

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 167 Cedar Grove Road (856) 430-8401

2. Name of Owner in Fee: Thomas Keifer Tel. (856) 478-0530 cell
Address: 167 Cedar Grove Rd South Harrison Twp 08062
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: QWNEK Tel. (856) 478-0530
Address: 167 Cedar Grove Rd
Mullica Hill NJ 08062

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ Fax () _____

5. Architect or Engineer: Thomas Keifer Tel. (856) 478-0530
Address: 167 Cedar Grove Rd
Mullica Hill NJ 08062

6. Responsible Person in Charge of Work: THOMAS KEIFER
Tel. (856) 430-8401 Fax (856) 845-2154

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	<u>2</u>	
2. Height of Structure	<u>27' 9"</u>	ft.
3. Area — Largest Floor	<u>780</u>	sq. ft.
4. New Building Area	<u>1800</u>	sq. ft.
5. Volume of New Structure	<u>25174</u>	cub. ft.
6. Construction Classification		
7. Total Land Area Disturbed	<u>1150</u>	sq. ft.
8. Flood Hazard Zone	<u>N/A</u>	
9. Base Flood Elevation	<u>N/A</u>	ft.
10. Wetlands	yes _____ no <u>X</u>	
11. Max. Live Load	<u>40 LBS</u>	
12. Max. Occupancy Load	<u>N/A</u>	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd by	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Reviewer
1. ☐ Minor Work								
2. ☒ New Building								
3. ☐ Addition	<u>25,000</u>			<u>10/22/07</u>	<u>11/29/07</u>	<u>AK</u>		
4. ☐ a. Repair								
5. ☐ b. Alteration	<u>3,000</u>							
6. ☒ c. Renovation								
7. ☐ d. Reconstruction								
8. ☒ Fire Protection	<u>900.00</u>				<u>10/25/07</u>	<u>[signature]</u>		
9. ☒ Plumbing	<u>12,100.00</u>				<u>10/22/07</u>	<u>[signature]</u>		
10. ☒ Electrical	<u>7,500</u>				<u>11-21-07</u>	<u>[signature]</u>		
11. ☐ Elevator Devices								
12. ☐ Asbestos Abat./Subch. 8								
13. ☐ Lead Hazard Abatement								
14. ☐ Demolition								
TOTAL COSTS	<u>42,500</u>							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
SINGLE FAMILY RESIDENCE

2. Use Group:
Income restricted

3. Change in Use Group, indicate Former:
Before Construction 1
After Construction 1
Net Gain or loss 0

B. NON-RESIDENTIAL

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

UCCF-100 (REV. 12/03)
Professional Printing
(856) 468-7933

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

FOLD

FOLD

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

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

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

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

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 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

C.3. () Electrical C.4. () Plumbing

I further certify that I will perform the following work:

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 John Kipich Date 10/17/07

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)(5): All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

() Check if contractor.

Agent Name _____
Address _____

Telephone () _____
Signature _____

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

South Harrison Township

PO Box 113

Harrisonville, NJ 08039

(856) 769-4444

FAX (856) 769-4434

Permit No.

20080067

Block/Lot

14./23.

Date

12/03/08

Certificate of Occupancy

IDENTIFICATION

Block/Lot 14./23.

Work Site Location 167 CEDAR GROVE RD

Owner in Fee/Occupant KEIFRIDER

Address 167 CEDAR GROVE RD

MULLICA HILL, N.J. 08062

Telephone (856) 430-8401

Contractor _____

Address _____

Telephone _____ FAX _____

Lic. No. or Bldgs. Reg. No. _____

Federal Emp. No. _____

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.

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 11 or the owner will be subject to fine or order to vacate:

CONSTRUCTION OFFICIAL



U.C.C. F260
(rev. 3/96)

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group

R-5

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use: _____

TWO STORY ADDITION

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 _____

Fee \$

105

Paid ☐ Check No.

Check

Collected by:

JBW

Date 10-17-07



ZONING PERMIT

**SOUTH HARRISON TOWNSHIP
GLOUCESTER COUNTY, N.J.**

TO WHOM ISSUED THOMAS HEIDRICH

ADDRESS 167 CEDAR GROVE ROAD

BLOCK 23

LOT 14

DESCRIPTION Two story addition with two bedrooms two Bathrooms
Kitchen & porch on a crawl space to the right hand
Side of existing residence,

Res attached

ZONING ADMINISTRATIVE OFFICER

Indulge

10/24/07
2738
Gunn

NOTE: UNDER AND SUBJECT TO ALL CONDITIONS, RESTRICTIONS AND EASEMENTS OF RECORD, WHERE APPLICABLE.

