



TOWNSHIP OF DEPTFORD

Gloucester County, New Jersey

Dina L. Zawadski
Registered Municipal Clerk
Certified Municipal Clerk

Municipal Building
1011 Cooper Street
Deptford, New Jersey 08096
(856) 686-2203 phone
(856) 845-8804 fax
OPRA@deptford-nj.org

October 28, 2019

Jessica Martin

Sent via E-Mail to: opra+request-7695-26ac35a7@requests.opramachine.com

RE: OPRA Request – 1867 Manhasset Ave. – “All construction permits – please specify if any are open. Any information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports. Survey showing underground oil tank location (if applicable). Information regarding the presence of a septic system (permits, drawings, survey, etc). Property Record Card.

Dear Jessica,

In response to your OPRA Request received October 22, 2019, we have attached hereto the documents you requested. Please note that there are no permits for any storage tanks or septic.

Please be advised that the contractor's social security number has been redacted.

By way of this e-mail, which includes the documents responsive to your request, we have marked your OPRA request received October 22, 2019 as satisfied and closed.

If you have any additional questions and/or concerns, or if we can be of further assistance, please do not hesitate to contact our office at (856) 686-2203.

Thank you for your time.

Sincerely,

Dina L. Zawadski, RMC/CMC
Township Clerk

DLZ/mld

BLOCK 269

LOT 8

QUALIFICATION CODE

ADDRESS (SITE)

1867 Manhasset Ave

PERMIT NO.

19-1099



CONSTRUCTION PERMIT APPLICATION RECEIVED

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

AUG 23 2019

I. IDENTIFICATION

1. Proposed Work Site at: 1867 Manhasset Ave Deptford, NJ 08096

2. Name of Owner in Fee: US Bank

Tel. (888) 572-6950

Address 13801 Wireless Way

3. Ownership in Fee: Public

4. Principal Contractor: Resipro, LLC

Address 3630 Peachtree Rd Ne STE 1600

Atlanta, GA 30326

License No. OR, if new home, Builder Reg. No. 13VH09093800

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No.

5. Architect or Engineer

Address

Tel.

6. Responsible Person in Charge once Work has Begun

Tel. (201) 540-6028

CONSTRUCTION

DEPTFORD TOWNSHIP

Oklahoma City, OK

73134

Tel. (201) 540-6028

e-mail

Exp. Date 03/31/2020

FAX: (201) 540-6028

e-mail

Kelsey Borenzco

FAX: (201) 540-6028

e-mail

FAX: (201) 540-6028

e-mail

FAX: (201) 540-6028

e-mail

FAX: (201) 540-6028

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FAX: (201) 540-6028

e-mail

FAX: (201) 540-6028

e-mail

VI. FEE SUMMARY (for office use only)

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

\$ 292,000

Update

Update

Update

Update

Update

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Update

VII. BUILDING/SITE CHARACTERISTICS

1. Number of Stories

2. Height of Structure

3. Area - Largest Floor

4. New Building Area

5. Volume of New Structure

6. Max. Live Load

7. Max. Occupancy Load

8. If Industrialized Building: State Approved

9. Total Land Area Disturbed

10. Flood Hazard Zone

11. Base Flood Elevation

12. Wetlands yes no

(office use only)

VIII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed: Selected Group

3. Change in Use Group, Indicate Present: Selected Group

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale

Gained, Rental

Lost, Sale

Lost, Rental

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed: Selected Group

3. Change in Use Group, Indicate Present: Selected Group

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

D. Construct. Classification: Present

Proposed

Proposed

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?1. ☐ Elevators/Escalators/Lifts/2. ☐ Refrigeration Systems3. ☐ Dumbwaiters/Moving Walks

BLOCK 269

LOT 8

QUALIFICATION CODE

ADDRESS (SITE)

1867 Manhasset Ave

PERMIT NO.

19-1099



Deptford Township
DEPTFORD TOWNSHIP CONSTRUCTION OFFICE
1011 COOPER STREET
DEPTFORD, NJ 08096
OPEN MONDAY TO FRIDAY 8:30 TO 4:30

Date Issued 8/20/2019
Vio Number V-19-00027
Tracking Number
Permit Number
Permit Issued Date

NOTIFICATION OF ABATEMENT

Construction Code Division

Identification

Work Site Location: 1867 MANHASSETT AVE Deptford Township, NJ
Block: 269
Lot: 8
Owner in Fee: US BANK TRUST NA C/O RESICAP
Owner Address: 3630 PEACHTREE RD NE#1500 ATLANTA GA 30326

Action

Date of Notice: 8/20/2019 Date of Inspection: 8/20/2019 Compliance Date: 9/9/2019

Violation

YOU DID WORK WITHOUT FIRST OBTAINING A CONSTRUCTION PERMIT IN VIOLATION OF NJAC 5:23 2.14(a) Various work started throughout the dwelling.

Closure

This is to acknowledge that the above listed Owner/Agent has conformed with the requirements of the New Jersey Administrative Code, Title 5, Chapter 23, Subchapter 2, known as the Uniform Construction Code, in terminating all violations as stated above.

Therefore, the Construction Code Enforcement Agency of the Deptford Township find the matter closed.

Further, all outstanding penalties assessed in this matter have been abated.

Receipt

10/23/2019 Check: \$2,000.00 4884

BY ORDER OF:

(Construction Official)

Date:

10-23-19

Date Printed: 10/23/2019

Page 1



CONSTRUCTION PERMIT

Date Issued 10/23/2019
Control # 36242
Permit # 20191099

IDENTIFICATION Block: 269 Lot: 8 Qualifier _____
Work Site Location: 1867 MANHASSETT AVE Deptford Township, NJ Contractor RESIPRO, LLC
Address 3630 PEACHTREE ROAD, NE SUITE 1500 ATLANTA
Owner in Fee US BANK TRUST NA C/O RESICAP GA 30326
3630 PEACHTREE RD NE#1500 ATLANTA GA Telephone: (201) 540-8028
30326 Lic. No. or Bldrs. Reg. No. 13VH09095800
Telephone: (888) 572-6950 Federal Employee, No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

DRYWALL INTERIOR ALTERATION(S)

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

Estimated Cost of Work \$8,745

C. Konar
Construction Official

10/23/2019
Date

PAYMENTS (Office Use Only)

Building	\$202
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$13
CO Fee	\$0
Other	\$0
Total	\$215
Check No.	4857
Cash	\$0
Credit	\$0
Collected By	Karen Heinze

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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



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 269 Lot 8 Qualification Code _____
Work Site Location 1867 Manhasset Ave Depford NJ 08096

Owner in Fee: US Bank

Tel. _____ e-mail _____

Address 13801 Wireless Way Oklahoma City, OK 73134

Contractor: Resipro, LLC street municipality zip code
Tel. (201) 540-6028

Address 3630 Peachtree Rd Ne STE 1500 e-mail kdorenzox@resipro.com

Atlanta, GA 30326

Contractor License No. or Builder Registration No. 13VH09095800 Exp. Date 03/31/2020

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date 9-16-19 Initial [Signature] INSPECTIONS

☒ No Plans Required 9-16-19 Type: _____

☐ All _____ Footing _____

☐ Footings/Foundations _____ Footing Bonding _____

☐ Structural/Framework _____ Foundation _____

☐ Exterior _____ Slab _____

☐ Interior _____ Frame _____

☐ Truss Sys/Bracing _____

☐ Barrier-Free _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

☐ Finishes -Base Layer _____

☐ Finishes -Final _____

☐ Energy _____

☐ Mechanical _____

☐ TCO _____

☐ Other _____

☐ Final _____

☐ Barrier-Free _____

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [Signature]

Print name here: Steve Bonds

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacing 700 SF drywall

Replace 15 joists in the sunroom

Date Received 17-1071

Control # 36242

Date Issued 10/23/19

Permit # _____

FEE (Office Use Only)

\$ 202

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

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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



CONSTRUCTION PERMIT

Date Issued 8/23/2019
Control # 36201
Permit # 20191099 *A*

IDENTIFICATION Block: 289 Lot: 8 Qualifier _____
Work Site Location: 1867 MANHASSETT AVE Deptford Township, NJ Contractor LLOYD MILLS ELECTRICAL
Address 260 REGIONAL DR. CARNEYS POINT NJ 08069
Owner In Fee US BANK TRUST NA C/O RESICAP
3630 PEACHTREE RD NE #1500 ATLANTA GA Telephone: (866) 652-2506
30326 Lic. No. or Bldrs. Reg. No. 16607
Federal Employee No. _____
Telephone: _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

SERVICE

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

Estimated Cost of Work \$2,000

C. Romano 1/5/1 8/23/2019
Construction Official Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$65
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$69
Check No.	vw4381
Cash	\$0
Credit	\$0
Collected By	Kelly Ford

REQUIRED INSPECTIONS

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

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

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.
you do not understand any of this information, please ask.



