number of dwelling Units: 1

10. On the attached Tenant Information Form, indicate the Unit number, List ALL Tenant's names (including children), ages, and a contact phone number. Include room dimensions as indicated.

11. A floor plan of the building must be submitted. The floor plans should indicate all rooms, doors, kitchens, sleeping areas, etc. with room dimensions. NOTE: If you have provided a floor plan previously and it is on file with the Fire Department, you do not need to submit a new one, unless there has been a change in the floor plan of the property.

☒ Floor Plan Attached [ ] Floor Plan on file with Fire Department, no changes.

12. The owner of the property is a senior citizen & qualifies under NJ Statute 54:4-8.41. [ ] Yes ☒ NO

13. Driver's License # for the registering owner: [redacted] State: NJ

Wayne W. Urffar — Signature
Wayne W. Urffar — Printed Name
50% Partner — Title

This form is to be completed and returned to the Pennsauken-Collingswood Fire Prevention & Inspection Bureau with the proper fee, payable to **"Borough of Collingswood"**

If this form is not received by the due date indicated, a **$ 50.00 Late Fee** will be assessed. If you have any questions concerning this form, please call the Fire Prevention Office at (856) 665-0774 x14

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

Property Registration Form

Please type or print all information

Property Address: 126 Washington Ave., Collingswood, NJ 08108

Name of Business: WUSM1 Associates, LLC Square Feet: 1216

Business Phone: [redacted] Business Fax: _____

Property Owner: WUSM1 Associates, LLC

Address: 254 W. Main St.

City: Moorestown State: NJ Zip: 08057

Home Phone: ( ) _____ Cell Phone: [redacted]

Email Address: [redacted]

Emergency Contacts: Name Wayne Urffer Phone # [redacted]

Business Owner: Wayne Urffer and Susan Mammarella

Address: 254 W. Main St.

City: Moorestown State: NJ Zip: 08057

Home Phone: ( ) _____ Cell Phone: [redacted]

Email: [redacted]

Emergency Contacts: Name Wayne Urffer Phone # [redacted]

THIS SECTION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent :

Name: Wayne Urffer Cell Phone: [redacted]

Address: 254 W. Main St. City/State/Zip: Moorestown, NJ 08057

Email: [redacted] Drivers License#: [redacted]

Wayne W. Urffer 3/16/2019

Signature of Applicant Date

By signing this application I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

1790 Westfield Avenue
Pennsauken, New Jersey 08110
P (856)663-0757
Fire Marshal

TENANT INFORMATION 20__
COLLINGSWOOD

Please PRINT all information clearly

Property Address: 126 Washington Ave., Collingswood, NJ 08108

Owner/Agent Name: Wayne Urffer Phone [redacted]

Number of Units: 1 **(All Information MUST be provided EACH YEAR)**

Unit # _____

Name of each occupant of this unit	AGE	Phone#
Currantly under renovation		
No occupants		

