BLOCK 20 LOT 10 QUALIF /CODE _____ ADDRESS (SITE) 167 Cedar Grove Rd PERMIT NO. 2008-0067

RECEIVED
OCT 22 2007
By:

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 167 Cedar Grove RMD (856) 430-8401
2. Name of Owner in Fee: THOMAS KEIFELDER Tel. (856) 478-0530 cell
   Address: 167 Cedar Grove Rd (street) SOUTH HARRISON TWP (municipality) 08062 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: OWNER 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 KEIFELDER Tel. (856) 478-0530
   Address 167 Cedar Grove Rd
   MULLICA HILL NJ 08062
6. Responsible Person in Charge of Work THOMAS KEIFELDER
   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 (office use only)

1. Number of Stories 2
2. Height of Structure 27.94 ft.
3. Area — Largest Floor 780 sq. ft.
4. New Building Area 1820 sq. ft.
5. Volume of New Structure 15174 cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed 1150 sq. ft.
8. Flood Hazard Zone N/A
9. Base Flood Elevation N/A ft.
10. Wetlands yes _____ no ✓
11. Max. Live Load 40LBS
12. Max. Occupancy Load N/A

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 Approval	Resubmission Dates Rejection	Reviewer
1. ☐ Minor Work									
2. ☑ New Building									
3. ☑ Addition	25,000			10/22/07	11/29/07	AA			
4. ☐ a. Repair									
☐ b. Alteration									
☑ c. Renovation	3,000								
☐ d. Reconstruction									
5. ☑ Fire Protection									
6. ☑ Plumbing	900.00				10/25/07				
7. ☑ Electrical	1,210.00				10.22.07				
8. ☐ Elevator Devices	1,500				11.21.07				
9. ☐ Asbestos Abat.Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	42,500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group: Single FAMILY residence
3. Change in Use Group, Indicate Former:
4. No of dwelling units: All Units / Income restricted
   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:

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

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

FOLD FOLD

OFFICE DATE RECEIVED: _____

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			X						
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X							
☐ N.J. Department of Transportation	X	X							
☐ N.J. Department of Environmental Protection	X	X							
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

FOLD

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 Thomas Kilpatrick 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. 5:32-2.15(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 compiy 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.

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

FOLD

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 Bldrs. Reg. No.
Federal Emp. No.

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 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 / / or the owner will be subject to 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

CONSTRUCTION OFFICIAL

Fee $ 105
Paid [ ] Check No. Check
Collected by: JBW

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

No. 7102

Date 10-17-07

ZONING PERMIT

SOUTH HARRISON TOWNSHIP

GLOUCESTER COUNTY, N.J.