MERIDIAN - DEED BASE ☒ TAX MAP BASE ☐

● = REBAR/IRON PIPE SET

■ = CONCRETE MONUMENT SET

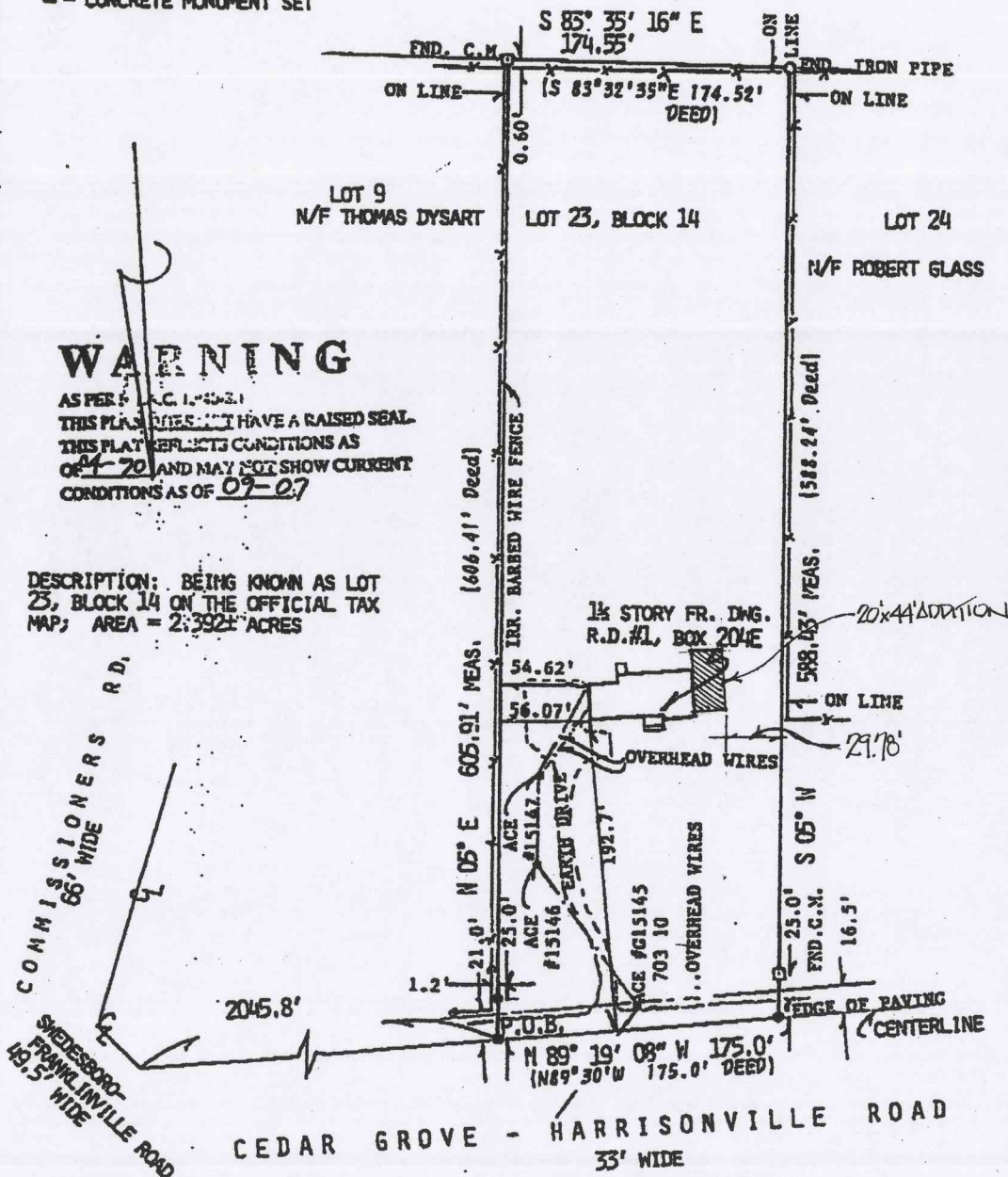
N/F ROBERT SNYDER

WARNING

AS PER N.J.A.C. 17:27.2

THIS PLAT DOES NOT HAVE A RAISED SEAL.
THIS PLAT REFLECTS CONDITIONS AS
OF 04-20 AND MAY NOT SHOW CURRENT
CONDITIONS AS OF 07-07

DESCRIPTION: BEING KNOWN AS LOT
23, BLOCK 14 ON THE OFFICIAL TAX
MAP; AREA = 2.3921 ACRES



TO: LAWRENCE ABSTRACT COMPANY
MERIDIAN MORTGAGE CORPORATION, ITS
SUCCESSORS AND/OR ASSIGNS

DUPLICATE

TO THE OWNER THOMAS J. KEFERIDER AND
THERESA A. KEFERIDER
TO THE INSURER OF TITLE relying hereon, in
consideration of the fee paid for making this
survey in accordance with the description fur-
nished I hereby certify to its accuracy (ex-
cept such easements, if any, that may be lo-
cated below the surface of lands or on the sur-
face of the lands and not visible) as an in-
dorsement for the insurer of title to insure the

SURVEY OF PREMISES

LOT 23, BLOCK 14 CEDAR GROVE-HARRISONVILLE RD.