~~Relating to
Devices and Records~~

14-1099A
8/23/9

1

Permit
is for

KW Elec. Sign/Outline Light

TOTAL FEE \$



PERMIT UPDATE

Date Update Issued 10/23/2019
Control # 36269
Permit # 20191099+B

IDENTIFICATION Block: 289 Lot: 8 Qualifier _____
Work Site Location: 1867 MANHASSETT AVE Deptford Township, NJ Contractor RESIPRO, LLC
Address 3630 PEACHTREE ROAD, NE SUITE 1500 ATLANTA
Owner in Fee US BANK TRUST NA C/O RESICAP GA 30326
3630 PEACHTREE RD NE#1500 ATLANTA GA Telephone: (201) 540-6028
30326 Lic. No. or Bldrs. Reg. No. 13VH09095800
Telephone: (888) 572-6950 Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ROOF RESHEATH SECTION OF ROOF 10 SHEETS

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$700

C. Romano
Construction Official

10/23/2019
Date

PAYMENTS (Office Use Only)

Building	\$65
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$66
Check No.	4857
Cash	\$0
Credit	\$0
Collected By	Karen Heinze

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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

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2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
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☒ A complete copy of released plans must be kept on the job site.

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



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 269 Lot 8 Qualification Code _____

Work Site Location 1867 Marshasset

Owner in Fee: 885 Bank

Tel. 856 472-1955 e-mail _____

Address 3636 Redtree Rd Atlanta GA 30326

Contractor Penner Roof & Siding Tel. 856 376-0337 e-mail aj@pennerroof.com

Address 3111 Rt 38 e-mail _____

Contractor License No. or Builder Registration No. 1314014400 Exp. Date 3/31/20

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
☐ No Plans Required			Footings		
☐ All			Footings Bonding		
☐ Footings/Foundations			Foundation		
☐ Structural/Framework			Slab		
☐ Exterior			Frame		
☐ Interior			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL FOR PERMIT			Finishes - Base Layer		
Date: _____			Finishes - Final		
Approved by: _____			Energy		
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical		
☐ CO ☐ CCO ☐ CA			TCC		
Date: _____			Other		
Approved by: _____			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories _____		If Industrialized Building:	
Height of Structure _____ ft.		State Approved _____	HUD _____
Area — Largest Floor _____ sq. ft.		Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors _____ sq. ft.		1. New Bldg. \$ _____	
Volume of New Structure _____ cu. ft.		2. Rehabilitation \$ <u>900</u>	
Max. Live Load _____		3. Total (1+2) \$ <u>900</u>	
Max. Occupancy Load _____		U.C.C. F110 (rev. 11/09)	

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Alan Taylor

Print name here: Alan Taylor

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

re sheath section of roof 10 sheets

Control #

Date Issued

Permit #

update
36269
19-109913
10/23/19

TYPE OF WORK:

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

FEE (Office Use Only)

Administrative Surcharge \$ _____	
Minimum Fee \$ _____	
State Permit Surcharge Fee \$ _____	
TOTAL FEE \$ <u>1000</u>	



PERMIT UPDATE

Date Update Issued 10/23/2019
Control # 38270
Permit # 20191099+C

IDENTIFICATION Block: 269 Lot: 8 Qualifier _____
Work Site Location: 1867 MANHASSETT AVE Deptford Township, NJ Contractor RESIPRO, LLC
Address 3630 PEACHTREE ROAD, NE SUITE 1600 ATLANTA
Owner in Fee US BANK TRUST NA C/O RESICAP Telephone: (201) 540-8028
3630 PEACHTREE RD NE#1600 ATLANTA GA Llc. No. or Bldrs. Reg. No. 13VH09095800
30326 Federal Employee No. _____
Telephone: (888) 672-6950

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

HVAC HVAC AND WATER/DRAIN LINE

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

Estimated Cost of Work \$9,000

Construction Official

10/23/2019
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$80
Plumbing	\$65
Fire Protection	\$0
Elevator Devices	\$0
Other	\$80.00
DCA Training Fee	\$18
CO Fee	\$0
Other	\$0
Total	\$243
Check No.	4857
Cash	\$0
Credit	\$0
Collected By	Karen Heinze

REQUIRED INSPECTIONS

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

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Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 269 Lot 8 Qualification Code _____
Work Site Location 1867 Manhasset Ave., Deptford, NJ

Owner in Fee: US Bank Trust

Tel. (214) 754-8355 e-mail _____

Address 13081 Wireless Way Oklahoma City 73134

Contractor Wilson Mechanical Tel. (609) 388-8747

Address 23 Glenwood Rd., e-mail wilsonoffice@gmail.com

Lumberton, NJ, 08048

Contractor License No. 12615 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present R-5

Heating System work: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☒ Replacement

Type: ☐ Hydronic ☒ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 5,000

C. JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ Mechanical Plans Required

☒ Mechanical Plans Approved

Date: 9-4-19 Approved by: MS

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire

☐ Elev. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 9-4-19 Approved by: MS

SUBCODE APPROVAL FOR CERTIFICATE

☐ CA ☐ CCO

Date: _____ Approved by: _____

INSPECTIONS

Type

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LP-Gas Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other _____

DATES

Failure

Failure

Approval

Initial

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Furnace, ac, condensate drain,

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Michael Wilson

Date Received
Control #
Date Issued
Permit #

updaae
36270
19-1099C
10/23/19

NO.

1

2

3

4

5

6

7

8

9

10

11

12

FEE (Office Use Only)

\$ _____



2



ELECTRICAL 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 26 Lot 8 Qualification Code _____
Work Site Location 1867 Manhasset Ave., Deptford, NJ

Owner in Fee: US Bank Trust

Tel. (214) 754-8355 e-mail _____

Address 13081 Wireless Way Oklahoma City 73134
street municipality zip code

Contractor Wilson Mechanical Tel. (609) 388-8747
street

Address 23 Glenwood Rd. Lumberton, NJ 08048 e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Type:	Failure:	Failure:	Approval:	Initial:
☐ Partial Under-slab Utilities Approved	Rough				
Date: _____	Barrier-Free				
Approved by: _____	Trench				
☐ Electric Plans Approved	Temp. Serv.				
Date: _____	Const. Serv.				
Approved by: _____	TCO				
Joint Plan Review Required:	Other				
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev.	Service				
SUBCODE APPROVAL for PERMIT	Final				
Date: _____	Barrier-Free				
Approved by: _____	Temp. Out-in-Card				
SUBCODE APPROVAL for CERTIFICATE	Final Out-in-Card				
☐ CO ☐ CCO ☐ CA	Annual Pool Inspection				
Date: _____	Date of Grounding and Bonding				
Approved by: _____	Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Michael Wilson

Print name here: _____
☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Furnace and ac

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 UVW 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 1/2 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received
Control #
Date Issued
Permit #

14-1099C

10/23/19

RECEIVED



Exhibit A – Scope of Work

SEP 13 2019

CONSTRUCTION
DEPTFORD TOWNSHIP

Property Address:	1867 Manhasset Ave, Deptford N.J. 08096
Subcontractor:	Ultimate Property Services LLC.
Job Total:	\$6,745.00
Contract Start Date:	8/12/2019
Days In Contract:	
RESIPRO PM	Lou Rota
County	Gloucester
Owner	Hudson LSF8

Description	Quantity
Bathroom -300 sq.ft.demo thruout,install greenboard thruout,spackle 3- coats,paint -2-coats.	1
Kitchen - 160 sq.ft.ceiling only,demo and install new sheet rock,spackle and paint.	1
Family Room-440 sq.ft.demo walls and ceiling ,roof and joists,install new joists with joist hangers, and simpson hurricane clips,install 1/2"x4'x8'plywood,install roofing paper and shingles, install drip edges,faical metal and soffitt material,install gutters and downspout, install insulation thruout,install sheetrock ceiling and walls thruout, spackle walls thruout 3- coats,paint 2-coats ceiling and walls, install base board trim thruout.	

