59 SOUTH WHITEHORSE PIKE
BERLIN BOROUGH, NJ 08009
609 - 767-2958

CONSTRUCTION PERMIT

Permit Number: 20030155
Permit Date: 06/09/2003
Update Number:
Control Number: 21726
Application Date: 05/30/03

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 2209 Lot : 1 Qualifier :

Work site Location: 2 Delwood Lane
Owner In Fee: Monico, P
Address: 2 Delwood Lane
Berlin NJ 08009
Telephone: (856) - 767-6892
Use Group(s): R-4

Agent: SANDERS ENTERPRISES INC.
Address: 2864 GARWOOD ROAD
ERIAL NJ -
Telephone: (609) - 222-0900
Lic. No. / Bldrs. Reg. No.: 6726
Federal Emp. No.: 2-22369644

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Electric To Gas Conversion Heater Replacement

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$7,000.00
Cost of Demolition:	$0.00
Total Cost:	$7,000.00

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

ANTHONY SACCOMANNO
Contruction Official

5-31-03
Date

:: 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.

Note:

PAYMENT (Office Use Only)

[70-43]	Building	
[70-48]	Electrical	$46.00
[70-36]	Plumbing	$85.00
[70-37]	Fire Protection	$92.00
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$7.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-83]	Street Opening Escrow	

Total : $ 230.00
All Fees Waived : No
Amount to be Paid: $ 230.00
Check Number: 008712
Check amount: $230.00

Collected by: VT
Receipt No:
Total Cash Amount:
Total Check Amount: $230.00
Grand Total: $230.00

BOROUGH OF BERLIN
59 SOUTH WHITEHORSE PIKE
BERLIN BOROUGH, NJ 08009
609-767-2958

CERTIFICATE

IDENTIFICATION

Date Issued: 06/19/2003
Control #: 21726
Permit #: 20030155

Block : 2209 Lot : 1 Qual :

Work Site Location: 2 Delwood Lane

Owner in Fee: Monico, P

Address: 2, Delwood Lane
Berlin, NJ 08009

Telephone: 856 767-6892

Agent: SANDERS ENTERPRISES INC.

Address: 2864 GARWOOD ROAD
ERIAL, NJ -

Telephone: 609 222-0900

Lic. No./ Bldrs. Reg.No.: 6726 Federal Emp. No.: 2-22369644

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private:

Use Group: R-4

Maximum Live Load: 0

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: Electric To Gas Conversion Heater Replacement

[ ] **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 a 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

ANTHONY SACCOMANNO, Construction Official

Fees $0.00

Paid [ ] Check No

Collected by

C 360 (rev. 3/96) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-9-03
Date Issued
Control #
Permit # 2003-0155

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

Block 2209 Lot 1
Work Site Location 2 Delwood Ln
Berlin, NJ 08009
Owner in Fee/Occupant Pete & Kim Monico
Address Same As Above

Tele. (856) 767- 6892
Contractor PR Sanders Inc
Address 2864 Garwood Rd
Erial, NJ 08081
Tele. (856) 227- 7955 Fax (856) 227- 4843
Lic. No. 6726
Federal Emp. No. 22-276- 9644

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-12-03
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	$ 36
		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	6.6	KW Central A/C Unit	10
		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	$	46
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

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

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 6-9-03
Control #
Permit # 2003-0155

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

Block 2209 Lot 1
Work Site Location 2 Delwood LN
Berlin, NJ 08009
Owner in Fee Pete + Kim Monico
Address Same As Above

Tele. (856) 767-6892
Contractor PR SANDERS INC
Address 2864 Gar Wood Rd
Erial, NJ 08081
Tele. (856) 227-7955 Fax (856) 227-4893
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 3000.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 05/29/03
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final	6/12		6/16	
Other				

6/12 Not completed.

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.

Peter R Sanders
Signature

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UCC/PRO F-140 (REV3/96)
Professional Printing
(856) 468-7933

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Electric to Gas conversion, heater replacement

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances	2	92
Other _____		

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	92
TOTAL FEE	$	

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-9-03
Date Issued
Control #
Permit # 2003-0155

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Tele. (856) 227 - 7955 Fax (856) 227-4893
Lic. No. 67 26
Federal Emp. No. 22- 276- 9644

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 $ 1800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 5-28-03
Approved by: K. Smith

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-19-03
Approved by: K. Smith

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			6-12-03	K.S.
Solar				
TCO				
Final			6-19-03	K.S.

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.

Peter Sanders
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	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	10 -
	Fuel Oil Piping	
1	Gas Piping	65 -
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Heater	10 -
	Other	
	Other	
		85 -

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

U.C C. F130 (rev. 3/96)

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