10/24/07 # 2738 $ Paid

TO WHOM ISSUED Thomas Keifaber

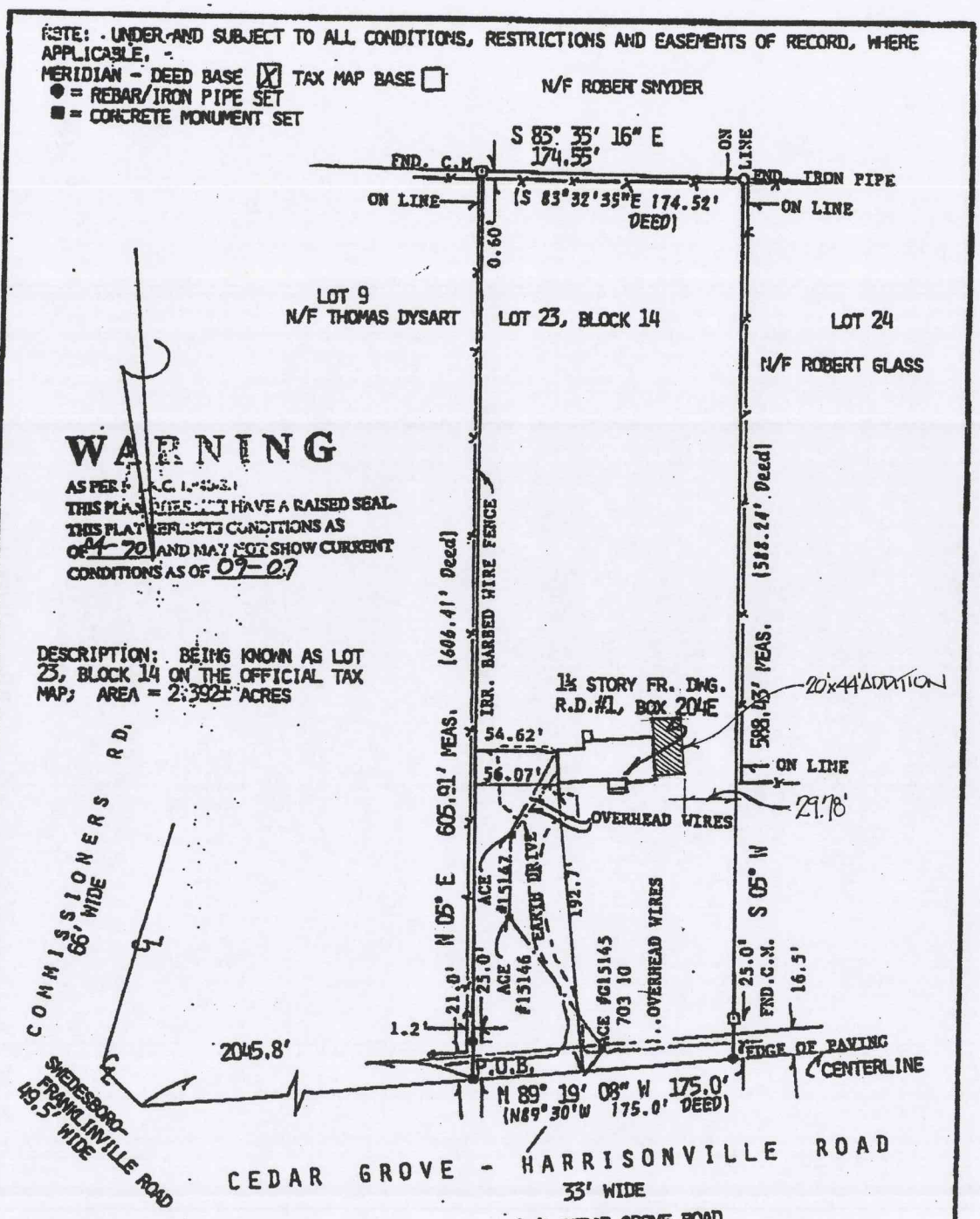
ADDRESS 167 Cedar Grove Road

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.

Per attached survey

ZONING ADMINISTRATIVE OFFICER



#167

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

DUPLICATE

TO THE OWNER THOMAS N. KEIERIDER AND THERESA A. KEIERIDER
TO THE INSURER OF TITLE relying hereon, in consideration of the fee paid for making this survey in accordance with the description furnished I hereby certify to its accuracy (except such easements, if any, that may be located below the surface of lands or on the surface of the lands and not visible) as an inducement for the insuror 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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-29-07
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
MULLICA HILL NJ. 08062
Owner in Fee TOM REIFNIDER
Address SAME

Tel (856) 438-8401
Contractor TOM REIFNIDER
Address SAME

Tel (SAME FAX (856) 845-2154
Contractor License No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" Public Sewer Private Septic ✓
Water Service Size 1" Public Water Private Well ✓
Est. Cost of Plumbing Work $ 12,100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10-22-07
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12-10-08
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	9-15-08		9-22	
Water				
Sewer				
Fixtures	N/A	11-24-08	12-1-08	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	18.
	Urinal/Bidet	
2	Bath Tub	18.
3	Lavatory	27.
1	Shower	9.
	Floor Drain	
1	Sink	9.
1	Dishwasher	9.
	Drinking Fountain	
1	Washing Machine	9.
	Hose Bibb	
	Water Heater	
1	Fuel Oil Piping	60.00
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	60
1	Water Service Connection	60
4	Stacks	36
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 315
TOTAL FEE $

