From: Patricia Coomer
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - 217 Lakeview - Open and Closed Permits
Date: Monday, April 22, 2024 5:50:45 PM

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: for property 217 Lakeview Dr, Block #00090, Lot #00014
Request copies and report of any open and closed construction permits as far back on record in local office to current - April 2024. To include but not limited to: plumbing, electrical, additions, remodels, siding, roofing, HVAC, etc

Yours faithfully,

Patricia Coomer

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-60996-120e214c@requests.opramachine.com

Is hmannel@collingswood.com the wrong address for OPRA requests to Collingswood Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=collingswood_borough
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/217_lakeview_open_and_closed_per

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

BLOCK 910 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) 217 LAKEVIEW DR PERMIT NO. 12-0-33.

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 217 LAKEVIEW DRIVE
2. Name of Owner in Fee: ANNE MAXWELL & JERALD MAGDON
   Tel. (609) 792-9863 e-mail _____
   Address 217 LAKEVIEW DR, COLLINGSWOOD, NJ 08108
   (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: RKI CONTRACTORS CORP DBA R. KALLER & SONS Tel. (856) 429-8814
   Address 1 UNION HILL, W. CONSH., PA 19428 e-mail INFO@RKALLER.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02784000
   Federal Emp. ID No. [redacted] FAX: (610) 828-9944
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun KEVIN CREIGHTON, PROJ. MGR.
   Tel. (856) 429-8814 FAX: (610) 828-9944

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 58		
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	77		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 135		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

3226

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					8/10/11	COX			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS	$5,346								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Incom restric
Before Construction		
After Construction		
Net Gain or Loss		

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

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

00146 034202

III. PLAN REVIEW (optional)

DO YOU WANT:
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

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.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

✓ Check if contractor.

Agent Name RKL CONTRACTORS CORP DBA R. KALLER & SONS

Address 1 UNION HILL ROAD

WEST CONSHOHOCKEN, PA 19428.

Telephone (856) 429-8814

Signature _____

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

CERTIFICATE

Permit #: 12-0336
Date Issued: 09/05/12
Certificate Issued Date: 10/15/14

IDENTIFICATION

Work Site Location: 217 LAKEVIEW DR
Block/Lot/Qual: 90. 14.
Owner in Fee: MADDOW, JERALD L & ANNE L MAXWELL
Address: 217 LAKEVIEW DR
COLLINGSWOOD, N J 08108-3026

Contractor: R. KALLER SONS
Address: 357 WEST 5TH AVE
CONSHOHOCKEN, PA 19428

Tel.: (609)429-8814
Fax: (610)825-0921
Lic. No. or Bldrs. Reg. No:
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: R-3 Res; 1 & 2 Family & Adult/Chil
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: INSTALLATION OF SLOPE ROOF RESTORATION CERTAINTEED GRAND MANOR AND. CARRIAGE HOUSE SHINGLES.

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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

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

CERTIFICATE OF 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

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 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 immediate 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 — Date 10/28/14

NJ UCCARS 5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/10/2012
Date Issued 9/15/12
Control # C90/14
Permit # 12-0336

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

Block 90 Lot 14 Qual
Work Site Location 217 LAKEVIEW DRIVE

Owner in Fee MAGDON J & MAXWELL A
Address 217 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Tele [redacted]
Contractor R. KALLER & SONS
Address ONE UNION HILL ROAD
WEST CONSHOHOCKEN, PA 19428-
Tele.(856)429-8814 Fax (610)828-9944
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

INSTALLATION OF SLOPE ROOF RESTORATION CERTAINTEED GRAND MANOR AND CARRIAGE HOUSE SHINGLES

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA
Date: 10/14/14
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/14/14	WJ
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 45,346
3. Total (1+2) $ 45,346

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[X] Roofing	58
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [X] Check # 0116 Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 58
DCA State Permit Fee	$ 77

U.C.C. F110 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

Date Issued 9/15/12
Control # C90/14
Permit # 12-033

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 90 Lot 14 Qual

Work Site Location 217 LAKEVIEW DRIVE

Owner in Fee MAGDON J & MAXWELL A
Address 217 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor R. KALLER & SONS
Address ONE UNION HILL ROAD
WEST CONSHOHOCKEN, PA 19428-
Telephone (856)429-8814
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALLATION OF SLOPE ROOF RESTORATION CERTAINTEED GRAND MANOR AND CARRIAGE HOUSE SHINGLES

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 $ 45,346

William Joseph
Construction Official

8/10/12
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	58
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	77
Cert. of Occupancy	0
Other	
Total	135
Check No.	0116
Cash	
Collected By	

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 90 Lot 14 Qualification Code

Work Site Location 217 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108

Owner in Fee ANNE MAXWELL & JERALD MAGDON

Address 217 LAKEVIEW DRIVE
COLLINGSWOOD NJ 08108

Tel. [redacted]

Contractor RKI CONTRACTORS CORP DBA R. KALLER & SONS

Address 1 UNION HILL ROAD
WEST CONSHOHOCKEN, PA 19428

Tel. (856) 429-8814 FAX (610) 828-9944

Contractor License No. or Builder Registration No. 13VH02784000

Federal Emp. No [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

		Date	Initial
[X]	No Plans Required	8/10/12	W
[ ]	All		
[ ]	Footing		
[ ]	Foundation		
[ ]	Frame		
[ ]	Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 45,346.

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
INSTALLATION OF SLOPE ROOF RESTORATION AS PER ATTACHED 4 PAGE SIGNED PROPOSAL DATED 06/23/12, ADDITIONALLY PENT-ROOF RESTORATION AS PER CHANGE ORDER DATED 06/23/12

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

FEE (Office Use Only)
$

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

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

R. KALLER & SONS

ROOFING CONTRACTORS ~ SINCE 1939

ONE UNION HILL ROAD, WEST CONSHOHOCKEN PA 19428

PA 610 • 649 • 4135 NJ 856 • 429 • 8814 FAX 610 • 828 • 9944

Anne Maxwell
217 Lakeview Drive
Collingswood NJ 08108

June 23, 2012
609-792-9863

PROJECT NOTES

- All work involved within the following proposal is covered by Workmen's Compensation, Public Liability, Property Damage, Products Liability, and Completed Operations Insurance.
- All work will be performed by closely supervised; hourly paid employees of R. Kaller and Sons Roofing Company.
- At all times, there will be an on-site R. Kaller and Sons Roofing foreman supervising this project.
- All materials and equipment will be properly stored as not to interfere with everyday use of the property.
- At all times the structure will be protected against normal weather conditions.
- House and landscaping to be protected with tarps and plywood where needed.
- Provide a dumpster, with protection to the driveway.
- All job related debris will be cleaned up on a daily basis and disposed in a legal manner.
- Payment schedules will be described and agreed to.
- Any additional work will be committed to in writing with a "Change Order Form" describing the work involved, the cost, and the payment schedule.
- Project manager, Kevin Creighton, will work closely with the site foreman and homeowner to ensure all work is performed as described in this proposal.
- All agreements must be committed to in writing, no verbal promises are agreed to.

This proposal includes all required documentations and meetings to acquire permission from the Historic Preservation Committee.

R. KALLER & SONS
ROOFING CONTRACTORS ~ SINCE 1939
ONE UNION HILL ROAD, WEST CONSHOHOCKEN PA 19428
PA 610 • 649 • 4135 NJ 856 • 429 • 8814 FAX 610 • 828 • 9944

ROOF RESTORATION

Note: the work area includes the upper roof slope only and does not include the front lower pent roof.

- Remove and dispose the existing slates, pole gutters, plumbing vent stack flashing, chimney flashing, low slope roofing and felt paper underlayment.
- Inspect the roof decking for damage; any damaged roof decking will be replaced with 5/8" exterior grade plywood sheathing at $4.00 per square foot or roof planking at $7.00 per square foot, with the owner's permission.

To the left low sloped roof section:

- Install a ventilated base sheet.
- Fabricate and install a 16oz. copper pole gutter with eave pan.
- Install a modified bitumen membrane according to the manufactures' recommendation.
- All seams are to be heat welded.
- Heat-weld the membrane to the wall at the roof/wall juncture.
- Install white aluminum drip edge flashing to the rake board to help prevent blown-thru water from penetrating the roof's edge.
- Install a second layer of modified bitumen to the first roof membrane; the second layer will be granulated coated for added protection.

To the sloped roof sections:

- Install 36" wide ICE and WATER SHIELD SELF-SEALING GASKET to eave areas to help protect against Ice Damming.
- Install 30 lb. felt paper underlayment to the remainder of the roof decking.
- Install white aluminum drip edge flashing to all rake and fascia boards to help prevent blown-thru water from penetrating the roof's edge.
- Fabricate and install a 16oz.copper flat-seamed soldered chimney cricket.
- Install copper step flashings where the roof-surface meets the chimney walls.

R. KALLER & SONS

ROOFING CONTRACTORS ~ SINCE 1939

ONE UNION HILL ROAD, WEST CONSHOHOCKEN PA 19428

PA 610 • 649 • 4135 NJ 856 • 429 • 8814 FAX 610 • 828 • 9944

- Line all valleys with 36" wide ICE and WATER SHIELD SELF-SEALING GASKET.
- Fabricate and install 16oz.copper valley flashings.
- Fabricate and install a 16oz.copper plumbing vent stack flashing.
- Fabricate and install a 16oz.copper flat-seamed soldered pole gutters with eave pans connected to the existing downspouts.
- Install the CertainTeed Grand Manor and Carriage House Shingles in accordance of the manufactures' recommendations.
- Grind a reglet slot into the chimney walls and install 16oz.copper-reglet type counter flashing.
- Cut the roof ridge in preparation of the ridge vent.
- Install the Ridge Vent II venting system.
- Install ridge cap shingles over the ridge vent.

The above specifications include the labor, material, insurance, and sales tax to complete the proposed restoration. Finance charges and local building permit fees are not included. Standard industry payment terms are one-third deposit due with acceptance of this proposal, one third due upon half completion, and balance due upon completion.

R. KALLER & SONS

ROOFING CONTRACTORS ~ SINCE 1939

ONE UNION HILL ROAD, WEST CONSHOHOCKEN PA 19428
PA 610 • 649 • 4135 NJ 856 • 429 • 8814 FAX 610 • 828 • 9944

Anne Maxwell
217 Lakeview Drive
Collingswood NJ 08108

June 23, 2012
609-792-9863

INVESTMENT $40,201.00

1/3 WITH ACCEPTANCE OF THIS PROPOSAL

1/3 WITH HALF COMPLETION

BALANCE TO BE PAID TO OUR FOREMAN UPON COMPLETION

13,400.00
13,400
13,401

DATE 6-23-12

BY Anne L. Maxwell

BY: _____

E-MAIL ADDRESS annelmaxwell@yahoo.com

KEVIN CREIGHTON
R. Kaller and Sons Roofing
Cell Number 484.390.2714
kevin@kallerroofing.com

YOU, THE HOME OWNER, HAVE THREE BUSINESS DAYS FROM MIDNIGHT OF THE DAY OF THIS CONTRACT TO CANCEL THIS CONTRACT

FOR INFORMATION ABOUT CONTRACTORS AND THE CONTRACTORS' REGISTRATION ACT, CONTACT THE NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY, DIVISION OF CONSUMER AFFAIRS AT 1-888-656-6225.

LICENSE:

PA: PA009090 NJ: 13VH02784000 DE: LC2959

Judge168@yahoo.com

NATIONAL ROOFING CONTRACTORS ASSOCIATION

K120621

R.KALLER & SONS

Roofing Contractors ~ Since 1939
One Union Hill Road, West Conshohocken Pa 19428
PA 610-828-9933 NJ 856-429-8814 Fax 610-828-9944
Toll free 888-754-7663 www.KallerRoofing.com

CHANGE ORDER ONE - PRIOR

Anne Maxwell and Jerald Magdon
217 Lakeview Drive
Collingswood NJ 08108

June 23, 2012
609-792-9863

Note: this revision becomes part of, and in performance with the existing contract dated June 23, 2012.

PENT ROOF RESTORATION

- Remove and dispose the existing shingles and felt paper underlayment.
- Inspect the roof decking for damage; any damaged roof decking will be replaced with 5/8" exterior grade plywood sheathing at $4.00 per square foot or roof planking at $7.00 per square foot, with the owner's permission.
- Install 36" wide ICE and WATER SHIELD SELF-SEALING GASKET to eave areas to help protect against Ice Damming.
- Install 30 lb. felt paper underlayment to the remainder of the roof decking.
- Install white aluminum drip edge flashing to all rake and fascia boards to help prevent blown-thru water from penetrating the roof's edge.
- Line all valleys with 36" wide ICE and WATER SHIELD SELF-SEALING GASKET.
- Fabricate and install 16oz.copper valley flashings.
- Install the CertainTeed Grand Manor and Carriage House Shingles in accordance of the manufactures' recommendations.

INVESTMENT	$5,145.00
OPTIONAL COPPER RIDGE ROLL	$455.00

Homeowner's Approval

Homeowner's Approval

R.KALLER & SONS

Roofing Contractors ~ Since 1939
One Union Hill Road, West Conshohocken Pa 19428
PA 610-828-9933 NJ 856-429-8814 Fax 610-828-9944
Toll free 888-754-7663 www.KallerRoofing.com

CHANGE ORDER ONE

Anne Maxwell and Jerald Magdon
217 Lakeview Drive
Collingswood NJ 08108

June 23, 2012
609-792-9863

RIDGE ROLL RESTORATION FOR MAIN ROOF

Fabricate and install new 16oz.copper ridge roll.

INVESTMENT $1,544.00

MJT
Homeowner's Approval

ORIGINAL CONTRACT	$40,201.00
CHANGE ORDER NO. 1	$ 5,145-00
REVISED CONTRACT	$ 45,346 00

ACCEPTANCE:

The above prices, specifications and conditions are satisfactory and are accepted. You are authorized to do the work as specified. Payment will be made as follows:

$ 45,346	(Revised Total Amount)
$13,400.00	(Initial Deposit)
$ 1,715-00	(Deposit On Change Order)
$ 15,115 00	(Due Upon Half Completion)
$ 15,116 00	(Due Upon Completion)

Homeowner's Approval

R.KALLER AND SONS

Date 7-14-12

ENTERED 07/17/12

15,115

BLOCK 70 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 217 LAKEVIEW DR PERMIT NO. 13 [illegible]

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 217 Lakeview Dr.) Collingswood 08108
2. Name of Owner in Fee: Maxwell, Anne
   Tel. [redacted] e-mail _____
   Address 217 Lakeview Dr.) Collingswood 08108 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Urbano Electric, Inc Tel. (856) 854-0800
   Address 223 Highland Ave. e-mail _____
   Westmont NJ 08108
   License No. OR, if new home, Builder Reg. No. 16303 Exp. Date 3/15
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (856) 854-0739
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Pete Urbano
   Tel. (856) 854-0800 FAX: (856) 854-0739

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 65		
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	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 68		

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only) 3226

00146_034237 20130340 SF

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	1800								
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Urbano Electric, Inc.

