Michelle Fareri

From: hmannel@collingswood.com
Sent: Monday, December 28, 2020 3:48 PM
To: mfareri@collingswood.com
Subject: 12-28-20 McDonough
Attachments: OPRA request - 1 Center St (7.04 KB)

Thanks Michelle

K. Holly Mannel
Borough of Collingswood
Borough Clerk
678 Haddon Avenue
Collingswood, NJ 08108
(856) 854-0720 ext. 127
(856) 854-0632 Fax
hmannel@collingswood.com

CONSTRUCTION PERMIT

Permit #: 04-0198
Date Issued: 05/20/04

IDENTIFICATION Block/Lot/Qual: 33. 22.

Work Site Location: 1 CENTER ST

Owner in Fee: MOYER DAVID

Address: 1 CENTER ST
COLLINGSWOOD NJ 08108

Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR ALTERATIONS AND UPGRADES.

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 5,350.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 04-0198
Issue Date: 05/20/04
Application Id: 10007587
Application Date:

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

Block/Lot/Qual: 33. 22.

Work Site Location: 1 CENTER ST

Owner in Fee: MOYER DAVID

Tel. [redacted] email:

1 CENTER ST COLLINGSWOOD NJ 08108

Contractor: Tel.

email:

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

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

Federal Emp. ID No. FAX:

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR ALTERATIONS AND UPGRADES.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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

FEE (Office Use Only)

$	
	42.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 3.00
TOTAL FEE	$ 45.00

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present _____ Proposed _____

No. of Stories	0.00	
Height of Structure		ft.
Area — Largest Floor		sq. ft.
New Bldg. Area/All Floors	0	sq. ft.
Volume of New Structure	0	cu. ft.
Max. Live Load		
Max. Occupancy Load		

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
3. Total (1+ 2)	$ 1,750.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 04-0198
Issue Date: 05/20/04
Application Id: 10007587
Application Date:

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

Block/Lot/Qual: 33. 22.
Work Site Location: 1 CENTER ST

Owner in Fee: MOYER DAVID
Tel. [redacted] email:
1 CENTER ST COLLINGSWOOD NJ 08108
Contractor: Tel.
email:

Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INTERIOR ALTERATIONS AND UPGRADES.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
23		Lighting Fixtures	
21		Receptacles	
12		Switches	
4		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
62		TOTAL NUMBERS	$ 42.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	0.00
1		HP Garbage Disposal	0.00
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	46.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	4.00
TOTAL FEE	$	92.00

U.C.C. F120 (rev. 11/09)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 04-0198
Issue Date: 05/20/04
Application Id: 10007587
Application Date:

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

Block/Lot/Qual: 33. 22.

Work Site Location: 1 CENTER ST

Owner in Fee: MOYER DAVID

Tel. [redacted] email:

1 CENTER ST COLLINGSWOOD NJ 08108

Contractor: Tel.

email:

Fire Alarm Contractor No.: Exp Date:

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

Federal Emp. ID No. FAX:

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed _____

Constr. Class: Present Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Est. Cost of Fire Protection Work $ 100.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INTERIOR ALTERATIONS AND UPGRADES.

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 (smoke, heat, pulls, water/flow)	4	0.00
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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		36.00
Administrative Surcharge		$
Minimum Fee		$ 4.00
State Permit Surcharge Fee		$ 1.00
TOTAL FEE		$ 41.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 04-0198
Issue Date: 05/20/04
Application Id: 10007587
Application Date:

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

Block/Lot/Qual: 33. 22.

Work Site Location: 1 CENTER ST

Owner in Fee: MOYER DAVID

Tel.: [redacted] email:

1 CENTER ST COLLINGSWOOD NJ 08108

Contractor: Tel.

email:

Contractor License No.: Exp Date:

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

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed _____

Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]

Water Service Size _____ Public Water [ ] Private Well [ ]

Est. Cost of Plumbing Work $ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

Plumbing Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar _____				
TCO				
Final				
_____				

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: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