{{_es_:signer1:Initials}}

EXHIBIT "B"

CONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.

Identifying Information

Name of Claimant: Ultimate Property Services LLC.
Name of Customer: RESIPRO, LLC
Job Location: 1867 Manhasset Ave, Deptford N.J. 08096
Owner: LSF8 Master Participation Trust

Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn:

Maker of Check: RESIPRO, LLC
Amount of Check: \$ 6745
Name of Claimant: Ultimate Property Services LLC.

Exceptions

This document does not affect any of the following:

Disputed claims for extras in the amount of: \$

Signature

Claimant's Signature:

Ryan Chittles

Claimant's Title:

Date of Signature:

1867 MANHATTAN AVE. NEW YORK N.Y. 10011

- JUMPSTER - \$500.00

BATHROOM - 70 SQ. FT.

MATERIAL - \$400.00

LABOR - \$800.00

TOTAL COST - \$1,200.00

KITCHEN - 140 SQ. FT. OF CEILING ONLY

MATERIAL - \$155.00

LABOR - \$360.00

TOTAL COST - \$515.00

SUN ROOM - 500 SQ. FT.

MATERIAL COST - \$1,690.00

LABOR COST - \$2,840.00

TOTAL COST - \$4,530.00

TOTAL COST OF CONSTRUCTION PROJECT
\$6,745.00

SUN ROOM 500 SQ. FT. MATERIAL LIST.

- 20-2X6X12 JOISTS - \$183.00
- 10-2X6 JOIST HANGERS - \$20.00
- 10- HURRICANE CLIPS - \$20.00
- 1-PCS OF 4'X8'X1/2" SHEETING - \$149.00
- 1/2" WOOD NAILS - 5 LB - \$30.00
- 100F PAPER - \$18.00 FOR 1-ROLL - 200 SQ. FT. COVER.
- 100F SHINGLES - 7-BUNDLES AT 33 SQ. FT. = \$220.00
- 1/2" EDGE CAP - 4-PCS. - \$25.00
- 1/2" INJL SOFFIT & TRIM & FACIAL & NAILS - \$170.00
- 1-19 INSULATION - \$135.00
- 1-13 INSULATION - \$140.00
- 1/2" X 4' X 8' SHEET ROCK - \$175.00
- 1-5 GAL OF SPACKLE - \$35.00
- 1-ROLL OF TAPE SPACKLE - \$3.00
- 1-5 GAL OF PAINT - \$100.00
- 1-0 LF OF BASE TRIM - \$60.00
- 1-Trim AROUND Windows FOR CASE TRIM - \$200.00

TOTAL MATERIAL COST - \$1,690.00

DUMPSTER - \$550.00 BATHROOM - 70 SQ. FT.

1) Bathroom - Demo 1-day - 2 MEN = \$225.00

10-PCS OF ROCK = \$147.00 GREEN BOARD

5-LBS OF SHEET ROCK SCREWS - \$30.00

2-5 GAL OF SPACKLE - \$31.88

3-METAL CORNER BEADS - \$6.00

5-PCS OF DOOR CASING - \$35.00

1-door BIFOLD - \$45.00

1-5 GAL OF PAINT - \$100.00

1-ROLL OF SPACKLE TAPE - \$3.00

TOTAL MATERIAL FOR BATHROOM - \$400.00

TOTAL LABOR FOR BATHROOM - \$800.00

TOTAL COST FOR BATHROOM - \$1,200.00

KITCHEN - 140 SQ. FT. CEILING ONLY:

1 DEMO - 4 HRS - 2 MEN - \$115.00 LABOR

INSTALL SHEET ROCK ON CEILING - 2 MEN - 4 HRS - \$115.00 LABOR

SPACKLE CEILING - 4 HRS - 1 MAN - \$65.00 LABOR

PAINT CEILING - 4 HRS - 1 MAN - \$65.00 LABOR

MATERIAL - SHEET ROCK - \$65.00, - 6 PCS

SPACKLE - \$15.00 - 1-5 GAL.

2-GALS OF PAINT - \$60.00

2-LBS OF SHEET ROCK SCREWS - \$12.00

1-SPACKLE TAPE - \$3.00

MATERIAL FOR KITCHEN - \$155.00

LABOR FOR KITCHEN - \$360.00

TOTAL COST OF KITCHEN CEILING JOB - \$515.00

SUN ROOM - 500 SQ. FT. ~~LABOR ONLY~~

REMO 20'x10' ROOF SHINGLES, PLYWOOD, RAFTERS.

2 MEN AT \$225.00 PER DAY FOR 1 1/2 DAYS = \$340.00
OR LABOR ONLY

REMOVING 4-WALLS - \$225.00 FOR 1-DAY - 2-MEN.

INSTALLING 20-2x6x12' JOISTS, JOIST HANGERS, HURRICANE CLIPS
LABOR - 2-MEN FOR 1-DAY - \$225.00.

INSTALLING PLYWOOD SHEETING FOR ROOF - 9 PCS. OF 4'x8'x1/2"
LABOR - \$225.00

INSTALLING - ROOF PAPER & ROOF SHINGLES, DRIP EDGE CAP.
LABOR - \$325.00

INSTALLING - 20 L.F. OF VINYL SOFFIT AND FACIAL TRIM.
LABOR - \$225.00.

INSTALL INSULATION FOR CEILING R-19 - 200 SQ. FT.
LABOR - \$50.00

INSTALL 1/2" x 4' x 8' DRYWALL FOR CEILING - 8-PCS.
LABOR - \$225.00

INSTALL INSULATION FOR WALLS 256 SQ. FT.
LABOR - \$50.00

INSTALL - 1/2" x 4' x 8' DRYWALL FOR WALLS - 8-PCS.
LABOR - \$225.00

PACKLS - 16 PCS OF DRYWALL - LABOR - \$225.00

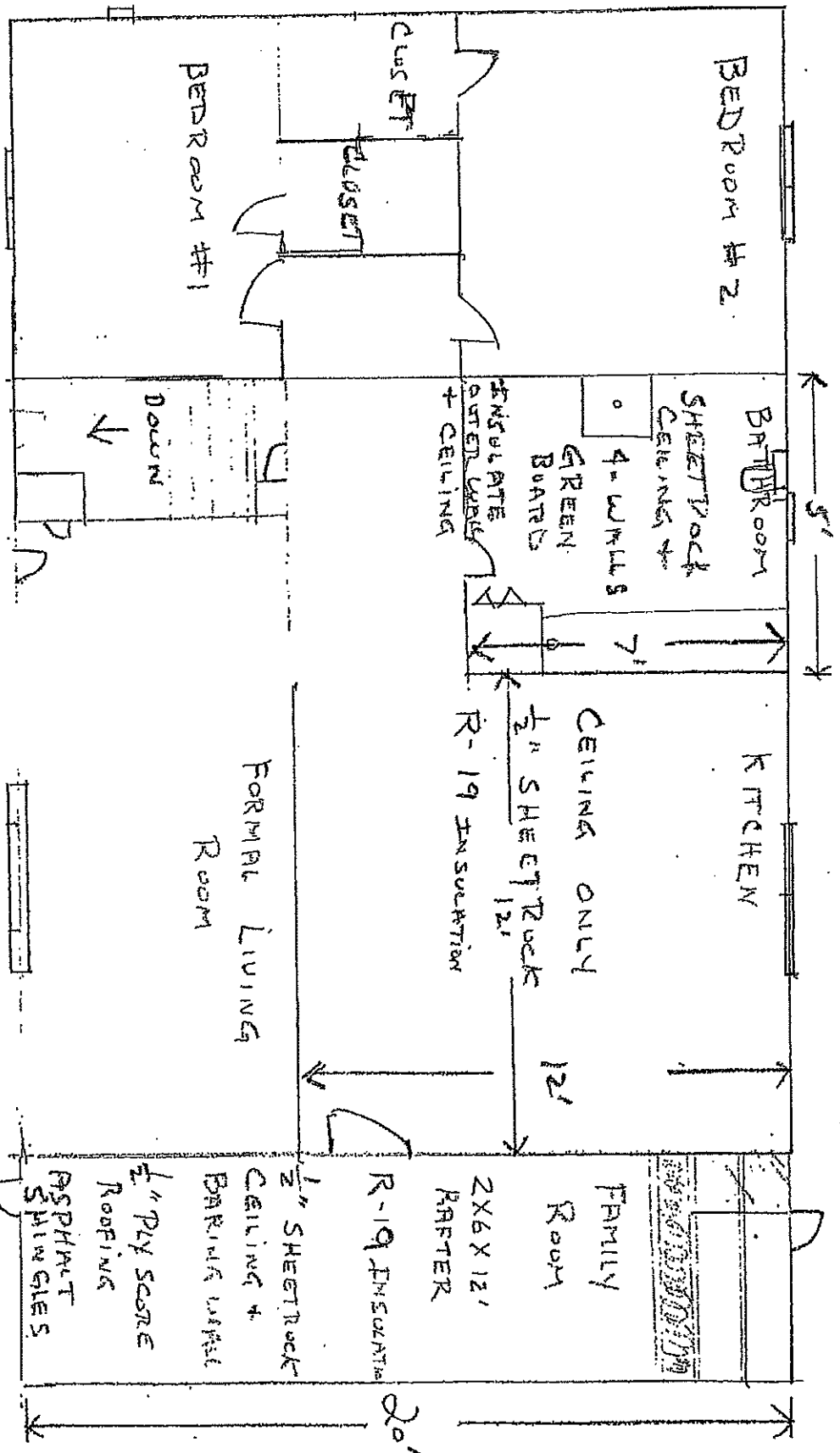
PAINT - 500 SQ. FT. OF DRYWALL - LABOR - \$225.00