Address 223 Highland Ave.
Westmont NJ 08108

Telephone (856) 854-0800

Signature _____

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

Date Issued 12/27/2013
Control #
Permit # 13-0340

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 90 Lot 14 Qual

Work Site Location 217 LAKEVIEW DRIVE

Owner in Fee/Occupant MAGOON J & MAXWELL A
Address 217 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]
Contractor URBANO ELECTRIC
Address 223 HIGHLAND AVENUE
WESTMONT, NJ 08108-
Telephone (856)854-0800 Fax (856)854-0739
Lic. No. or Bldrs. Reg. No. 6664
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

200 AMP SERVICE

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

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Fee $ 0
Paid [X] Check No. 3194
Collected by: JB

CONSTRUCTION OFFICIAL

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

NJ UCCARS5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/20/2013
Date Issued 8/20/13
Control # C90/14
Permit # 13-0340

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

Block 90 Lot 14 Qual

Work Site Location 217 LAKEVIEW DRIVE

Owner in Fee MAGDON J & MAXWELL A
Address 217 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Tele.([redacted]

Contractor URBANO ELECTRIC
Address 223 HIGHLAND AVENUE
WESTMONT, NJ 08108-
Tele.(856)854-0800
Lic. No. or Bldrs. Reg. No. 6664
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/19/13
Approved By: BK

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service			9/19/13	BK
Final			9/19/13	BK
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			9/19	

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	65
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Paid [✓] Check # 3194
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA State Permit Fee	$	3

U.C.C. F120 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

Date Issued 8/20/13
Control # C90/14
Permit # 13-0340

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 90 Lot 14 Qual

Work Site Location 217 LAKEVIEW DRIVE

Owner in Fee MAGDON J & MAXWELL A
Address 217 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor URBANO ELECTRIC
Address 223 HIGHLAND AVENUE
WESTMONT, NJ 08108-
Telephone (856)854-0800
Lic. No. or Bldrs. Reg. No. 6664
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
200 AMP 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 $ 1,800

Construction Official

Date

PAYMENTS (Office Use Only)

Building	0
Electrical	65
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	68
Check No.	3194
Cash	
Collected By	

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

CUT-IN-CARD

MUNICIPALITY Collingswood

LOCATION 217 Lakeview Dr UTILITY CO PSE&G

BLK 90 LOT 14

OWNER Madden OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 Amp

INSTALLED BY Urband Elec LICENSE NO 16664

DATE 9/19/13 PERMIT # 13-0340 INSPECTOR Bill Fisher

☐ CALLED IN / / Lic. No: 6612

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

CUT-IN-CARD

MUNICIPALITY Collingswood

LOCATION 217 Lakeview Dr UTILITY CO PSE&G

BLK 90 LOT 14

OWNER Madden OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 Amp

INSTALLED BY Urband Elec LICENSE NO 16664

DATE 9/19/13 PERMIT # 13-0340 INSPECTOR Bill Fisher

☐ CALLED IN / / Lic. No: 6612

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location 217 Lakeview Dr.
Collingswood NJ 08108
Owner in Fee/Occupant Maxwell, Anne
Address 217 Lakeview Dr.
Collingswood NJ 08108
Tele. (609) 332-6428
Contractor Urbane Electric, Inc.
Address 223 Highland Ave.
Westmont NJ 08108
Tele. (856) 854 0800 Fax (856) 854-0739
Lic. No. 16303 ex. 3/15
Federal Emp. No. 223002793

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 8/20/13 BV
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Permit #: 13-0340
Date Issued: 08/20/13

IDENTIFICATION Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: MAGDON J MAXWELL A

Address: 217 LAKEVIEW DR
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:

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

DESCRIPTION OF WORK:
200 AMP SERVICE.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
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 $ 1,800.00

_____ _____
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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 13-0340
Issue Date: 08/20/13
Application Id: 10014361
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: 90. 14.
Work Site Location: 217 LAKEVIEW DR

Owner in Fee: MAGDON J MAXWELL A
Tel. [redacted] email:
217 LAKEVIEW DR COLLINGSWOOD NJ 08108
Contractor: URBANO ELECTRIC INC Tel. (856)854-0800
223 HIGHLAND AVE email:
WESTMONT, NJ 08108
Contractor License No.: 34EB01630300 Exp Date: 03/31/27
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)854-0739

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1,800.00

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	Failure	Approval	Initial
	Dates (Month/Day)			
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

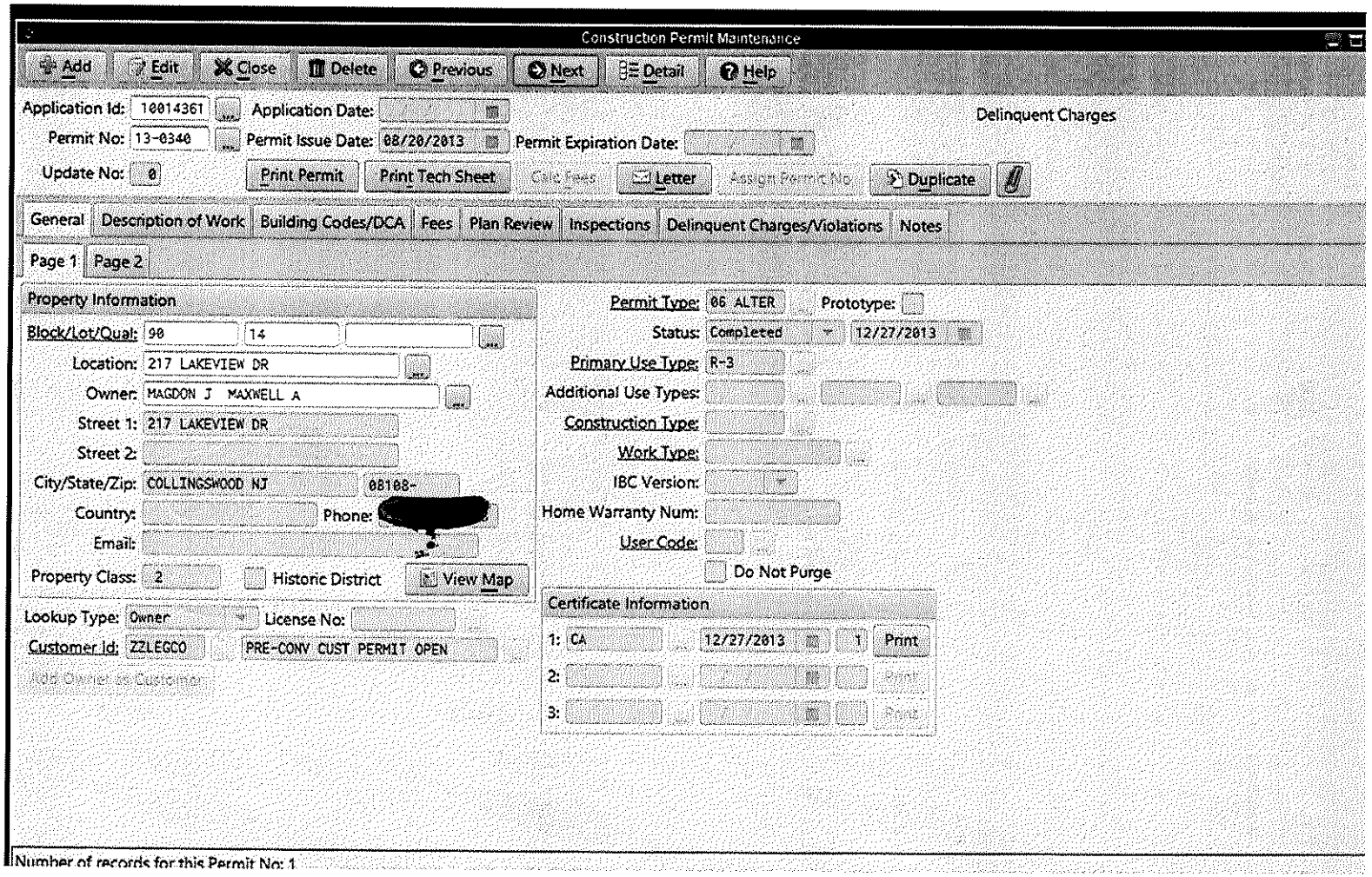
DESCRIPTION OF WORK:
200 AMP SERVICE.

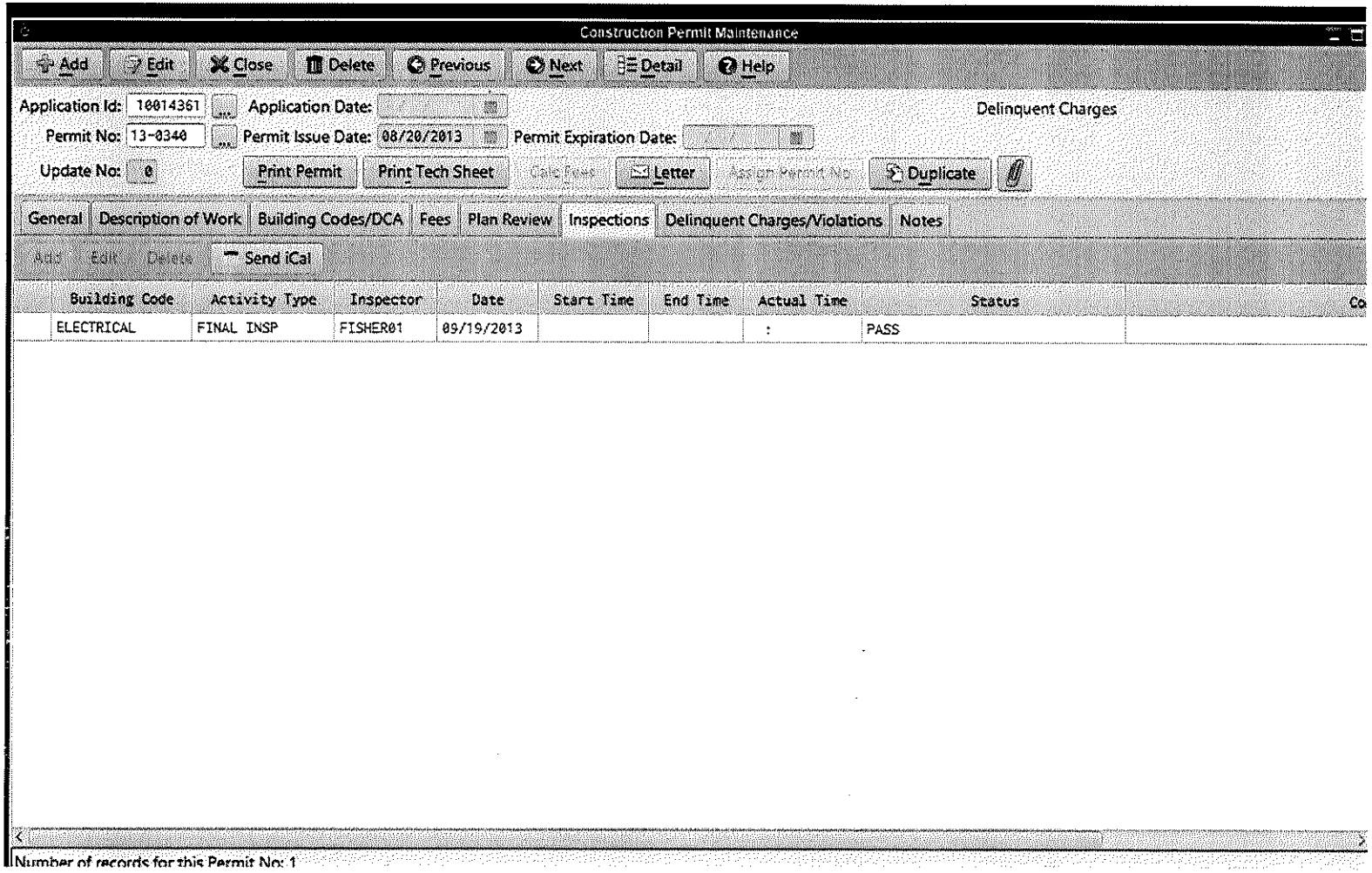
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	65.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	3.00
TOTAL FEE	$	68.00

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.


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10014361
Application Date:
Delinquent Charges
Permit No: 13-0340
Permit Issue Date: 08/20/2013
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 90 14
Location: 217 LAKEVIEW DR
Owner: MAGDON J MAXWELL A
Street 1: 217 LAKEVIEW DR
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone:
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
12/27/2013
Primary Use Type: R-3
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
12/27/2013
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10014361
Application Date:
Delinquent Charges
Permit No: 13-0340
Permit Issue Date: 08/20/2013
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Letter
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
ELECTRICAL
FINAL INSP
FISHER01
09/19/2013
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: 217 Lakeview Drive
2. Name of Owner in Fee: Jerald L. Maddow / Anne L. Maxwell Tel. ([redacted]
   Address See #1 (street) Collingswood (municipality) 08108-3026 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Discount Fence Co. Tel. (609) 6623465
   Address 6959 Crescent Blvd (Route 130) Pennsauken
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. [redacted] Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

	Update	U
1. Building	$ 40.00	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Other		
6. Subtotal	$ 40.00	
7. Less 20% for State Plan Review		
8. Subtotal	$ 40.00	
9. DCA Training Fee		
10. Subtotal	$ 40.00	
11. Cert. of Occupancy	0/A	
12. Other	10.00	
13. TOTAL	$ 50.00	

II. PROPOSED WORK

	Est. Cost
1. ☑ Minor Work (single trade)	16.00
2. ☑ Small Job ($5,000 and no prior approvals)	waiver
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	16.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
JC	4/3/11						

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? NO

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

U.C.C. Form F-100A

VI. BUILDING/SITE CHARACTERISTICS

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

(offic

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R
3. ☐ Two-Family (R-
4. ☐ Two-Family (R-
5. ☐ One-Family (R
6. ☐ One-Family (R-

No of dwelling units:
Before Constructic
After Construction
Net gain or loss _

B. NON-RESIDENTIAL
1. State Specific Use
2. Use Group:
3. Change in Use Gr
   Indicate Former:

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 Anne L. Mahnell Date 3/11/91

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

CERTIFICATE

Date Issued 4/10/91
Control #
Permit # 76-91

IDENTIFICATION

Block 90 Lot 14
Work Site Location 217 Lakeview Dr.
Collingswood, NJ 08108
Owner in Fee Jerald L. Maddow/Anne L. Maxwell
Address Same

Tele. ([redacted]
Contractor Discount Fence Co.
Address 6059 Crescent Blvd.
Pennsauken, NJ
Tele. (609) 662-3465
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]
or Social Security No.

Home Warranty No.
Use Group R-4
Maximum Live Load
Description of Work/Use:

4ft. fence in rear and side of property.

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☒ **CERTIFICATE OF APPROVAL**

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

☐ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Fee $ 10.00
Paid [X] Check No. 121
Collected by: CH

Harold E. Barnett, Jr.
CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 4/3/91
Control #
Permit # 76-91

IDENTIFICATION Block 90 Lot 14

Work Site Location 217 Lakeview Dr.
Collingswood, NJ 08108
Owner in Fee Jerald L. Madden/Anne L. Maxwell
Address Same
Tele. [redacted]

Contractor Discount Fence Co.
Address 6059 Crescent Blvd.
Pennsauken, NJ
Tele. (609) 662-3465
Lic. No. or Bldrs. Reg. No [redacted] Exp. Date
Federal Emp. No. [redacted]
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

4 ft. fence in rear and side of the property.

PAYMENTS (Office Use Only)	
Building	40.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other C/A	10.00
Total	50.00
Check No.	121
Cash	
Collected By:	CH

10

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 $ 1,600.00

Charles G. Gormley

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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

U.C.C. Form 1709

8

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/3/91
Date Issued
Control #
Permit # 16-91

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

Block 30 Lot ~~#~~ 14 (tax map)
Work Site Location 217 LAKEVIEW DRIVE.
Collingswood
Owner in Fee Jerald L. Maddox / Anne L. Maxwell
Address [illegible]
Tele. [redacted]
Contractor [illegible] Fence Co
Address 1957 Crescent Blvd (Route 130)
Pennsauken
Tele. (609) 662-2465
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted] or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [✓] CA			TCO				
Date: 4/10/91			Other				
Approved By: [signature]			Final			4/10/91 [signature]	

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ [illegible]

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
[illegible handwriting]

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[✓] Miscellaneous
[ ] Fence 4' Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use O
FEE
$

Paid [✓] Check # 121 Administrative Surcharge $
Collected by: [initials] Minimum Fee $ [illegible]
TOTAL FEE $ [illegible]

U.C.C. Form F-110A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

COLLINGSWOOD HISTORIC DISTRICT COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Property Address 217 LAKEVIEW DRIVE

Contractor DISCOUNT FENCE Co.

