From: Patricia Coomer
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - 312 Lakeview - Open & Closed Permits
Date: Tuesday, May 2, 2023 3:43:01 PM

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: 312 Lakeview Drive, Block #00086, Lot #00002
Report and copies of all open and closed construction permits from 1920 (or as far back on file) to present (5/2/23)

Yours faithfully,

Patricia Coomer

BLOCK 86 LOT 2 ADDRESS (SITE) 312 LAKEVIEW DR. PERMIT NO. 366-91

BUREAU OF CODE ENFORCEMENT
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 312 Lakeview Dr
2. Name of Owner in Fee: Betty Habrach Tel. ( ) 858-1982
   Address 312 Lakeview Dr (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Steves Roofing Tel. (829) 1175
   Address 212 W. Broad st Palmyra
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. [redacted]
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person In Charge of Work ____ Tel. ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 83.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$ 83.00		
7. Less 20% for State Plan Review			
8. Subtotal	$ 83.00		
9. DCA Training Fee			
10. Subtotal	$ 83.00		
11. Cert. of Occupancy			
12. Other C/O			
13. TOTAL	$ 83.00		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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 ____

3226
00146_034215 SF
366-91
00015272

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	4500.00

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
CA	11/6/91						

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. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

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

U.C.C. Form F-100A

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 _____ 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 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 _____

_____

Telephone ( ) _____

Signature Steve Trotta Date 11/6/91

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

Date Issued 01/23/92
Control #
Permit # 366-91

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 86 Lot 2
Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABSZEWICZ LEONARD & BETTY 1
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Telephone (609)858-1982
Contractor STEVE'S ROOFING
Address 212 WEST BROAD STREET
PALMYRA, NJ 08065-
Telephone (609)829-1175
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

Home Warranty No.
Use Group R-4
Maximum Live Load 0
Description of Work/Use:

ROOFING

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load 0

CERTIFICATE OF OCCUPANCY/APPROVAL

[ ] CERTIFICATE OF OCCUPANCY [X] 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_____, ____ or the owner will be subject to a fine or order to vacate:

Fee $ 10
Paid [X] Check No. 1738
Collected by: CH

Charles L. Garrell Jr.
CONSTRUCTION OFFICIAL

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

Date Issued 11/06/91
Control #
Permit # 366-91

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 86 Lot 2

Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABRECK BETTY 1
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor STEVE'S ROOFING
Address 212 WEST BROAD STREET
PALMYRA, NJ 08065-
Telephone (609)829-1175
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. _____
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
ROOFING

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 $ 4,500

Charles G. Barnes Jr.
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	93
Plumbing	0
Electrical	0
Fire Protection	0
Other	
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	93
Check No.	1738
Cash	
Collected By:	CH

8

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/06/91
Date Issued 11/06/91
Control #
Permit # 366-91

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

Block 86 Lot 2
Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee [redacted] BETTY GABSZEWICZ, LEONARD & BETTY
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Tele [redacted]
Contractor STEVE'S ROOFING
Address 212 WEST BROAD STREET
PALMYRA, NJ 08065-
Tele.(609)829-1175
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security 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

ROOFING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 1/23/92		
Approved By:		

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			1/23/92	

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[X] Roofing	
[ ] Siding	
[ ] Other	
[ ] Demolition	0
[X] Miscellaneous	
[ ] Fence 0 Height	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Elevator	0
[ ] Asbestos Abatement	0
[X] Other ROOFING	83
Other C/A	10

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
Total Bldg. Area/All Floors 0 Sq. Ft.
Volume of Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,500
3. Total (1+2)$ 4,500

Administrative Surcharge $ 0
Paid [X] Check # 1738 Minimum Fee $ 0
Collected by: CH TOTAL FEE $ 93

U.C.C. Form F-110A

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/6/91
Date Issued
Control #
Permit # 366-91

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

Block 86 Lot 2
Work Site Location 312 Lakeview Dr.

Owner in Fee Betty Gabreski
Address [redacted]

Tele. [redacted]
Contractor Steve's Roofing
Address 212 W. Broad St.
Palmyra, NJ. ~~08077~~ 08065

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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.

Steve Trotta
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ROOFING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) 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:			Other				
Approved By:			Final				

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) $ 4500.00

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

(Office Use Only)

FEE	$
	83.00
	10.00
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$ 93.00

Paid [ ] Check #
Collected by:

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

REORDER FROM:

STEVE'S CONSTRUCTION
NEW ROOFS • REPAIR • GUTTERS
DOWNSPOUTS • GUTTER CLEANING
RIVERTON, NEW JERSEY 08077
609 - 829-1175 IF NO ANSWER . . . CALL 609 - 829 3475

Proposal
SPECIFICATIONS AND ESTIMATE

No.

Page No. of Pages

PROPOSAL SUBMITTED TO		PHONE	DATE
Betty M. Ahrech		854-1982	10-31-91
STREET		JOB NAME	
312 Delaware Dr.		Same	
CITY, STATE AND ZIP CODE		JOB LOCATION	
Cedarbrook NJ 0266		Same	
ARCHITECT	DATE OF PLANS		JOB PHONE
Art Bodin	10-3-91		Same

We hereby propose to furnish materials and labor necessary for the completion of:

New Roof:

Remove all asbestos Roofing on entire home
Replace all bad wood
Install a Twenty year warranty Self sealing shingles (Color Black) & Install Steel flashing on all Dormers. Refash Chimney Install new flanges
Install new roof on rear flat roof
Reshingle right lower roof
Top gutter eliminate spouts and install in rear of home. Clean all gutters after job
Material for Spouts cost of material extra
Haul all Debris away

Dr. 1371 $1500 $4500
Down payment

WE PROPOSE hereby to furnish material and labor — complete in accordance with above specifications, for the sum of: Four Thousand Five Hundred dollars ($ 4500)

Payment to be made as follows

All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature: Art Bodin

Note: This proposal may be withdrawn by us if not accepted within ____ days.