Room Dimensions **

LR	12'6" X 15'0"
DR	12'6" x 12'0"
BR#1	12'1" x 15'0"
BR#2	IRREGULAR
BR#3	
BR#4	

Unit # _____

Name of each occupant of this unit	AGE	Phone#

Room Dimensions **

LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	

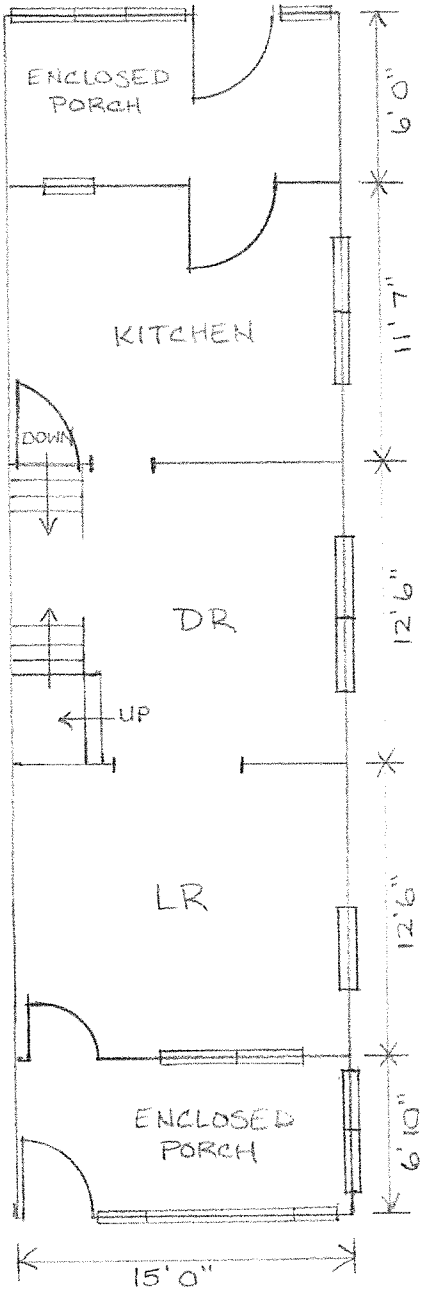
Unit # _____

Name of each occupant of this unit	AGE	Phone#

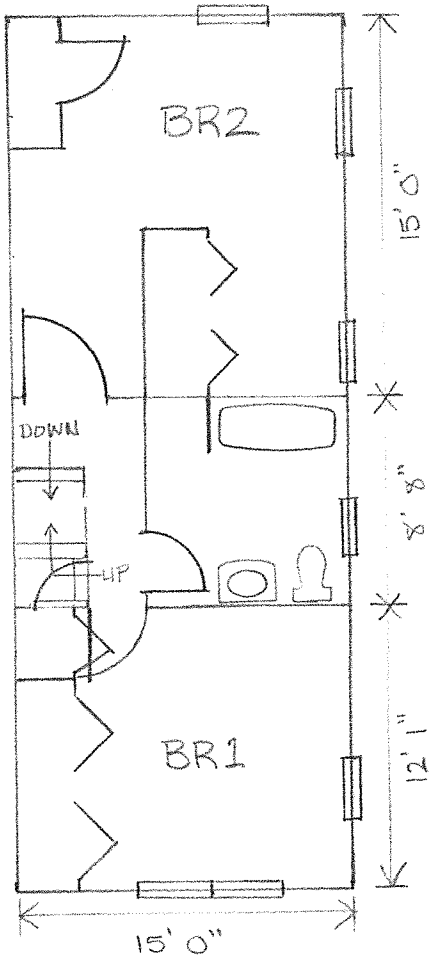
Room Dimensions **

LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	

1ST FLOOR



2ND FLOOR



126 WASHINGTON AVE.
COLLINGSWOOD, NJ 08108

PENNSAUKEN - COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856)665-0774
F. (856)662-0757

Daniel L. Kerr Jr.
Fire Marshal

REQUEST FOR TIME EXTENSION

Property Address: 126 Washington Ave, Collingswood

Violations Accomplished: _____

Violations Remaining: Proper smoke/CO detectors not installed

Reason for Extension: Ongoing construction

Date work will be completed: 6/3/2019

Fire Violation Extension

Pursuant to N.J.A.C. 5:70-2.10(d)2, an application for extension of time shall be deemed to be an admission that the Notice of Violation is factually and procedurally correct and that violations do or did exist.

Housing Violation Extension

Pursuant to Ordinance 1127, an application for extension of time shall be deemed to be an admission that the Notice of Violation is factually and procedurally correct and that violations do or did exist.

The following information **MUST BE COMPLETED IN ORDER TO BE CONSIDERED** and the information CANNOT be the same as the property address or phone number, UNLESS the owner lives at the address year round.

OWNER'S NAME: Wayne Urffar/WUSM1 Associates, LLC

OWNER'S DAYTIME PHONE #: [redacted]

5/6/2019 — Date

Wayne W. Urffar — Signature of Owner

DO NOT WRITE BELOW THIS LINE / FOR OFFICIAL USE ONLY

Your Request for an Extension of Time to Abate Violation(s) at the above location is:

(X) **GRANTED** The new date by which compliance is ordered is 6/3/2019
( ) **DENIED** The time limit originally imposed remains in effect.
( ) **MUST REMAIN VACANT** - Premises under major Construction/ Renovation
Due date for next inspection: ___/___/___

Failure to correct violations within the time limits set will result in the imposition of penalties and possibly other enforcement proceedings:

5/7/2019 — Date

Wm. Day — Inspector

Collingswood Bureau of Fire Prevention

434 Haddon Avenue

Collingswood, New Jersey 08108

856-854-7447 856-854-1279 (FAX)

Fire/Housing Code or Borough Ordinance Violations

Wayne/Susan Urffer/Mammarella
254 W Main St.