Owner Jerald L- MADDOW
Anne L- MAXWELL
Architect/Engineer

Owner's Address 217 LAKEVIEW DRIVE

Owner's daytime phone [redacted] (ANNE MAXWELL)

Block No. 90 Lot No. 14

Describe the nature and extent of your proposed improvement in sufficie detail so that a decision on the impact of your proposed project can evaluated promptly by the Commission (use additional pages if necessary).

A four foot tall cyclone fence is planned to be installed around the rear of the property in order to prevent owners' dogs from running on to other properties as well as to limit trespassing which occurs frequently in the afternoon

Attach a copy of all drawings, specifications, photographs or othe documents relating t this application. THE COMMISSION WILL CONSIDER ONL COMPLETED APPLICATIONS AND ACCOMPANYING DOCUMENTS WHICH HAVE BEE SUBMITTED AT LEAST TEN (10) DAYS PRIOR TO THE COMMISSION HEARING DATE. N OTHER DRAWINGS, CHARTS OR PLANS WILL BE CONSIDERED BY THE COMMISSION.

Date: 3/11/91

No. 258

APPLICATION FOR COMPLIANCE CERTIFICATE UNDER ZONING ORDINANCE

BOROUGH OF COLLINGSWOOD

Date March 11, 1991

Application is hereby made by the undersigned for the certificate required by the Borough of Collingswood Zoning Ordinance before commencing the work or the use described herein, and as shown on the accompanying plan. The property is designated on the Tax Map as Lot No. 14 Block No. 90 in _____ (Zone District)

and known as 217 (Number) LAKEVIEW DR (Street or Avenue)

as an (a) Cyclone Fence (Description of project, as a dwelling, store, theater, etc,) 4 feet (Height in feet)

_____ (Number of Stories) including a _____ (Accessory uses, such as a garage, hot house, shop, etc.)

If lot is irregular in shape, give deed description below:

TABULATION OF USES

Existing Use	Proposed Use of Existing Building
Last Previous Use and Date	**Proposed Use of Addition or New Building**
	4' FENCE

Applicant ANNE L. MAXWELL Address 217 LAKEVIEW DRIVE

Owner or Agent _____ Address _____

Architect _____ Address _____

Contractor _____ Address _____

DRAW PLAN ON SPACE BELOW

Plot plan to be drawn to scale in ink.

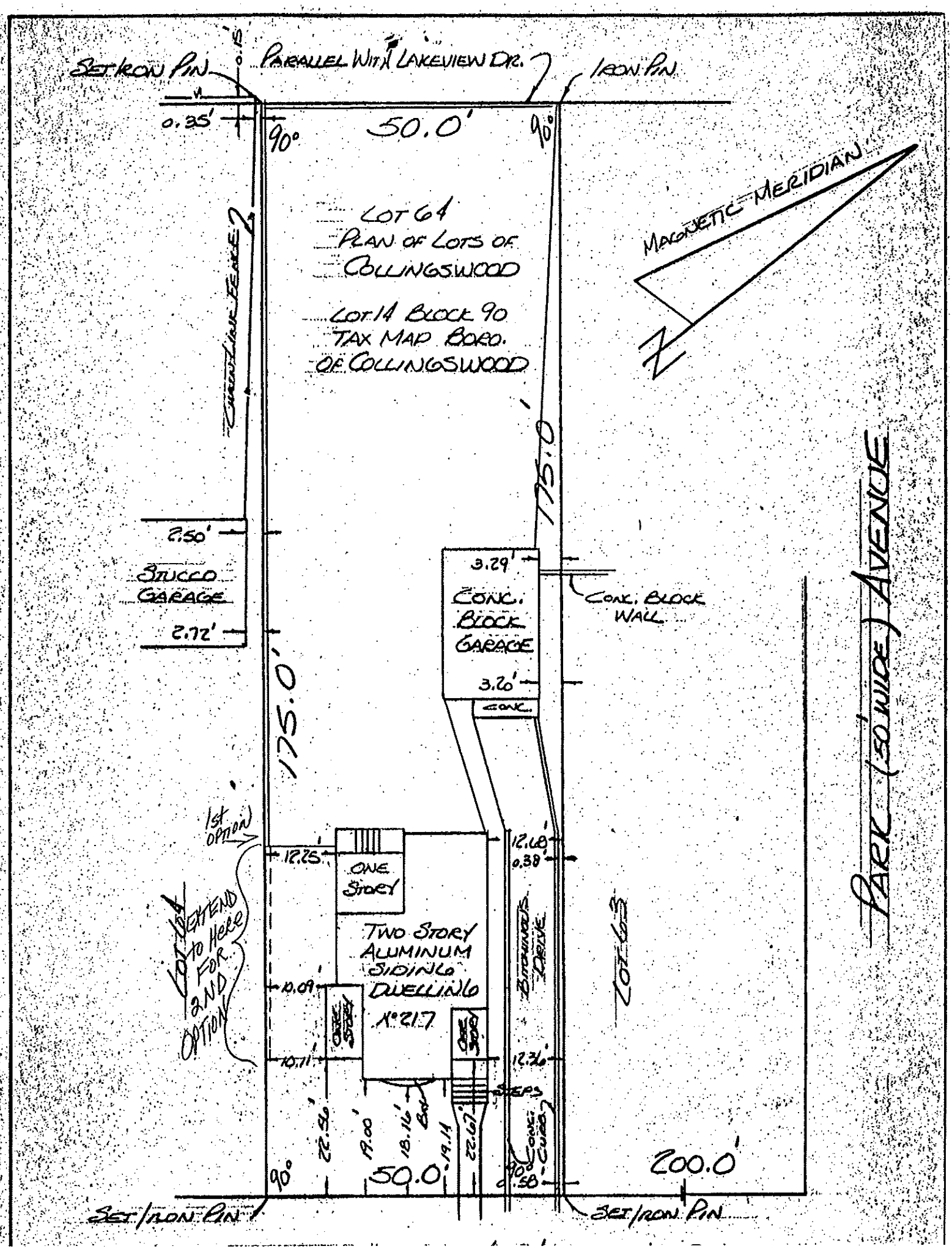
Show all plot lines and dimensions.

Show all streets and alleys bounding property.

Show overall dimensions of building or buildings, and distances from building to lot lines and to other buildings on same lot.

Where the existing building set-back line in residential district does not comply with the district regulations, draw the existing buildings on abutting property within two hundred (200) feet on either side of said building or buildings, showing their respective distance from the street line (front lot line) to the building.

Draw elevations and additional plans where required.


SET IRON PIN
PARALLEL WITH LAKEVIEW DR.
IRON PIN
0.15'
0.35'
90°
50.0'
90°
LOT 64
PLAN OF LOTS OF
COLLINGSWOOD
LOT 14 BLOCK 90
TAX MAP BORO.
OF COLLINGSWOOD
MAGNETIC MERIDIAN
N
CHAIN LINK FENCE
175.0'
2.50'
STUCCO
GARAGE
2.72'
3.29'
CONC.
BLOCK
GARAGE
3.20'
CONC.
CONC. BLOCK
WALL
175.0'
1st
OPTION
LOT EXTEND
TO HERE
FOR
2ND
OPTION
12.25'
ONE
STORY
12.68'
0.38'
TWO STORY
ALUMINUM
SIDING
DWELLING
N°217
BITUMINOUS
DRIVE
LOT 63
10.09'
ONE STORY
10.11'
ONE STORY
12.26'
STEPS
22.96'
19.00'
18.16'
END
19.11'
22.67'
CONC.
CURB
90°
0.50'
90°
50.0'
200.0'
PARK (50' WIDE) AVENUE
SET IRON PIN
SET IRON PIN

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENT
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐ Zoning #15	JD	3/12/91							
☐									

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

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

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☒ Certificate of Approval	No. 76-91	4/10/91	
☐ None			

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

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 217 Lakeview Drive
2. Name of Owner in Fee: Anne Maxwell
   Tel. ([redacted]) e-mail _____
   Address 217 Lakeview Dr. (street) Collingswood (municipality) 08108 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: ~~VENTURE TANK COMPANY~~ Tel. ( ) _____
   Address ~~287 SOUTH MAIN STREET~~ e-mail _____
   ~~BARNEGAT NJ 08005~~
   ~~(609) 698-4434~~
   License No. OR, if new home, Builder Reg. No. NJDEPW000646 Exp. Date 10/14
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (609) 698-5108
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Jeffrey S. Cummings
   Tel. (609) 698-4434 FAX: (609) 698-5108

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 80		
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	80		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

RECEIVED SEP 10 2014 BY

3396 00146_038114 20140057 2 SF 0 0 1 D J D F *

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	1600				9/15/14				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator	1600								
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: SFD
2. Use Group, Proposed: R-5
3. Change in Use Group, Indicate Present:
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:
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Jeffrey S. Cummings

Address VENTURE TANK COMPANY
287 SOUTH MAIN STREET
BARNEGAT NJ 08005

Telephone ( ) (609) 698-4434

Signature _____

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

CERTIFICATE

Permit #: 14-00572
Date Issued: 09/30/14
Certificate Issued Date: 10/15/14

IDENTIFICATION

Work Site Location: 217 LAKEVIEW DR
Block/Lot/Qual: 90. 14.
Owner in Fee: MADDOW, JERALD L & ANNE L MAXWELL
Address: 217 LAKEVIEW DR
COLLINGSWOOD, N J 08108-3026

Contractor: VENTURE TANK CO
Address: 287 SOUTH MAIN ST
BARNEGAT, NJ 08005

Tel.: (609)698-4434
Fax: (609)698-5708
Lic. No. or Bldrs. Reg. No: US00949
Federal Employer No: 222822017

Home Warranty No:
Type of Warranty Plan:
Use Group: U Util & Misc; Acc & Misc Buildl
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: CUT, PUMP, CLEAN AND REMOVE 1000 UST TANK #2 FUEL, AND AST FROM BASEMENT.

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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

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

CERTIFICATE OF 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

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 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 immediate 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 .

W Fuhr 10/28/14

Construction Official Date

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 14-00572
Issue Date: 09/18/14
Application Id: 90001411
Application Date: 09/17/14

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

Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: ANNE L MAXWELL

Tel. [redacted] email:

217 LAKEVIEW DR COLLINGSWOOD, N J 08108-3

Contractor: VENTURE TANK CO Tel. (609)698-4434

287 SOUTH MAIN ST email:

BARNEGAT, NJ 08005

Contractor License No. or Builder Registration No.: US00949 Exp Date:

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

Federal Emp. ID No. [redacted] FAX: (609)698-5708

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 [X] CCO [ ] CA
Date: 10/14/14
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			10/14/14	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

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

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1,600.00

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
CUT, PUMP, CLEAN AND REMOVE 1000 UST
TANK #2 FUEL, AND AST FROM BASEMENT.

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
[X] Demolition

FEE (Office Use Only)
$
180.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 180.00

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.

CONSTRUCTION PERMIT

Permit #: 14-00572
Date Issued: 09/18/14

IDENTIFICATION Block/Lot/Qual: 90. 14.
Work Site Location: 217 LAKEVIEW DR
Owner in Fee: ANNE L MAXWELL
Address: 217 LAKEVIEW DR
COLLINGSWOOD, N J 08108-3
Tel. [redacted]

Contractor: VENTURE TANK CO
Address: 287 SOUTH MAIN ST
BARNEGAT, NJ 08005
Tel. (609)698-4434
Lic. No. or Bldrs. Reg. No. US00949

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CUT, PUMP, CLEAN AND REMOVE 1000 UST
TANK #2 FUEL, AND AST FROM BASEMENT.

PAYMENTS (Office Use Only)	
Building	180.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	180.00

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 $ 1,600.00

_____ _____
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

BOROUGH OF COLLINGSWOOD

09/30/14 13:42 Invoice Pymt

Customer: VENTUR01
Name: VENTURE TANK CO

Invoice I1400449 Item 1	180.00
	180.00

Ref Num: 10870 Seq: 22 to 22

Cash Amount:	0.00
Check Amount:	180.00
Credit Amount:	0.00
Total:	180.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I1400449

INVOICE DATE: 09/18/14
DUE DATE: 10/18/14

ACCOUNT ID: VENTUR01
VENTURE TANK CO
287 SOUTH MAIN ST
BARNEGAT, NJ 08005

PERMIT INFORMATION
PERMIT NO: 14-00572
LOCATION: 217 LAKEVIEW DR

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 14-00572		
1.0000	UCB14B	Demolition-All Others Permit No: 14-00572	180.00000	180.00

TOTAL DUE: $ 180.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 40 Lot 14 Qualification Code

Work Site Location 217 Lakeview Dr
Collingswood NJ 08108

Owner in Fee: Anne Maxwell

Tel. ([redacted] ail

Address 217 Lakeview Dr Collingswood 08108
street municipality zip code

Contractor: VENTURE TANK COMPANY Tel. ( )
287 SOUTH MAIN STREET
Address BARNEGAT NJ 08005 e-mail
(609) 698-4434

Contractor License No. or Builder Registration No. NJDEPUS00949 Exp. Date 10/14

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00102300

Federal Emp. ID No. [redacted] FAX: (609) 698-5108

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior Demo AST 9/11/14		
[X] Interior UST 9/11/14		

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				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present V-N Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 4600
2. Rehabilitation $
3. Total (1+ 2) $ 4600

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: Jeffrey S. Cummings

Print name here: Jeffrey S. Cummings

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Cut, Pump, Clean, remove 1-1000 UST TANK

#2 Fuel

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

FEE (Office Use Only)
$

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

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
Division of Consumer Affairs

HAS REGISTERED

Stefco Inc dba Venture Tank Co.
Jeff Cummings
218 TEANECK RD
BARNEGAT NJ 08005

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

11/21/2013 TO 12/31/2014
VALID

13VH00102300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Stefco Inc dba Venture Tank Co.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/21/2013 TO 12/31/2014
VALID
SIGNATURE
13VH00102300

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Stefco Inc dba Venture Tank Co.
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 00102300 . EXPIRATION DATE 2014 PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

VENTURE TANK CO
218 TEANECK ROAD
Barnegat, NJ 08005

Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
Is hereby approved to perform the following services:

CLOSURE
SUBSURFACE EVALUATION

10/31/2014
EXPIRATION DATE

US00949
CERTIFICATION NUMBER

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 217 Lakeview Dr. Collingswood 08108
2. Name of Owner in Fee: Anne Maxwell
   Tel. ([redacted]) e-mail
   Address: 217 Lakeview Dr. (street) Collingswood (municipality) 08108 (zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Vaughan Heating and AC Tel. (856) 627-0303
   Address 212 Barrett Ave Magnolia NJ 08108 e-mail
   License No. OR, if new home, Builder Reg. No. 13VH01727600 Exp. Date 12/31/14
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. [redacted] Fax (856) 258-5846
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX ( )
6. Responsible Person in Charge once Work has Begun
   Tel (856) 627-0303 FAX (856) 258-5846

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection		65	
5.	Elevator Devices			
6.	Subtotal		65	
7.	Less 20% for State Plan Review	$	65	
8.	Subtotal	$		
9.	State Permit Surcharge Fee		1	
10.	Subtotal	$	2	
11.	Cert. of Occupancy			
12.	Other		131	
13.	TOTAL	$	197	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

RECEIVED SEP 22 2014 By

3226

00146_034708 SF
20140603

IIa. PROPOSED WORK:

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

IIb. SUBCODES: (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	300/300				9/24/14	BK			
☒ Plumbing	325/400				9-23-14				
☒ Fire Protection	800				9/29/14	RG			
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *Total Units Income-restricte*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present
   Proposed

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. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

Collingswood

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(f)1.lx:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name Vaughan Heating and Air Conditioning
Address 212 Barrett Ave Magnolia NJ 08049

Telephone (856) 627-0303
Signature _____

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

CERTIFICATE

Permit #: 14-00603
Date Issued: 10/03/14
Certificate Issued Date: 11/07/14

IDENTIFICATION

Work Site Location: 217 LAKEVIEW DR
Block/Lot/Qual: 90. 14.
Owner In Fee: ANNE L MAXWELL
Address: 217 LAKEVIEW DR
COLLINGSWOOD, N J 08108-3026

Contractor: VAUGHN HEATING AND AC
Address: 212 BARRETT AVE
MAGNOLIA, NJ 08049

Tel.: (856)627-0303
Fax: (856)258-5846
Lic. No. or Bldrs. Reg. No: 13VH01727600
Federal Employer No: [redacted]

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: HOT WATER HEATER AND GAS FURNACE.

