

Borough of Berlin59 White Horse Pike
Berlin, NJ 08009

(856)767-7777

FAX (856)767-1071

Permit No. 201700243

Control No. 27553

Block/Lot 2209/1

Date 7/25/17

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Certificate of Approval

IDENTIFICATION

Block/Lot 2209/1
Work Site Location 2 DELWOOD LA
Owner in Fee/Occupant MONICO, PETER A & KIMBERLY J
Address 2 DELWOOD LN
BERLIN, NJ 08009
Telephone _____
Contractor ROTO ROOTER
Address 175 E. 9TH AVENUE, UNIT C
RUNNEMEDE, NJ. 08078
Telephone (856)861-3661 FAX _____
Lic. No. or Bldrs. Reg. No. 13205- / /
Federal Emp. No. 420499300

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R-5
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

EMERGENCY SEWER REPAIR**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.

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 _____ 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 _____



(Michael DepPalma, Construction Official)

Permit Fee \$ 94
Paid [] Check No. CHECK
Collected by: DS



19354041
PLUMBING SUBCODE
TECHNICAL SECTION

1928
817
6682



7/17

Date Received
Control #

Date Issued
Permit #

7-20-17

2017-00243

#1117

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 Qualification Code _____

Work Site Location 2 Delwood Ln.

Owner in Fee: Peter Monico

Tel. 856) 767-0892 e-mail _____

Address Berlin 08009

Contractor: ROTO-ROOTER SERVICES COMPANY Tel. (856) 861-3661 x24410

Address 175 E. 9TH AVENUE, UNIT C e-mail sharon.cialoni@rrsc.com

RUNNEMEDE, N.J. 08078

Contractor License No. 13205 Exp. Date 6/19

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

Federal Emp. ID No. 42-0499300 FAX: (856) 939-0218

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 \$ 6500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Slab				
☐ Partial -Underslab Utilities Approved		Rough				
Date: _____ Approved by: _____		Water				
☐ Plumbing Plans Approved		Sewer				
Date: _____ Approved by: _____		Fixtures				
Joint Plan Review Required:		Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping				
SUBCODE APPROVAL for PERMIT		LPGas Tank				
Date: <u>7/18/17</u>		Fuel Oil Piping				
Approved by: <u>NO</u>		Solar				
SUBCODE APPROVAL for CERTIFICATE		TCO				
☐ CO ☐ CCO ☐ CA		Final				
Date: <u>7/25/17</u>						
Approved by: <u>NO</u>						

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

Emergency Sewer Repair

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	_____
_____	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 \$ _____