CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 4/6/2020

Tracking Number: OPRA-Req-20-0394

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Breean Stumpf

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: 14 COUNTRY WALK

LIST OF OPEN & CLOSED PERMITS FOR

14 COUNTRY WALK CHERRY HILL NJ.
524.12/17

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

2031.177

BLOCK 524.18 LOT 17 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 14 COUNTRY WALK.
2. Name of Owner in Fee: [redacted] Tel. (856) _____
   Address 5 [redacted] CHERRY HILL 08003
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: S. Jersey Roofing & Siding Co [redacted]
   Address 106D Centre Blvd.
   License No. OR, if new home, Builder Reg. No. NJ 08053 Exp. Date _____
   Federal Employee N [redacted] FAX: (856) 988-7063
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Anthony SACERDOTE
   Tel. [redacted] FAX (856) 988-7063

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 46.		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	3 —		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 49.00		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

2724

Roofing

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	4950								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☑ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS CH-B 10801031

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 S. Jersey Roofing & Siding Co.

Address 106D Centre Blvd.
Marlton, NJ 08053

Telephor [redacted]

Signature _____

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

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

CERTIFICATE

IDENTIFICATION

Date Issued: 06/18/2003
Control #: 43555
Permit #: 20031177

Block: 524.12 Lot: 17 Qual:

Work Site: 14 COUNTRY WALK
CHERRY HILL

Owner in Fee: MRS. WANG
Address: 14 COUNTRY WALK
CHERRY HILL NJ 08003
Telephone: [redacted]

Agent/Contractor: S.J. ROOFING & SIDING
Address: 106 D. CENTRE BLVD.
MARLTON, NJ 08053
Telephone: [redacted]

Lic. No./ Bldrs. Reg No.:
Federal Emp. No. [redacted]
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private:
Use Group: R-4
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: ROOFING

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

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

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Anthony Saccamano, Construction Official

Fees $0.00
Paid [ ] Check No
Collected by

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/20/03
Control #
Permit # 2003-1177

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

Block 524.12 Lot 17
Work Site Location 14 Country Walk
Cherry Hill 08003
Owner in Fee MRS. WARD
Address SAME
[redacted]
Tele. [redacted]
Contractor S. Jersey Roofing & Siding Co.
Address 106D Centre Blvd.
Marlton, NJ 08053
Tele. [redacted] Fax (856) 988-7063
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 6-13-03
Approved by: JRES

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO			6/13/03	
Other			6/13/03	
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 4956

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove of layer of shingles to wood Deck.
Install #15 felt paper.
Install Timberline 40yr shingles.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[✓] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 46.00

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	5.-
TOTAL FEE	$	51.00

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

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

Permit Number: 20031177
Permit Date: 5/20/2003
Update Number:
Control Number: 43535
Application Date: 05/20/03

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 524.12 Lot: 17 Qualifier:

Work site Location:	14 COUNTRY WALK CHERRY HILL	Contractor:	S.J. ROOFING & SIDING
Owner In Fee:	MRS. WANG	Address:	106 D. CENTRE BLVD.
Address:	14 COUNTRY WALK		MARLTON NJ 08053
	CHERRY HILL NJ 08003	Telephone:	[redacted]
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-4	Federal Emp. No.:	[redacted]

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ROOFING

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$4,950.00
Cost of Demolition:	$0.00
Total Cost:	$4,950.00

[70-43]	Building	$46.00
[70-48]	Electrical	
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$5.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-76]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total:	$ 51.00

PAYMENTS (Office Use Only)

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

Anthony Saccoliamo (SD) 5/20/03
Anthony Saccoliamo Date
Construction Official

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

Note:

All Fees Waived No
Amount to be Paid: $ 51.00
Check Number: 2724
Check amount: $51.00

Collected by: SD
Total Cash Amount
Total Check Amount $51.00
Total CC Amount
Grand Total $51.00

BLOCK 524.10 LOT 26 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 2043228

CONSTRUCTION PERMIT APPLICATION

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

12-02-04

9358

I. IDENTIFICATION

1. Proposed Work Site at: 14 COUNTRY WALK CHERRY HILL N.J.
2. Name of Owner in Fee: MR. + MRS WANG Tel. [redacted]
   Address 14 COUNTRY WALK (street) CHERRY HILL (municipality) N.J. (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: JOHN'S A.C.J. HEAT INC. Tel. [redacted]
   Address 119 HARDING AVE BELLMAWR N.J. 08031
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee N[redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun JOHN'S A.C.J. HEAT INC. [redacted] FAX: (856) 933-1288

Replace Gas Furnace + A/C

RECEIVED
NOV 22 2004
BUILDING INSPECTIONS

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		46	
3. Plumbing			
4. ~~Fire Protection~~ Mech.		43.	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee		4.	
10. Subtotal	$		
11. ~~Cert. of Occupancy~~			
12. Other			
13. TOTAL	$	93.	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

OPTIONAL (for office use only)

	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. ☐ a. Repair ☐ b. Alteration ☐ c. Renovation ☐ d. Reconstruction									
5. ☐ Fire Protection MECHANICAL	1900.00				11/24/04	RC			
6. ☐ Plumbing									
7. ☑ Electrical	2000.00				11/23/04	F			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3900.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 12/03)

LDS CH-B 10800229

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 JOHN'S A.C. & HEAT INC.