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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

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

CERTIFICATE OF 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

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 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 immediate 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

W Fahn 11/11/14

Construction Official — Date

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 14-00603
Issue Date: 10-3-14
Application Id: 90001444
Application Date: 10/01/14

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

Block/Lot/Qual: 90. 14.
Work Site Location: 217 LAKEVIEW DR

Owner in Fee: ANNE L MAXWELL
Tel. [redacted] email:
217 LAKEVIEW DR COLLINGSWOOD, N J 08108-3
Contractor: VAUGHN HEATING AND AC Tel. (856)627-0303
212 BARRETT AVE email:
MAGNOLIA, NJ 08049
Contractor License No.: 13VH01727600 Exp Date: 12/31/14
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)258-5846

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 300.00

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 [X] CA
Date: 11-6-14
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/6/14	[signature]
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:
HOT WATER HEATER AND GAS FURNACE.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	15.00
State Permit Surcharge Fee	$	
TOTAL FEE	$	65.00

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 14-00603-01
Issue Date: 10-3-14
Application Id: 90001445
Application Date: 10/01/14

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

Block/Lot/Qual: 90. 14.
Work Site Location: 217 LAKEVIEW DR

Owner in Fee: ANNE L MAXWELL
Tel. [redacted] email:
217 LAKEVIEW DR COLLINGSWOOD, N J 08108-3
Contractor: JOHN GALLAGHER ELECTRICAL CONT Tel. (856)816-7238
505 N BEVERLY CIR email:
MAGNOLIA, NJ 08049
Contractor License No.: 15813 Exp Date: 03/31/15
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300.00

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 [X] CA
Date: 11-6-14
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/6/14	DF
Barrier-Free				

Dates (Month/Day)

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:
DISCONNECT FOR AC CONDENSER AND

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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 UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	15.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	50.00
State Permit Surcharge Fee	$	
TOTAL FEE	$	65.00

40 Amp fuses

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 14-00603-01
Issue Date: 10-3-14
Application Id: 90001445
Application Date: 10/01/14

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

Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: ANNE L MAXWELL

Tel. [redacted] email:

217 LAKEVIEW DR COLLINGSWOOD, N J 08108-3

Contractor: W C DAVIS INC Tel. (856)547-4750

605 STATION AVE email:

HADDON HEIGHTS, NJ 08035

Contractor License No.: 10836 Exp Date: 06/30/15

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

Federal Emp. ID No. [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

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

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

Est. Cost of Plumbing Work $ 400.00

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: 10-3-14
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			10/3/14	
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
DISCONNECT FOR AC CONDENSER AND INSTALL HOT WATER HEATER.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	15.00
	Fuel Oil Piping	
	Gas Piping	
	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	$ 50.00
State Permit Surcharge Fee	$
TOTAL FEE	$ 65.00

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 14-00603
Issue Date: 10-3-14
Application Id: 90001444
Application Date: 10/01/14

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

Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: ANNE L MAXWELL

Tel. [redacted] email:

217 LAKEVIEW DR COLLINGSWOOD, N J 08108-3

Contractor: VAUGHN HEATING AND AC Tel. (856)627-0303

212 BARRETT AVE email:

MAGNOLIA, NJ 08049

Contractor License No.: 13VH01727600 Exp Date: 12/31/14

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

Federal Emp. ID No. [redacted] FAX: (856)258-5846

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

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

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

Est. Cost of Plumbing Work $ 325.00

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: 11-6-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			11/6/14	
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
HOT WATER HEATER AND GAS FURNACE.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	15.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other CONDENSATE	15.00

Administrative Surcharge	$	
Minimum Fee	$	35.00
State Permit Surcharge Fee	$	
TOTAL FEE	$	65.00

U.C.C. F130 (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 #: 14-00603
Issue Date: 10-3-14
Application Id: 90001444
Application Date: 10/01/14

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

Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: ANNE L MAXWELL
Tel. [redacted] email:
217 LAKEVIEW DR COLLINGSWOOD, N J 08108-3
Contractor: VAUGHN HEATING AND AC Tel. (856)627-0303
212 BARRETT AVE email:
MAGNOLIA, NJ 08049
Fire Alarm Contractor No.: 13VH01727600 Exp Date: 12/31/14
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)258-5846
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-5 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 $ 800.00

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 [X] CA
Date: 10/15/14
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10/15/14	TEI
Other _____				

U.C.C. F140 (rev. 02/11) Internet version

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

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: _____

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: HOT WATER HEATER AND GAS FURNACE.
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)		
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	1	62.00
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge		$
Minimum Fee		$ 3.00
State Permit Surcharge Fee		$
TOTAL FEE		$ 65.00

CONSTRUCTION PERMIT

Permit #: 14-00603
Date Issued: 10-3-14

IDENTIFICATION Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: ANNE L MAXWELL
Address: 217 LAKEVIEW DR
COLLINGSWOOD, N J 08108-3
Tel. [redacted]

Contractor: VAUGHN HEATING AND AC
Address: 212 BARRETT AVE
MAGNOLIA, NJ 08049
Tel. (856)627-0303
Lic. No. or Bldrs. Reg. No. 13VH01727600

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HOT WATER HEATER AND GAS FURNACE.

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	65.00
Fire Protection	65.00
Elevator Devices	
Other	
DCA State Permit Fee	2.00
Cert. of Occupancy	
Other	
Total	197.00

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 $ 1,425.00

_____ _____
Construction Official Date

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

(see reverse side)

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

CONSTRUCTION PERMIT

Permit #: 14-00603-01
Date Issued: 10-3-14

IDENTIFICATION Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR
Owner in Fee: ANNE L MAXWELL
Address: 217 LAKEVIEW DR
COLLINGSWOOD, N J 08108-3
Tel. [redacted]

Contractor: VAUGHN HEATING AND AC
Address: 212 BARRETT AVE
MAGNOLIA, NJ 08049
Tel. (856)627-0303
Lic. No. or Bldrs. Reg. No. 13VH01727600

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DISCONNECT FOR AC CONDENSER AND
INSTALL HOT WATER HEATER.

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	65.00
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	131.00

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 $ 700.00

_____ _____
Construction Official Date

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

(see reverse side)

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

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I1400475

INVOICE DATE: 10/01/14
DUE DATE: 10/31/14

ACCOUNT ID: VAUGHA01

VAUGHN HEATING AND AC
212 BARRETT AVE
MAGNOLIA, NJ 08049

PERMIT INFORMATION
PERMIT NO: 14-00603
LOCATION: 217 LAKEVIEW DR

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 14-00603		
1.0000	UCDCAALT	DCA Alteration Fee	2.00000	2.00
		Permit No: 14-00603		
1.0000	UCE03A	Switches	0.00000	0.00
		Permit No: 14-00603		
1.0000	UCE11A	TOTAL ELECTRICAL FIXTURES	50.00000	50.00
		Permit No: 14-00603		
1.0000	UCP14A	Gas Piping	15.00000	15.00
		Permit No: 14-00603		
1.0000	UCP25D	Other	15.00000	15.00
		Permit No: 14-00603		
1.0000	UCF19A	Oil/Gas Fired Appliance	62.00000	62.00
		Permit No: 14-00603		
1.0000	UCE29J	Electric Min Fee	15.00000	15.00
		Permit No: 14-00603		
1.0000	UCFMINFE	Fire Subcode Min Fee	3.00000	3.00
		Permit No: 14-00603		
1.0000	UCPMINFE	Plumbing Sub Code Min Fee	35.00000	35.00
		Permit No: 14-00603		
			TOTAL DUE:	$ 197.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I1400476

INVOICE DATE: 10/01/14
DUE DATE: 10/31/14

ACCOUNT ID: VAUGHA01
VAUGHN HEATING AND AC
212 BARRETT AVE
MAGNOLIA, NJ 08049

PERMIT INFORMATION
PERMIT NO: 14-00603-01
LOCATION: 217 LAKEVIEW DR

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 14-00603-01		
1.0000	UCDCAMIN	DCA Minimum Fee	1.00000	1.00
		Permit No: 14-00603-01		
1.0000	UCE20A	KW Central A/C Unit	15.00000	15.00
		Permit No: 14-00603-01		
1.0000	UCP12A	Water Heater	15.00000	15.00
		Permit No: 14-00603-01		
1.0000	UCE29J	Electric Min Fee	50.00000	50.00
		Permit No: 14-00603-01		
1.0000	UCPMINFE	Plumbing Sub Code Min Fee	50.00000	50.00
		Permit No: 14-00603-01		
			TOTAL DUE:	$ 131.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 90 Lot 14 Qualification Code

Work Site Location 217 Lakeview Dr. Collingswood 08108

Owner in Fee: Anne Maxwell

Tel. [redacted] e-mail

Address 217 Lakeview Dr. Collingswood 08108
(street / municipality / zip code)

Contractor: John Gallagher Electrical Contractor Tel. 8568167238

Address 505 N. Beverly Circle e-mail
Magnolia, NJ 08049

Contractor License No. 15813 Exp. Date 3/31/15

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 SFD Utility Co.

Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial Underslab Utilities Approved
Date 12/31/14 Approved by [illegible]
[ ] 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 Types:	Dates (Month/Day) Failure	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: John Gallagher

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Disconnect for AC Condenser

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	$
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	11.25	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 90 Lot 14 Qualification Code

Work Site Location 217 Lakeview Drive Collingswood 08108

Owner in Fee: Anne Maxwell

Tel. ([redacted] e-mail

Address 217 Lakeview Drive Collingswood 08108
street municipality zip code

Contractor: W.C. Davis Inc Tel. (856) 447-4250

Address 605 Station Ave e-mail
Haddon Heights

Contractor License No. 10836 Exp. Date 06/16

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

Federal Emp. ID No. [redacted] FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 9/21/17 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	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
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: William C Davis

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 40gal hot water heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	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	$
TOTAL FEE	$

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 90 Lot 14 Qualification Code

Work Site Location 217 Lakeview Drive Collingswood 08108

Owner in Fee: Anne Maxwell

Tel. ([redacted]) e-mail

Address 217 Lakeview Drive Collingswood 08108
street municipality zip code

Contractor: Vaughan Heating and Air Conditioning Tel. (856) 6270303

Address 212 Barrett Ave Magnolia NJ 08049 e-mail

Contractor License No. 13VH01727600 Exp. Date 12/31/14

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

Federal Emp. ID N[redacted] FAX: (856) 2585846

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as SFD Utility Co.

Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 12/4/14 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:	Dates (Month/Day) Failure	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: Mike Giordano

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Switch for new heater

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

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 90 Lot 14 Qualification Code

Work Site Location 217 Lakeview Drive Collingswood 08108

Owner in Fee: Anne Maxwell

Tel. ([redacted]) e-mail

Address 217 Lakeview Drive Collingswood 08108
street municipality zip code

Contractor: Vaughan Heating and Air Conditioning Tel. (856) 6270303

Address 212 Barrett Ave Magnolia NJ 08049 e-mail

Contractor License No. 13VH01727600 Exp. Date 12/31/14

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

Federal Emp. ID No. [redacted] FAX: (856) 2585846

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 325.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 9/23/14 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: Mike Giordano

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install gas line/install condensate line

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 90 Lot 14 Qualification Code

Work Site Location 217 Lakeview Drive Collingswood 08108

Owner in Fee: Anne Maxwell

Tel. ([redacted]) e-mail

Address 217 Lakeview Drive Collingswood 08108

Contractor: Vaughan Heating and Air Conditioning (street / municipality) Tel. (856) 6270303 (zip code)

Address 212 Barrett Ave Magnolia NJ 08049 e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. 221868605 FAX: (856) 2585846

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: ☐ New OR ☐ Modification to Existing OR ☑ Conversion OR ☐ Replacement

Fuel Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $ 800.00

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: 10/29/19
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: Mike Giordano

D. TECHNICAL SITE DATA ☐ Certified Contractor ☑ Exempt Applicant

DESCRIPTION OF WORK: Install gas furnace
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)		
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	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140 (rev. 02/11) Internet version

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 90 LOT 14 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 217 Lakeview Drive Collingswood NJ 08108

Owner in Fee Anne Maxwell

Verifying Individual Mike Giordano Company Vaughan Heating and Air Conditioning

Address 212 Barrett Ave Magnolia NJ 08049
Street City State Zip Code

Tel: [redacted] Fax: (856) 2585846

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:	Furnace	Oil / Gas / Other: Gas	100,00
Appliance 2:	Hot water heater	Oil / Gas / Other: Gas	40,000
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 Date

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.

_____ 9/12/14
Signature Date

Verification Not Submitted:

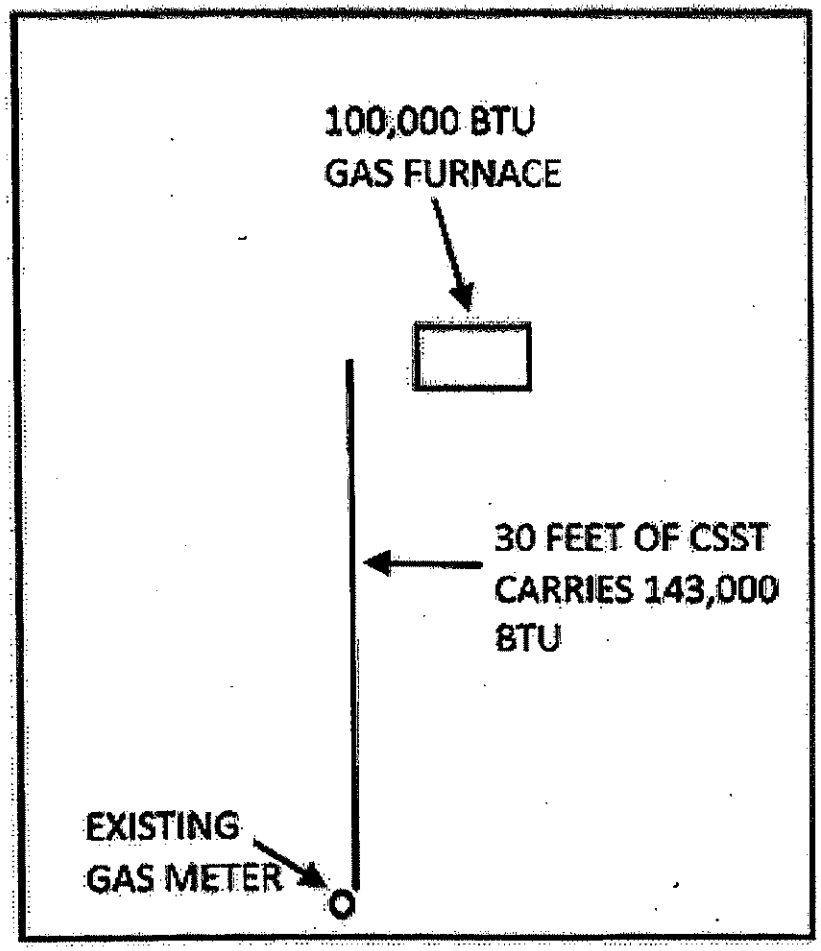
I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMRGENCY 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.