ACCEPTANCE OF PROPOSAL The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature: Betty Ahrech

10-31-91

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ 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									
☐									
☐									

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. 366-91	1/23/92	
☐ None			

CONSTRUCTION PERMIT

Permit #: 07-0022
Date Issued: 01/11/07

IDENTIFICATION Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: GABRECK BETTY

Address: 312 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
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
REPLACE SEWER LINE.

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 $ 2,600.00

_____ _____
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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 07-0022
Issue Date: 01/11/07
Application Id: 10009792
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: 86. 2.
Work Site Location: 312 LAKEVIEW DR

Owner in Fee: GABRECK BETTY
Tel. [redacted] email:
312 LAKEVIEW DR COLLINGSWOOD NJ 08108
Contractor: LAWRENCE F. DI CICCO Tel. (856)667-0928
95 GREENSWARD LN email:
CHERRY HILL, NJ 08034
Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 2,600.00

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

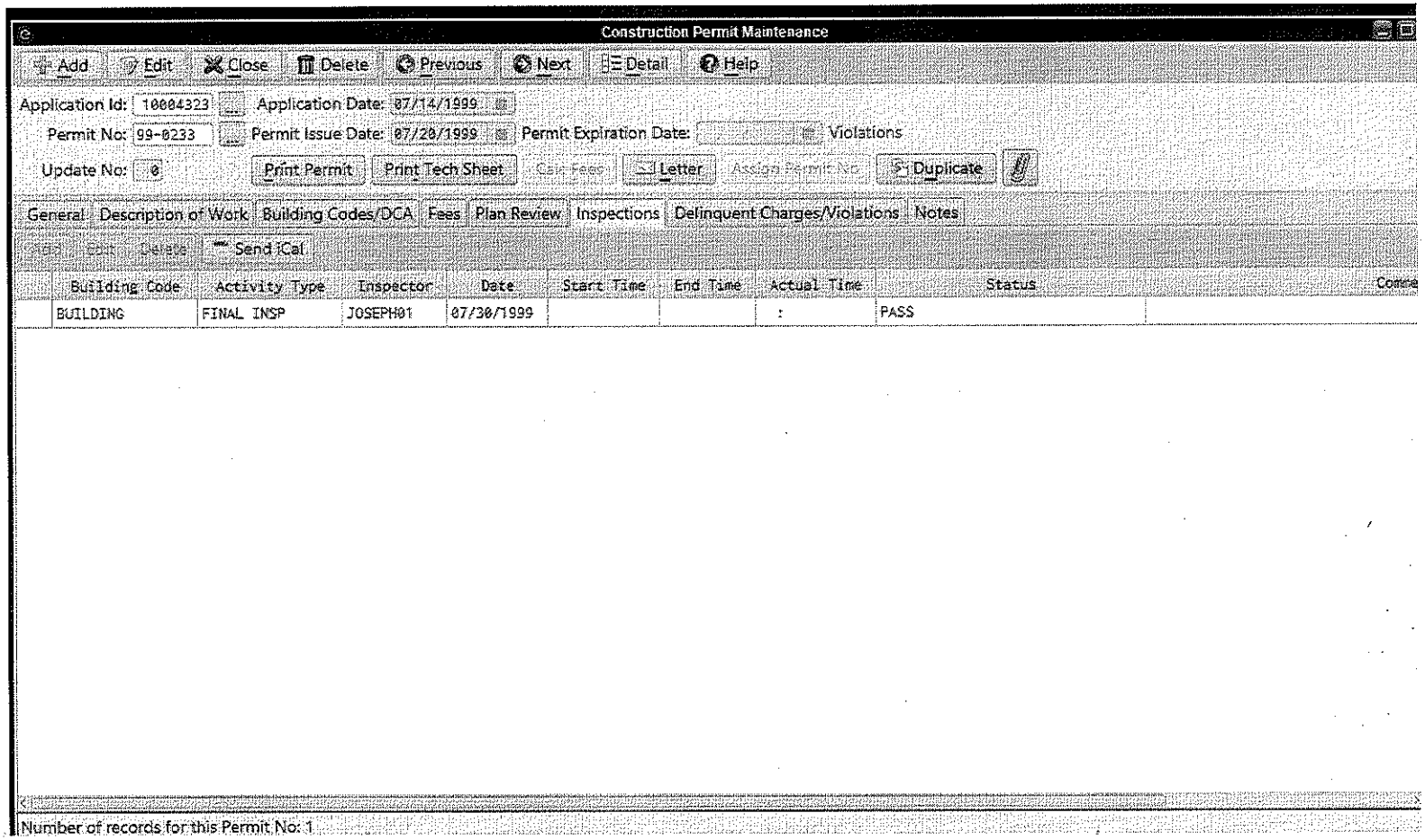
D. TECHNICAL SITE DATA

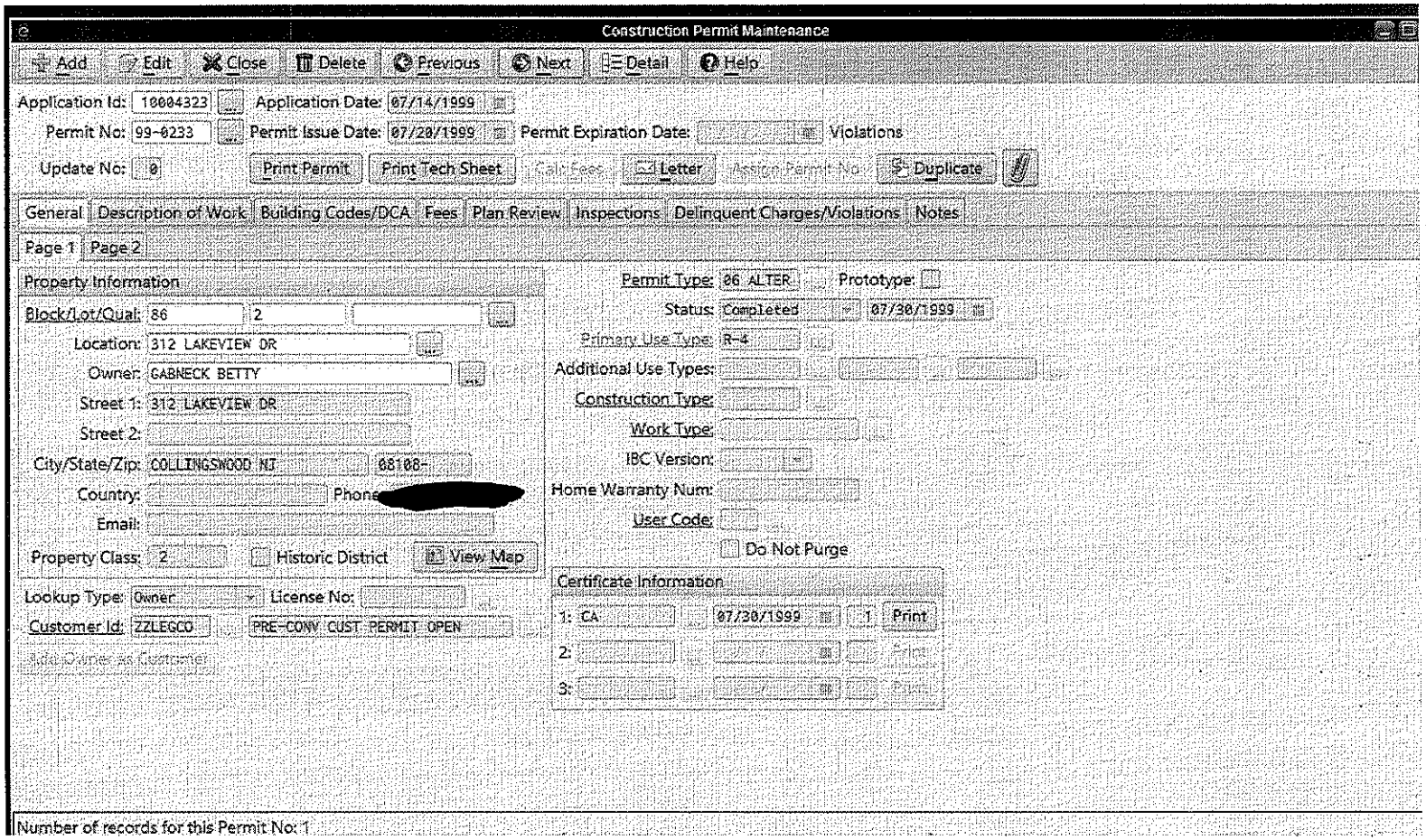
DESCRIPTION OF WORK
REPLACE SEWER LINE.

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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	65.00
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 6.00
TOTAL FEE	$ 71.00

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: 10004323
Application Date: 07/14/1999
Permit No: 99-0233
Permit Issue Date: 07/20/1999
Permit Expiration Date:
Violations
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
Comme
BUILDING
FINAL INSP
JOSEPH01
07/30/1999
:
PASS
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10004323
Application Date: 07/14/1999
Permit No: 99-0233
Permit Issue Date: 07/20/1999
Permit Expiration Date:
Violations
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: 86
2
Location: 312 LAKEVIEW DR
Owner: GABNECK BETTY
Street 1: 312 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
07/30/1999
Primary Use Type: R-4