Moorestown NJ 08057

Inspector: Day, William J
Inspected: 06/18/2019
Registration No: SING851
State Registration:

Premises Name: Single Family

Premises: 126 Washington AVE

The violations cited on the above premises are as follows:

			Reinspection Date:		
			Inspector:		
Number	Description	Abate by	U/A	U/A	U/A
1 Fire	Nature: Automatic fire alarms and carbon monoxide alarms Code Section: N.J.A.C. 5:70- 4.9(a)2 5:70-4.9(A)2 Description and Location: Violation carried over from inspection on 04/04/2019 In all buildings of Use Group R-1 and in R-3 bed and breakfast homestays: i. In dwellings or guestrooms, 10-year sealed battery-powered single station detectors shall be installed. The effective date of this subparagraph shall be January 1, 2019. Such smoke alarms shall be maintained in accordance with N.J.A.C 5:70-3, 907.11.2 ii. In bed and breakfast homestays of Use Group R-3, the system shall not be required to be supervised or connected to an emergency power supply. iii. All buildings of Use Group R-1, regardless of the number of units, shall have available at least one portable visual alarm type smoke detector or smoke alarm for the deaf or hearing impaired for each 50 units or fraction thereof. The owner may require a refundable deposit for such portable smoke detector or smoke alarm not to exceed the value of the smoke detector or smoke alarm. Notification of the availability of such devices shall be provided to each occupant. <BASEMENT,1ST FLOOR AND 2ND FLOOR HALLWAYS AND BEDROOMS PROVIDE 10 YEAR SEALED BATTERY OPERATED SMOKE DETECTORS AS PER THE CODE SMOKE DETECTORS SHALL BE UL LISTED>	Abated			
2 Fire	Nature: Automatic fire alarm and carbon monoxide alarms Code Section: N.J.A.C. 5:70 4.9(d) 5:70-4.9(D) Description and Location: Violation carried over from inspection on 04/04/2019 Effective September 3, 2017, carbon monoxide detection equipment shall be installed in all existing buildings which contain a fuel-burning appliance or have an attached garage. An "open	Abated			

Collingswood Bureau of Fire Prevention

434 Haddon Avenue

Collingswood, New Jersey 08108

856-854-7447 856-854-1279 (FAX)

Fire/Housing Code or Borough Ordinance Violations

	parking structure," as defined in the building subcode of the Uniform Construction Code, shall not be deemed to be an attached garage. <2ND FLOOR HALLWAY PROVIDE CARBON MONXIDE DETECTOR MUST BE UL LISTED>				

Key: The numbering of violations is for identification purposes only and shall not be construed as bearing in any way on the seriousness of any violation.
"U" Unabated- Violation uncorrected.
"A" Abated- Violation corrected.

PENNSAUKEN-COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110

P. (856) 665-0774
P. (856) 662-0757

Daniel L. Kerr Jr.
Fire Marshal

Property Registration Form

Please type or print all information

Property Address: [redacted] 126 Washington Ave., Collingswood, NJ 08108

Name of Business: WUSM1 Associates, LLC Square Feet: 1216

Buiness Phone: [redacted] Buiness Fax: _____

Property Owner: WUSM1 Associates, LLC

Address: 254 W. Main St.

City Moorestown State NJ Zip 08057

Cell/Daytime Phone [redacted] Home Phone ( )

Email Address: [redacted]

Emergency Contact: Name Wayne Urffer ([redacted]

Business Owner: Wayne Urffer & Susan Mammarella

Address: 254 W. Main St.

City Moorestown State NJ Zip 08057

Home Phone [redacted]

Email Address: [redacted] ( )

Emergency Contact: Name Wayne Urffer [redacted]

THIS SECION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent:

Name: Wayne Urffer Cell Phone: [redacted]

Address 254 W. Main St. City/State/Zip: Moorestown, NJ 08057

Email: [redacted] Drivers License #: [redacted]

Wayne W. Urffer
Signature of Applicant

3/6/2020
Date

By signing this application, I am taking responsiblility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

PENNSAUKEN-COLLINGSWOOD
FIRE PREVENTION & INSPECTION BUREAU

4700 Westfield Avenue
Pennsauken, New Jersey 08110
P. (856) 665-0774
P. (856) 662-0757
Daniel L. Kerr Jr.
Fire Marshal

TENANT INFORMATION
COLLINGSWOOD

Please PRINT all information clearly

2020

Property Address: 126 Washington Ave., Collingswood, NJ 08108

Owner/Agent Name: Wayne Urffer Phone [redacted]

Number of Units: 1 **(All information MUST be provided EACH YEAR)**

Unit # 1

Name of each occupant of this unit AGE Phone #

Currently unoccupied

Room Dimensions

LR 12'6" x 15'0"
DR 12'6" x 12'0"
BR#1 12'1" x 15'0"
BR#2 IRREGULAR
BR#3
BR#4

Unit #

Name of each occupant of this unit AGE Phone #

Room Dimensions

LR
DR
BR#1
BR#2
BR#3
BR#4

Unit #

Name of each occupant of this unit AGE Phone #

Room Dimensions

LR
DR
BR#1
BR#2
BR#3
BR#4

Collingswood Bureau of Fire Prevention
New Jersey Uniform Fire Code
Certificate of Inspection
&
Residential Housing/Maintenance
Certificate of Compliance

Issued to: **Single Family**

Property Location: **126 Washington AVE**
Collingswood, NJ 08108

Issued by: Collingswood Bureau of Fire Prevention
434 Haddon Avenue
Collingswood, New Jersey 08108

LEA Code# 0412-001

Inspection Date: **04/15/2021**

Expiration Date: **04/01/2022**

State Registration #:

Occupant Load:

Take notice that the aforementioned premise has been inspected by a duly authorized local enforcing agency for the above jusrisdiction.

