Borough of Berlin
59 White Horse Pike
Berlin, NJ 08009
(856)767-7777 FAX *(856)767-1071*

Permit No. **201800013**
Control No. **27791**
Block/Lot 2209/1
Date 1/23/18

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

'U.C.C. F260
(rev. 3/96)

19656858

PLUMBING SUBCODE
TECHNICAL SECTION

1928
1/15

200 - 125 Date Received Control #

Date Issued 1-22-18
Permit # 2018-00013

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. (609) 707-7325 e-mail _____

Address Berlin
street municipality zip code

Contractor: ROTO-ROOTER SERVICES COMPANY Tel. (856) 861-3667 x24407

Address 175 E. 9TH AVENUE, UNIT C e-mail sharon.cialoni@rrsc.com
RUNNEMEDE, N.J. 08078

Contractor License No. 12871 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 $ 6400.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: Luis Cruzado

[X] 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	____
1	Sewer Connection	____
____	Water Service Connection	____
____	Stacks _____	____
____	Other _____	____

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

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: 1/22/18
Approved by: MD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1/25/18
Approved by: MD

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	____	____	____	____
____	____	____	____	____

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

To reorder call:
Allegra Marketing, Print & Mail
609-390-1400

19656858

PLUMBING SUBCODE
TECHNICAL SECTION

1928
1/15

200 - 125 Date Received
Control #

Date Issued
Permit# 2018-00013

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

Block 2201 Lot 1 Qualification Code

Work Site Location 2 Delwood Ln.

Owner in Fee: Peter Monico

Tel. (609) 707-7325 e-mail

Address Berlin

Contractor: ROTO-ROOTER SERVICES COMPANY (street / municipality) Tel. (856) 861-3667 x24407 (zip code)

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

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Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 6400.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Luis Cruz 12871

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

14

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	
1	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

JOB SUMMARY (Office Use Only)

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[ ] 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: 1/11/18
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				

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