

Waterford Township

2131 Auburn Avenue
Atco, New Jersey 08004
(856)768-2300 FAX (856)768-1703

Permit No. **20180077**
Control No. **88005121**
Parcel(Block/Lot)**3302/10**
Date **2/27/2018**

Construction Permit

Work Site Location 2316 ILENE LA, ATCO, NJ 0800
Owner in Fee..... US BANK TRUST
Address..... 130 CLINTON AVENUE #202
FAIRFIELD, NJ 07004
Phone.....

Contractor.... SYSTEMS ELECTRIC LLC
Address..... 457 LUMMISTOWN ROAD
CEDARVILLE, NJ 08311-
Phone..... (856)367-7119
Lic No..... 17040-
Fed Emp No. 27-3902381

Permission is hereby granted to do the following work:

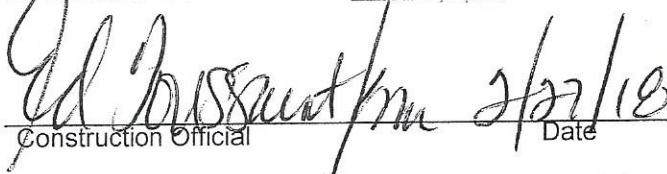
- | | | | |
|--|-------------------------------------|--|------------------------------------|
| ☐ BUILDING | ☐ PLUMBING | ☐ DEMOLITION | ☐ ONGOING - |
| ☒ ELECTRIC | ☐ FIRE | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| ☐ ELEVATOR | ☐ MECHANICAL | ☐ LEAD HAZARD ABATEMENT | |

Description of Work:

200 AMP SERVICE

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

Estimated Cost of Work: \$2,400


Construction Official _____ Date 2/27/18

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>85</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>5</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$90</u>

Check#/Cash.....	<u>6046</u>
Paid	<u>\$90</u>
Collected By	<u>SM</u>

Total Administrative Fee: \$0

Waterford Township

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Permit No. **20190321**
Control No. **88006183**
Parcel(Block/Lot)**3302/10**
Date **10/23/2019**

Construction Permit

Work Site Location 2316 ILENE LA
Owner in Fee..... US BANK TRUST NA % RESICAP
Address..... 3630 PEACHTREE NE #1500
ATLANTA, GA 30326
Phone.....

Contractor... JM KAISER ELECTRICAL
Address..... 105 W. SOMERDALE ROAD
SOMERDALE, NJ 08083
Phone..... (856)346-8872
Lic No..... 11269-
Fed Emp No. 900000590

Permission is hereby granted to do the following work:

- | | | | |
|--|-------------------------------------|--|------------------------------------|
| ☐ BUILDING | ☐ PLUMBING | ☐ DEMOLITION | ☐ ONGOING - |
| ☒ ELECTRIC | ☐ FIRE | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| ☐ ELEVATOR | ☐ MECHANICAL | ☐ LEAD HAZARD ABATEMENT | |

Description of Work:

INSTALL WIRING FOR EXISTING POOL PUMP

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

Estimated Cost of Work: \$1,200


Construction Official _____ Date 10/23/19

*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times*

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>85</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>2</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$87</u>

Check#/Cash.....	<u>4892</u>
Paid	<u>\$87</u>
Collected By	<u>SM</u>

Total Administrative Fee: \$0

TOWNSHIP OF WATERFORD
2131 AUBURN AVE, ATCO, NJ
(856) 768-2300 EXT. 5

Date Issued 06/21/05
Control #
Permit # 05-155

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 0245.02 Lot 02 Qual
Work Site Location 2316 ILENE LANE
SIDING
Owner in Fee/Occupant MARIANO, DAVID & ANN
Address 2316 ILENE LANE
ATCO, NJ 08004-
Telephone (856) 768-4000
Contractor H O M E O W N E R
Address
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

[] 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:

Home Warranty No. _____

[] State [] Private

Use Group R-5

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

INSTALL VINYL SIDING OVER EXISTING ASBESTOS SIDING

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] CERTIFICATE OF COMPLIANCE

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

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

Fee \$ 0
Paid [X] Check No. 569
Collected by: AW

TOWNSHIP OF WATERFORD
2131 AUBURN AVE, ATCO, NJ
(856) 768-2300 EXT. 5

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 5/11/05
Control # C05-138
Permit # 05755

IDENTIFICATION Block 0245.02 Lot 02 Qual _____

Work Site Location 2316 ILLENE LANE
SIDING

Owner in Fee MARIANO, DAVID & ANN
Address 2316 ILLENE LANE
ATCO, NJ 08004-

Telephone (856) 753-4000

Contractor HOMEOWNER
Address _____

Telephone ()
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. HO- _____

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:
INSTALL VINYL SIDING OVER EXISTING ASBESTOS SIDING

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 \$ 900

Construction Official

Date

PAYMENTS (Office Use Only)

Building	46
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Total	47
Check No.	569
Cash	
Collected By	