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
07/30/1999
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1

BLOCK 86 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 312 LAKEVIEW DR. C86/2 PERMIT NO. 07-0022

CONSTRUCTION PERMIT APPLICATION

LEONARD & BETTY GABRECKEWICZ

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

I. IDENTIFICATION

1. Propsed Work Site at: 312 LAKEVIEW DR.
2. Name of Owner in Fee: GABRECK Tel. (856) 858-1882
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: LAWRENCE F. DiCicco Tel. [redacted]
   Address 95 GREENSWARD LANE cherry HILL NJ
   License No. OR, if new home, Builder Reg. No. 8955 Exp. Date 6.30.07
   Federal Employee No. 364-570-171 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun BILL GENERO
   Tel. (856) 308-3970 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		65.00	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		4.00	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	69.00	

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. 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 _____

(office use only)

3226

00146 034173 20070022 SF

00014942

OPTIONAL (for office use only)

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL

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

9-11-07 10:45 Machine

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. ☐ 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.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_____ 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 LAWRENCE F. DiCicco

Address 95 GREENSWARD LANE

Cherry Hill NJ 08002

Telephone (856) 667-0928

Signature Lawrence F. DiC

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 2862
Permit #

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

Block 86 Lot 2
Work Site Location 312 LAKEVIEW DRIVE
COLLINGSWOOD
Owner in Fee MR. GABRECK
Address SAME
Tele. (856) 858 1882
Contractor LAWRENCE F. DiCicco
Address 95 GREENSWARD LANE
CHERRY HILL NJ
Tele. (856) 667-0928 Fax ( )
Lic. No. 8955
Federal Emp. No. [redacted]1

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 2,600

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the [redacted] owner of record and am authorized to make this application and perform the work listed on this application.