BASE TRIM - 60 L.F. - LABOR - \$50.00

TRIM WORK AROUND WINDOWS - 10-WINDOWS - LABOR - \$225.00

LABOR ONLY COST FOR SUN ROOM - \$2,840.00

1867 MANHASSETT AVE



FAMILY ROOM - 2X6X12' - RAFTERS
1/2" SHEETROCK CEILING + ONE WALL
KITCHEN - SHEETROCK CEILING ONLY
APPROX 144 SF

BATHROOM - INSULATE CEILING + R-19
OUTER WALLS - R-13
SHEETROCK APPROX 198 SF

RECEIVED



Exhibit A – Scope of Work

SEP 13 2019

CONSTRUCTION
DEPTFORD TOWNSHIP

Property Address:	1867 Manhasset Ave, Deptford N.J. 08096
Subcontractor:	Ultimate Property Services LLC.
Job Total:	\$6,745.00
Contract Start Date:	8/12/2019
Days in Contract:	
RESIPRO PM	Lou Rota
County	Gloucester
Owner	Hudson LSF8

Description	Quantity
Bathroom -300 sq.ft.demo thruout,install greenboard thruout,spackle 3- coats,paint -2-coats.	1
Kitchen - 160 sq.ft.ceiling only,demo and install new sheet rock,spackle and paint.	1
Family Room-440 sq.ft.demo walls and ceiling ,roof and joists,install new joists with joist hangers, and simpson hurricane clips,install 1/2"x4'x8'plywood,install roofing paper and shingles, install drip edges,facial metal and soffitt material,install gutters and downspout, install insulation thruout,install sheetrock ceiling and walls thruout, spackle walls thruout 3- coats,paint 2-coats ceiling and walls, install base board trim thruout.	

{{_es_signer1:initials}}

EXHIBIT "B"

CONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.

Identifying Information

Name of Claimant: Ultimate Property Services LLC.
Name of Customer: RESIPRO, LLC
Job Location: 1867 Manhasset Ave, Deptford N.J. 08096
Owner: LSF8 Master Participation Trust

Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn:

Maker of Check: RESIPRO, LLC
Amount of Check: \$ 6745
Name of Claimant: Ultimate Property Services LLC.

Exceptions

This document does not affect any of the following:
Disputed claims for extras in the amount of: \$

Signature

Claimant's Signature: *Ryan Chatter*
Claimant's Title:
Date of Signature:

1867 MANHASSETT AVE DEPTFORD N.J. 08040

- DUMPSTER - \$500.00

BATHROOM - 70 SQ. FT.

MATERIAL - \$400.00

LABOR - \$800.00

TOTAL COST - \$1,200.00

KITCHEN - 140 SQ. FT. OF CEILING ONLY

MATERIAL - \$155.00

LABOR - \$360.00

TOTAL COST - \$515.00

SUN ROOM - 500 SQ. FT.

MATERIAL COST - \$1,690.00

LABOR COST - \$2,840.00

TOTAL COST - \$4,530.00

TOTAL COST OF CONSTRUCTION PROJECT
\$6,745.00

DUMPSTER - \$550.00 BATHROOM - 70 SQ. FT.

1) Bathroom - Demo 1-day - 2 MEN = \$225.00

10-PCS OF ROCK = \$147.00 GREEN BOARD

5-LBS OF SHEET ROCK SCREWS - \$30.00

2-5 GAL OF SPACKLE - \$31.88

3- METAL CORNER BRIDS - \$6.00

5- PCS OF DOOR CASING - \$35.00

1- door BIFOLD - \$45.00

1- 5 GAL OF PAINT - \$100.00

1- ROLL OF SPACKLE TAPE - \$3.00

TOTAL MATERIAL FOR BATHROOM - \$400.00

TOTAL LABOR FOR BATHROOM - \$800.00

TOTAL COST FOR BATHROOM - \$1,200.00

KITCHEN - 140 SQ. FT. CEILING ONLY:

1) Demo - 4 hrs - 2 MEN - \$115.00 LABOR

INSTALL SHEET ROCK ON CEILING - 2 MEN - 4 hrs - \$115.00 LABOR

SPACKLE CEILING - 4 hrs - 1 MAN - \$65.00 LABOR

PAINT CEILING - 4 hrs - 1 MAN - \$65.00 LABOR

MATERIAL - SHEET ROCK - \$65.00, - 6 PCS

SPACKLE - \$15.00 - 1-5 GAL.

2- GALS OF PAINT - \$60.00

2- LBS OF SHEET ROCK SCREWS - \$12.00

1- SPACKLE TAPE - \$3.00

MATERIAL FOR KITCHEN - \$155.00

LABOR FOR KITCHEN - \$360.00

TOTAL COST OF KITCHEN CEILING JOB - \$515.00

SUN ROOM 500 SQ. FT. MATERIAL LIST.

- 20-2X6X12 JOISTS - \$183.00
- 20-2X6 JOIST HANGERS - \$20.00
- 20-HURRICANE CLIPS - \$20.00
- 2-PCS OF 4'X8'X $\frac{1}{2}$ " SHEETING - \$149.00
- 2LY WOOD NAILS - 5 LB - \$30.00
- 200F PAPER - \$18.00 FOR 1-ROLL - 200 SQ. FT. COVER.
- 200F SHINGLES - 7-BUNDLES AT 33 SQ. FT. = \$220.00
- RIP EDGE CAP - 4-PCS. - \$25.00
- 1IN X L SOFFIT & TRIM & FACIAL & NAILS - \$170.00
- 2-19 INSULATION - \$135.00
- 2-13 INSULATION - \$140.00
- $\frac{1}{2}$ " X 4' X 8' SHEET ROCK - \$175.00
- 2-5 GAL OF SPACKLE - \$35.00
- 1-ROLL OF TAPE SPACKLE - \$3.00
- 5-GAL OF PAINT - \$100.00
- 10 LF OF BASE TRIM - \$60.00
- Trim Around Windows for CASE TRIM - \$200.00

TOTAL MATERIAL COST - \$1,690.00

SUN ROOM - 500 SQ. FT. ^{LABOR ONLY}

EMO 20'X10' ROOF SHINGLES, PLYWOOD, RAFTERS.

2 MEN AT \$225.00 PER DAY FOR 1 1/2 DAYS = \$340.00
LABOR ONLY

EMOING 4-WALLS - \$225.00 FOR 1-DAY - 2-MEN.

INSTALLING 20-2X6X12' JOISTS, JOIST HANGERS, HURRICANE CLIPS
LABOR - 2-MEN FOR 1-DAY - \$225.00.

INSTALLING PLYWOOD SHEETING FOR ROOF - 9 PCS. OF 4'X8'X1/2"
LABOR - \$225.00

INSTALLING - ROOF PAPER & ROOF SHINGLES, DRIP EDGE CAP.
LABOR - \$325.00

INSTALLING - 20 L.F. OF VINYL SOFFIT AND FACIAL TRIM.
LABOR - \$225.00.