Address 119 HARDING AVE BELLMAWR NJ. 08031

Telephone [redacted]

Signature _____

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

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

CERTIFICATE

Date Issued: 02/14/2005
Control #: 49692
Permit #: 20043228

IDENTIFICATION

Block: 524.10 Lot : 26 Qualification Code:

Work Site Location: 14 COUNTRY WALK
CHERRY HILL

Owner in Fee: MR. & MRS. WANG
Address: 14 COUNTRY WALK
CHERRY HILL, NJ 08003
Telephone: [redacted]

Agent/Contractor: JOHNS HEATING AND A/C
Address: 119 HARDING AVE.
BELLMAWR NJ 08031
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: [redacted]
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: REPLACE GAS FURNACE & A/C

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

_____
Anthony Saccomanno Construction Official

Fees $0.00
Paid[ ]Check No. _____
Collected by: _____

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Permit Number: 20043228
Permit Date: 12/02/2004
Update Number:
Control Number: 49692
Application Date: 12/01/04

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 524.10	Lot : 26 Qualifier :		
Work site Location:	13 COUNTRY WALK CHERRY HILL	Contractor:	JOHNS HEATING AND A/C
Owner In Fee:	MR. & MRS. WANG	Address:	119 HARDING AVE.
Address:	13 COUNTRY WALK		BELLMAWR NJ 08031
	CHERRY HILL NJ 08003	Telephone:	[redacted]
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	[redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

REPLACE GAS FURNACE & A/C

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$3,900.00
Cost of Demolition:	$0.00
Total Cost:	$3,900.00

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

Anthony Saccomanno
Contruction Official

12/1/04
Date

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

Note:

PAYMENTS (Office Use Only)

[70-43]	Building	
[70-48]	Electrical	$46.00
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	$43.00
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$6.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	$ 95.00

All Fees Waived No
Amount to be Paid: $ 95.00

Check Number: 9358
Check amount: $95.00

PAID DEC 2 - 2004

Collected by: SEW
Total Cash Amount
Total Check Amount $95.00
Total CC Amount
Grand Total $95.00

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-02-04
Control #
Permit # 2004-3228

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

Block 524.10 Lot 24
Work Site Location 14 COUNTRY WALK CHERRY HILL N.J.
Owner in Fee/Occupant MR. & MRS WANG
Address 14 COUNTRY WALK CHERRY HILL NJ.
Tele [redacted]
Contractor HARTFORD ELECTRIC CO.
Address 488 HARTFORD ROAD
MT. LAUREL N.J 08054
Tele. [redacted] Fax (856) 642-1697
Lic. No. 14586
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 11/23/04 JF
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/15/05
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/14/05	[signature]

Temp. Cut-In-Card Date Issued _____
Final Cut-In-Card Date Issued _____

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]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		.....	
		TOTAL NUMBERS	$ 31.00
		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	7.2	KW Central A/C Unit	9.00
		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 $ 6.
Minimum Fee $ 40.-
DCA-Training Fee $ _____
TOTAL FEE $ _____

U.C.C. F120 (rev. 3/86)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received
Date Issued 12-02-04
Control #
Permit # 2004-3228

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

Block 5241.0 Lot 26
Work Site Location 14 COUNTRY WALK CHERRY HILL NJ.
Owner in Fee MR & MRS WANG
Address 14 COUNTRY WALK CHERRY HILL NJ.
Tele. [redacted]
Contractor JOHN'S A.C. & HEAT INC.
Address 119 HARDING AVE BELLMAWR NJ. 08031
Tele. [redacted] Fax (856) 933-1288
Lic. No.
Federal Emp. No. [redacted]

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System [ ] Conversion [X] Replacement
Fuel: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Type: [ ] Hydronic [X] Hot Air
Estimated Cost of Mechanical Work $ 1900.00

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEING FURNACE WITH GOODMAN GAS FURNACE 90,000 INPUT ALSO WITH GOODMAN A.C UNIT CLT36-1A
- DIRECT VENT
- SEE ATTACHED LIST

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	43
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 43

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire [ ] Mech.
PLANS APPROVED
Date: 11/24/04
Approved by:
SUBCODE APPROVAL
[X] CA [ ] CCO
Date: 2/16/05
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance			2/14/05	
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			11/24/04	
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

U.C.C. F145
(6/98)

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 52-1.10 LOT 24 PERMIT # _____

WORK SITE ADDRESS 14 COUNTRY WALK CHERRY HILL N.J

Applicant JOHN'S A.C. & HEAT INC

Certifying Individual JOHN'S A.C & HEAT INC. Company JOHN'S AC & HEAT INC.