Lawrence F. DiCicco
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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
X	Greasetrap	
X	Sewer Connection	
X	Water Service Connection	
	Stacks	
	Other Sewer 4"	
	Other	
	Other	

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

U.C.C. F130 (rev 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 07-0022	1-18-07			
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 86 LOT 2 QUALIFICATION CODE C86/2 ADDRESS (SITE) 312 LAKEVIEW DRIVE PERMIT NO. 07-0437 07-0438

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 312 LAKE VIEW DRIVE
2. Name of Owner in Fee: BETTY GABRECK Tel: [redacted]
   Address 312 LAKEVIEW DRIVE (street) COLLINGSWOOD (municipality) N.J. 08108 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: PETRO OIL Tel. ( ) ____
   Address 99 RIVER AVENUE LAKEWOOD, NJ 08701
   License No. OR, if new home, Builder Reg. No. 732-886-8453 Exp. Date ____
   Federal Employee No. 061207261 ~~13VH00340500~~ FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work ____
   Tel. (856) 728-1208 FAX ( ) ____

V. FEE SUMMARY (for office use only)

0437

			Update	Update
1.	Building	$ 65.00	~~65.00~~	
2.	Electrical		10.00	
3.	Plumbing		42.00	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$ 65.00	82.00	
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		2.00	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 65.00	82.00	

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. 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 ____

(office use only)

3226 SF

00146_034173 20070437, 20070438

0001494141

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☑ Fire Protection									
6.	☑ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☑ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

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. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction ____

After Construction ____

Net Gain or Loss ____

B. NON-RESIDENTIAL

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

8-27-07 11:00 MC

U.C.C. F100-1 (rev. 3/96)

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 _____ 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. 5:32-2.15(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.

(X) Check if contractor.

Agent Name PETRO OIL
Address ~~99 RIVER AVENUE~~ LAKEWOOD, NJ 08701
732-886-3453
~~# 13VH00340500~~
Telephone ( ) _____ NEW # 13VH0388240
Signature _____

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

8

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/27/2007
Date Issued 9/14/07
Control # C86/2
Permit # 07-0437

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

Block 86 Lot 2 Qual
Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABRECK BETTY 29-30
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Tele.(856)858-1882
Contractor PETRO OIL
Address 99 RIVER AVENUE
LAKEWOOD, NJ 08701-
Tele.(732)886-3453 Fax (732)886-3464
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

REMOVE BASEMENT OIL TANK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	9/14/07	WS
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [X] CCO [ ] CA
Date: 10-4-07
Approved By: WS

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/4/07	WS
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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 $ 600
3. Total (1+2) $ 600

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] 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
[X] Demolition	65
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 65
DCA State Permit Fee	$ 0

Paid [ ] Check # 607359
Collected by: CR

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

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

Date Issued 9/4/10
Control # C86/2
Permit # 07-0437

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 86 Lot 2 Qual

Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABRECK BETTY 29-30
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Telephone (856)858-1882

Contractor PETRO OIL
Address 99 RIVER AVENUE
LAKEWOOD, NJ 08701-
Telephone (732)886-3453
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 [X] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE BASEMENT OIL TANK

PAYMENTS (Office Use Only)

Building	65
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	65
Check No.	607359
Cash	
Collected By	CR

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 $ 600

William Joseph
Construction Official

8/27/07
Date

U.C.C. P170 (rev. 3/96) NJ UCCMR6 5.24K

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 086/2
Permit #

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

Block 86 Lot 2
Work Site Location 312 LAKEVIEW DRIVE
Owner in Fee BETTY GABRECK
Address 312 LAKEVIEW
COLLINGSWOOD, N.J. 08108
Tele. ( ) PETRO OIL
Contractor 99 RIVER AVENUE
Address LAKEWOOD, NJ 08701
732-886-3453
Tele. ( ) Fax ( ) ~~13VH00340500~~
Lic. No. or Bldrs. Reg. No. NEW # 13VH03882400
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
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. Alteration $
3. Total (1+ 2) $

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.

O Barker
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE BASEMENT OIL TANK

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

FEE (Office Use Only)
$

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

8

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/27/2007
Date Issued 9/14/07
Control # C86/2/2
Permit # 07-0438

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

Block 86 Lot 2 Qual
Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABRECK BETTY 29-30
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Tele.(856)858-1882
Contractor PETRO OIL
Address 99 RIVER AVENUE
LAKEWOOD, NJ 08701-
Tele.(732)886-3453
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,800

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10/3/07
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			10/3/07	
Smoke Ctl				
TCO				
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.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 275 Fuel 2		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check # 607359	Minimum Fee	$ 40
Collected by: CR	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 2

U.C.C. F140 (rev. 3/96)

8

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

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/27/2007
Date Issued 9/14/07
Control # C86/2/2
Permit # 07-0438

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

Block 86 Lot 2 Qual
Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABRECK BETTY 29-30
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Tele [redacted]
Contractor PETRO OIL
Address 99 RIVER AVENUE
LAKEWOOD, NJ 08701-
Tele.(732)886-3453
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 60