INSTALL INSULATION FOR CEILING R-19 - 200 SQ. FT.
LABOR - \$50.00

INSTALL 1/2"X4'X8' DRYWALL FOR CEILING - 8-PCS.
LABOR - \$225.00

INSTALL INSULATION FOR WALLS 256 SQ. FT.
LABOR - \$50.00

INSTALL - 1/2"X4'X8' DRYWALL FOR WALLS - 8-PCS.
LABOR - \$225.00

PACKLS - 16 PCS OF DRYWALL - LABOR - \$225.00

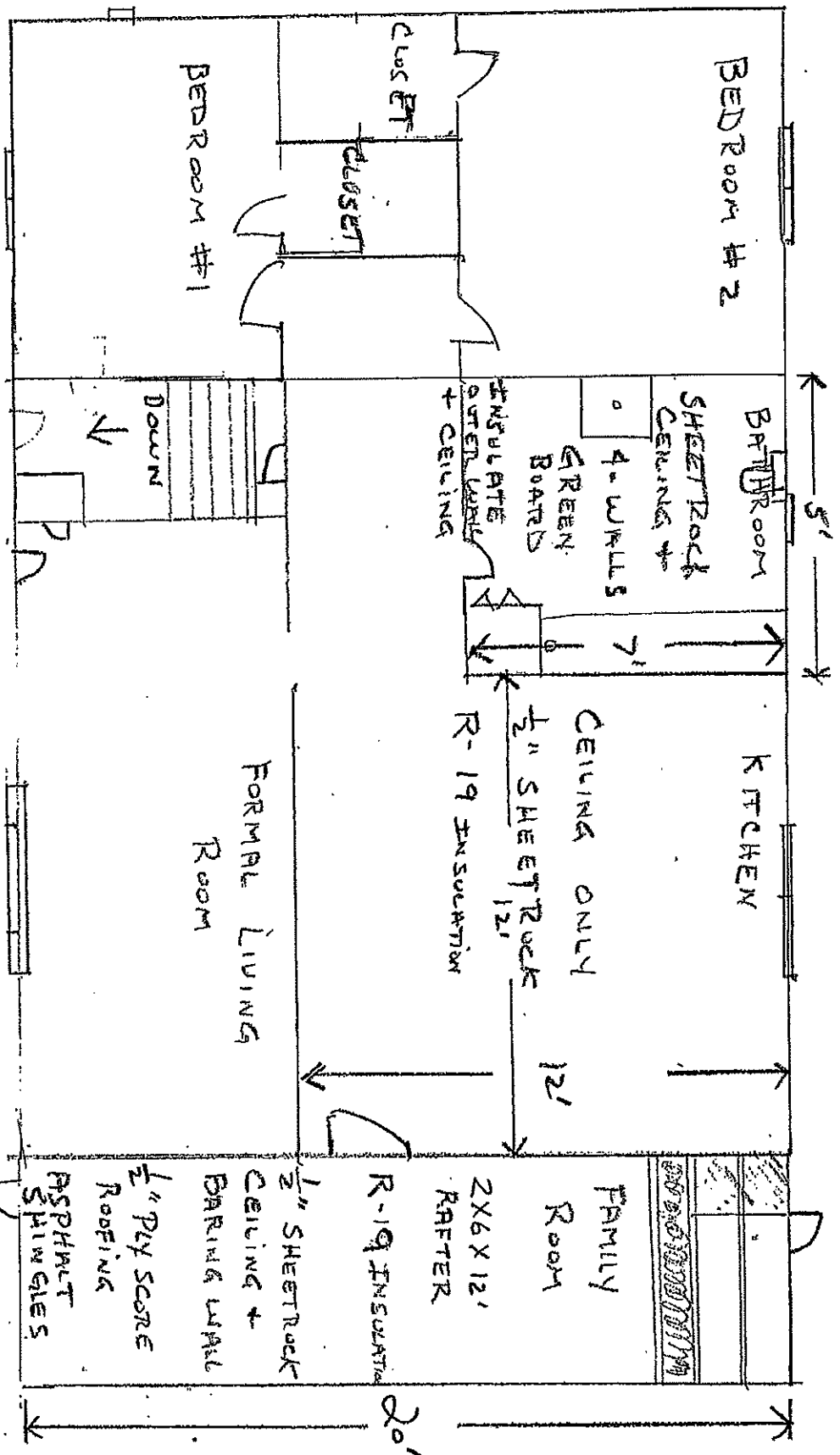
JOINT - 500 SQ. FT. OF DRYWALL - LABOR - \$225.00

BASE TRIM - 60 L.F. - LABOR - \$50.00

TRIM WORK AROUND WINDOWS - 10-WINDOWS - LABOR - \$225.00

LABOR ONLY COST FOR SUN ROOM - \$2,840.00

1867 MANHASSETT AVE



FAMILY ROOM - 2X6X12' - RAFTERS
 1/2" SHEETROCK CEILING + ONE WALL
 KITCHEN - SHEETROCK CEILING ONLY
 APPROX 144 SF

BATHROOM - INSULATE CEILING + R-19
 OUTER WALLS - R-13
 SHEETROCK APPROX 198 SF



Deptford Township
DEPTFORD TOWNSHIP CONSTRUCTION OFFICE
1011 COOPER STREET
DEPTFORD, NJ 08096

(0552) 845 5200

Subcode Official Review

Date: Tuesday, August 27, 2019

To: US BANK TRUST NA C/O RESICAP
3630 PEACHTREE RD NE#1500
ATLANTA, GA 30326

RE: Building Subcode
Block: 269 Lot: 8 Qual:
1867 MANHASSETT AVE
Permit Number: Control Number: 36242
Last Submit Date: Monday, August 26, 2019

Dear US BANK TRUST NA C/O RESICAP,

Your request is hereby denied based upon the following infractions.

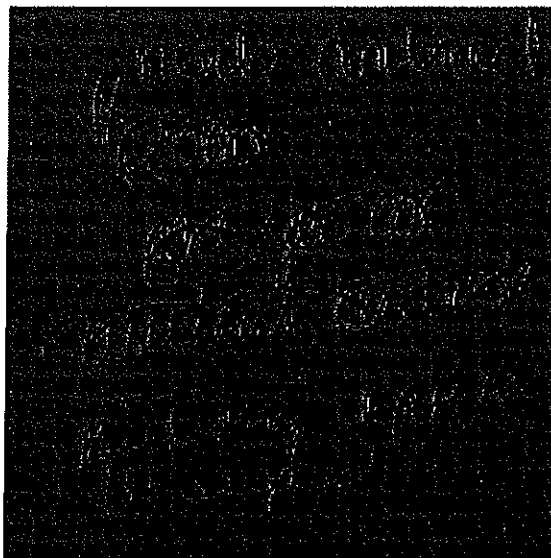
1) The cost on the Permit Request Form must represent the market value of the improvements. Donated labor and/or discounted material must be shown at actual market value when calculating the Estimated cost of the building work.

Please provide a project budget supported by copy of contracts executed by both parties, invoices, etc.

Sincerely,

John Caccavale, Subcode Official

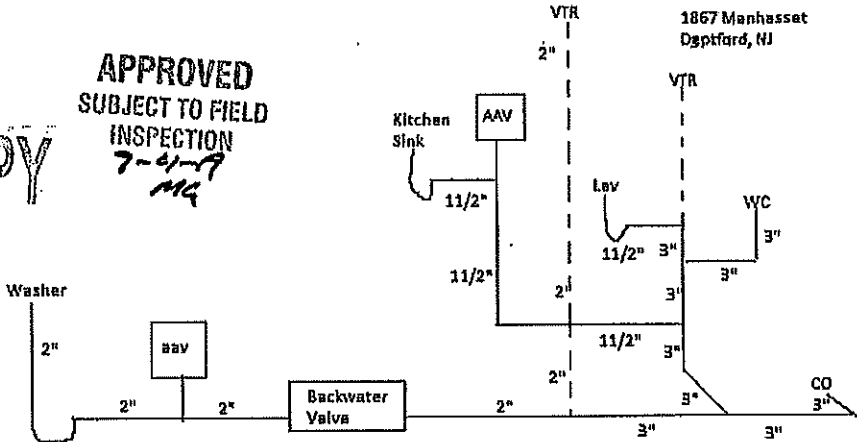
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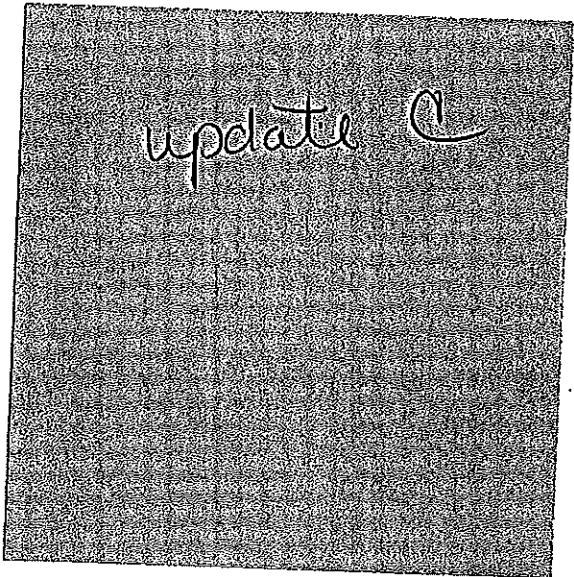
Wilson Mechanical
23 Glenwood Road
Lumberton, NJ 08048
609-388-8717
NJMPL 12615