UCC/F-130 (REV. 1/04)
Professional Printing
(856) 468-7933

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

9-15-08

1. KITCHEN MUST BE 2" DRAIN
2. WYE WRONG WAY KITCHEN LINE
3. TOILET & SINK DRAIN CAN NOT HAVE TEE
4. CRAWL SPACE DRAIN LINE HAS TEE ON BACK
5. VENT MUST BE 6" ABOVE FLOOD RIM OF FIXTURE

11-19-08

MIXING VALVE

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11.27.07
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
MULLICA HILL NJ. 08062

Owner in Fee: TOM KEIFNIDER

Tel. (856) 430-8401 e-mail KEIFNIDER@COMCAST.NET

Address 167 CEDAR GROVE RD (street) SOUTH HARRISON TWP (municipality) 08062 (zip code)

Contractor: TOM KEIFNIDER Tel. (SAME

Address SAME e-mail SAME

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	11/29/07	AHO
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 11/25/08
Approved by: AHO

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			6/9/08	AH
Footing Bonding				
Foundation			6/9/08	AHO
Slab				
Frame	9/22/08	AH	9/25/08	AHO
Truss Sys./Bracing				
Barrier-Free				
Insulation			9/25/08	AHO
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	AH 11/24/08		11/26/08	AHO
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present R4	Proposed
Constr. Class	Present 5B	Proposed
No. of Stories	2	
Height of Structure	22'9"	Ft.
Area — Largest Floor	726	Sq. Ft.
New Bldg. Area/All Floors	1000	Sq. Ft.
Volume of New Structure	15,174	Cu. Ft.
Total Land Area Disturbed	1150	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 25,000.00
2. Rehabilitation $ 3000.00
3. Total (1+ 2) $ 28,000.00

(over)

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

TYPE OF WORK:
[ ] 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

FEE (Office Use Only)

	$
Administrative Surcharge	$
Minimum Fee	$ 379
State Permit Surcharge Fee	$
TOTAL FEE	$

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

UCC/F-110 (REV. 08/05)
Professional Printing
(856) 468-7933

9-22-08 - hurricane ties on dormers, sign + date ✓ list,
brackets on 4x4 at porch for uplift - top + bottom

11-24-08 - Anti tip device to range

PERMIT # ________

~~LOT~~ BL: 14 ~~BLOCK~~ LT: 23

C. WALL FRAMING

1. Exterior Wall Frame:

1ST 2ND 3RD FLOOR

- [B][I] [B][I] [B][I] SIZE 2x4
- [B][I] [B][I] [B][I] SPACE 16"
- [B][I] [B][I] [B][I] SPECIES AND GRADE SPF
- [B][I] [B][I] [B][I] CUTTING, NOTCHING, AND BORING
- [B][I] [B][I] [B][I] HEADER SIZES 2x8 / 2x10
- [B][I] [B][I] [B][I] JACK STUD BEARING

TOP PLATES

- [B][I] [B][I] [B][I] NAILING
- [B][I] [B][I] [B][I] LAPS
- [B][I] [B][I] [B][I] RAFTER TIES
- [B][I] [B][I] [B][I] HURRICANE STRAPS (AS REQUIRED)

2. Interior Load-Bearing Walls:

1ST 2ND 3RD FLOOR

- [B][I] [B][I] [B][I] SIZE 2x4
- [B][I] [B][I] [B][I] SPACE 16"
- [B][I] [B][I] [B][I] LAYOUT - SUPPORT BELOW PER CODE
- [B][I] [B][I] [B][I] SPECIES AND GRADE SPF
- [B][I] [B][I] [B][I] CUTTING, NOTCHING, AND BORING
- [B][I] [B][I] [B][I] FIRE BLOCKING
- [B][I] [B][I] [B][I] HEADER SIZES 2x8
- [B][I] [B][I] [B][I] JACK STUD BEARING