Take further notice that this premise conforms to the applicable regulations of the Uniform Fire Code and the BOCA National Property Maintenance Code/1993, and all complaints and inquires

concerning the above captioned property should be directed to the agency listed at the top of this notice.

The State Uniform Fire Safety Act (N.J.S.A. 52:27D et. seq.) requires that the Certificate of Inspection be posted in a place visible to tenants, public, etc.

Geoffrey T. Joyce, Fire Official

Date: **03/05/2024**

Collingswood Fire Department
20 West Collings Avenue
Collingswood, New Jersey 08108
856-854-7447 x 101 856-854-1279 (FAX)
www.collingswoodfire.com

Property Registration Form

Please type or print all information

Property Address: 126 Washington Ave., Collingswood, NJ 08108
Name of Business: WUSM1 Associates, LLC Square Feet: 1216
Business Phone: [redacted] Business Fax: _____

Property Owner: WUSM1 Associates, LLC
Address: 254 W. Main St.
City Moorestown State NJ Zip 08057
Cell/Daytime Phone [redacted] Home Phone ( ) _____
Email Address: [redacted]
Emergency Contact: Name Wayne Urffar [redacted]

Business Owner: Wayne Urffar & Susan Mammarella
Address: 254 W. Main St.
City Moorestown State NJ Zip 08057
Home Phone [redacted]
Email Address: [redacted] ( ) _____
Emergency Contact: Name Wayne Urffar [redacted]

THIS SECTION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent:

Name: Wayne Urffar Cell Phone: [redacted]
Address 254 W. Main St. City/State/Zip: Moorestown, NJ 08057
Email: [redacted] Drivers License #: [redacted]

Wayne W. Urffar 2/26/2021
Signature of Applicant Date

By signing this application, I am taking responsiblility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

Collingswood Fire Department
20 West Collings Avenue
Collingswood, New Jersey 08108
856-854-7447 x 101 856-854-1279 (FAX)
www.collingswoodfire.com

TENANT INFORMATION 2021
COLLINGSWOOD

Please PRINT all information clearly

Property Address: 126 Washington Ave., Collingswood, NJ 08108

Owner/Agent Name: Wayne Urffer Phone [redacted]

Number of Units: 1 **(All information MUST be provided EACH YEAR)**

Unit # 1

Name of each occupant of this unit	AGE	Phone #
Elizabeth Gadomski McGrath	33	[redacted]

Room Dimensions

LR 12'6" x 15'0"
DR 12'6" x 12'0"
BR#1 12'1" x 15'0"
BR#2 IRREGULAR
BR#3
BR#4

Unit # _____

Name of each occupant of this unit	AGE	Phone #

Room Dimensions

LR
DR
BR#1
BR#2
BR#3
BR#4

Unit # _____

Name of each occupant of this unit	AGE	Phone #

Room Dimensions

LR
DR
BR#1
BR#2
BR#3
BR#4

Collingswood Bureau of Fire Prevention
New Jersey Uniform Fire Code
Certificate of Inspection
&
Residential Housing/Maintenance
Certificate of Compliance

Issued to: **Single Family**

Property Location: **126 Washington AVE**
Collingswood, NJ 08108

Issued by: Collingswood Bureau of Fire Prevention
434 Haddon Avenue
Collingswood, New Jersey 08108

LEA Code# 0412-001

Inspection Date: **04/06/2022**

Expiration Date: **04/01/2023**

State Registration #:

Occupant Load:

Take notice that the aforementioned premise has been inspected by a duly authorized local enforcing agency for the above jusrisdiction.

Take further notice that this premise conforms to the applicable regulations of the Uniform Fire Code and the BOCA National Property Maintenance Code/1993, and all complaints and inquires

concerning the above captioned property should be directed to the agency listed at the top of this notice.

The State Uniform Fire Safety Act (N.J.S.A. 52:27D et. seq.) requires that the Certificate of Inspection be posted in a place visible to tenants, public, etc.