FILE COPY

APPROVED
SUBJECT TO FIELD
INSPECTION
7-4-19
MQ



Drawing Not To Scale





CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1867 Manhasset Ave., Deptford, NJ

Owner in Fee US Bank Trust

Verifying Individual Michael Wilson Company Wilson Mechanical

Address 240 Erial Rd. Pine Hill NJ 08021
Street City State Zip Code

Tel: (609) 388-8747 Fax: () _____

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney: Size _____

- ☐ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster
☒ Chimney-Interior
☐ Chimney-Exterior
☒ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type	Fuel Type	BTU Rating (Input/hour)
Appliance 1: <u>Water heater</u>	Oil / Gas / Other: <u>Gas</u>	<u>40,000</u>
Appliance 2: <u>Furnace</u>	Oil / Gas / Other: <u>Gas</u>	<u>60,000</u>
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel Aluminum

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature [Signature] Date 8/13/19

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature _____ Date _____

Verification Not Submitted:

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

Signature _____ Date _____

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.



Residential Atmospheric Vent Gas Water Heater

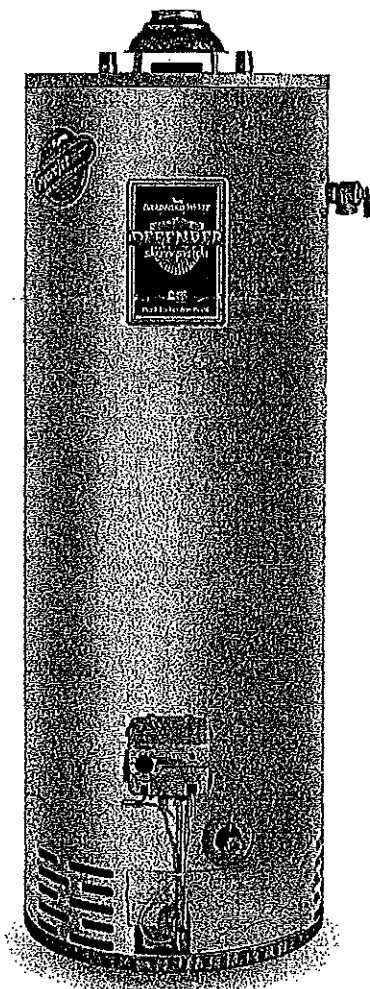


Photo is of
RG240T6N

FEATURING:



The Atmospheric Vent FVIR Defender Safety System® Models Feature:

- **Bradford White ICON System™**—Intelligent gas control with proven millivolt powered technology and built-in piezo igniter. A standard, off the shelf thermopile converts heat energy from the pilot flame into electrical energy to operate the gas valve and microprocessor. No need for external electricity.
- **Enhanced Performance**—Proprietary algorithms provide enhanced First Hour Rating and tighter temperature differential.
- **Advanced Temperature Control System**—Microprocessor constantly monitors and controls burner operation to maintain consistent and accurate water temperature levels.
- **Intelligent Diagnostics**—An exclusive green LED light prompts the installer during start-up and provides ten different diagnostic codes to assist in troubleshooting.
- **Pilot On Indication**—Flashing green LED provides positive indication that pilot is on.
- **Separate Immersed Thermowell**—High-strength advanced polymer composite thermowell provides isolation between electric temperature sensor and surrounding water. No need to drain the tank when removing gas valve.
- **Advanced ScreenLok® Technology Flame Arrestor Design**—Flame arrestor is designed to prevent ignition of flammable vapor outside of the water heater.
- **Resettable Thermal Switch**—Proven and reliable bimetallic switch prevents burner and pilot operation in case of ongoing flammable vapor burn inside of the combustion chamber or restricted air flow.
- **Maintenance-Free**—No regular cleaning of air inlet openings or flame arrestor is required under normal conditions.
- **Sight Window**—Offers a view into the combustion chamber to observe the operation of the pilot and burner.
- **Factory-Installed Hydrojet® Total Performance System**—Sediment reducing device that also increases first hour delivery of hot water while minimizing temperature build-up in tank.
- **Vitraglas® Lining**—An exclusively engineered enamel formula that provides superior tank protection from the highly corrosive effects of hot water. This formula (Vitraglas®) is fused to the steel surface by firing at a temperature of over 1800°F (871°C).
- **Insulation System**—Non-CFC foam covers the sides and top of the tank, reducing heat loss. This results in less energy consumption, improved efficiencies, and jacket rigidity.
- **Pedestal Base.**
- **Water Connections**—3/4" NPT factory installed true dielectric fittings.
- **Factory-Installed Heat Traps.**
- **Protective Magnesium Anode Rod.**
- **3x4 "Snap Lock" Draft Diverter**—Allows either 3" or 4" vent connections with inputs of 40,000 BTU/Hr. or less. Over 40,000 BTU/Hr. has the 4" "Snap Lock" Draft Diverter.
- **T&P Relief Valve**—Installed.
- **Low Restrictive Brass Drain Valve**—Durable tamper proof design.
- **NOx Emissions**—Less than 40 ng/J.

*May vary by region



6 or 10-Year Limited Tank Warranties / 6 or 10-Year Limited Warranty on Component Parts.

For more information on warranty, please visit www.bradfordwhite.com

For products installed in USA, Canada and Puerto Rico. Some states do not allow limitations on warranties. See complete copy of the warranty included with the heater.

MANUFACTURED UNDER ONE OR MORE OF THE FOLLOWING U.S. PATENTS: 6,682,866; 7,634,878; 5,660,185; 5,954,492; 6,058,542; 6,935,280; 5,372,185; 5,485,870; 5,574,922; 7,071,560; 7,992,526; 6,684,821; 6,442,178; 7,334,419; 7,866,168; 7,270,087; 7,007,748; 6,686,952; 6,142,216; 7,699,026; 5,341,770; 7,337,517; 7,665,211; 7,665,210; 7,063,132; 7,063,133; 7,659,293; 7,900,668; 5,843,084; 8,092,688; 5,968,117; 7,821,238; 7,650,859; 5,761,379; 7,409,925; 5,277,171; 5,148,772; 7,458,341; 2,282,174. OTHER U.S. AND FOREIGN PATENT APPLICATIONS PENDING. CURRENT CANADIAN PATENTS: 2,314,845; 2,504,824; 2,108,186; 2,143,031; 2,409,271; 2,648,058; 2,112,615; 2,476,685; 2,230,007; 2,692,105; 2,107,012. Defender Safety System®, ScreenLok®, Vitraglas® and Hydrojet® are registered trademarks of Bradford White Corporation.