TOP PLATES

- [B][I] [B][I] [B][I] NAILING
- [B][I] [B][I] [B][I] LAPS
- [B][I] [B][I] [B][I] STRAPPING

3. Interior Non-Load-Bearing Walls:

1ST 2ND 3RD FLOOR

- [B][I] [B][I] [B][I] SIZE 2x4
- [B][I] [B][I] [B][I] SPACE 16"
- [B][I] [B][I] [B][I] SPECIES AND GRADE SPF
- [B][I] [B][I] [B][I] CUTTING, NOTCHING, AND BORING
- [B][I] [B][I] [B][I] FIRE BLOCKING
- [B][I] [B][I] [B][I] HEADER SIZES 2x8
- [B][I] [B][I] [B][I] TOP PLATE NAILING

D. ROOF FRAMING

1. Truss Roof Framing (as per design):

APPROVED DOCUMENTS WHICH SHOW:

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

2. Permanent Truss-to-Truss Bracing (as per design):

- [B][I] LAYOUT
- [B][I] SIZE
- [B][I] TYPE
- [B][I] NAILING
- [B][I] OVERLAP
- [B][I] TERMINATION
- [B][I] TRANSITION (I.E., CROSS) BRACING

3. Gable End Bracing (as per design):

- [B][I] LAYOUT
- [B][I] SIZE
- [B][I] TYPE
- [B][I] NAILING
- [B][I] OVERLAP
- [B][I] TERMINATION

4. Solid Sawn Roof Framing:

- [B][I] SIZE 2x6
- [B][I] GRADES, SPECIES

LAYOUT

- [B][I] SPACING 16" OC
- [B][I] SPAN
- [B][I] BEARING
- [B][I] FASTENING
- [B][I] DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
- [B][I] CUTTING, NOTCHING, AND BORING
- [B][I] BRIDGING
- [B][I] RIDGE SIZE 2x8
- [B][I] HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. Sheathing – Exterior Walls:

MATERIAL

- [B][I] PANEL SPAN, THICKNESS 7/16

SPECIAL REQUIREMENTS

- [B][I] GAPPING
- [B][I] LAYOUT
- [B][I] CORNER BRACING (IF REQUIRED)

2. Sheathing – Roof:

MATERIAL

- [B][I] PANEL SPAN, THICKNESS 7/16"

SPECIAL REQUIREMENTS

- [B][I] BLOCKING, EDGE (IF REQUIRED)
- [B][I] CLIPS (IF REQUIRED)
- [B][I] GAPPING
- [B][I] LAYOUT

SHEATHING, FRT - ROOF

- [B][I] FOUR FEET FROM FIREWALL
- [B][I] NONCORROSIVE FASTENERS

U.C.C. F390-2 (01/06)

Initials: Resp. Person in Charge of Work: TIT ________ Building Inspector: [signature]

PERMIT # 08-67

LOT: BL 14 BLOCK: 5 23

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- [B] [I] SPACING 6'OC
- [B] [I] SIZE

STRAPS
- [B] [I] SPACING (PER MANUFACTURER'S SPECS)
- [B] [I] SIZE

2. SILL PLATES:
- [B] [I] SIZE 2X6
- [B] [I] GRADE, SPECIES
- [B] [I] TREATMENT
- [B] [I] LAPS
- [B] [I] SILL SEALER
- [B] [I] PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- [B] [I] TERMITE PROTECTION