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: Oct-4-07

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO	Tank		Oct 4	

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
1	Fuel Oil Piping	10
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # 607359 Minimum Fee $ 30
Collected by: CC TOTAL FEE $ 40
DCA State Permit Fee $ 0

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

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

Date Issued 9/14/10
Control # C86/2/2
Permit # 07-0438

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 86 Lot 2 Qual

Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABRECK BETTY 29-30
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor PETRO OIL
Address 99 RIVER AVENUE
LAKEWOOD, NJ 08701-
Telephone (732)886-3453
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL 275 GALLON BASEMENT TANK

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 $ 1,860

Construction Official

8/27/07
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	40
Fire Protection	40
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	82
Check No.	607359
Cash	
Collected By	CA

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C86/2/2
Permit #

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

Block 86 Lot 2
Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee BETTY GABRECK
Address 312 LAKEVIEW
COLLINGSWOOD NJ.
Tele. ([redacted])
Contractor PETRO OIL
Address 99 RIVER AVENUE
LAKEWOOD, NJ 08701
Tele. ( ) 732-886-3453 Fax
Lic. No. #15VH00040500 NEW# 13VH03882400
Federal Emp. No. [redacted]

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 $ 6000

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

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.

B Bailey
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] 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	
	Water Heater	
1	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # C86/22

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

Block 86 Lot 2
Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee BETTY GABRECK
Address 312 LAKEVIEW
COLLINGSWOOD N.J. 08108
Tele. ( ) PETRO OIL
Contractor 99 RIVER AVENUE
Address LAKEWOOD, NJ 08701
732-886-3453
Tele. ( ) Fax# ~~13VH00340500~~
Lic. No. NEW # 13VH03883240
Federal Emp. No. [redacted]

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 $ 1800.00

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: ____
Approved by: ____

SUBCODE APPROVAL
[ ] 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				
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.

B Barlow
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALL 275 BASEMENT TANK

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

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [X] Combustible Liquid		
[ ] LPG [ ] LNG Capacity 275 Fuel 2		
Alarm Systems [ ] 110v Interconnected **NUMBER**		
[ ] System		
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	____	____
Other ____	____	____

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

U.C.C. F140
(rev. 3/96)

Construction Official:

In an effort to centralize our permit processing procedures, we request that you process the enclosed permit applications.

Permit applications from our three (3) South Zone branches, Princeton, Lakewood, and Pennsauken will emanate from our Lakewood Branch.

If additional forms are required or questions arise , please contact the listed ' Responsible Person In Charge Of Work.'

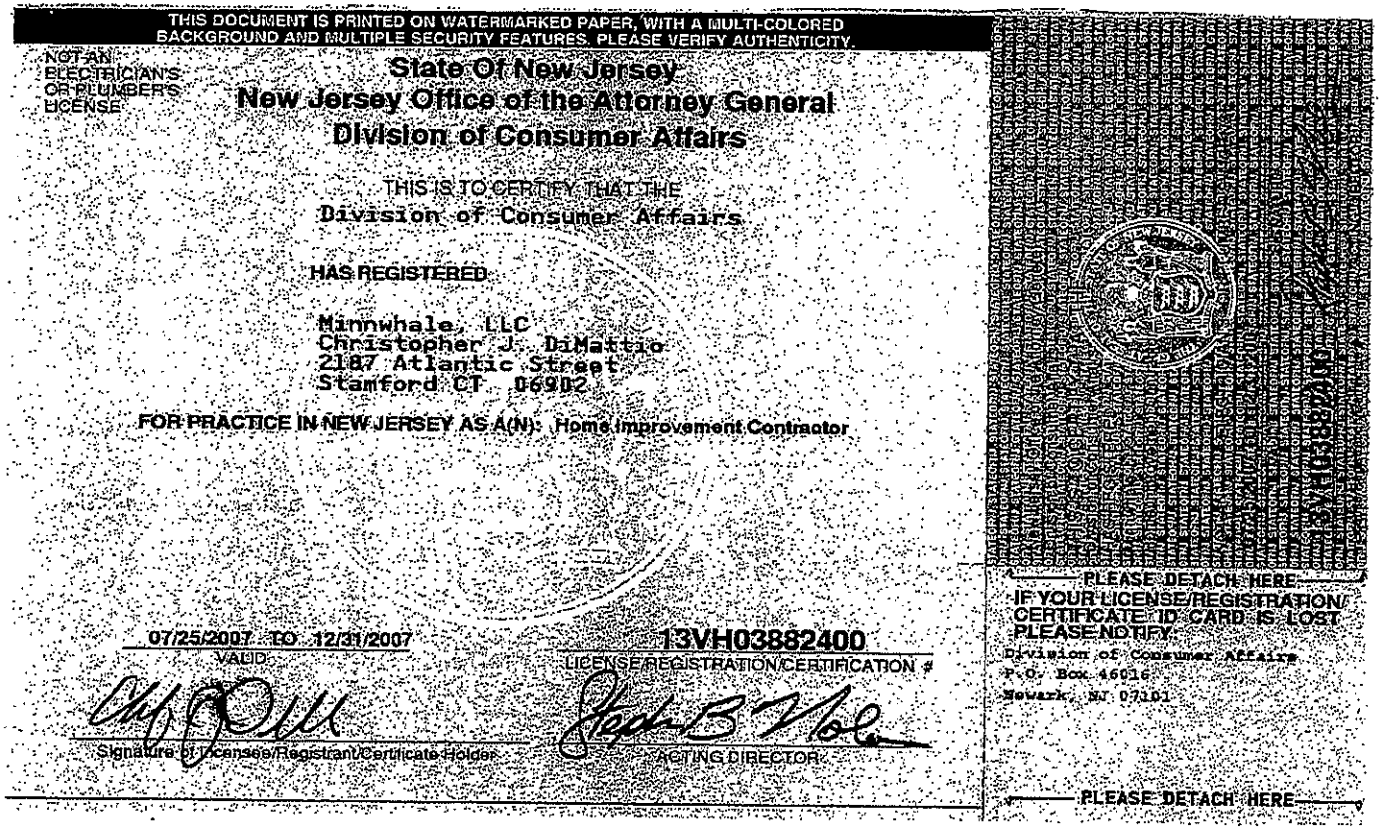
Thank you for your cooperation.