MAXWELL
217 LAKEVIEW DR
COLLINGSWOOD NJ 08108



TRANE™

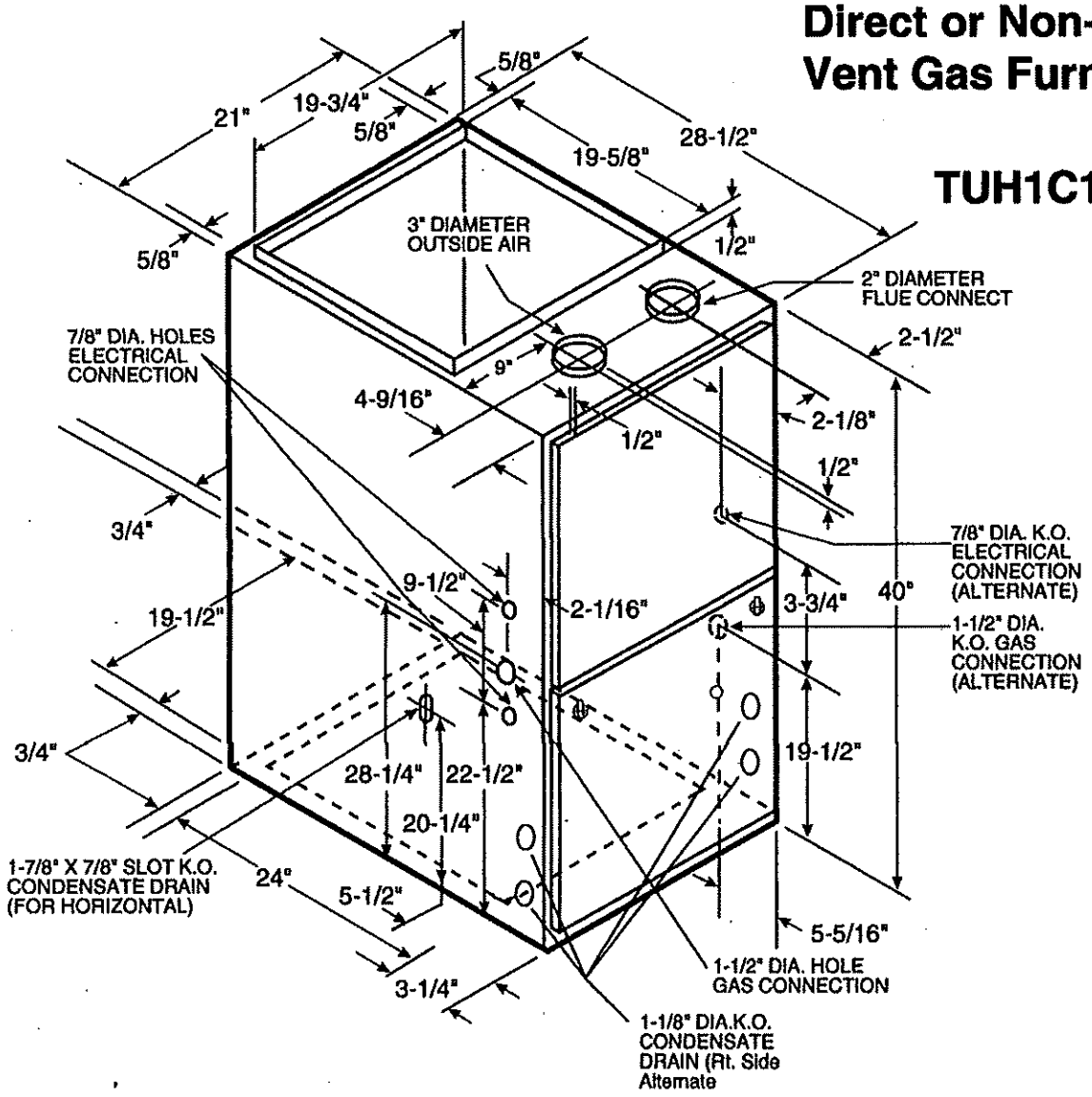
TUH1C100-SUB-1B

TAG: _____

SUBMITTAL

Upflow / Horizontal Direct or Non-Direct Vent Gas Furnace

TUH1C100A9481A



FURNACE AIRFLOW (CFM) VS. EXTERNAL STATIC PRESSURE (In. w.c.)										
MODEL	SPEED TAP	0.10	0.20	0.30	0.40	0.50	0.60	0.70	0.80	0.90
*UH1C100A9481A	4 - HIGH - Black	1982	1912	1836	1761	1679	1593	1496	1389	1267
	3 - MED.-HIGH - Blue	1892	1832	1765	1696	1621	1538	1446	1342	1205
	2 - MED.-LOW - Yellow	1759	1712	1660	1604	1536	1465	1383	1275	1149
	1 - LOW - Red	1593	1557	1521	1485	1433	1370	1294	1182	1068
*= First letter may be "A" or "T"										

CFM VS. TEMPERATURE RISE											
MODEL	Cubic Feet Per Minute (CFM)										
	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100
*UH1C100A9481A			68	63	59	55	52	49	46	44	
*= First letter may be "A" or "T"											

General Data ①

TYPE	Upflow / Horizontal
RATINGS ②	
Input BTUH	97,000
Capacity BTUH (ICS) ③	92,150
AFUE	95.0
Temp. rise (Min.-Max.) °F.	35 - 65
BLOWER DRIVE	DIRECT
Diameter-Width (in.)	10 x 10
No. Used	1
Speeds (No.)	4
CFM vs. in. w.g.	See Fan Performance
Motor HP	1/2
R.P.M.	1075
Volts/Ph/Hz	115/1/60
COMBUSTION FAN - Type	Centrifugal
Drive - No. Speeds	Direct - 1
Motor HP - RPM	1/20 - 3450
Volts/Ph/Hz	115/1/60
F.L. Amps	0.71
FILTER — Furnished?	No
Type Recommended	High Velocity
Hi Vel. (No.-Size-Thk.)	1 - 20x25 - 1in.

VENT PIPE DIAMETER — Min. (In.)③④	3 Round
HEAT EXCHANGER	
Type-Fired	Alum. Steel
-Unfired	
Gauge (Fired)	20
ORIFICES — Main	
Nat.Gas. Qty. — Drill Size	5 — 45
L.P. Gas Qty. — Drill Size	5 — 56
GAS VALVE	Redundant - Single Stage
PILOT SAFETY DEVICE	
Type	Hot Surface Ignition
BURNERS — Type	Multiport Inshot
Number	5
POWER CONN. — V/Ph/Hz ④	115/1/60
Ampacity (In Amps)	12.5
Max. Overcurrent Protection (amps)	20
PIPE CONN. SIZE (IN.)	1/2
DIMENSIONS	H x W x D
Crated (in.)	41- 3/4 x 23 x 30-1/2
Uncrated (In.)	40 x 21 x 28
WEIGHT	
Shipping (Lbs.) / Net (Lbs)	171 / 160

Notes
① Central Furnace heating designs are certified to ANSI Z21.47 / CSA 2.3
② For U.S. applications, above input ratings (BTUH) are up to 2,000 feet, derate 4% per 1,000 feet for elevations above 2,000 feet above sea level.
For Canadian applications, above input ratings (BTUH) are up to 4,500 feet, derate 4% per 1,000 feet for elevations above 4,500 feet above sea level.
③ Based on U.S. government standard tests.
④ The above wiring specifications are in accordance with National Electrical Code; however, installations must comply with local codes.
⑤ Refer to the Vent Length Table in the Installer's Guide or the Allowable Vent Length label located on the furnace.
⑥ All *UH1 furnace models have a vent outlet diameter that equals 2".

Mechanical Specifications

NATURAL GAS MODELS—Central heating furnace designs are certified by the American Gas Association for both natural and L.P. gas. Limit setting and rating data were established and approved under standard rating conditions using American National Standards Institute standards.

SAFE OPERATION — The Integrated System Control has solid state devices, which continuously monitor for presence of flame, when the system is in the heating mode of operation. Slow opening, dual solenoid combination gas valve and regulator provide extra safety and quieter operation.

QUICK HEATING—Durable, cycle tested, heavy gauge **aluminized steel heat exchanger and stainless steel secondary heat exchanger** quickly transfer over 90% of the heat to provide warm conditioned air to the structure. **Low energy power vent blower,** to increase efficiency and provide a positive discharge of gas fumes to the outside as it draws outdoor air in for sealed combustion, which means it uses no indoor air for combustion.

Since Trane has a policy of continuous product and product data improvement, it reserves the right to change specifications and design without notice.

BURNERS — Multi-port, in-shot burners will give years of quiet and efficient service. All models can be converted to **L.P. gas** without changing burners.

INTEGRATED SYSTEM CONTROL—Exclusively designed operational program provides total control of furnace limit sensors, blowers, gas valve, flame control and includes self diagnostics for ease of service. The built-in, selectable **"Cooling Fan Off"** feature provides time-delay capability like a BAY24X045 Time-Delay Kit for cooling operation. Also contains connection points for E.A.C./humidifier.

AIR DELIVERY — The multispeed, direct-drive blower motor, with sufficient airflow range for most heating and cooling requirements, will switch from heating to cooling speeds on demand from room thermostat. The blower door safety switch will prevent or terminate furnace operation when the blower door is removed. (Fan relay and 35VA control transformer is standard).

STYLING — Heavy gauge steel and "wraparound" cabinet construction is used in the cabinet with baked-on enamel finish for strength and beauty. The heat exchanger section of the cabinet is completely lined with foil-faced fiberglass insulation. This results in quiet and efficient operation due to the excellent acoustical and insulating qualities of fiberglass.

FEATURES AND GENERAL OPERATION — These High Efficiency, Direct Vent, Condensing Gas Furnaces employ a Hot Surface Ignition system, which eliminates the waste of a constantly burning pilot. They are convertible for HORIZONTAL use by rotating the unit to its left side. The integrated system control lights the main burners upon a demand for heat from the room thermostat. Complete front service access.

a. Low energy power venter.
b. Vent proving differential switch.

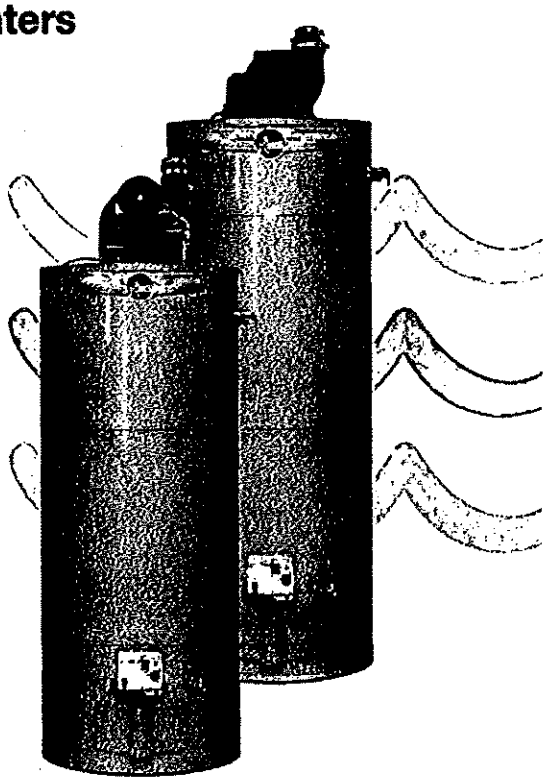
Technical Literature - Printed in U.S.A.

Trane
6200 Troup Highway
Tyler, TX 75707

Library	Unitary
Product Section	Furnaces
Product	Furnace
Model	TUH1
Literature Type	Submittal
Sequence	-
Date	12/11
File No.	TUH1C100A-SUB-1B
Supersedes	TUH1C100A-SUB-1A

The new degree of comfort™

Professional Classic™ Power Vent gas water heaters offer up to 100 foot vent runs, energy efficiency and the Guardian System



Efficiency

- .67 EF
- ENERGY STAR® rated

Performance

- FHR: Up to 87 gallons for 50-gallon models and up to 71 gallons for 40-gallon models
- Recovery rate is 32.4 to 42.4 for 50-gallon models and 32.4 to 40.4 for 40-gallon models at a 90 degree rise

Self-Diagnostic System

- Electronic gas control for improved monitoring and service

Low Emissions

- Eco-friendly burner, low NOx design

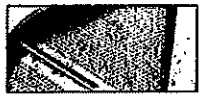
Features

- Uses indoor air for combustion; blower exhausts the flue gases
- Standard 120 VAC electrical connection
- New whisper quiet blower

Guardian System™ & Sensor

- Exclusive air/fuel shut-off device
- Maintenance free – no filter to clean
- Disables the heater in the presence of flammable vapor accumulation

Combustion Shut-off System



Flame Arrestor Plate

Maintenance Free

Flexible Venting Options

- Long venting lengths up to 100 equivalent feet
- PVC, ABS, or CPVC vent pipe options
- Vertical or horizontal termination

Longer Life

- Rheem exclusive R-Tech (resistored) anode rod provides long-lasting tank protection

High Altitude Compliant

- Tall models certified for applications up to 7,700 ft. above sea level and short models up to 6,000 feet above sea level

Plus...

- Enhanced flow brass drain valve
- Temperature and pressure relief valve included
- Low lead compliant
- Durable Silicon Nitride Ignitor (HSI)
- EverKleen™ patented system fights sediment build-up
- Standard replacement parts

Warranty

- 6-Year limited tank and parts warranty*
- With ProtectionPlus™ the 6-year limited tank warranty becomes 10-year

*See Residential Warranty Certificate for complete information

Units meet or exceed ANSI requirements and have been tested according to D.O.E. procedures. Units meet or exceed the energy efficiency requirements of NAECA, ASHRAE standard 90, ICC Code and all state energy efficiency performance criteria.

Professional Classic Power Vent

40 and 50-Gallon Capacities
Up to 42,000 Btu/h
Natural and LP Gas

LEED Point = 1

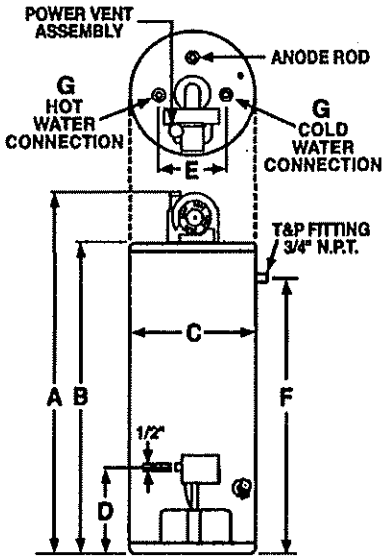
See dimensions chart on back.

PRINTED IN U.S.A. 09/13 WP FORM NO. PROG RHPV

Professional Classic™ Power Vent Specifications

DESCRIPTION			FEATURES					ROUGHING IN DIMENSIONS (SHOWN IN INCHES)								ENERGY INFO.	
TYPE	GAL. CAP.	MODEL NUMBER	GAS INPUT IN THOUS. BTU/H		RECOVERY IN G.P.H. 90° RISE		FIRST HOUR DEL. G.P.H.	HT. TO TOP OF ASSEMBLY A	TANK HT. B	DIAM. C	HT. TO GAS CONN. D	WATER CONN. CNTR. E	HT. TO SIDE T&P VALVE F	WATER CONN. SIZE G	SHIP. WT. (LBS)	ENERGY FACTOR	
			NAT.	LP	NAT.	LP	NAT.									NAT.	LP
Tall	40	PROG40-40N RH67 PV	40		40.4		68	67-3/8	59	19-3/4	14	8	53-1/2	3/4	140	0.67	
Tall	40	PROG40-38P RH67 PV		38		38.4		67-3/8	59	19-3/4	14	8	53-1/2	3/4	140		0.67
Tall	50	PROG50-42N RH67 PV	42		42.4		87	66-3/8	58	21-3/4	14	8	52-1/2	3/4	170	0.67	
Tall	50	PROG50-42P RH67 PV		42		42.4		66-3/8	58	21-3/4	14	8	52-1/2	3/4	170		0.67
Short	40	PROG40S-36N RH67 PV	36		36.4		71	62-1/2	51-1/4	21-3/4	14	8	44-1/4	3/4	155	0.67	
Short	40	PROG40S-32P RH67 PV		32		32.4		62-1/2	51-1/4	21-3/4	14	8	44-1/4	3/4	155		0.67
Short	50	PROG50S-36N RH67 PV	36		36.4		85	62-1/2	51-1/4	23-3/4	14	8	44	3/4	175	0.67	
Short	50	PROG50S-32P RH67 PV		32		32.4		62-1/2	51-1/4	23-3/4	14	8	44	3/4	175		0.67

Energy Factor based on D.O.E. (Department of Energy) test procedures.