SITUATE
TOWNSHIP OF SOUTH HARRISON
GLOUCESTER COUNTY, NEW JERSEY

ALBERT N. FLOYD

LAND SURVEYOR
NEW JERSEY LIC. NO. 21759



**PLUMBING
SUBCODE
TECHNICAL SECTION**

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

Block 23 Work Site Location 167 1st Ave Qualification Code 14
1011-14 Hill Ave
Owner in Fee SAHC
Address SAHC

Tel (856) 438-1401
Contractor Tom Heffner
Address SAHC

Tel (SAHC) SAHC FAX 856 845-8154
Contractor License No. SAHC
Federal Emp. No. SAHC

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed SAHC
Building Sewer Size 4" Public Sewer SAHC
Water Service Size 1" Public Water SAHC
Est. Cost of Plumbing Work \$ 12,100.00 Private Septic SAHC

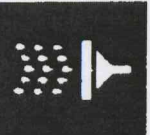
JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		Initial	
☐ No Plans Required	Joint Plan Review Required:	Type:	Failure	Failure	Approval	Initial	Initial
☐ Building	☐ Electric	Slab	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
☐ Fire	☐ Elevator	Rough	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
☒ Plumbing Plans Approved	Date: <u>10-22-07</u>	Water	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
Approved by: <u>SAHC</u>		Sewer	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
SUBCODE APPROVAL:		Fixtures	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
☒ CCO	☐ CA	Gas Equipment	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
Date: <u>10-22-07</u>		Gas Piping	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
Approved by: <u>SAHC</u>		LP Gas Tank	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
		Fuel Oil Piping	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
		Solar	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>
		TCO	<u>9-15-08</u>	<u>9-22</u>	<u>SAHC</u>	<u>SAHC</u>	<u>SAHC</u>

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
☐ Licensed Plumbing Contractor ☒ Exempt Applicant



Date Received 11-29-07
Date Issued 5/29/08
Control # 2008-0067
Permit # 2008-0067

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>2</u>	Water Closet	<u>18.</u>
<u>2</u>	Urinal/Bidet	<u>18.</u>
<u>3</u>	Bath Tub	<u>27.</u>
<u>1</u>	Lavatory	<u>9.</u>
<u>1</u>	Shower	<u>9.</u>
<u>1</u>	Floor Drain	<u>9.</u>
<u>1</u>	Sink	<u>9.</u>
<u>1</u>	Dishwasher	<u>9.</u>
<u>1</u>	Drinking Fountain	<u>9.</u>
<u>1</u>	Washing Machine	<u>9.</u>
<u>1</u>	Hose Bibb	<u>60.00</u>
<u>1</u>	Water Heater	<u>60.00</u>
<u>1</u>	Fuel Oil Piping	<u>60.00</u>
<u>1</u>	Gas Piping	<u>60.00</u>
<u>1</u>	LP Gas Tank	<u>60.00</u>
<u>1</u>	Steam Boiler	<u>60.00</u>
<u>1</u>	Hot Water Boiler	<u>60.00</u>
<u>1</u>	Sewer Pump	<u>60.00</u>
<u>1</u>	Interceptor/Separator	<u>60.00</u>
<u>1</u>	Backflow Preventer	<u>60.00</u>
<u>1</u>	Greasetrap	<u>60.00</u>
<u>1</u>	Sewer Connection	<u>60.00</u>
<u>1</u>	Water Service Connection	<u>60.00</u>
<u>1</u>	Stacks	<u>60.00</u>
<u>1</u>	Other	<u>60.00</u>
<u>1</u>	Other	<u>60.00</u>

Administrative Surcharge \$	<u>315</u>
Minimum Fee \$	<u>315</u>
State Permit Surcharge Fee \$	<u>315</u>
TOTAL FEE \$	<u>315</u>

9-15-08

- ① KITCHEN MUST BE 2" DRAIN
- ② WYE WORKS way KITCHEN LINE
- ③ Toilet & Sink Drain Can not share Tee
- ④ Crawl Space Drain Line has Tee on Back
- ⑤ Vent must be 6" ABOVE Flood Rim of Fixture