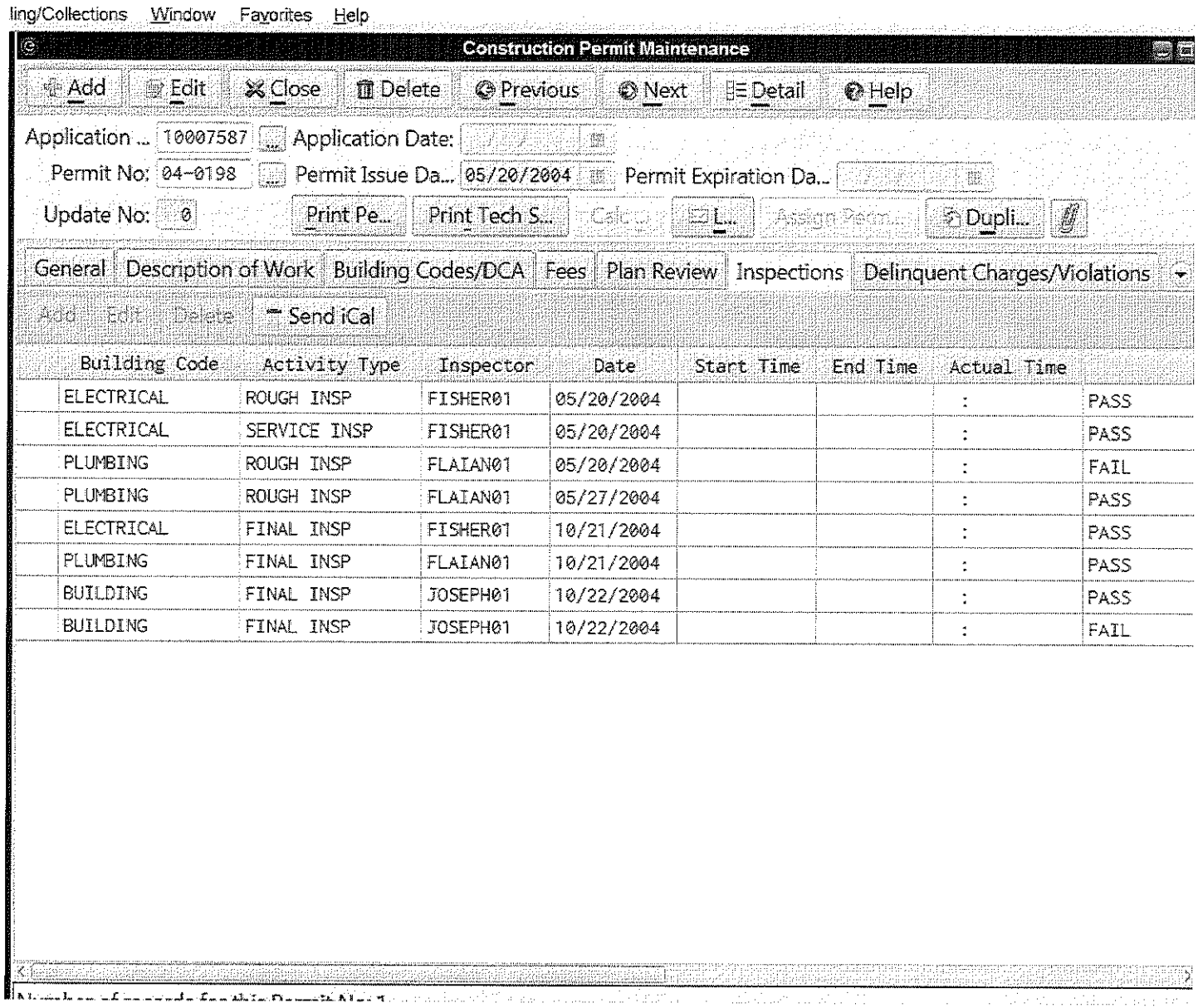
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR ALTERATIONS AND UPGRADES.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10.00
	Urinal/Bidet	
1	Bath Tub	10.00
1	Lavatory	10.00
	Shower	
	Floor Drain	
1	Sink	10.00
1	Dishwasher	10.00
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	10.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	3.00
TOTAL FEE	$	63.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.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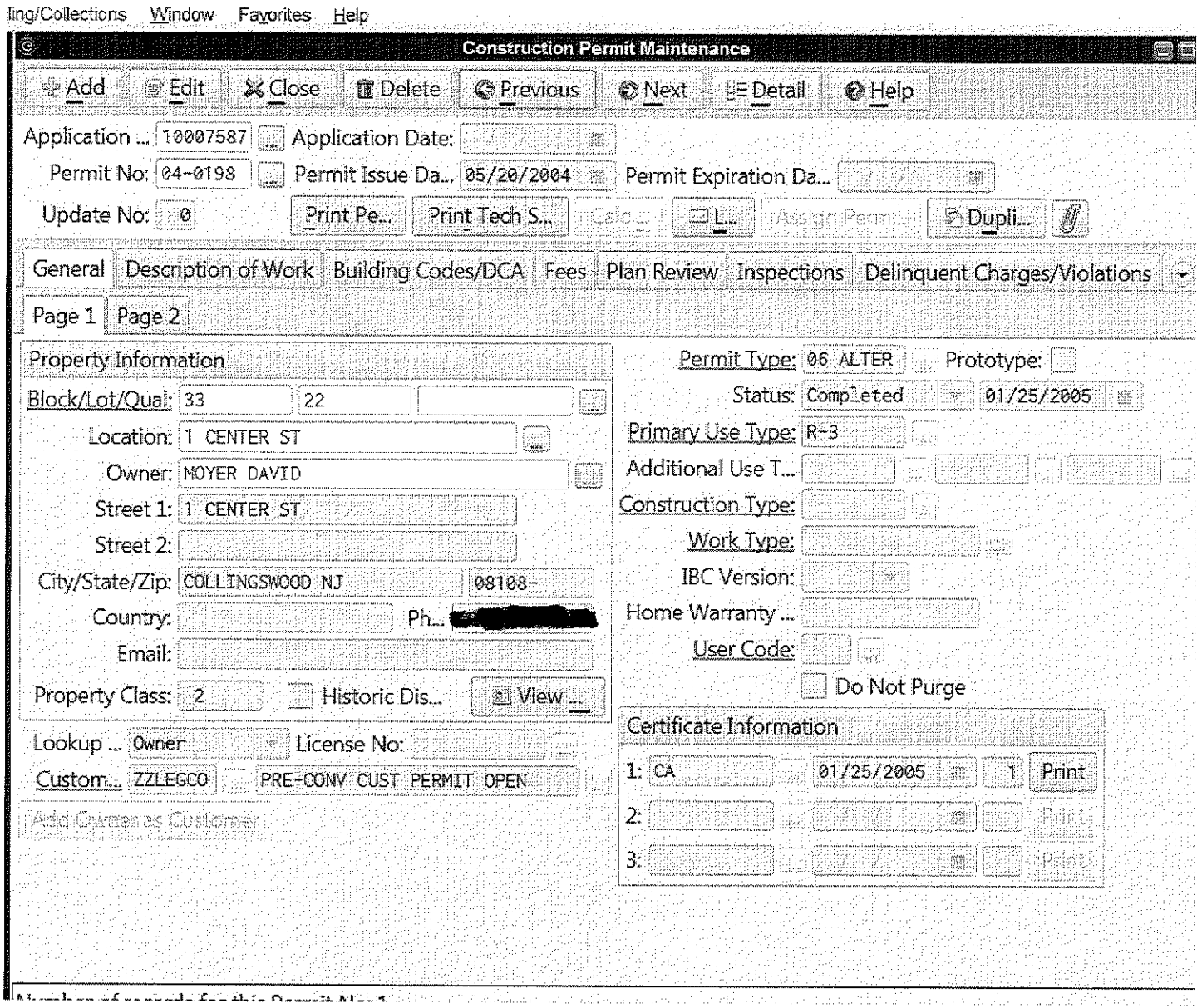
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10007587 Application Date:
Permit No: 04-0198 Permit Issue Da... 05/20/2004 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time
ELECTRICAL ROUGH INSP FISHER01 05/20/2004 : PASS
ELECTRICAL SERVICE INSP FISHER01 05/20/2004 : PASS
PLUMBING ROUGH INSP FLAIAN01 05/20/2004 : FAIL
PLUMBING ROUGH INSP FLAIAN01 05/27/2004 : PASS
ELECTRICAL FINAL INSP FISHER01 10/21/2004 : PASS
PLUMBING FINAL INSP FLAIAN01 10/21/2004 : PASS
BUILDING FINAL INSP JOSEPH01 10/22/2004 : PASS
BUILDING FINAL INSP JOSEPH01 10/22/2004 : FAIL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Application ... 10007587 Application Date:
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Update No: 0 Print Pe... Print Tech S... Calc ... L... Assign Permi... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Page 1 Page 2
Property Information
Block/Lot/Qual: 33 22
Location: 1 CENTER ST
Owner: MOYER DAVID
Street 1: 1 CENTER ST
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country: Ph...
Email:
Property Class: 2 Historic Dis... View
Lookup ... Owner License No:
Custom... ZZLEGCO PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 01/25/2005
Primary Use Type: R-3
Additional Use T...
Construction Type:
Work Type:
IBC Version:
Home Warranty ...
User Code:
Do Not Purge
Certificate Information
1: CA 01/25/2005 1 Print
2: Print
3: Print