Maximum and Minimum Vent Lengths for 2" Vents

NUMBER OF 90° ELBOWS WITH VENT TERMINAL	NUMBER OF 45° ELBOWS	MINIMUM PIPE LENGTH REQ. (FT.)	MAXIMUM PIPE LENGTH (FT.) 0' - 2000'	MAXIMUM PIPE LENGTH (FT.) 2000' - 7700' *
One (1)	None	4.0	44.0	24.0
One (1)	One (1)	4.0	41.0	21.0
Two (2)	None	4.0	38.0	18.0
Two (2)	One (1)	4.0	35.0	15.0
Three (3)	None	4.0	32.0	12.0

For the 2" vent, one 90° elbow is approximately equal to 6 feet of pipe.
One 45° elbow is approximately equal to 3 feet of pipe.
*2,000' – 6,000' for short models.

Maximum and Minimum Vent Lengths for 3" Vents

NUMBER OF 90° ELBOWS WITH VENT TERMINAL	NUMBER OF 45° ELBOWS	MINIMUM PIPE LENGTH REQ. (FT.)	MAXIMUM PIPE LENGTH (FT.) 0' - 2000'	MAXIMUM PIPE LENGTH (FT.) 2000' - 7700' *
One (1)	None	5.0	95.0	75.0
One (1)	One (1)	5.0	92.5	72.5
Two (2)	None	5.0	90.0	70.0
Two (2)	One (1)	5.0	87.5	67.5
Three (3)	None	5.0	85.0	65.0

For the 3" vent, one 90° elbow is approximately equal to 5 feet of pipe.
One 45° elbow is approximately equal to 2.5 feet of pipe.
*2,000' – 6,000' for short models.

In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice.

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
Division of Consumer Affairs

HAS REGISTERED

Vaughan Oil Co Inc dba Vaughan Heating & Air Conditioning
Thomas C Euler
212 Barrett Ave
Magnolia NJ 08049

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

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Vaughan Oil Co Inc dba Vaughan Heating & Air Conditioning
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/01/2013 TO 12/31/2014
VALID
SIGNATURE
DIRECTOR
13VH01727600
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

11/01/2013 TO 12/31/2014
VALID

13VH01727600
LICENSE/REGISTRATION/CERTIFICATION #

Thomas C Euler
Signature of Licensee/Registrant/Certificate Holder

E-Key
DIRECTOR

Vaughan Oil Co Inc dba Vaughan Heating & Air Conditioning EXPIRATION DATE 2014
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 01727600 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TO REPORT ADDRESS CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐
BUSINESS ☐

_____

_____

_____

_____

TELEPHONE
INCLUDE AREA CODE _____

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY TH DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐
BUSINESS ☐

_____

_____

_____

_____

TELEPHONE
INCLUDE AREA CODE _____

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

TRANE®

4TTX6042H-SUB-1

TAG: _____

SUBMITTAL

NOTE: All dimensions are in mm/inches.

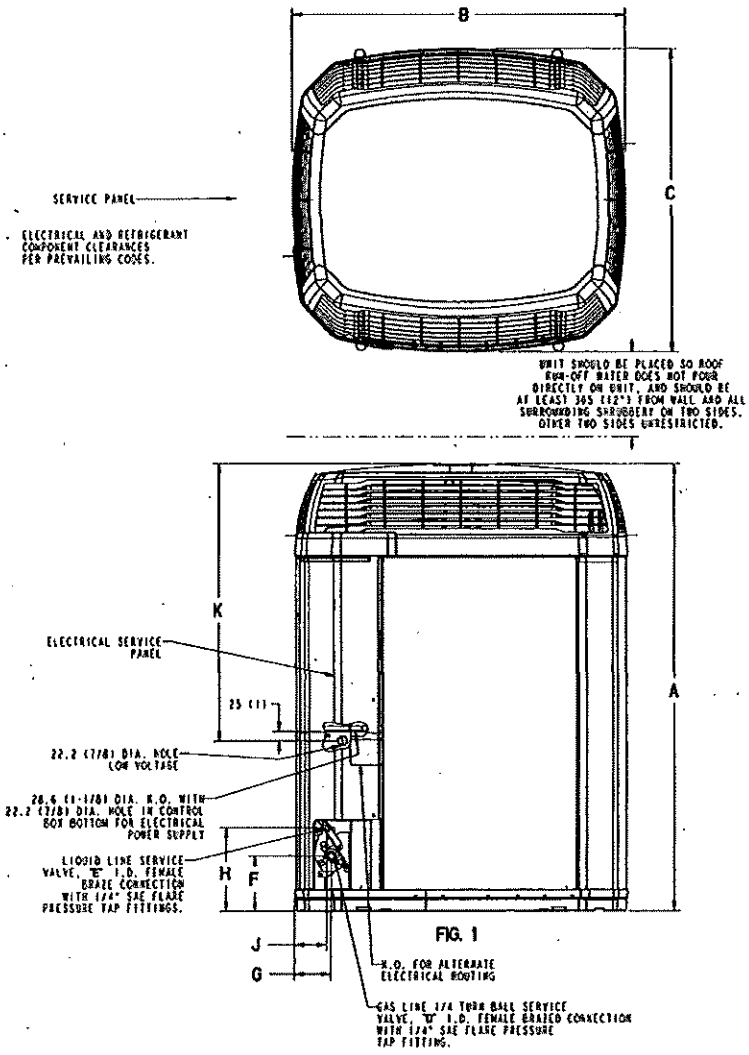


FIG. 1

From Dwg. 21D152635 Rev. 14

MODELS	BASE	FIG.	A	B	C	D	E	F	G	H	J	K
4TTX6042H	4	1	1267 (49-7/8)	946 (37-1/4)	870 (34-1/4)	3/4	3/8	152 (6)	98 (3-7/8)	219 (8-5/8)	86 (3-3/8)	730 (28-3/4)

3½ Ton Split System Cooling — 1 Phase

4TTX6042H

Product Specifications

OUTDOOR UNIT ①②	4TTX6042H1000A
POWER CONNS. — V/PH/HZ ③	208/230/1/60
MIN. BRCH. CIR. AMPACITY	26
BR. CIR. PROT. RTG. - MAX. (AMPS)	45
COMPRESSOR	CLIMATUFF® - SCROLL
NO. USED - NO. SPEEDS	1 - 1
VOLTS/PH/HZ	208/230/1/60
R.L. AMPS ⑦ - L.R. AMPS	19.9 - 109
FACTORY INSTALLED	
START COMPONENTS ⑧	NO
INSULATION/SOUND BLANKET	YES
COMPRESSOR HEAT	NO
OUTDOOR FAN	PROPELLER
DIA. (IN.) - NO. USED	27.6 - 1
TYPE DRIVE - NO. SPEEDS	DIRECT - 1
CFM @ 0.0 IN. W.G. ④	4410
NO. MOTORS - HP	1 - 1/5
MOTOR SPEED R.P.M.	835
VOLTS/PH/HZ	200/230/1/60
F.L. AMPS	0.93
OUTDOOR COIL — TYPE	SPINE FIN™
ROWS - F.P.I.	1 - 24
FACE AREA (SQ. FT.)	27.86
TUBE SIZE (IN.)	3/8
REFRIGERANT	
LBS. — R-410A (O.D. UNIT) ⑤	7 LBS., 0 OZ.
FACTORY SUPPLIED	YES
LINE SIZE - IN. O.D. GAS ⑥	3/4
LINE SIZE - IN. O.D. LIQ. ⑥	3/8
CHARGING SPECIFICATION	
SUBCOOLING	9°F
DIMENSIONS	H X W X D
CRATED (IN.)	53.4 x 35.1 x 38.7
WEIGHT	
SHIPPING (LBS.)	305
NET (LBS.)	257

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program, which is based on AHRI standard 210/240.
② Rated in accordance with AHRI standard 270.
③ Calculated in accordance with Natl. Elec. Codes. Use only HACR circuit breakers or fuses.
④ Standard Air — Dry Coil — Outdoor
⑤ This value approximate. For more precise value see unit nameplate.
⑥ Max. linear length 60 ft.; Max. lift - Suction 60 ft.; Max lift - Liquid 60 ft.
For greater length consult refrigerant piping software Pub. No. 32-3312-0*
(* denotes latest revision).
⑦ This value shown for compressor RLA on the unit nameplate and on this specification sheet is used to compute minimum branch circuit ampacity and max. fuse size. The value shown is the branch circuit selection current.
⑧ No means no start components. Yes means quick start kit components. PTC means positive temperature coefficient starter.

Sound Power Level

Model	A-Weighted Sound Power Level [dB(A)]	Full Octave Sound Power [dB]							
		63 Hz	125 Hz	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz
4TTX6042H1	73	78	72	66	70	69	64	59	49

Note: Rated in accordance with AHRI Standard 270-2008

Mechanical Specification Options

General
The 4TTX6 is fully charged from the factory for up to 15 feet of piping. This unit is designed to operate at outdoor ambient temperatures as high as 115°F. Cooling capacities are matched with a wide selection of air handlers and furnace coils that are AHRI certified. The unit is certified to UL 1995. Exterior is designed for outdoor application.

Casing
Unit casing is constructed of heavy gauge, G90 galvanized steel and painted with a weather-resistant powder paint on all louvers, panels, prepaint on all other panels. Corrosion and weatherproof CMBP-G30 DuraTuff™ base.

Refrigerant Controls
Refrigeration system controls include condenser fan and compressor contactor. High and low pressure controls are inherent to the compressor. A factory installed liquid line drier is standard.

Compressor
The Climatuff® compressor features internal over temperature and pressure protection and total dipped hermetic motor. Other features include centrifugal oil pump and low vibration and noise.

Condenser Coil
The outdoor coil provides low airflow resistance and efficient heat transfer. The coil is protected on all four sides by louvered panels.

Low Ambient Cooling
As manufactured, this unit has a cooling capability to 55°F. The addition of an evaporator defrost control with TXV permits low ambient cooling to 30° F.

Accessories
Thermostats — Cooling only and heat/cooling (manual and automatic changeover). Sub-base to match thermostat and locking thermostat cover.

Evaporator Defrost Control — See Low Ambient Cooling.

05/13

TRANE®

Trane
6200 Troup Highway
Tyler, TX 75707
www.trane.com

BLOCK 90. LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) 217 Lakeview Dr. PERMIT NO. 20-00426

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 217 Lakeview Dr.
2. Name of Owner in Fee: Anne Maxwell
   Tel. (609) 332-6428 e-mail _____
   Address 217 Lakeview Dr. Chillingworth
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Venture Tank Co Tel. (609) 658-4434
   Address 287 S. Locust St e-mail _____
   Bernegat NJ 08005
   License No. OR, if new home, Builder Reg. No. NJ DEPT OF CONS Exp. Date 10/20
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) HIC#13VH00102300
   Federal Emp. ID No. [redacted] FAX: (609) 658-5708
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Jeffrey S. Cummings
   Tel. (609) 658-4434 FAX: (609) 658-5708

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	192	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal		11	
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy		203	
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

RECEIVED SEP 01 2020 By

(office use only) 4291 00146_052181 20-00426 SF

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	6000				9/2/20				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R-5
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricte*
   Gained, Sale _____
   Gained, Rental _____
   Lost, Sale _____
   Lost, Rental _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

Signature_____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name VENTURE TANK COMPANY

Address 287 SOUTH MAIN STREET
BARNEGAT NJ 08005

Telephone (609) 698-4434

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CERTIFICATE

Permit #: 20-00426
Date Issued: 09/14/20
Certificate Issued Date: 09/30/20

IDENTIFICATION

Work Site Location: 217 LAKEVIEW DR
Block/Lot/Qual: 90. 14.
Owner in Fee: MADDOW, JERALD L & ANNE L MAXWELL
Address: 217 LAKEVIEW DR
COLLINGSWOOD, N J 08108-3026

Contractor: VENTURE TANK CO
Address: 287 SOUTH MAIN ST
BARNEGAT, NJ 08005

Tel.: (609)698-4434
Fax: (609)698-5708
Lic. No. or Bldrs. Reg. No: US00949
Federal Employer No: [redacted]

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: INSTALL FOOTING SUPPORTS TO ACCESS CONTAMINATED SOIL

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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

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

CERTIFICATE OF 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

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 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 immediate 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 — Date 10/7/20

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 20-00426
Issue Date: SEP 14 2020
Application Id: 90006458
Application Date: 09/09/20

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

Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: MADDOW, JERALD L & ANNE L MAXWELL

Tel. [redacted] email:

217 LAKEVIEW DR COLLINGSWOOD, N J 08108-3

Contractor: VENTURE TANK CO Tel. (609)698-4434

287 SOUTH MAIN ST email:

BARNEGAT, NJ 08005

Contractor License No. or Builder Registration No.: US00949 Exp Date: 10/31/20

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

Federal Emp. ID No. [redacted] FAX: (609)698-5708

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
INSTALL FOOTING SUPPORTS TO ACCESS
CONTAMINATED SOIL

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 [ ] CO [ ] CA
Date: 10/1/20
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			9-23-20	AOM
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9-29-20	AOM
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)

	$
	192.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 11.00
TOTAL FEE	$ 203.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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	$ 6,000.00
3. Total (1+ 2)	$ 6,000.00

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.

CONSTRUCTION PERMIT

Permit #: 20-00426
Date Issued: SEP 14 2020

IDENTIFICATION Block/Lot/Qual: 90. 14.
Work Site Location: 217 LAKEVIEW DR
Owner in Fee: MADDOW, JERALD L & ANNE L MAXWELL
Address: 217 LAKEVIEW DR
COLLINGSWOOD, N J 08108-3
Tel. [redacted]

Contractor: VENTURE TANK CO
Address: 287 SOUTH MAIN ST
BARNEGAT, NJ 08005
Tel. (609)698-4434
Lic. No. or Bldrs. Reg. No. US00949

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL FOOTING SUPPORTS TO ACCESS
CONTAMINATED SOIL

PAYMENTS (Office Use Only)	
Building	192.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	11.00
Cert. of Occupancy	
Other	
Total	203.00

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 $ 6,000.00

_____ _____
Construction Official Date

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

(see reverse side)

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

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2000589

INVOICE DATE: 09/09/20
DUE DATE: 10/09/20

ACCOUNT ID: VENTUR01
VENTURE TANK CO
287 SOUTH MAIN ST
BARNEGAT, NJ 08005

PERMIT INFORMATION
PERMIT NO: 20-00426
LOCATION: 217 LAKEVIEW DR
OWNER: MADDOW, JERALD L & ANNE L MAXWELL

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCDCAALT	DCA Alteration Fee Permit No: 20-00426	11.000000	11.00
1.0000/$	UCB03A	Rehabilitation/Alterations Permit No: 20-00426	192.000000	192.00
			TOTAL DUE:	$ 203.00

BOROUGH OF COLLINGSWOOD

09/14/20 13:55 Invoice Payment

Customer: VENTURO1
Name: VENTURE TANK CO

Invoice: I2000589
Permit No: 20-00426

Item 1	11.00
DCA Alteration Fee	
Item 2	192.00
Rehabilitation/Alterations	
	203.00

Batch Id: COUNTER2
Ref Num: 19613 Seq: 115 to 116

Cash Amount:	0.00
Check Amount:	203.00
Credit Amount:	0.00
Total:	203.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 90 Lot 14 Qualification Code

Work Site Location 217 Lakeview Dr

Owner in Fee: Anne Maxwell

Tel. [redacted] e-mail

Address 217 Lakeview Dr. Collingswood
(street, municipality, zip code)

Contractor: Venture Tank Co Tel. (609) 698-4434

Address 287 S. Main St. e-mail
Barnegat NJ 08005

Contractor License No. or Builder Registration No. NJ Dep US00943 Exp. Date 10/20

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): HIC# 13VH01020

Federal Emp. ID No. [redacted] FAX: (609) 698-5703

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [X] Exterior Helen 9/1/20 Pres
- [ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 5000
2. Rehabilitation $ -
3. Total (1+ 2) $ 5000

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: Jeffrey S. Clemmens

Print name here: Jeffrey S. Clemmens

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install footing Supports to Access Contaminated Soil

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 Install Helical Piers
- [ ] Demolition

FEE (Office Use Only)
$

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 90 Lot 14 Qualification Code

Work Site Location 217 Lakeview Dr Contractor Venture Tank Co

Address 2875. Main St.