11-19-08

maxing valve



**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Block 23 Lot 14 Qualification Code _____

Work Site Location 167 DEON GRASS ROAD

MULLICA HILL RT. 08062

Owner in Fee: TOM HEINER

Tel. (856) 430-8401 e-mail HEINER@CAMEST.NET

Address 167 DEON GRASS RD SOUTH HANSON TWP 08062

street

municipality

zip code

Contractor: TOM HEINER Tel. (856) 430-8401

Address SADE e-mail SADE

Contractor License No. or Builder Registration No. _____

Exp. Date _____

Federal Emp. ID No. _____

FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Appr'l	Initial
☒ No Plans Required								
☒ All	<u>11/29/08</u>	<u>AK</u>					<u>6/9/08</u>	<u>AK</u>
☐ Footing							<u>6/9/08</u>	<u>AK</u>
☐ Foundation							<u>6/9/08</u>	<u>AK</u>
☐ Frame							<u>6/9/08</u>	<u>AK</u>
☐ Other							<u>6/9/08</u>	<u>AK</u>
Joint Plan Review Required:								
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator								
SUBCODE APPROVAL								
☒ CO ☐ SCO ☐ CA	<u>11/29/08</u>							
Date:								
Approved by: <u>AK</u>								
TCO								
Other								
Final								
Barrier-Free								

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	<u>5B</u>		1. New Bldg. \$ <u>25,000.00</u>
No. of Stories	<u>2</u>		2. Rehabilitation \$ <u>30,000.00</u>
Height of Structure	<u>21'9"</u>		3. Total (1+2) \$ <u>55,000.00</u>
Area — Largest Floor	<u>726</u>		
New Bldg. Area/All Floors	<u>1,000</u>		
Volume of New Structure	<u>15,174</u>		
Total Land Area Disturbed	<u>1,150</u>		

(over)



Date Received 11.29.07
Date Issued 5/29/08
Control # 2008-0067
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TWO STORY ADDITION WITH
TWO BEDROOMS, TWO BATHROOMS
KITCHEN + PORCH ON A
CRAWL SPACE.
TWO DORMERS FOR EGRESS
FROM SECOND FLOOR.

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	
☒ Addition	
☒ Rehabilitation	
☒ Roofing	
☒ Siding	
☐ Fence _____ Height (exceeds 6')	
☐ Sign _____ Sq. Ft.	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☐ Other _____	
☐ Demolition	

Administrative Surcharge \$	
Minimum Fee \$	<u>379</u>
State Permit Surcharge Fee \$	
TOTAL FEE \$	

9-22-08 - Hurricane ties on domes, sign + date ✓ list,
brackets on 4x4 at porch for uplight top + bottom

11-24-08 - Anti tip device to range

11/24/08

PERMIT #

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1 ST	2 ND	3 RD	FLOOR
☒	☒	☒	SIZE 2x4
☒	☒	☒	SPACE 16"
☒	☒	☒	SPECIES AND GRADE SPF
☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	HEADER SIZES 2x8/2x10
☒	☒	☒	JACK STUD BEARING

2. INTERIOR LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	FLOOR
☒	☒	☒	SIZE 2x4
☒	☒	☒	SPACE 16"
☒	☒	☒	LAYOUT - SUPPORT BELOW PER CODE
☒	☒	☒	SPECIES AND GRADE SPF
☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	HEADER SIZES 2x8
☒	☒	☒	JACK STUD BEARING

3. INTERIOR NON-LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	FLOOR
☒	☒	☒	SIZE 2x4
☒	☒	☒	SPACE 16"
☒	☒	☒	SPECIES AND GRADE SPF
☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	HEADER SIZES 2x8
☒	☒	☒	TOP PLATE NAILING

D. ROOF FRAMING

(AS REQUIRED)

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

☒	LAYOUT PLANS
☒	TRUSS MEMBERS
☒	CONNECTION SCHEDULE
☒	PERMANENT BRACING DETAILS
☒	DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
☒	EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS
☒	LOCATION AS PER LAYOUT
☒	ALIGNMENT
☒	BEARING
☒	SPACING
☒	CONNECTIONS TO BEARING POINTS
☒	NO CONNECTION TO NON-BEARING POINTS
☒	DAMAGE AND DEFECTS
☒	ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