Address 119 HARDING AVE BELLMAWR N.J 08031

(First) (City) (State) (Zip Code)

Tel. ([redacted])

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

Direct Vent Appliance:

No certification required:

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

Block 524.12 Lot 17 Qualification Code _____ Address (Site) 14 COUNTRY WALK Permit No. 20182980

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 14 COUNTRY WALK CHERRY HILL TOWNSHIP NJ 08003
2. Name of Owner in Fee: SUZANNE KELLY Tel [redacted]
   Address 14 COUNTRY WALK CHERRY HILL NJ 08003
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: RUBINO SERVICE COMPANY Tel. [redacted]
   Address 1255 BERLIN ROAD VOORHEES NJ 08043
   Email [redacted]
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. [redacted] Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical	65		
3. Plumbing	65		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	130		
7. Less 20% for State Plan Review			
8. Subtotal	130		
9. State Permit Surcharge Fee	12		
10. Subtotal	142		
11. Cert of Occupancy			
12. Other			
13. TOTAL	142		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area - Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands	yes ____ no ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	5300	JV	10/5/2018 1:16:25		10/5/2018 2:27:38				
☑ Plumbing	200	JO	10/5/2018 1:16:26		10/8/2018 2:41:53				
☐ Fire Protection			PM		PM				
☐ Elevator									

TOTAL COST 5500

VII. DESCRIPTION OF BUILDING USE

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

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

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

D. Construction Classification: TYPE VB

III. PLAN REVIEW (optional)

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

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

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

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

Date Applied 10/5/2018
Date Issued 10/16/2018
Control # 112745
Permit # 20182980

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 524.12 Lot: 17 Qualifier _____ Use Group R-5

Work Site Location: 14 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003
Owner in Fee SUZANNE KELLY
Address 14 COUNTRY WALK CHERRY HILL NJ 08003
Telephone: [redacted]

Contractor RUBINO SERVICE COMPANY
Address 1255 BERLIN ROAD VOORHEES NJ 08043
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. 19HC00204100 34EI01308100
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

☐ BUILDING ☑ PLUMBING ☐ LEAD HAZARD ABATEMENT
☑ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
☐ Mechanical (Subchapter 8 only)

DESCRIPTION OF WORK:

CONDENSATE, REPLACEMENT A/C UNIT

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $5,500

Construction Official _____ Date _____

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

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	$65
032	Plumbing	$65
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$12
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$142

Check No.	20742
Check	$142
Cash	$0
Credit	$0
Collected By	Sandi Del Rocini

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/5/2018
Date Issued 10/16/2018
Control # 112745
Permit # 20182980

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

Block 524.12 Lot 17 Qualification Code

Work Site Location: 14 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: SUZANNE KELLY

Address 14 COUNTRY WALK CHERRY HILL NJ 08003

Email

Tel. [redacted]

Contractor: RUBINO SERVICE COMPANY

Address 1255 BERLIN ROAD VOORHEES NJ 08043

Email [redacted]

Tel. [redacted] Fax. (856) 767-1166

Lic No. 34EI01308100 Exp. Date 3/31/2021

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

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $5,300

C. CERTIFICATION IN LIEU OF OATH

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

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONDENSATE, REPLACEMENT A/C UNIT,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
1	8.8	KW Central A/C Unit	$15
		HP/KW Space Heater/Air	
		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 $65
State Permit Surcharge Fee $10
TOTAL FEE $75

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

INSPECTIONS

Type:	Failure	Dates (Month/Day) 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				

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

PLUMBING SUBCODE

TECHNICAL SECTION

Date Received 10/5/2018
Control # 112745
Date Issued 10/16/2018
Permit # 20182980

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

Block 524.12 Lot 17 Qualification Code

Work Site Location: 14 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: SUZANNE KELLY

Address 14 COUNTRY WALK CHERRY HILL NJ 08003

Email

Tel. [redacted]

Contractor: RUBINO SERVICE COMPANY

Address 1255 BERLIN ROAD VOORHEES NJ 08043

Email [redacted]

Tel. [redacted] Fax. (856) 767-1166

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

Contractor License No. 36BI00931500 Expiration Date: 6/30/2021

Federal Employee No. [redacted]

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

Estimated Cost of Plumbing Work $200

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONDENSATE, REPLACEMENT A/C UNIT,

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
1	Other Condinsation Drain	$15

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

Dates (Month/Day)

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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