Barnegat NJ 08005

Owner in Fee Anne Maxwell

Address 217 Lakeview Dr

Collingswood NJ

Tel. [redacted] Tel. 609 698 4434

Lic. No. or Bldrs. Reg. No. NJ DeP LIS 00945

Tel. [redacted] Hic# 13VH00102300

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Install Footing Supports to Access Contaminated Soil

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 $ 6000.-

Construction Official

Date

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

(see reverse side)

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

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

STEFCO INC. DBA VENTURE TANK CO
218 TEANECK ROAD
Barnegat, NJ 08005

Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
Is hereby approved to perform the following services:

CLOSURE
SUBSURFACE EVALUATION

10/31/2020
EXPIRATION DATE

US00949
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

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

STEFCO INC DBA VENTURE TANK CO.
Jeff Cummings
287 S Main Street
BARNEGAT NJ 08005

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

02/05/2020 TO 03/31/2021
VALID

13VH00102300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
STEFCO INC DBA VENTURE TANK CO.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/05/2020 TO 03/31/2021
VALID

13VH00102300
License/Registration/Certificate #

SIGNATURE

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

STEFCO INC DBA VENTURE TANK CO. EXPIRATION DATE 2021

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 00102300 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

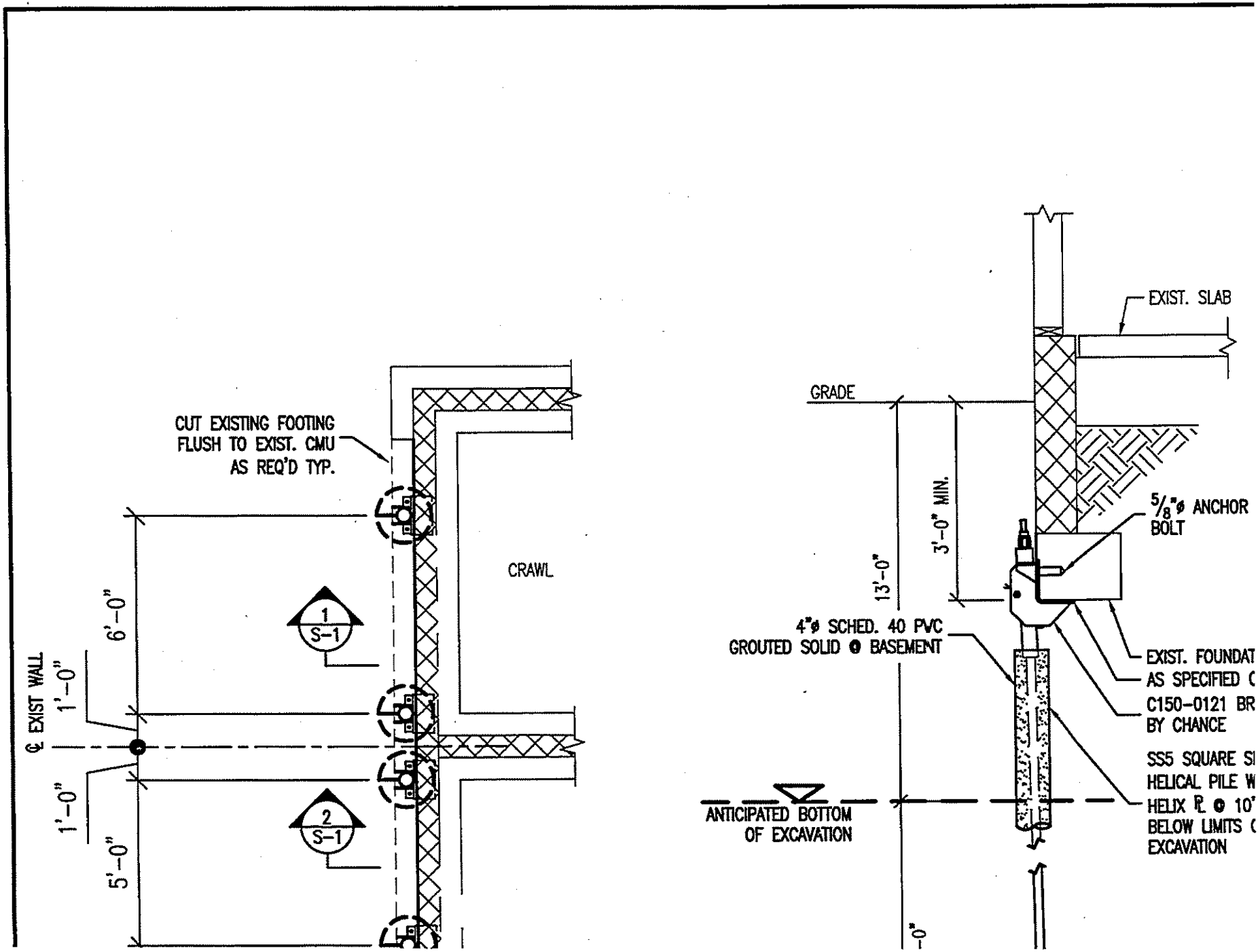
TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.


CUT EXISTING FOOTING
FLUSH TO EXIST. CMU
AS REQ'D TYP.
CRAWL
℄ EXIST WALL
6'-0"
1'-0"
1'-0"
5'-0"
1
S-1
2
S-1
EXIST. SLAB
GRADE
13'-0"
3'-0" MIN.
5/8"ø ANCHOR
BOLT
4"ø SCHED. 40 PVC
GROUTED SOLID @ BASEMENT
EXIST. FOUNDAT
AS SPECIFIED (
C150-0121 BR
BY CHANCE
SS5 SQUARE SI
HELICAL PILE W
HELIX @ 10'
BELOW LIMITS (
EXCAVATION
ANTICIPATED BOTTOM
OF EXCAVATION
-0"

CONSTRUCTION PERMIT

Permit #: 23-00569
Date Issued: 11/01/23

IDENTIFICATION Block/Lot/Qual: 90. 14.
Work Site Location: 217 LAKEVIEW DR
Owner in Fee: SHQ PROPERTIES LLC
Address: 3446 HADDONFIELD ROAD
PENNSAUKEN NJ 08109
Tel. [redacted]

Contractor: UNO MANAGEMENT LLC
Address: 3446 HADDONFIELD ROAD
PENNSAUKEN, NJ 08109
Tel. (908)619-6561
Lic. No. or Bldrs. Reg. No. 13VH12806500

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:
RENOVATION PER PLANS
NEW STRUCTURAL BEAMS
NEW BATHROOM

PAYMENTS (Office Use Only)	
Building	160.00
Electrical	98.00
Plumbing	285.00
Fire Protection	65.00
Elevator Devices	
Other	0.00
DCA State Permit Fee	40.00
Cert. of Occupancy	50.00
Other	
Total	698.00

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 $ 21,050.00

_____ _____
Construction Official Date

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

(see reverse side)

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 23-00569
Issue Date: 11/01/23
Application Id: 90009112
Application Date: 10/18/23

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

Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: SHQ PROPERTIES LLC

Tel. [redacted] email:

3446 HADDONFIELD ROAD PENNSAUKEN NJ 08109

Contractor: UNO MANAGEMENT LLC Tel. (908)619-6561

3446 HADDONFIELD ROAD email:

PENNSAUKEN, NJ 08109

Contractor License No. or Builder Registration No.: 13VH12806500 Exp Date: 03/31/24

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

Federal Emp. ID No: [redacted] 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
RENOVATION PER PLANS
NEW STRUCTURAL BEAMS
NEW BATHROOM

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)

$	
	160.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 9.00
TOTAL FEE	$ 169.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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)	$ 4,500.00

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 #: 23-00569
Issue Date: 11/01/23
Application Id: 90009112
Application Date: 10/18/23

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

Block/Lot/Qual: 90. 14.
Work Site Location: 217 LAKEVIEW DR

Owner in Fee: SHQ PROPERTIES LLC
Tel. [redacted] email:
3446 HADDONFIELD ROAD PENNSAUKEN NJ 08109
Contractor: LYONS ELECTRIC CONT INC Tel. (856)986-2408
247 MORRIS AVE email:
BLACKWOOD, NJ 08012
Contractor License No.: 34EB01285100 Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 8,000.00

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	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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:
RENOVATION PER PLANS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
33		Lighting Fixtures	
34		Receptacles	
23		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
96		TOTAL NUMBERS	$ 68.00
		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	15.00
1		HP Garbage Disposal	15.00
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	15.00
TOTAL FEE	$	113.00

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 23-00569
Issue Date: 11/01/23
Application Id: 90009112
Application Date: 10/18/23

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

Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: SHQ PROPERTIES LLC

Tel. [redacted] email:

3446 HADDONFIELD ROAD PENNSAUKEN NJ 08109

Contractor: AUBREY FRIERSON Tel. (609)556-9089

127 EBBETTS DR email:

ATCO, NJ 08004

Contractor License No.: 36B100948300 Exp Date: 06/30/24

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

Federal Emp. ID No. [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

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

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

Est. Cost of Plumbing Work $ 7,800.00

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
RENOVATION PER PLANS
NEW STRUCTURAL BEAMS

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$ 45.00
	Urinal/Bidet	
1	Bath Tub	15.00
4	Lavatory	60.00
1	Shower	15.00
	Floor Drain	
1	Sink	15.00
1	Dishwasher	15.00
	Drinking Fountain	
1	Washing Machine	15.00
1	Hose Bibb	15.00
	Water Heater	
	Fuel Oil Piping	
4	Gas Piping	60.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
2	Stacks	30.00
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	15.00
TOTAL FEE	$	300.00

U.C.C. F130 (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 #: 23-00569
Issue Date: 11/01/23
Application Id: 90009112
Application Date: 10/18/23

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

Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: SHQ PROPERTIES LLC

Tel. [redacted] email:

3446 HADDONFIELD ROAD PENNSAUKEN NJ 08109

Contractor: LYONS ELECTRIC CONT INC Tel. (856)986-2408

247 MORRIS AVE email:

BLACKWOOD, NJ 08012

Fire Alarm Contractor No.: 34EB01285100 Exp Date: 03/31/24

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

Federal Emp. ID No. [redacted] 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-5 Proposed _____