TOP PLATES	1 ST	2 ND	3 RD	FLOOR
☒	☒	☒	☒	SIZE 2x4
☒	☒	☒	☒	SPACE 16"
☒	☒	☒	☒	LAYOUT - SUPPORT BELOW PER CODE
☒	☒	☒	☒	SPECIES AND GRADE SPF
☒	☒	☒	☒	CUTTING, NOTCHING, AND BORING
☒	☒	☒	☒	HEADER SIZES 2x8
☒	☒	☒	☒	JACK STUD BEARING

4. SOLID SAWN ROOF FRAMING:

☒	SIZE 2x10
☒	GRADES, SPECIES
☒	LAYOUT
☒	SPACING 16" OC
☒	BEARING
☒	FASTENING
☒	DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
☒	CUTTING, NOTCHING, AND BORING
☒	BRIDGING
☒	RIDGE SIZE 2x8
☒	HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

☒	MATERIAL
☒	PANEL SPAN, THICKNESS 7/16"
☒	SPECIAL REQUIREMENTS
☒	GAPING
☒	CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

☒	MATERIAL
☒	PANEL SPAN, THICKNESS 7/16"
☒	SPECIAL REQUIREMENTS
☒	BLOCKING, EDGE (IF REQUIRED)
☒	CLIPS (IF REQUIRED)
☒	GAPING
☒	LAYOUT

SHEATHING, FRT - ROOF

☒	FOUR FEET FROM FIREWALL
☒	NONCORROSIVE FASTENERS

Initials: Resp. Person in Charge of Work

T.I.

Building Inspector

[Signature]

BL MA 4 5 BLOCK: 14 23



**FIRE
SUBCODE
TECHNICAL SECTION**

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

Block 23 Qualification Code 14
Work Site Location 167 DEPAK Drive Road
Owner in Fee THOMAS HEIDER
Address 167 DEPAK DRIVE ROAD
Tel (856) 430-2401
Contractor TAM HEIDER
Address SHAC

Tel SHAC FAX (856) 445-0154

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: ☒ New or ☐ Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: ☒ New or ☐ Existing ☒ HVAC Fire Suppression/Standpipe System:
Type: ☐ Gas ☒ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing
☐ Other _____ Location of Main Control Valve: _____

Location: CRAY SPACE Capacity: 225 gallon existing
Fuel Storage Tank: Flammable or Combustible

Total Cost of Fire Protection Work \$ 900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
Joint Plan Review Required: _____

☐ Building ☐ Plumbing
☐ Electric ☐ Elevator

Date: 10-25-07 Pre-Eng. System _____
Approved by: [Signature] Mechanical _____
SUBCODE APPROVAL _____ Smoke Control _____
TCO _____

☒ CO ☐ LCCO ☐ CA _____
Date: 11-25-07 Fire Alarm _____
Approved by: [Signature] Fire Alarm _____
Final _____
Other _____

INSPECTIONS

Type: _____ Failure _____
Alarm System SP/CO Approval 11-25 Initial [Signature]

Suppression Sys. _____
Standpipe _____
Fire Pump _____

Pre-Eng. System _____
Mechanical _____
Smoke Control _____

TCO _____
Flam/Combust. Tanks _____
Fireplace Venting _____

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. _____

Applicant's Signature/Contractor's Signature
☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Inner connected smoke detectors in addition to existing house.

Water Supply Source [Signature]

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____ NUMBER _____ FEE (Office Use Only) _____

Alarm Systems _____
☐ System _____
☒ 110V Interconnected _____
☒ CO Detectors/110V _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., tampers, low/high air) _____
Signaling Devices (i.e., horns/strobes, bells) _____
Other Devices _____

TOTAL _____
Suppression Systems _____
Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____

Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____

Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____

Other _____
Other Systems _____
Kitchen Hood Exhaust System _____

Smoke Control System _____
Fired Appliances ☒ Gas or ☒ Oil _____
Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 117

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy

UCCF-140 (REV. 1/04)
Professional Printing
(856) 468-7933

Date Received 10-29-07
Date Issued 5/29/08
Control # 200820067
Permit # 200820067



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received 11-21-07
Date Issued 5/29/08
Control #
Permit # 2008-0067

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

Block 23 Lot 14 Qualification Code

Work Site Location 167 CEDAR GROVE ROAD

MILLER HILL HT. 08062

Owner in Fee: TOM KEIFNER

Tel. (856) 430-8461 e-mail KEIFNER@COMCAST.NET

Address SAME street SOUTH HANSON TWP 08062 zip code

Contractor: TOM KEIFNER Tel. (SAME) e-mail SAME

Address SAME e-mail SAME

Contractor License No. Exp. Date

Federal Emp. ID No. FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as RESIDENCE Utility Co.