Responsible person
Kathleen Ketcham direct phone #1-732-886-3453
direct fax #1-732-886-3464

Petro Lakewood
99 River Avenue
Lakewood,N.J. 08701
Main #1-732-363-1663

PETRO OIL
99 RIVER AVENUE
LAKEWOOD, NJ 08701
732-886-3453
13VH00340500

NEW # 13 VH 03882400



THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Minnwhale, LLC
Christopher J. DiMattio
2187 Atlantic Street
Stamford CT 06902

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

07/25/2007 TO 12/31/2007
VALID

13VH03882400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

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

COPY OF NEW #

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 07-0457	10/16/07			
☐ ~~Lead Abatement Clearance Certificate~~	No.				

U.C.C. F100-3 (rev. 3/96)

OT 2 QUALIFI

CONST
APPLIC

ions I, II, III (optional), IV, VI,

312 Lakeview
Leonard
856-1982 e-mai
Send C

Public _____ Privat

P. R. SANDERS, INC
K DRIVE, VOORHEES, N
home, Builder Reg. No. NJ [redacted]

Charge once Work has Begun

Est. Cost	Plans Rec'd by
699	
99	

otional)

g

IV. DOES
1. ☐ Elev Dum
2. ☐ High
3. ☐ Pres

ADDRESS (SITE) 312 LAKEVIEW DR. C86/2 PERMIT NO. 08-0194

RMIT

CZ
SZEWICZ
08108
zip code

3086
ders.com
-6806

only)

Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical		40.00	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$	40.00	
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		1.00	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	41.00	

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. 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 _____

(office us

3226

00146_034171
20080194 SF

VII. DESCRIPTION OF BUILDING USE

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

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

ANY OF THE FOLLOWING?

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

4-23-0
12:10
MP

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_____ 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. 5:32-2.15(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 P.R. SANDERS, INC.

Address 100 PARK DRIVE, VOORHEES, NJ 08043

Telephone (856) 429-3086

Signature

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

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

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/23/2008
Date Issued 4/19/08
Control # C86/2
Permit # 08-0194

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

Block 86 Lot 2 Qual

Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABSZEWICZ LEONARD 37
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Tel [redacted]
Contractor P.R. SANDERS INC
Address 100 PARK DRIVE
VOORHEES, NJ 08043-
Tele.(856)429-3086
Lic. No. or Bldrs. Reg. No. 6726
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 699

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			5208	
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	10
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Paid [ ] Check # 23267
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	30
TOTAL FEE	$	40
DCA State Permit Fee	$	1

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

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

Date Issued 4/9/08
Control # C86/2
Permit # 08-0194

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 86 Lot 2 Qual

Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABSZEWICZ LEONARD 37
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor P.R. SANDERS INC
Address 100 PARK DRIVE
VOORHEES, NJ 08043-
Telephone (856)429-3086
Lic. No. or Bldrs. Reg. No. 6726
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE GAS WATER HEATER

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 $ 699

William Joseph
Construction Official

4/23/08
Date

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

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	41
Check No.	23267
Cash	
Collected By	

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # C86/2

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 86 Lot 5 Qualification Code

Work Site Location 312 Lakewicz Dr Collingswood 08108

Owner in Fee: Leonard Gaszewicz

Tel. [redacted] e-mail

Address SAME
street municipality zip code

Contractor: P. R. SANDERS, INC. Tel. (856) 429-3086

Address 100 PARK DRIVE, VOORHEES, NJ 08043 e-mail

Contractor License No. NJ MPL 6726 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800

Federal Emp. ID No: [redacted] FAX: (856) 429-6043

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 $ 699

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] 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				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rplc. gas hwh

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	
	Other	

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

U.C.C. F130 (rev. 10/06)
Reorder from OCS Printing
609-390-1400

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

NOTICE TO PERMIT APPLICANT

The permit, which you have applied for, requires the following:

1. Per the Uniform Fire Safety Act, NJSA 52:27D-198.1 and the Rehabilitation Subcode of the Uniform Construction Code, NJAC 5:23-6.4(f), NJAC 5:23-6.6-13 (f), Smoke detectors will be installed on each level of the dwelling, including the basement. There should be a smoke detector in the vicinity of the bedrooms outside each sleeping area. The smoke detector should be installed as per manufacturer's specifications. Battery powered smoke detectors satisfy this requirement. (The installations of battery powered smoke detectors and those smoke detectors that already exist, do not require an inspection. Therefore **it is the responsibility of the homeowner to ensure that the provisions of NJAC referenced above have been met.**)

2. Per the New Jersey Administrative Code 5:23-3.20 (c) (Amendment effective April 7, 2003), Carbon Monoxide (CO) alarms must be installed and maintained in the immediate vicinity of each sleeping area in any guest room or residential dwelling if the building contains either a fuel burning appliance or an attached garage. CO alarms must be installed as per manufacturer's specifications. (The installations of battery powered and plug-in type CO alarms and those CO alarms that already exist, do not require an inspection. **Therefore, it is the responsibility of the homeowner to ensure that the provisions of NJAC referenced above have been met.**)

Exception: If you are installing any hardwired CO alarms or Smoke Detectors, permits and inspections are required.