Geoffrey T. Joyce, Fire Official

Date: **03/05/2024**

Collingswood Fire Department
434 Haddon Avenue
Collingswood, New Jersey 08108
856-854-7447 x 101 856-854-1279 (FAX)
www.collingswoodfire.com

Property Registration Form

Please type or print all information

Property Address: 126 Washington Ave., Collingswood, NJ 08108

Name of Business: WUSM1 Associates, LLC Square Feet: 1216

Business Phone: [redacted] Business Fax: _____

Property Owner: WUSM1 Associates, LLC

Address: 254 W. Main St.

City Moorestown State NJ Zip 08057

Cell/Daytime Phone [redacted] Home Phone ( ) _____

Email Address: [redacted]

Emergency Contact: Name Wayne Urffer [redacted]

Business Owner: Wayne Urffer & Susan Mammarella

Address: 254 W. Main St.

City Moorestown State NJ Zip 08057

Home Phone [redacted]

Email Address: [redacted] ( ) _____

Emergency Contact: Name Wayne Urffer [redacted]

THIS SECTION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent:

Name: Wayne Urffer Cell Phone: [redacted]

Address 254 W. Main St. City/State/Zip: Moorestown, NJ 08057

Email: [redacted] Drivers License #: [redacted]

Wayne W. Urffer 3/3/2022

Signature of Applicant Date

By signing this application, I am taking responsiblility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

Collingswood Fire Department
434 Haddon Avenue
Collingswood, New Jersey 08108
856-854-7447 x 101 856-854-1279 (FAX)
www.collingswoodfire.com

TENANT INFORMATION COLLINGSWOOD

2022

Please PRINT all information clearly

Property Address: 126 Washington Ave., Collingswood, NJ 08108

Owner/Agent Name: Wayna Urffar Phone [redacted]

Number of Units: _____ **(All information MUST be provided EACH YEAR)**

Unit # _____

Name of each occupant of this unit	AGE	Phone #
Elizabeth Gadomski McGrath	34	[redacted]
Clint Datwiler-Alderfer	35	" "

Room Dimensions

LR	12'6" x 15'0"
DR	12'6" x 12'0"
BR#1	12'1" x 15'0"
BR#2	IRREGULAR
BR#3	
BR#4	

Unit # _____

Name of each occupant of this unit	AGE	Phone #

Room Dimensions

LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	

Unit # _____

Name of each occupant of this unit	AGE	Phone #

Room Dimensions

LR	
DR	
BR#1	
BR#2	
BR#3	
BR#4	

Collingswood Fire Department
Office of Fire Prevention and Inspection
434 Haddon Avenue
Collingswood, NJ 08108

856-854-7447 x101
fireprevention@collingswood.com

New Jersey Uniform Fire Code & BOCA Housing Code
Certificate of Inspection & Certificate of Compliance

Business Name	Current Date	Inspection Number	Address
Single Family	03/05/2024	CF-2023-0000622-1	126 WASHINGTON AVE

Suite	City	State	Zip
--	COLLINGSWOOD	NJ	08108

Next inspection scheduled to be conducted on or after 04/04/2024.
Take notice that the aforementioned premise has been inspected by a duly authorized local enforcing agency for the above jurisdiction.

Take further notice that this premise conforms to the applicable regulations of the New Jersey Uniform Fire Code and the BOCA National Property Maintenance Code of 1993, and all complaints or inquiries concerning the above captioned property should be directed to the agency listed on this notice

The State Uniform Fire Safety Act (N.J.S.A. 52:27D et. seq) requires that the Certificate of Inspection be posted in a place visible to tenants, public, etc.

Inspection Signatures

Fire Official



Fire Official

Collingswood Fire Department
Office of Fire Prevention and Inspection
434 Haddon Avenue
Collingswood, NJ 08108

856-854-7447 x101
fireprevention@collingswood.com

Billing Address
254 W MAIN ST, MOORESTOWN, NJ, 08057

Business Name	Inspection Number	Address	Suite
Single Family	CF-2023-0000622	126 WASHINGTON AVE	--

City	State	Zip
COLLINGSWOOD	NJ	08108

Invoice Number(s)			
CF-2023-0000392			

Notice of Violations and Order to Correct

Cited violations must be repaired and our office contacted for re-inspection by05/04/2023.

YOU ARE HEREBY NOTIFIED that an inspection by the Collingswood Fire Prevention and Inspection Bureau disclosed violations of the Uniform Fire Code (N.J.A.C. 5:70-1 et. seq.), promulgated pursuant to the New Jersey Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et. seq.). The violations are specified on the accompanying "Violations Report" page(s).

YOU ARE HEREBY ORDERED by the Collingswood Fire Prevention and Inspection Bureau to correct the violations listed on the accompanying "Violations Report" page(s) by the abate by date noted in the remarks field of the inspection report. If a reinspection discloses that violations have not been corrected and an extension has NOT been requested and granted, you will be subject to penalties of up to $5,000 per violation per day or as otherwise authorized by the Act.