Est. Cost of Electrical Work \$ 7500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)

[] No Plans Required Type: Rough Barrier-Free Approval Initial 9-15-08

Joint Plan Review Required: [] Building [] Plumbing Trench Temp. Serv. Const. Serv. TCO Other Service Final Barrier-Free

[] Fire [] Elevator Temp. Serv. Const. Serv. TCO Other Service Final Barrier-Free

[] Elec. Plans Approved Date 11-21-08

Approved by: [Signature]

SUBCODE APPROVAL [] CO [] CCO [] CA

Date: 11-24-08

Approved by: [Signature]

Temp. Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV 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

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

108

43

9

9

9

43

Administrative Surcharge \$ 239
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

1. White-Inspector copy
2. Canary- Applicant copy
3. Pink- Office Copy
4. White Tag- Office copy

11-19-88

Receipt & Reflow Reverse Polarity

SOUTH HARRISON TOWNSHIP CONSTRUCTION OFFICE
P. O. BOX 113, HARRISONVILLE, NJ 08039
PHONE: (856) 769-4444 EXT. 116 FAX: (856) 769-4434

PLAN REVIEW REPORT

APPLICANT NAME

KEIFRIDER

APPLICANT ADDRESS

167 CEDAR GROVE RD BLOCK 23 LOT 14

CORRECTIONS TO BE MADE:

Building:

Date Reviewed 10-22-07

Date Called _____

Andy Hoglen, Jr.

Depth of footing, Shows foundation drain, anchor bolts must be within 12"
of plate ends, Tempered glass at both tubs, Are EXW 14 egress windows?
Per Check needed (www.energycodes.gov) OK

Electric:

Date Reviewed _____

Date Called _____

Joseph Wille

STOP - Gloucester County Health Dept
Septic Approval needed - Permit approval

Plumbing:

Date Reviewed 10-22-07

Date Called _____

Fabrizio Faliano

OK FAB

Fire:

Date Reviewed 10-25-07

Date Called _____

Larry Hurlbert

OK LPH

Fax 856 769 4434

07/23/07

SOUTH HARRISON TWP CONSTRUCTION OFFICE
PO BOX 113, HARRISONVILLE, NJ 08039
ATTN: ANDY HOGUE JR

RE: KEIFRIDER, 167 CEDAR GROVE RD, BLOCK 23 LOT 14
CORRECTIONS / QUESTIONS

10/22/2007 18:06 8567694434

SO HARR ODD OFFICE

PAGE 91

SOUTH HARRISON TOWNSHIP CONSTRUCTION OFFICE
P. O. BOX 113, HARRISONVILLE, NJ 08039
PHONE: (856) 769-4444 EXT. 116 FAX: (856) 769-4434

PLAN REVIEW REPORT

APPLICANT NAME KEIFRIDER

APPLICANT ADDRESS 167 CEDAR GROVE RD BLOCK 23 LOT 14

CORRECTIONS TO BE MADE:

Building: Date Reviewed 10-22-07 Date Called _____
Andy Hogue, Jr.
Depth of footing, show foundation details. Check all the windows, doors, etc.
of photo ends, temporary glass at both ends, see C-10114, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 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1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200, 1201, 1202, 1203, 1204, 1205, 1206, 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1320, 1321, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1330, 1331, 1332, 1333, 1334, 1335, 1336, 1337, 1338, 1339, 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1349, 1350, 1351, 1352, 1353, 1354, 1355, 1356, 1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1371, 1372, 1373, 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500, 1501, 1502, 1503, 1504, 1505, 1506, 1507, 1508, 1509, 1510, 1511, 1512, 1513, 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2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 21

Fax 820 769 4434

Oct 23, 07

SOUTH HARRISON TWP CONSTRUCTION OFFICE
PO BOX 113, HARRISONVILLE, NJ 08039
ATTN: ANDY HOQUE JR

RE: KEIFRIDER, 167 CEDAR GROVE RD, BLOCK 23 LOT 14
CORRECTIONS / QUESTIONS

- ? A) DEPTH OF FOOTING
ON PAGE 5/5 TO THE RIGHT SIDE OF THE CRAWSPACE SECTION, THE FOOTING IS SHOWN TO BE LOCATED 3'-9" BELOW GRADE TO THE BOTTOM & 8" THICK.
DO EITHER OF THESE NOT COMPLY WITH CURRENT CODES?
- B) FOUNDATION DRAIN
TO BE FOOTNOTED ON PG 3/5 'SECTION' & SUBMITTED
- ? C) ANCHOR BOLTS
DO YOU REQUIRE EXACT LOCATIONS FOR THE PLATE END BOLTS ON THE FOUNDATION PLAN OR IS A NOTE SUFFICIENT
- D) TEMPERED GLASS
OVERLOOKED; WILL BE NOTED ON PLAN
- E) CXW 14 ANDERSEN CASEMENT — YES: W/STAINLESS ARM
UNIT DIMENSION 2'-11 5/16" X 4'-0" & FOOTNOTED IN THE CATALOG AS EXCEEDING THE 20" X 24" X 5.75 SQ FT
- F) RES CHECK COMPLIANCE & CHECK LIST COMPLETED & WILL BE SUBMITTED