1101-B-0817

Residential Atmospheric Vent Gas Water Heater

Atmospheric Vent Models

NATURAL GAS AND LIQUID PROPANE GAS

Meet or exceed ASHRAE 90.1b (current standard) C.E.C. Listed
Recovery efficiency ranging up to 80%

Model Number	Nominal Capacity		DOE Rated Storage Volume (Gal.)	Nat. BTU/Hr. Input	LP BTU/Hr. Input	First Hour Rating (Gal.)	Uniform Energy Factor	Recovery 80°F Rise*				A Floor to Flue Conn. In.	B Jacket Dia. In.	C Vent Size In.	D Floor to T&P Conn. In.	E Floor to Gas Conn. In.	F Floor to Water Conn. In.	G Floor to Top of Heater In.	H Depth In.	Approx. Shipping Weight lbs.
	U.S. Gal.	Imp. Gal.						Nat. U.S. GPH	Nat. Imp. U.S. GPH	LP U.S. GPH										
RG130T6N*	30	25	28	27,000	27,000	53	0.60	29	24	29	24	59 1/2	18	3X4	49 1/2 / 56 3/4	12 1/2	57 1/2	56 1/2	19 1/2	109
RG230T6N*	30	25	28	32,000	31,000	59	0.61	34	28	33	23	59 1/2	18	3X4	49 1/2 / 56 3/4	12 1/2	57 1/2	56 1/2	21 1/2	116
RG230S6N*	30	25	28	30,000	32,000	57	0.60	32	37	32	27	49 1/2	20	3X4	51 1/2 / 60	12 1/2	59 1/2	57 1/2	21 1/2	113
RG140T6N*	40	33	38	34,000	34,000	69	0.59	37	31	37	31	61 1/2	18	3X4	51 1/2 / 60	12 1/2	59 1/2	57 1/2	21 1/2	132
RG240T6N*	40	33	38	40,000	36,000	74	0.59	43	36	34	33	60 1/2	20	3X4	50 1/2 / 56 3/4	12 1/2	57 1/2	56 1/2	23 1/2	134
RG240S6N*	40	33	38	40,000	36,000	73	0.59	43	36	41	34	51 1/2	22	3X4	41 / 47 1/2	12 1/2	49 1/2	48 1/2	25 1/2	139
RG150T6N*	50	42	47	34,000	34,000	80	0.63	37	31	37	31	60 1/2	20	3X4	50 / 56 3/4	12 1/2	57 1/2	56 1/2	23 1/2	150
RG250T6N*	50	42	48	40,000	35,000	86	0.65	43	38	41	34	60 1/2	22	3X4	49 1/2 / 57	12 1/2	57 1/2	56 1/2	25 1/2	164
RG250L6N*	48	40	47	40,000	35,000	85	0.63	43	36	41	34	51 1/2	24	3X4	40 1/2 / 57	12 1/2	48 1/2	48 1/2	27 1/2	170
RG250S6N*	50	42	47	50,000	48,000	89	0.63	54	45	52	45	60 1/2	22	4	49 1/2 / 57	12 1/2	57 1/2	56 1/2	25 1/2	187

Model Number	Nominal Capacity Liters	DOE Rated Storage Volume (Liters)	Nat. kW Input	LP kW Input	First Hour Rating (Liters)	Uniform Energy Factor	Recovery 60°C Rise*	A Floor to Flue Conn. mm.	B Jacket Dia. mm.	C Vent Size mm.	D Floor to T&P Conn. mm.	E Floor to Gas Conn. mm.	F Floor to Water Conn. mm.	G Floor to Top of Heater mm.	H Depth mm.	Approx. Shipping Weight kg.
RG130T6N*	114	106	7.9	7.9	201	0.60	110	110	1522	408	76x102	1264 / 1432	322	1449	1432	49
RG230T6N*	114	106	9.4	9.1	223	0.61	129	125	1522	467	76x102	1267 / 1432	322	1449	1432	53
RG230S6N*	114	106	8.8	9.4	216	0.60	121	121	1521	508	76x102	982	322	1181	1160	51
RG140T6N*	151	144	10.0	9.9	261	0.59	139	130	1562	467	76x102	1308 / 1524	322	1505	1472	60
RG240T6N*	151	144	11.7	10.6	280	0.59	163	129	1532	508	76x102	1273 / 1438	322	1462	1441	61
RG240S6N*	151	144	11.7	10.3	270	0.59	163	155	1314	559	76x102	1041 / 1200	322	1249	1224	63
RG150T6N*	189	178	10.0	9.9	303	0.63	139	139	1532	508	76x102	1270 / 1432	322	1464	1441	68
RG250T6N*	189	182	11.7	10.3	326	0.65	163	155	1532	559	76x102	1267 / 1448	322	1470	1441	77
RG250L6N*	182	178	11.7	10.3	322	0.63	163	155	1310	810	76x102	1032	322	1254	1224	70
RG250S6N*	189	178	14.7	14.1	337	0.63	204	197	1540	559	102	1267 / 1448	322	1464	1441	76

Propane models feature a Titanium Stainless Steel propane burner. For Propane (LP) models change suffix "N" to "X".

For 10 year models, change suffix from "6" to "10".

*Based on manufacturer's rated recovery efficiency.

*Models feature optional top T&P location and must be specified when ordering.

Note: RG230S6N and RG250L6N do not have top T&P option.

Uniform Energy Factor and First Hour Rating is based on the latest AHRI directory listings.

General:

Meets NAECA Requirements.

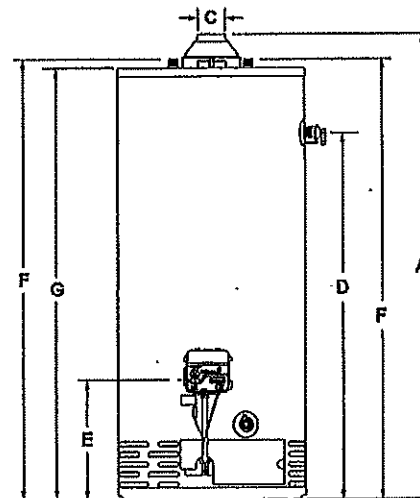
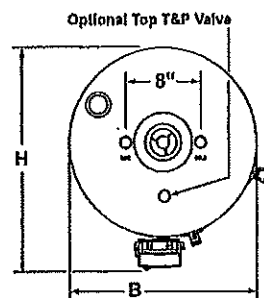
All gas water heaters are certified at 300 PSI test pressure (2068 kPa) and 150 PSI working pressure (1034 kPa). All water connections are 1/2" NPT (19mm) on 8" (203mm) centers. All gas connections are 1/2" (13mm).

All models design-certified by CSA International (formerly AGA/CGA), ANSI standard Z-21.10.1 and peak performance rated.

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.

Suitable for Water (Potable) Heating and Space Heating.

Toxic chemicals, such as those used for boiler treatment, shall NEVER be introduced into this system. This unit may NEVER be connected to any existing heating system or component(s) previously used with a non-potable water heating appliance.



BRADFORD WHITE
WATER HEATERS

Ambler, PA

For U.S. and Canada field service, contact your professional installer or local Bradford White sales representative.

Sales 800-523-2931 • Fax 215-641-1670 / Technical Support 800-334-3393 • Fax 269-795-1089 • Warranty 800-531-2111 • Fax 269-795-1089

International: Telephone 215-641-9400 • Telefax 215-641-9760 / www.bradfordwhite.com

BRADFORD WHITE-CANADA INC. Sales / Technical Support 866-690-0961 / 905-238-0100 • Fax 905-238-0105 / www.bradfordwhite.com

Built to be the Best™

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	GMS8 0403A*B	GMS8 0603A*B	GMS8 0604B*B	GMS8 0804B*B	GMS8 0805C*B	GMS8 1005C*B	GMS8 1205D*B	GMS8 1405DNC
HEATING CAPACITY								
Input	40,000	~~60,000~~	60,000	80,000	80,000	100,000	120,000	140,000
Natural Gas Output	32,000	~~48,000~~	48,000	64,000	64,000	80,000	96,000	112,000
LP Gas Output	32,000	~~48,000~~	48,000	64,000	64,000	80,000	96,000	96,000
AFUE ¹	80	~~80~~	80	80	80	80	80	80
Available AC @ 0.5" ESP	3	~~3~~	4	4	5	5	5	5
Temperature Rise Range (*F)	25 - 55	~~20 - 50~~	20 - 50	35 - 65	35 - 65	35 - 65	40 - 70	40 - 70
CIRCULATOR BLOWER								
Size (D x W)	10" x 6"	~~10" x 6"~~	10" x 8"	10" x 8"	10" x 10"	10" x 10"	11" x 10"	11" x 10"
Horsepower @1075 RPM	1/4	~~1/4~~	1/4	1/4	1/4	1/4	1/4	1/4
Speed	4	~~4~~	4	4	4	4	4	4
Vent Diameter ²	4"	~~4"~~	4"	4"	4"	4"	4"	4"
No. of Burners	2	~~3~~	3	4	4	5	6	6
ELECTRICAL DATA								
Min. Circuit Ampacity ³	4.8	~~4.8~~	8.8	8.8	8.8	8.8	14.7	14.7
Max. Overcurrent Device (amps) ⁴	15	~~15~~	15	15	15	15	15	15
SHIP WEIGHT (LBS)	84	~~88~~	98	106	114	118	130	130

All models available in California Low NOx-compliant versions (except GMS81405D*C*)

¹ DOE AFUE based upon Isolated Combustion System (ICS)

² Vent and combustion air diameters may vary depending upon vent length. Refer to the latest editions of the National Fuel Gas Code NFPA 54/ANSI Z223.1 (in the USA) and the Canada National Standard of Canada, CAN/CSA B149.1 and CAN/CSA B142.2 (in Canada).

³ Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps. Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.

⁴ Maximum Overcurrent Protection Device refers to maximum recommended fuse or circuit breaker size. May use fuses or HACR-type circuit breakers of the same size as noted.

NOTES

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply.
- Gas Service Connection 1/2" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

RESIPRO LLC
George A Capps, CEO
3630 Peachtree Rd NE
Ste 1500
Atlanta GA 30326

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/11/2019 TO 03/31/2020

VALID

Signature of Licensee/Registrant/Certificate Holder

13VH09095800

LICENSE/REGISTRATION/CERTIFICATION #

Paul Rodriguez
ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 48016
Newark, NJ 07101

PLEASE DETACH HERE

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
RESIPRO LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/11/2019 TO 03/31/2020
VALID

SIGNATURE
Paul Rodriguez
ACTING DIRECTOR

13VH09095800
License/Registration Certificate #



ELECTRICAL 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 266 Lot 2 Qualification Code _____
Work Site Location 1847 New Street

Owner in Fee: 405 Great Lakes Property LLC US Bank
Tel. () e-mail _____
Address 3630 Parkview Ave NE Atlanta GA 30326

Contractor: Lloyd Mills Electric Tel. () e-mail _____
Address 2400 Regional Dr Orange Point, NJ 08061

Contractor License No. 16607 Exp. Date 3/21

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

Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 1000 1000

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
☐ No Plans Required	Type: _____
☐ Partial - Under-slab Utilities Approved	Rough _____
Date: _____	Barrier-Free _____
Approved by: _____	Trench _____
☐ Electric Plans Approved	Temp. Serv. _____
Date: _____	Const. Serv. _____
Joint Plan Review Required:	TCO _____
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	Other _____
SUBCODE APPROVAL FOR PERMIT	Service _____
Date: _____	Final _____
Approved by: _____	Barrier-Free _____
SUBCODE APPROVAL FOR CERTIFICATE	Temp. Cut-in-Card Date Issued _____
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued _____
Date: _____	Annual Pool Inspection _____
Approved by: _____	Date of Grounding and Bonding Certification _____

Approved by 36604
Ex. 10/99

DATE RECEIVED
Control #
Date Issued
Permit #

UPDATE
19-10994D

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor _____
sign and seal here: _____

Print name here: Lloyd Mills
Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Refrigerator Little Light Box
5 detectors 1 microwave outlet

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
1		Switches	
1		Detectors	
1		Light Poles	
1		Motors—Frac. HP	
1		Emergency & Exit Lights	
1		Communications Points	
1		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 1/2 HP			
KW Transformer/Generator			
AMP Service			
AMP Subpanels			
AMP Motor Control Center			
KW Elec. Sign/Outline Light			

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Date Received
Control #
Date Issued
Permit #
19-10 994D
Update

Block 269 Lot 8 Qualification Code _____

Work Site Location 1867 Marshbrook

Owner in Fee: US Bank Trust

Tel. _____ e-mail _____

Address 3030 Parklane rd west 180 Atlanta GA 30324

Contractor: CLB M.I. Electric municipality Atlanta Tel. 717 824-9057

Address CLB M.I. Electric e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 2121

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____ FAX _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____
Const. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible
Capacity _____

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____ Location of Panel: _____
Fire Suppression/Standpipe System: [] New or [] Existing
Location of Main Control Valve: _____

Location: _____
Total Cost of Fire Protection Work \$ 920

JOB SUMMARY (Office Use Only)

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

[] No Plans Required _____ Alarm System _____
[] Partial -Underlab Utilities Approved _____ Suppression Sys. _____
Date: _____ Approved by: _____ Standpipe _____

[] Fire Protection Plans Approved _____ Fire Pump _____
Date: _____ Approved by: _____ Pre-Eng. System _____
Joint Plan Review Required: _____ Mechanical _____
[] Bldg. [] Elec. [] Plumb. [] Elev. _____ Smoke Control _____

SUBCODE APPROVAL for PERMIT _____ TCO _____
Date: _____ _____
Approved by: _____ _____
Flam/Combust Tanks _____
Fireplace Venting _____
Final _____
Other _____

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

TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____
Alarm Systems _____
[] System _____
[] 110v Interconnected _____
[] CO Detectors/110v _____
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., tamper, low/high air) _____
Signaling Devices (i.e., horns/strobes, bells) _____
Other Devices _____

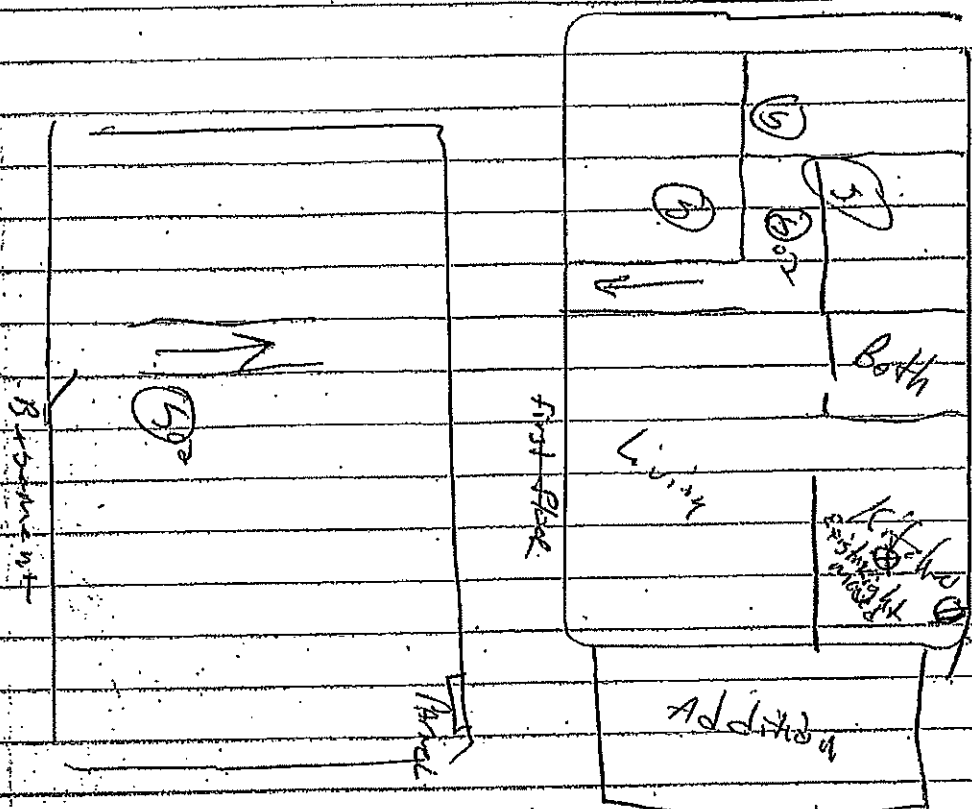
Suppression Systems _____
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other _____

Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fuel-Fired Appliances [] Gas [] Oil [] Solid _____
Fireplace Venting/Metal Chimney _____
Other _____

U.C.C. F-40 (rev. 02/11) Applicant When Submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts.

1 White-Office Copy 2 Canam-Applicant Copy 3 Pink-Office Copy 4 Tan-Inventor Copy

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



Measurements

1147 unimproved

1147

Lloyd Mills Electric
200 Riverside Dr
Cary, NC
#14647
704-588-7087

- 3 New Smokes
- 2 New OR
- 1 Microwave
- 1 Repair/Measure
- 1 Kitchen Light