In ADDITION, the Act imposes liability on the owner for the actual costs of fire

suppression where a violation directly or indirectly results in fire.

If you do not understand this order, need assistance, or desire further information about this order, please contact the Collingswood Fire Prevention and Inspection Bureau at 856-854-7447 x101.

APPEAL RIGHTS - EXTENSIONS

See the attached page of information concerning your administrative appeal rights, authorized penalties, and the procedure for requesting an extension of time in which to correct violations.

Inspection Results

Item	Result	Remarks
Provide lead-safe certification to fire prevention bureau	Violation	abate by 5/4/23
Code		
Borough Ordinance - 2 - Lead-Based Paint Inspections - The owner and/or landlord of every single-family, two-family, and multiple rental dwelling located within the Borough of Collingswood shall cause their property to be inspected for lead-based paint hazards, through visual assessment and dust wipe sampling in accordance with the Act. The owner and/or landlord, in lieu of having the dwelling inspected by the Borough's lead inspector, may directly hire a private lead inspector to perform the lead-based paint inspection. All inspections will otherwise be performed by the Borough's lead inspector.		

Administrative Appeal Rights

YOU MAY CONTEST THESE ORDERS BY FILING AN APPEAL. The request for a hearing must be made in writing within 15 DAYS after receipt of this order and addressed to:

Camden County Construction Board of Appeals c/o County Counsel (JAF/DB) 14th Floor -City Hall 520 Market Street Camden, NJ 08102

**Copy to: Collingswood Fire Department ** Office of Fire Prevention and Inspection 434 Haddon Avenue Collingswood, NJ 08108 Phone: 856-854-1279 Fax: 856-854-7447

In accordance with N.J.A.C. 5:70-2.19 an appeal shall be signed by a proper party and shall include:

- The date of the act, which is the subject of the appeal
- The name and status of the person submitting the appeal
- The specific violations or other act claimed to be in error; and
- A concise statement of the basis for the appeal

You are advised that only matters deemed to be **CONTESTED CASES**, as defined by the Administrative Procedures Act, will be scheduled for a Hearing. If a hearing is scheduled, you will be notified in advance of the time and place.

EXTENSIONS If a specified time has been given to abate a violation, YOU MAY REQUEST AN EXTENSION OF TIME by submitting a written request to the Collingswood Fire Department. To be considered, the request must be made before the compliance date specified and must set forth the work accomplished, the work remaining, the reason why an extension of time is necessary and the date by which all work will be completed.

TAKE NOTICE THAT, pursuant to N.J.A.C. 5:70-2.10 (d)2 an application for an extension constitutes an admission that the violation notice is factually and procedurally correct and that the violations do or did exist. In addition, the request for an extension constitutes a waiver of the right to a hearing as to those violations for which an extension is applied

PENALTIES Pursuant to N.J.A.C. 5:70-2.12,a violation of the Code is punishable by monetary penalties of not more than $5,000 per day for each violation. Each day a violation continues is an additional, separate violation except while an appeal is pending.

ALSO TAKE NOTICE THAT, pursuant to N.J.A.C. 5:70-2.12A, when an owner has been given notice of the existence of a violation and has not abated the violation, that owner shall, in addition to being liable to the penalty provided for by N.J.A.C. 5:70-2.12, the owner shall also be liable for a dedicated penalty in the like amount.

A violation that is recurring justifies imposition of an immediate penalty without the necessity for an interval in which corrections can be made. A violation shall be deemed to be a recurring violation if a notice has been served within two years from date that a previous notice was served and the violation, premises and responsible party are substantially the same.

Claims arising out of penalty assessments can be compromised or settled if it shall be likely to result in compliance. Moreover, no such disposition can be finalized while the violation continues to exist.

Any penalties assessed are in addition to others previously assessed. Penalties must be paid in full within 30 days after an order to pay. If full payment is not made within 30 days, the local enforcing agency may institute a civil penalty action by a summary proceeding under the "The Penalty Enforcement Law" (N.J.S.A. 2A:58-10 et seq.) in the Superior or municipal court.

NOTICE If you require guidance or advice concerning your legal rights, obligations, or the course of action you should follow, consult your own advisor.