Fax 896 769 4434

Oct 23, 07

SOUTH HARRISON TWP CONSTRUCTION OFFICE
PO BOX 113, HARRISONVILLE, NJ 08039
ATTN: ANDY HOQUEN JR

RE: KEIFRIDER, 167 CEDAR GROVE RD, BLOCK 23 LOT 14
CORRECTIONS / QUESTIONS

- 3
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DO EITHER OF THESE NOT COMPLY WITH CURRENT CODES?
- OK B) FOUNDATION DRAIN
TO BE FOOTNOTED ON PG 3/5 'SECTION' & SUBMITTED
- ?
OK C) ANCHOR BOLTS
DO YOU REQUIRE EXACT LOCATIONS FOR THE PLATE
END BOLTS ON THE FOUNDATION PLAN OR IS
A NOTE SUFFICIENT
- OK D) TEMPERED GLASS
OVERLOOKED; WILL BE NOTED ON PLAN
- OK E) CXW 14 ANDERSEN CASEMENT — YES: W/STRAIGHT ARM
UNIT DIMENSION 2'-11 5/16" X 4'-0" & FOOTNOTED IN
THE CATALOG AS EXCEEDING THE 20" X 24" X 5.75 SQ FT
- will send OK F) RESCHECK COMPLIANCE & CHECKLIST COMPLETED & WILL
BE SUBMITTED



Generated by REScheck Package Generator
Compliance Certificate

Project Title: Untitled

Report Date: 10/23/07

Energy Code: New Jersey Energy Subcode
Location: Gloucester County, New Jersey
Construction Type: Single Family
Glazing Area Percentage: 15%
Heating Degree Days: 4500

Construction Site:

Owner/Agent:

Designer/Contractor:

Compliance Passes

Assembly	Cavity R-Value	Cont. R-Value	Glazing or Door U-Factor
Ceiling:	30.0		
Wall:	13.0	0.0	
Window:			0.350
Door:			0.350
Crawl:	0.0	11.0	
Wall height: 3.0'			
Depth below grade: 2.0'			
Insulation depth: 2.0'			
Inside below-grade depth: 1.0'			

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the New Jersey Energy Subcode requirements in the REScheck Package Generator and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

Name - Title

Signature

Date

FILE COPY



Generated by REScheck Package Generator

Inspection Checklist

Date: 10/23/07

Ceilings:

- ☐ Ceiling: R-30.0 cavity insulation

Comments: _____

Note: The ceiling R-values do not assume a raised or oversized truss construction. If the insulation achieves the full insulation thickness over the plate lines of exterior walls, R-30 insulation may be substituted for R-38 insulation and R-38 insulation may be substituted for R-49 insulation. Ceiling R-values represent the sum of cavity insulation plus insulating sheathing (if used).

Above-Grade Walls:

- ☐ Wall: R-13.0 cavity insulation

Comments: _____

Note: Wall requirements apply to wood-frame wall constructions. Metal-frame wall or mass (concrete, masonry, log) wall equivalent R-values can be found in the Help User's Guide.

Windows:

- ☐ Window: U-factor: 0.350

For windows without labeled U-factors, describe features:

#Panels _____ Frame Type _____ Thermal Break? _____ Yes _____ No

Comments: _____

Note: Up to 1% of the total allowed glazing area may be excluded from the U-value requirement. For example, 3 ft² of decorative glass may be excluded from a building design with 300 ft² of glazing area.

Doors:

- ☐ Door: U-factor: 0.350

Comments: Front door exempt

Note: Door U-values must be tested and documented by the manufacturer in accordance with the NFRC test procedure or taken from the door U-factor table in the Help User's Guide. If a door contains glass and an aggregate U-factor rating for that door is not available, include the glass area of the door with your windows and use the opaque door U-factor to determine compliance for the door. One door may be excluded from this requirement (i.e., may have a U-factor greater than 0.35).

Crawl Space Walls:

- ☐ Crawl: 3.0' ht / 2.0' bg / 2.0' ext. insul / 1.0' inside bg depth, R-11.0 continuous insulation

Comments: _____

Note: The crawl space wall R-value requirements are for walls of unventilated crawl spaces. The crawl space wall insulations must extend from the top of the wall (including the sill plate) to at least 12 inches below the outside finished grade. If the distance from the outside finished grade to the top of the footing is less than 12 inches, the insulation must extend a total vertical plus horizontal distance of 24 inches from the outside finished grade.