3. BEAM POCKETS:
- [B] [I] BEARING/SHIMS
- [B] [I] TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:
- [B] [I] SIZED PER PLAN 16X16 Block
- [B] [I] ATTACHMENT/PLATES
- [B] [I] SPACING/LOCATION
- [B] [I] PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD FLOOR	
[B] [I]	[B] [I]	[B] [I]	SIZE 1"
[B] [I]	[B] [I]	[B] [I]	GRADE, SPECIES
[B] [I]	[B] [I]	[B] [I]	SINGLE OR DOUBLE
[B] [I]	[B] [I]	[B] [I]	PRE-ENGINEERED PER MANUFACTURER'S SPECS
[B] [I]	[B] [I]	[B] [I]	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:
- [B] [I] SIZED PER PLAN
- [B] [I] TYPE Steel
- [B] [I] GRADE, SPECIES
- [B] [I] LOCATION AND RELATION TO THE PLAN
- [B] [I] NAILING
- [B] [I] ATTACHMENT SCHEDULE
- [B] [I] BEARING
- [B] [I] LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD FLOOR	
[B] [I]	[B] [I]	[B] [I]	SIZED PER PLAN 9 7/8 TJI
[B] [I]	[B] [I]	[B] [I]	GRADE, SPECIES
[B] [I]	[B] [I]	[B] [I]	PRE-ENGINEERED COMPONENTS AS SPECIFIED
[B] [I]	[B] [I]	[B] [I]	BEARING
[B] [I]	[B] [I]	[B] [I]	NAILING
[B] [I]	[B] [I]	[B] [I]	BRIDGING
[B] [I]	[B] [I]	[B] [I]	CUTTING AND NOTCHING (AS PER CODE)
[B] [I]	[B] [I]	[B] [I]	POINT LOADS – SUPPORTED AS PER PLAN
[B] [I]	[B] [I]	[B] [I]	SPAN HANGERS
[B] [I]	[B] [I]	[B] [I]	HEADERS
[B] [I]	[B] [I]	[B] [I]	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

	1ST	2ND	3RD FLOOR	
MATERIAL	[B] [I]	[B] [I]	[B] [I]	PANEL SPAN, THICKNESS 3/4"

SPECIAL REQUIREMENTS

[B] [I]	[B] [I]	[B] [I]	EDGE BLOCKING (IF REQUIRED)
[B] [I]	[B] [I]	[B] [I]	GAPPING
[B] [I]	[B] [I]	[B] [I]	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD FLOOR	
[B] [I]	[B] [I]	[B] [I]	BEARING
[B] [I]	[B] [I]	[B] [I]	NAILING

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: [signature] Date: 9/24/08

Building Inspector Initials: [initials] Date: 9/24/08

U.C.C. F390-1 (01/06)

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10-29-07
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 MULL, CA HILL NJ. 08062

Owner in Fee THOMAS KEIFFIDER

Address 167 CEDAR GROVE ROAD MULL, CA HILL NJ. 08062

Tel (856) 430-9401

Contractor TOM KEIFFIDER

Address SAME

Tel (SAME FAX (856) 845-2154

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Existing [X] HVAC

Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar [ ] Other

Location: CRAWL SPACE

Fuel Storage Tank

Fuel Type: [✓] Flammable OR [ ] Combustible Capacity 275 gallon EXISTING

Fire Alarm System: [X] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: BSMT

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

[✓] Fire Plans Approved

Date: 10.25.07

Approved by:

SUBCODE APPROVAL

[✓] CO [ ] CCO [ ] CA

Date: 11/25/08

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System	SD/CO		11.25	
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			11.25	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			11.25	
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

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

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

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	12	108.00
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [✓] Gas or [✓] Oil	1	9.00
Fireplace Venting/Metal Chimney		
Other		

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

1. White-Inspector copy 2. Canary-Applicant copy

3. Pink-Office copy 4. White Tag- Office copy

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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
MULLICA HILL NJ. 08062

Owner in Fee: TOM KEIFRIDER

Tel. (856) 430-8401 e-mail KEIFRIDER@COMCAST.NET

Address SAME (street) SOUTH HARRISON TWP (municipality) 08062 (zip code)

Contractor: TOM KEIFRIDER Tel. (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
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[✓] Elec. Plans Approved		
Date	11-21-07	
Approved by		

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			9-15-08	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free	11-19-08		11-24-08	

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 11-24-08

Approved by:

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
30		Lighting Fixtures	
25		Receptacles	
25		Switches	
12		Detectors	108
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		92	
		TOTAL NUMBERS	$ 43
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	11	KW Elec. Range/Receptacle	9
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	5.4	KW Elec. Dryer/Receptacle	9
1	4.0	KW Dishwasher	9
		HP Garbage Disposal	
1	6KW	KW Central A/C Unit	9
1		HP/KW Space Heater/Air Handler	9
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
X	X	AMP Service	
1	150	AMP Subpanels	45
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933

11-19-86
Receipt 3rd Floor Revenue Polaroids

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, Show foundation drain, anchor bolts must be within 12" of plate ends, tempered glass at both tubs, Are CXW14 egress windows?, Res Check needed (www.energycodes.gov) OK

Electric: Date Reviewed Date Called
Joseph Wille
STOP - Gloucester County Health Dept
Septic Approval Needed - Prev approval

Plumbing: Date Reviewed 10.22.07 Date Called
Fabrizio Faliano
OK FAB

Fire: Date Reviewed 10.25.07 Date Called
Larry Hurlbert
OK

[illegible] Jim and Donna Myers 14584784238 p.2

Fax 856 769 4434

Oct 23, 07

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

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

10/22/2007 10:06 8567694434 SO HARR CCO OFFICE PAGE 01

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 footings, Show foundation drain, anchor bolts [illegible] within 12" of plate ends, Tempered glass at both tubs, Are [illegible] egress windows?, Res Check needed (www.energycodes.gov).

Electric: Date Reviewed ______ Date Called ______
Joseph Witt[illegible]

895 2154

848 4998
853 2055

215 615 4405
[illegible]

Oct 23 2007

Fax 830 769 4434

Oct 23, 07

South Harrison Twp Construction Office
PO Box 113, Harrisonville, NJ 08039
ATTN: ANDY HOGUEN JR

RE: KEIFRIDER, 147 CEDAR GROVE RD, BLOCK 23 LOT 14
CORRECTIONS / QUESTIONS

? A) DEPTH OF FOOTING
ON PAGE 5/5 TO THE RIGHT SIDE OF THE CRAWLSPACE 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 CODE?

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/STRAIGHT ARM
UNIT DIMENSION 2'-11 5/16" x 4'-0" & FOOTNOTED IN THE CATALOG AS EXCEEDING THE 20"x24" x 5.7 SQ FT

F) RESCHECK COMPLIANCE & CHECKLIST COMPLETED & WILL BE SUBMITTED

Fax 856 769 4434

Oct 23, 07

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

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

A) DEPTH OF FOOTING — OK?
ON PAGE 5/5 TO THE RIGHT SIDE OF THE CRAWLSPACE 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 — OK(S)
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 — OK
OVERLOOKED; WILL BE NOTED ON PLAN

E) 4XW14 ANDERSEN CASEMENT — OK
YES: W/STRAIGHT ARM
UNIT DIMENSION 2'-11 5/16" x 4'-0" & FOOTNOTED IN THE CATALOG AS EXCEEDING THE 20"x24" x 5.7 SQ FT

F) RESCHECK COMPLIANCE & CHECK LIST COMPLETED & WILL BE SUBMITTED — will send OK

Generated by RES*check* 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 RES*check* Package Generator and to comply with the mandatory requirements listed in the RES*check* Inspection Checklist.

Name - Title | Signature | Date

Generated by RES*check* 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:

#Panes _____ 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 hav 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	40-55	0.5	0.5	0.75	1.0
Brine	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

Owner in Fee KEIFRIBER
Address 167 CEDAR GROVE RD
MULLICA HILL, N.J. 08062
Phone: (856)430-8401 FAX:

Contractor OWNER
Address
Phone:
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Permission is hereby granted permission to perform the following work:

- ☒ BUILDING
- ☒ ELE
- ☐ ELV
- ☒ PLUMBING
- ☒ FIR
- ☐ ASBESTOS ABATEMENT
- ☐ LEAD HAZARD ABATEMENT
- ☐ DEMOLITION
- ☐ 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 5/28/08

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	