Inspection Signatures

Occupancy Contact Signature

Unable to sign:

tablet not present

_____

Wayne Urffer
Billing Contact
[redacted]

Inspector Signature



_____

Carl W Jubb
Inspector
Inspector
xxxxx@xxxxxxxxxxxx.xxx

** By Order of the Fire Marshal**

Inspection Signatures

Fire Official



_____

LEAD – SAFE CERTIFICATE

It is hereby certified that a lead based paint visual inspection and/or dust wipe sampling has been performed in accordance with the protocols referenced in N.J.A.C. 5:17, and the results of which indicate that no lead-based paint hazards have been found in the dwelling unit listed below. It shall be the owner's responsibility to perform any required on-going evaluation and maintenance to ensure that the dwelling unit remain in a *Lead - Safe* condition. **PURSUANT TO P.L.2003, c.311 (C.52:27D-437.1 et. Seq.)**

This certificate is VALID FOR TWO YEARS.

126 Washington Avenue, Collingswood, NJ 08108
Site Address *Block* *Lot*

Applicable Dwelling Unit: **N/A** ***(CERTIFICATE IS VALID FOR A DWELLING UNIT AND SHALL BE AFFIXED TO LEASE)***

Insp/RA Name **William P. O'Donnell IV** *Evaluation Contractor #:* **00432-E** *Phone* **215-284-0086**

Signature

#R001767
NJDOH ID #

Contractor Name: **Bay Hill Environmental, LLC**

Contractor Address: **2317 Church Rd**
Cherry Hill, NJ 08002

N/A
Name of Municipal Inspector

N/A
Signature

04/19/2023
Date Issued (mm/dd/yyyy)

ACCURATE ANALYTICAL TESTING LLC

30105 Beverly Road
Romulus, MI 48174
Ph: 734-629-8161; Fax: 734-629-8431

Certificate of Analysis: Lead In Dust Wipe by EPA Method 7000B/3050B*

Client : Bay Hill Environmental
2060 Fairfax Avenue
Cherry Hill, NJ 08003
Attn : Bill ODonnell **Email :** info@bayhillenvironmental.com
Phone : 215-284-0086 **Fax :**

AAT Project : 904135
Sampling Date : 04/17/2023
Date Received : 04/18/2023
Date Analyzed : 04/19/2023
Date Reported : 04/19/2023

Client Project : 126 WASHINGTON AVE COLLINGSWOOD NJ 08108

Project Location : 126 WASHINGTON AVE COLLINGSWOOD NJ 08108

Lab Sample ID	Client Code	Sample Description	Length (inch)	Width (inch)	Area (Sq ft)	Results Lead µg/ft2 *
8357490	1	CONTROL F	24	24	4.00	<1.25
8357491	2	LIV RM F	24	24	4.00	<1.25
8357492	3	LIV RM WS	4	36	1.00	<5.00
8357493	4	KIT F	24	24	4.00	<1.25
8357494	5	KIT WS	4	36	1.00	<5.00
8357495	6	FRONT BEDRM F	24	24	4.00	<1.25
8357496	7	FRONT BED WS	4	36	1.00	<5.00
8357497	8	REAR BEDRM F	24	24	4.00	<1.25
8357498	9	REAR BEDRM WS	4	36	1.00	<5.00

Analyst Signature Richard J Laugal

Richard Laugal

ND = Not Detected, N/A = Not Available, RL = Reporting Limit, Analytical Reporting Limit is 5 ug/sample. For true values assume (2) significant figures. AAT internal SOP S205. The method and batch QC are acceptable unless otherwise stated. EPA Regulatory Limits: 10 ug/ft2 (Floors, Carpeted/Uncarpeted), 100 ug/ft2 (Window Sill/Stools), 400 ug/ft2 (Window Trough/Well/Ext Concrete Surfaces). HUD Grantee Regulatory Limits: 10 ug/ft2 (Interior Floors), 40 ug/ft2 (Porch Floors), 100 ug/ft2 (Window Sills), 100 ug/ft2 (Window Troughs). The laboratory operates in accord with ISO 17025 guidelines and holds limited scopes of accreditation under AIHA-LAP and NY State DOH ELAP programs. These results are submitted pursuant to AAT, LLC current terms and conditions of sale, including the company's standard warranty and limitation of liability provisions. Analytical results relate to the samples as received by the lab. AAT will not assume any liability or responsibility for the manner in which the results are used or interpreted. All Quality Control requirements for the samples this report contains have been met. AAT does not blank correct reported values. Sample data apply only to items analyzed. Results are calculated with wipe dimensions supplied by client. Reproduction of this document other than in its entirety is not authorized by AAT, LLC. * = Validated modified method. Samples are stored for 15 days following report date.