Constr. Class: Present Proposed _____

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

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

Location: _____

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: _____

Est. Cost of Fire Protection Work $ 750.00

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: _____

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: RENOVATION PER PLANS

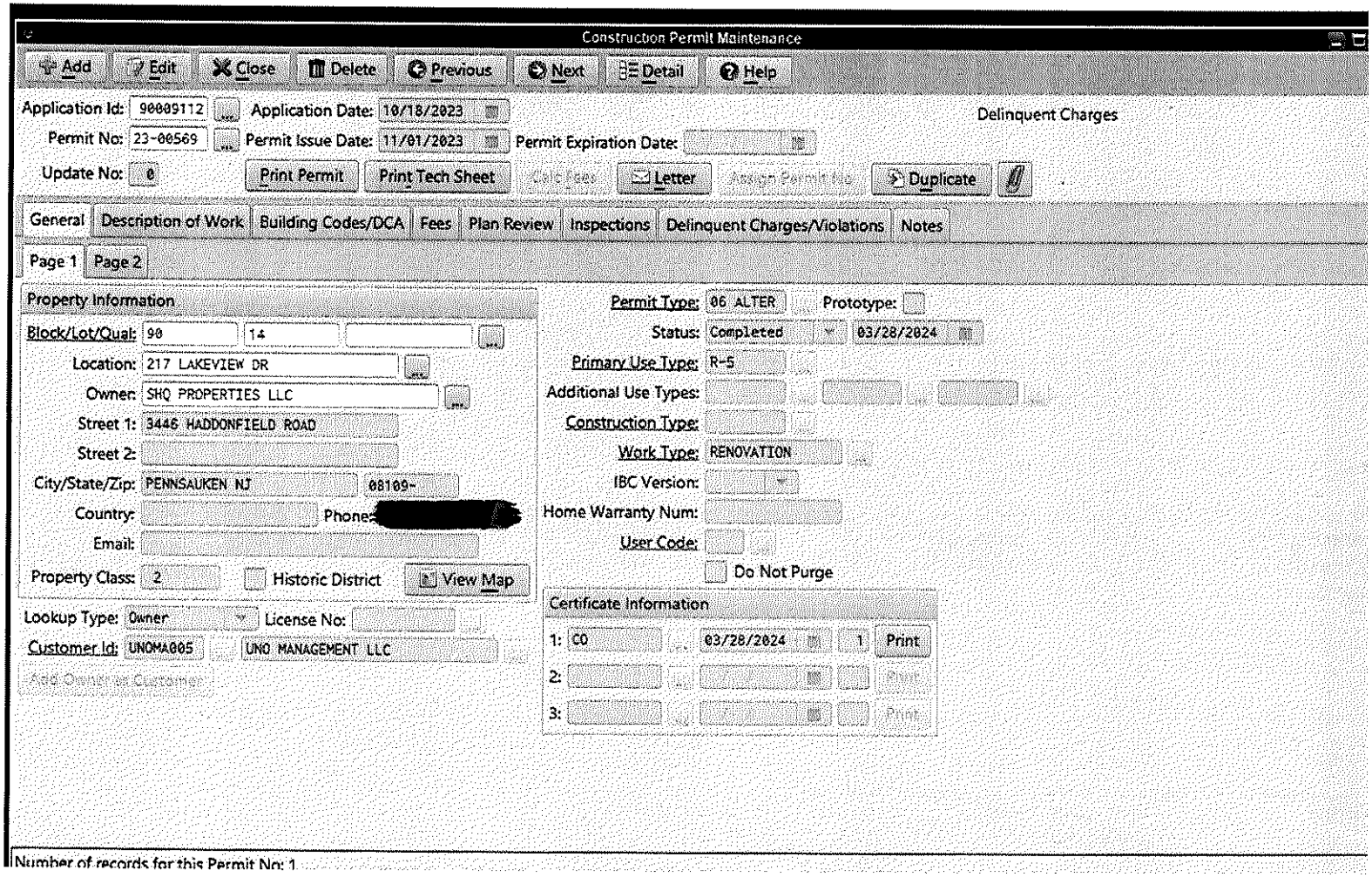
Water Supply Source _____

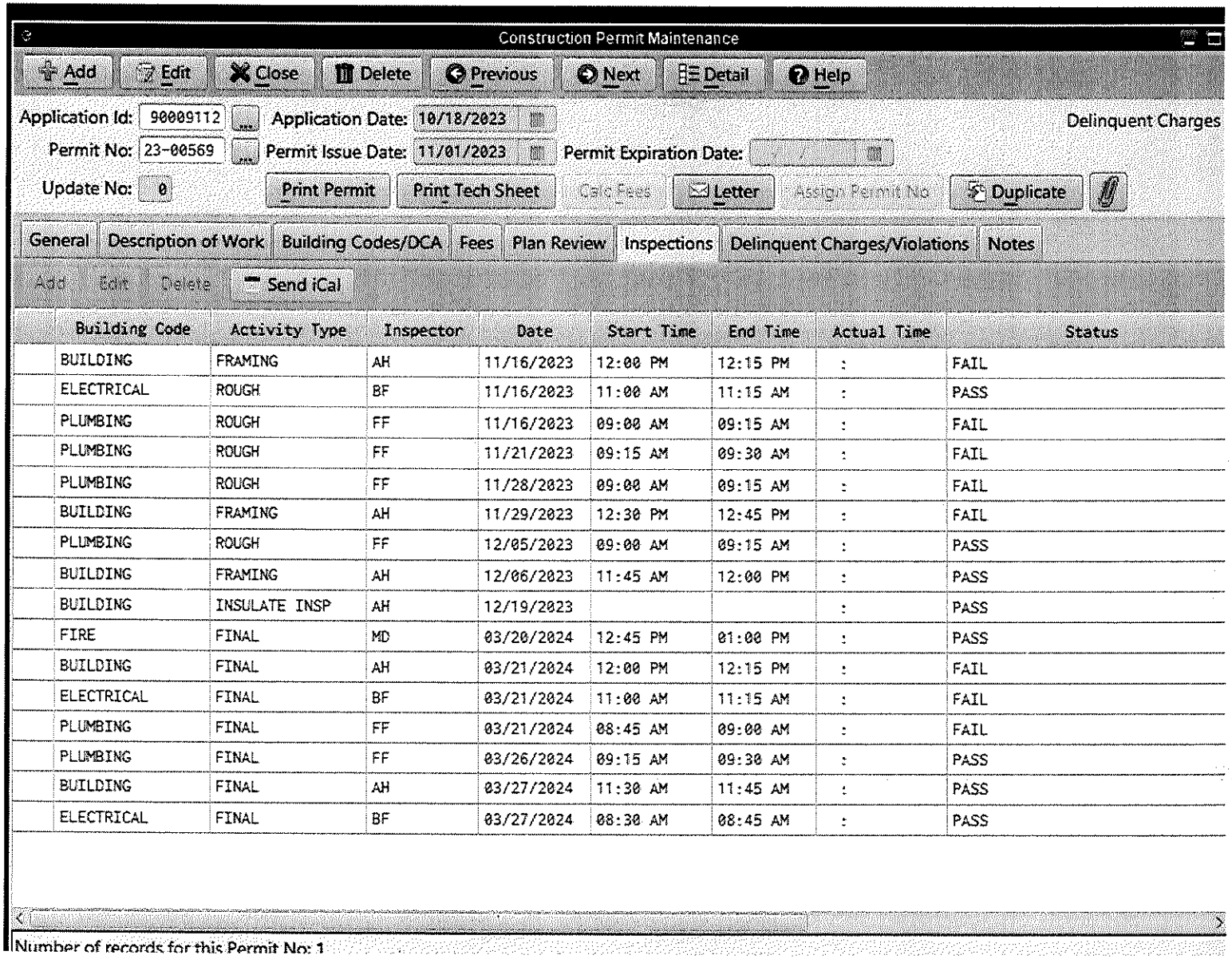
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System [ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (smoke, heat, pulls, water/flow)	6	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 _____		65.00
Administrative Surcharge		$
Minimum Fee		$
State Permit Surcharge Fee		$ 1.00
TOTAL FEE		$ 66.00

U.C.C. F140 (rev. 02/11) Internet version

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90009112
Application Date: 10/18/2023
Delinquent Charges
Permit No: 23-00569
Permit Issue Date: 11/01/2023
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 90 14
Location: 217 LAKEVIEW DR
Owner: SHQ PROPERTIES LLC
Street 1: 3446 HADDONFIELD ROAD
Street 2:
City/State/Zip: PENNSAUKEN NJ 08109-
Country:
Phone:
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: UNOMA005
UNO MANAGEMENT LLC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 03/28/2024
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: RENOVATION
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CO 03/28/2024 1 Print
2: Print
3: Print
Number of records for this Permit No: 1



Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
BUILDING	FRAMING	AH	11/16/2023	12:00 PM	12:15 PM	:	FAIL
ELECTRICAL	ROUGH	BF	11/16/2023	11:00 AM	11:15 AM	:	PASS
PLUMBING	ROUGH	FF	11/16/2023	09:00 AM	09:15 AM	:	FAIL
PLUMBING	ROUGH	FF	11/21/2023	09:15 AM	09:30 AM	:	FAIL
PLUMBING	ROUGH	FF	11/28/2023	09:00 AM	09:15 AM	:	FAIL
BUILDING	FRAMING	AH	11/29/2023	12:30 PM	12:45 PM	:	FAIL
PLUMBING	ROUGH	FF	12/05/2023	09:00 AM	09:15 AM	:	PASS
BUILDING	FRAMING	AH	12/06/2023	11:45 AM	12:00 PM	:	PASS
BUILDING	INSULATE INSP	AH	12/19/2023			:	PASS
FIRE	FINAL	MD	03/20/2024	12:45 PM	01:00 PM	:	PASS
BUILDING	FINAL	AH	03/21/2024	12:00 PM	12:15 PM	:	FAIL
ELECTRICAL	FINAL	BF	03/21/2024	11:00 AM	11:15 AM	:	FAIL
PLUMBING	FINAL	FF	03/21/2024	08:45 AM	09:00 AM	:	FAIL
PLUMBING	FINAL	FF	03/26/2024	09:15 AM	09:30 AM	:	PASS
BUILDING	FINAL	AH	03/27/2024	11:30 AM	11:45 AM	:	PASS
ELECTRICAL	FINAL	BF	03/27/2024	08:30 AM	08:45 AM	:	PASS

CONSTRUCTION PERMIT

Permit #: 23-00490
Date Issued: 09/08/23

IDENTIFICATION Block/Lot/Qual: 90. 14.
Work Site Location: 217 LAKEVIEW DR
Owner in Fee: SHQ PROPERTIES LLC
Address: 3446 HADDONFIELD ROAD
PENNSAUKEN NJ 08109
Tel. [redacted]

Contractor: UNO MANAGEMENT LLC
Address: 3446 HADDONFIELD ROAD
PENNSAUKEN, NJ 08109
Tel. (908)619-6561
Lic. No. or Bldrs. Reg. No. 13VH12806500

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR DEMO - NO STRUCTURE

PAYMENTS (Office Use Only)	
Building	90.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	90.00

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 $ 1,500.00

_____ _____
Construction Official Date

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

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

(see reverse side)

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 23-00490
Issue Date: 09/08/23
Application Id: 90009021
Application Date: 09/06/23

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

Block/Lot/Qual: 90. 14.

Work Site Location: 217 LAKEVIEW DR

Owner in Fee: SHQ PROPERTIES LLC

Tel. [redacted] email:

3446 HADDONFIELD ROAD PENNSAUKEN NJ 08109

Contractor: UNO MANAGEMENT LLC Tel. (908)619-6561

3446 HADDONFIELD ROAD email:

PENNSAUKEN, NJ 08109

Contractor License No. or Builder Registration No.: 13VH12806500 Exp Date: 03/31/24

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

Federal Emp. ID No. [redacted] 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 DEMO - NO STRUCTURE

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:	Failure	Dates (Month/Day) 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
[ ] 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 _____
[X] Demolition

FEE (Office Use Only)
$ _____
90.00

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 0.00
TOTAL FEE $ 90.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present _____ Proposed _____

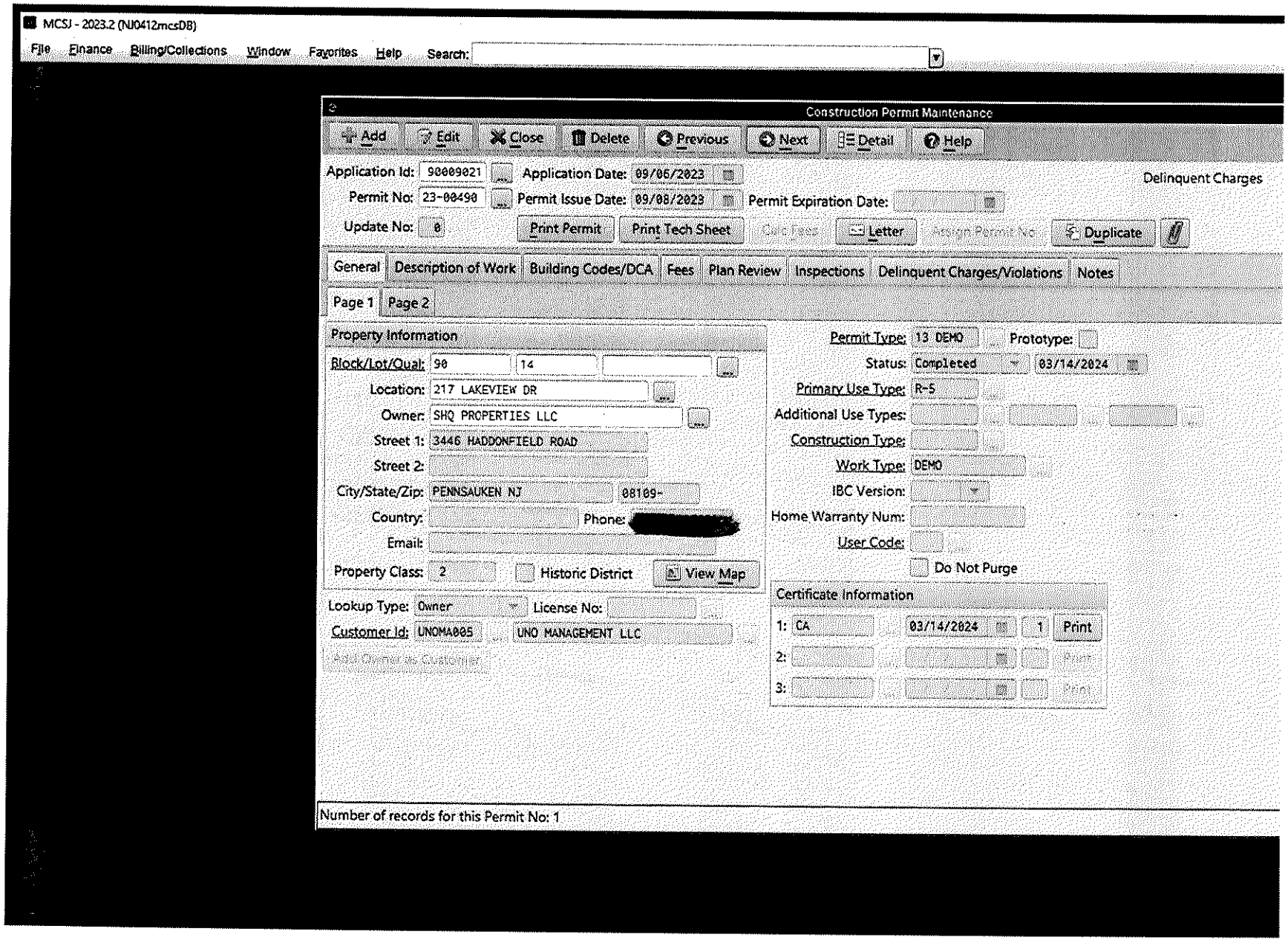
No. of Stories 0.00
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

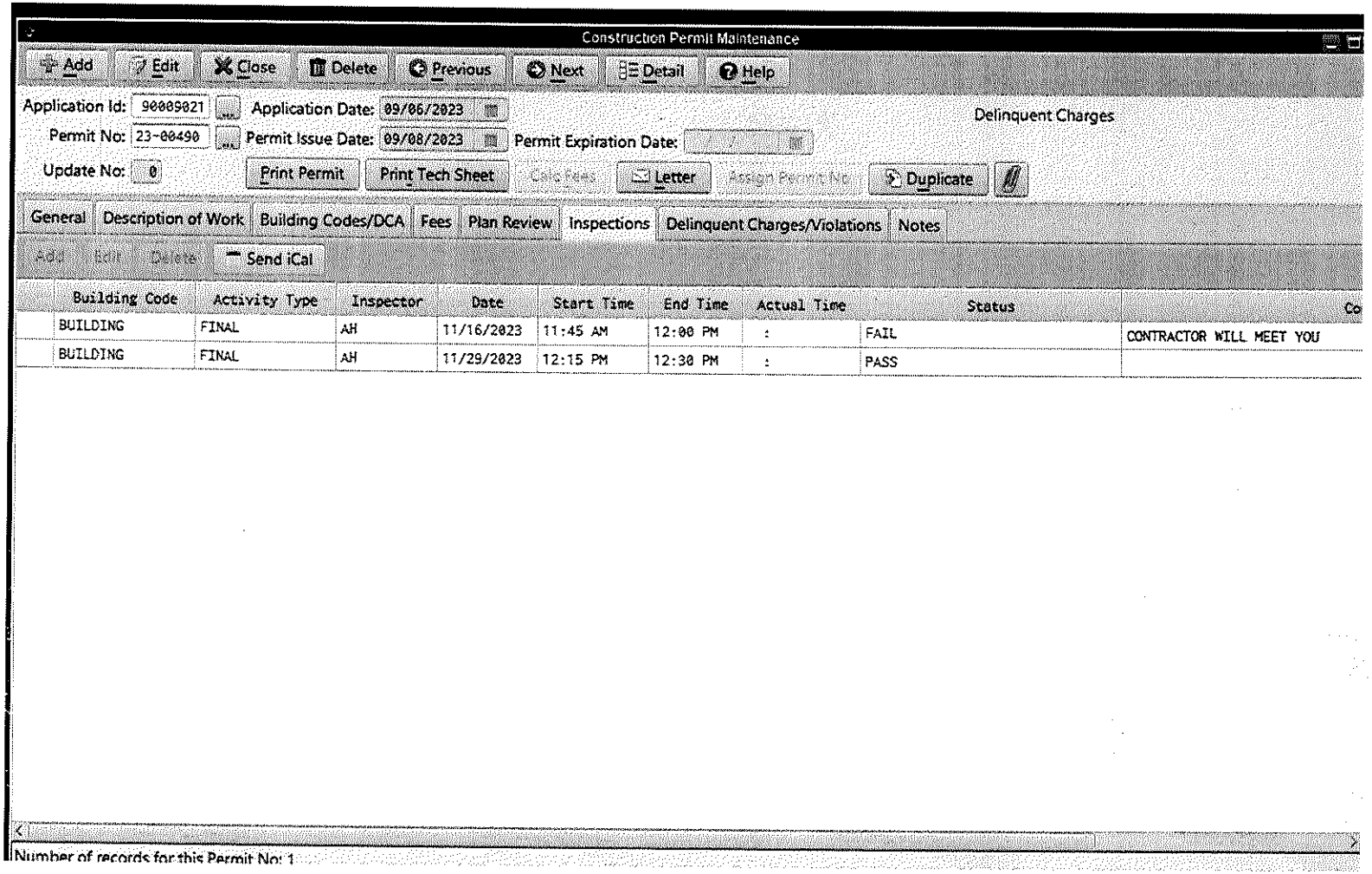
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 1,500.00

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.


MCSJ - 2023.2 (NJ0412mcsDB)
File Finance Billing/Collections Window Favorites Help Search:
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90009021 Application Date: 09/06/2023
Delinquent Charges
Permit No: 23-00490 Permit Issue Date: 09/08/2023 Permit Expiration Date:
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 90 14
Location: 217 LAKEVIEW DR
Owner: SHQ PROPERTIES LLC
Street 1: 3446 HADDONFIELD ROAD
Street 2:
City/State/Zip: PENNSAUKEN NJ 08109-
Country: Phone:
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: UNOMA005 UNO MANAGEMENT LLC
Add Owner as Customer
Permit Type: 13 DEMO Prototype:
Status: Completed 03/14/2024
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: DEMO
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 03/14/2024 1 Print
2: Print
3: Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005021
Application Date: 09/06/2023
Delinquent Charges
Permit No: 23-00490
Permit Issue Date: 09/08/2023
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
Co
BUILDING
FINAL
AH
11/16/2023
11:45 AM
12:00 PM
:
FAIL
CONTRACTOR WILL MEET YOU
BUILDING
FINAL
AH
11/29/2023
12:15 PM
12:30 PM
:
PASS
Number of records for this Permit No: 1