Air Leakage:

- ☐ Joints, penetrations, and all other such openings in the building envelope that are sources of air leakage are sealed.
- ☐ Recessed lights are 1) Type IC rated, or 2) installed inside an appropriate air-tight assembly with a 0.5" clearance from combustible materials. If non-IC rated, fixtures are installed with a 3" clearance from insulation.

Vapor Retarder:

- ☐ Installed on the warm-in-winter side of all non-vented framed ceilings, walls, and floors.

Materials Identification:

- ☐ Materials and equipment are identified so that compliance can be determined.
- ☐ Manufacturer manuals for all installed heating and cooling equipment and service water heating equipment have been provided.

- ☐ Insulation R-values and glazing U-factors are clearly marked on the building plans or specifications.
- ☐ Insulation is installed according to manufacturer's instructions, in substantial contact with the surface being insulated, and in a manner that achieves the rated R-value without compressing the insulation.

Duct Insulation:

- ☐ Ducts in unconditioned spaces are insulated to R-5. Ducts outside the building are insulated to R-6.5.

Duct Construction:

- ☐ All ducts are sealed with mastic and fibrous backing tape. Pressure-sensitive tape may be used for fibrous ducts. Duct tape is not permitted.
- ☐ The HVAC system provides a means for balancing air and water systems.

Temperature Controls:

- ☐ Thermostats exist for each separate HVAC system. A manual or automatic means to partially restrict or shut off the heating and/or cooling input to each zone or floor is provided.

Circulating Hot Water Systems:

- ☐ Circulating hot water pipes are insulated to the levels in Table 1.

Swimming Pools:

- ☐ All heated swimming pools have an on/off heater switch and a cover unless over 20% of the heating energy is from non-depletable sources. Pool pumps have a time clock.

Heating and Cooling Piping Insulation:

- ☐ HVAC piping conveying fluids above 120 degrees F or chilled fluids below 55 degrees F are insulated to the levels in Table 2.

Table 1: Minimum Insulation Thickness for Circulating Hot Water Pipes

Heated Water Temperature (°F)	Insulation Thickness in inches by Pipe Sizes			
	Non-Circulating Runouts		Circulating Mains and Runouts	
	Up to 1"	Up to 1.25"	1.5" to 2.0"	Over 2"
170-180	0.5	1.0	1.5	2.0
140-160	0.5	0.5	1.0	1.5
100-130	0.5	0.5	0.5	1.0

Table 2: Minimum Insulation Thickness for HVAC Pipes

Piping System Types	Fluid Temp. Range(°F)	Insulation Thickness in inches by Pipe Sizes			
		2" Runouts	1" and Less	1.25" to 2.0"	2.5" to 4"
Heating Systems					
Low Pressure/Temperature	201-250	1.0	1.5	1.5	2.0
Low Temperature	120-200	0.5	1.0	1.0	1.5
Steam Condensate (for feed water)	Any	1.0	1.0	1.5	2.0
Cooling Systems					
Chilled Water, Refrigerant and Brine	40-55	0.5	0.5	0.75	1.0
	Below 40	1.0	1.0	1.5	1.5

NOTES TO FIELD: (Building Department Use Only)

South Harrison Township
PO Box 113
Harrisonville, NJ 08039
(856)769-4444 FAX (856)769-4434

CONSTRUCTION PERMIT

Permit No. 20080067
Block/Lot 23/14.
Date Issued 5/21/2008

Work Site Location

167 CEDAR GROVE RD

Contractor

OWNER

Address

Owner in Fee

KEIFRIBER

Address

167 CEDAR GROVE RD

Phone:

MULLICA HILL, N.J. 08062

Lic. No. or Bldrs. Reg. No.

Phone:

(856)430-8401 FAX:

Fed. Emp. No.

Permission is hereby granted permission to perform the following work:

☒ BUILDING

☒ PLUMBING

☐ LEAD HAZARD ABATEMENT

☒ ELE

☒ FIR

☐ DEMOLITION

☐ ELV

☐ ASBESTOS ABATEMENT

☐ OTHER

DESCRIPTION OF WORK:

TWO STORY ADDITION

NOTE: If construction does not commence with 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 \$ 48500

Construction Official

PAYMENTS (Office Use Only)

Building	379
Electrical	239
Plumbing	315
Fire Protection	117
Elevator Devices	0
Other	0
DCA Training Fee	40
Cert. of Occupancy	105
Other	
Total	1195
Check No.	107
Cash	0
Collected by	Smus