ENVIRONMENTAL LEAD ISO/IEC 17025:2017 Accredited Laboratory 82 Pb Lead AIHA LAP, LLC AIHAACCREDITEDLABS.ORG Lab ID #100986

AIHA LAP- Lab ID #100986, NY State DOH ELAP -Lab ID #11864, State of Ohio- Lab ID # 10042

ACCURATE ANALYTICAL TESTING LLC

30105 Beverly Road
Romulus, MI 48174
Ph: 734-629-8161; Fax: 734-629-8431

To : Bay Hill Environmental
2060 Fairfax Avenue
Cherry Hill, NJ 08003

Attn : Bill ODonnell **Email :** info@bayhillenvironmental.com
Phone : 215-284-0086

Project Location : 126 WASHINGTON AVE COLLINGSWOOD NJ 08108

AAT Project : 904135
Client Project : 126 WASHINGTON AVE COLLI
Date Reported : 04/19/2023

Sample	Client Code	Analysis Requested	Completed	Analyst
8357490	1	Dust Wipe	04/19/2023	Richard Laugal
8357491	2	Dust Wipe	04/19/2023	Richard Laugal
8357492	3	Dust Wipe	04/19/2023	Richard Laugal
8357493	4	Dust Wipe	04/19/2023	Richard Laugal
8357494	5	Dust Wipe	04/19/2023	Richard Laugal
8357495	6	Dust Wipe	04/19/2023	Richard Laugal
8357496	7	Dust Wipe	04/19/2023	Richard Laugal
8357497	8	Dust Wipe	04/19/2023	Richard Laugal
8357498	9	Dust Wipe	04/19/2023	Richard Laugal

Elyse Bidle

Reviewed By Elyse Bidle
Quality Assurance Coordinator

This report is intended for use solely by the individual or entity to which it is addressed. It may contain information that is privileged, confidential and otherwise exempt by law from disclosure. If the reader of this information is not the intended recipient or an employee of its intended recipient, you are herewith notified that any dissemination, distribution or copying of this information is strictly prohibited. If you have received this information in error, please notify AAT immediately. Thank you.

COLLINGSWOOD FIRE DEPARTMENT
OFFICE OF FIRE PREVENTION & INSPECTION BUREAU

434 Haddon Avenue
Collingswood, New Jersey 08108

P. (856) 854-7447
F. (856) 854-1279

Geoffrey T. Joyce
Fire Official

Property Registration Form

Please type or print all information

Property Address: 126 Washington Ave., Collingswood, NJ 08108
Name of Business: WUSM1 Associates, LLC Square Feet: 1216
Business Phone: [redacted] Business Fax: _____

Property Owner: WUSM1 Associates, LLC
Address: 254 W. Main St., Moorestown, NJ 08057
City: Moorestown State: NJ Zip: 08057
Home Phone: ( ) _____ Cell Phone: [redacted]
Email Address: [redacted]
Emergency Contacts: Name Wayne Urffer Phone # [redacted]

Business Owner: Wayne Urffer & Susan Mammarella
Address: 254 W. Main St.
City: Moorestown State: NJ Zip: 08057
Home Phone: ( ) _____ Cell Phone: [redacted]
Email: [redacted]
Emergency Contacts: Name Wayne Urffer Phone # [redacted]

THIS SECTION MUST BE COMPLETED

Please indicate where you wish REGISTRATION FORMS, INSPECTION AND VIOLATION NOTICES to be sent :

Name: Wayne Urffer Cell Phone: [redacted]
Address: 254 W. Main St. City/State/Zip: Moorestown, NJ 08057
Email: [redacted] Drivers License#: [redacted]

Wayne W. Urffer 3/13/2023
Signature of Applicant Date

By signing this application I am taking responsibility for the fire inspection and all requirements necessary for the issuance of a Certificate of Compliance.

COLLINGSWOOD FIRE DEPARTMENT
OFFICE OF FIRE PREVENTION & INSPECTION BUREAU

434 Haddon Avenue
Collingswood, New Jersey 08108

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TENANT INFORMATION 2023
COLLINGSWOOD

Please PRINT all information clearly

Property Address: 126 Washington Ave., Collingswood, NJ 08108

Owner/Agent Name: Wayne Urffer Phone [redacted]

Number of Units: 1 **(All Information MUST be provided EACH YEAR)**

Unit # _____ **Room Dimensions ****

Name of each occupant of this unit	AGE	Phone#
Elizabeth Gradomski	35	[redacted]
Clint Detwiler-Alderfer	36	

LR 12'6" x 15' 0"
DR 12' 6" x 12' 0"
BR#1 12' 1" x 15' 0"
BR#2 IRREGULAR
BR#3 _____
BR#4 _____

Unit # _____ **Room Dimensions ****

Name of each occupant of this unit	AGE	Phone#

LR _____
DR _____
BR#1 _____
BR#2 _____
BR#3 _____
BR#4 _____

Unit # _____ **Room Dimensions ****

Name of each occupant of this unit	AGE	Phone#

LR _____
DR _____
BR#1 _____
BR#2 _____
BR#3 _____
BR#4 _____