- ☐ I certify by my signature below that I currently have the required Smoke Detectors and Carbon Monoxide (CO) Detectors installed.

OR

- ☐ I certify by my signature below that I do not currently have the required Smoke Detectors and Carbon Monoxide (CO) Detectors installed, but that these devices will be installed prior to the work being complete.

Date: X 4/14/08 Signed: X Betty Dalrich

Address: 372 Lakeview Dr.

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 86 LOT 2 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 312 Lakeview Dr Collingswood NJ 08108

Applicant Lenard Gabszewicz

Certifying Individual Ed Yurick Company P.R. Sanders Inc.

Address 100 Park Drive (Street) Voorhees (City) N.J. (State) 08043 (Zip Code)

Tel. (856) 429-3086

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [✓] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [✓] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

_____ _____

Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Jim Murphy 4/14/08

Signature Date

Certification Not Submitted:

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

_____ _____

Signature Date

Direct Vent Appliance:

No certification required:

_____ _____

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

Return to Search

Home Improvement Contractors

Disclaimer

For additional Information

This data is current as of March 27, 2008.
If your search did not reveal the name you were looking for try again using just the town.

Please be aware that it will take 10 - 15 business days to receive your physical license.
If you need proof of licensure, please dial our License Verification Line at 973-273-8090 to receive a faxed verification of your license status.

If your search did not reveal the name you were looking for try again using just the town.

Your search for **Home Improvement Contractors** with the name **pr sanders** generated 1 match.

Name:	PR Sanders, Inc.
Address:	Voorhees, NJ 08043
License Number:	13VH00471800
License Status:	Active
Expiration Date:	31-DEC-08

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☒ Certificate of Approval	No. 08-0194	5/22/08			
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 86 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 312 Lakeview Dr C86/2 PERMIT NO. 10-0029

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 312 Lakeview Dr.
2. Name of Owner in Fee: Betty Goodbrick
   Tel. [redacted] e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Brownie Electric Tel. (856) 663-6466
   Address 191 West Chapel e-mail _____
   Cherry Hill, NJ 08108
   License No. OR, if new home, Builder Reg. No. 11429 Exp. Date 03/12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Brownie
   Tel. (856) 663-6466 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 58.00		
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	3.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 61.00		

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 ____

3226 00146_034204 20100029 SF *0001511LU*

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	1995.00								
☐ 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 _____

1-27-10 13.00 MR

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
11. ☐ LPGas Tanks

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 Brownie Electric, Inc

Address 101 W. Chapel Ave

Cherry Hill, NJ 08002

Telephone (856) 423-4664

Signature

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

CUT-IN-CARD

MUNICIPALITY Collingswood

LOCATION 312 Lakeview Dr UTILITY CO PSE&G

BLK 86 LOT 2

OWNER Grabszewicz 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 150 Amp.

INSTALLED BY Brownie Elect LICENSE NO 11429 M

DATE 2-4-10 PERMIT # 10-0029 INSPECTOR Bill Fisher

☐ CALLED IN 1 1 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 312 Lakeview Dr UTILITY CO PSE&G

BLK 86 LOT 2

OWNER Grabszewicz 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 150 Amp.

INSTALLED BY Brownie Elect LICENSE NO 11429 M

DATE 2-4-10 PERMIT # 10-0029 INSPECTOR Bill Fisher

☐ CALLED IN 1 1 Lic. No: 6612

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

NJ UCCARS5.24E

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

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/26/2010
Date Issued 1/28/10
Control # C86/2
Permit # 10-0029

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

Block 86 Lot 2 Qual

Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABSZEWICZ BETTY 21

Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-

Tele [redacted]

Contractor BROWNIE ELECTRIC INC

Address 101 WEST CHAPEL AVENUE
CHERRY HILL, NJ 08002-

Tele.(856)663-6466

Lic. No. or Bldrs. Reg. No. 11429

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 $ 1,995

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: 2-4-10
Approved By: BFK

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service			2-4-10	BFK
Final			2-4-10	BFK

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 2-4

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	150	AMP Service	58
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 # 7080
Collected by: CR

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	58
DCA State Permit Fee	$	3

U.C.C. P120 (rev. 3/96)

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

Date Issued 1/28/10
Control # C86/2
Permit # 10-0029

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 86 Lot 2 Qual

Work Site Location 312 LAKEVIEW DRIVE

Owner in Fee GABSZEWICZ BETTY 21
Address 312 LAKEVIEW DRIVE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor BROWNIE ELECTRIC INC
Address 101 WEST CHAPEL AVENUE
CHERRY HILL, NJ 08002-
Telephone (856)663-6466
Lic. No. or Bldrs. Reg. No. 11429
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:
150 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 $ 1,995

William Joseph Lee
Construction Official

1/28/10
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	58
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	61
Check No.	7080
Cash	
Collected By	

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # C86/2

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 86 Lot 2 Qualification Code

Work Site Location 312 Lakeview Dr Collingswood, NJ 08108

Owner in Fee: Betty Gabarek

Tel. ( ) e-mail

Address

Contractor: Brownie Electric Inc (street / municipality / zip code) Tel. (856) 663-6466

Address 312 Lakeview Dr e-mail 101 W. Chapel Cherry Hill, NJ 08002

Contractor License No. 11429 Exp. Date 3/12

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1995.00

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Service Upgrade

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	150	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☑ Continued Certificate of Occupancy	No.				
☑ Certificate of Compliance	No.				
☑ Certificate of Occupancy	No.				
☑ Certificate of Approval	No. 10-0029	12-4-10			
☑ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

Permit #: 19-00028
Date Issued: 01/14/19

IDENTIFICATION Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR
Owner in Fee: GABRECK, BETTY L/E
Address: 312 LAKEVIEW DR
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: HARRY C WITTMAIER INC
Address: 215 EAST HOMESTEAD AVE
COLLINGSWOOD, NJ 08108
Tel. (856)858-1965
Lic. No. or Bldrs. Reg. No. 36BI00620400

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACED BROKEN STACK FROM BASEMENT TO SECOND FLOOR

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	65.00
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	3.00
Cert. of Occupancy	
Other	
Total	68.00

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 $ 1,777.00

_____ _____
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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 19-00028
Issue Date: 01/14/19
Application Id: 90005109
Application Date: 01/08/19

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

Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR

Owner in Fee: GABRECK, BETTY L/E
Tel. (610)454-9554 email:
312 LAKEVIEW DR COLLINGSWOOD NJ 08108
Contractor: HARRY C WITTMAIER INC Tel. (856)858-1965
215 EAST HOMESTEAD AVE email:
COLLINGSWOOD, NJ 08108
Contractor License No.: 36BI00620400 Exp Date: 06/30/23
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No [redacted] FAX: (856)858-1972

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 1,777.00

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

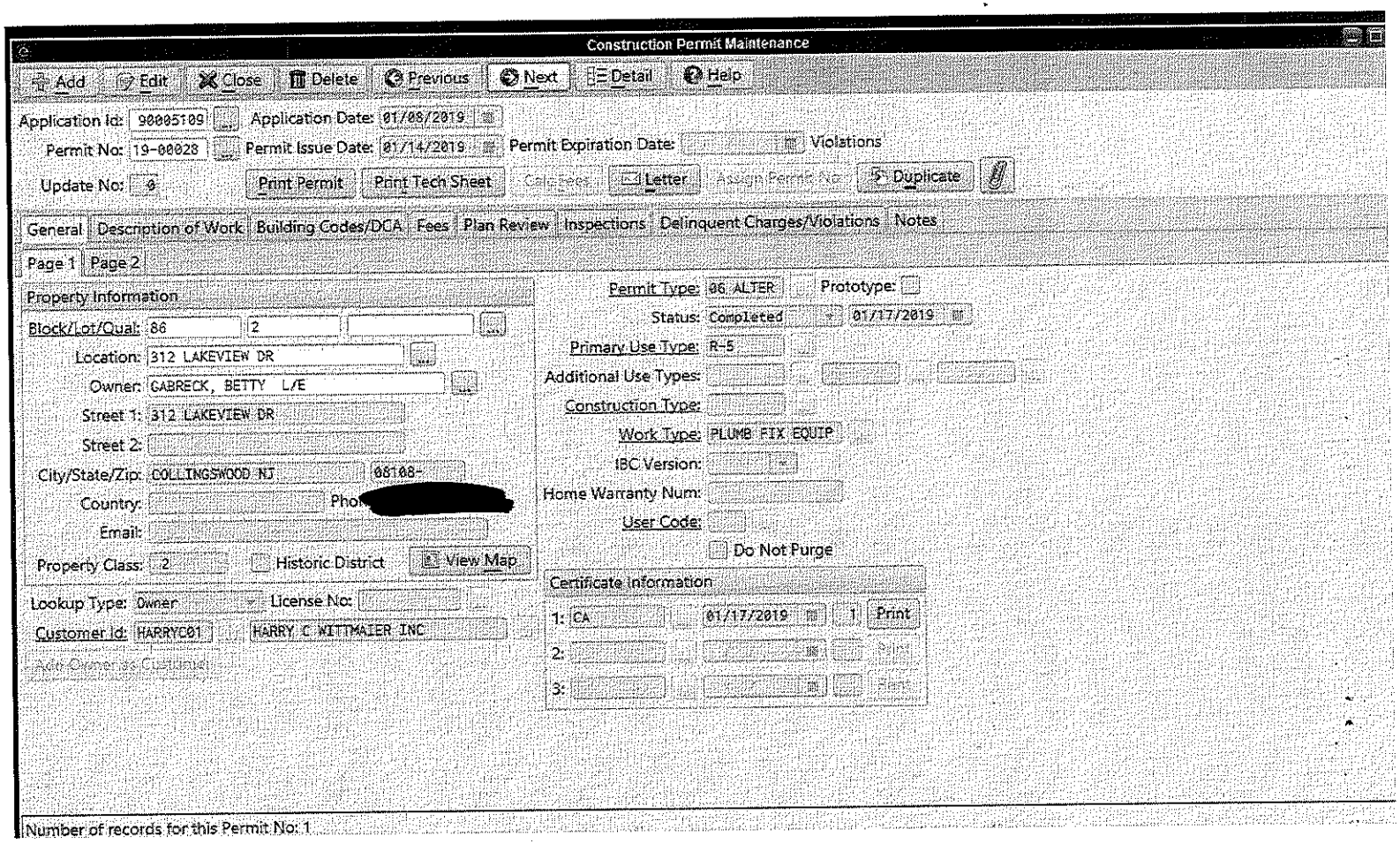
D. TECHNICAL SITE DATA

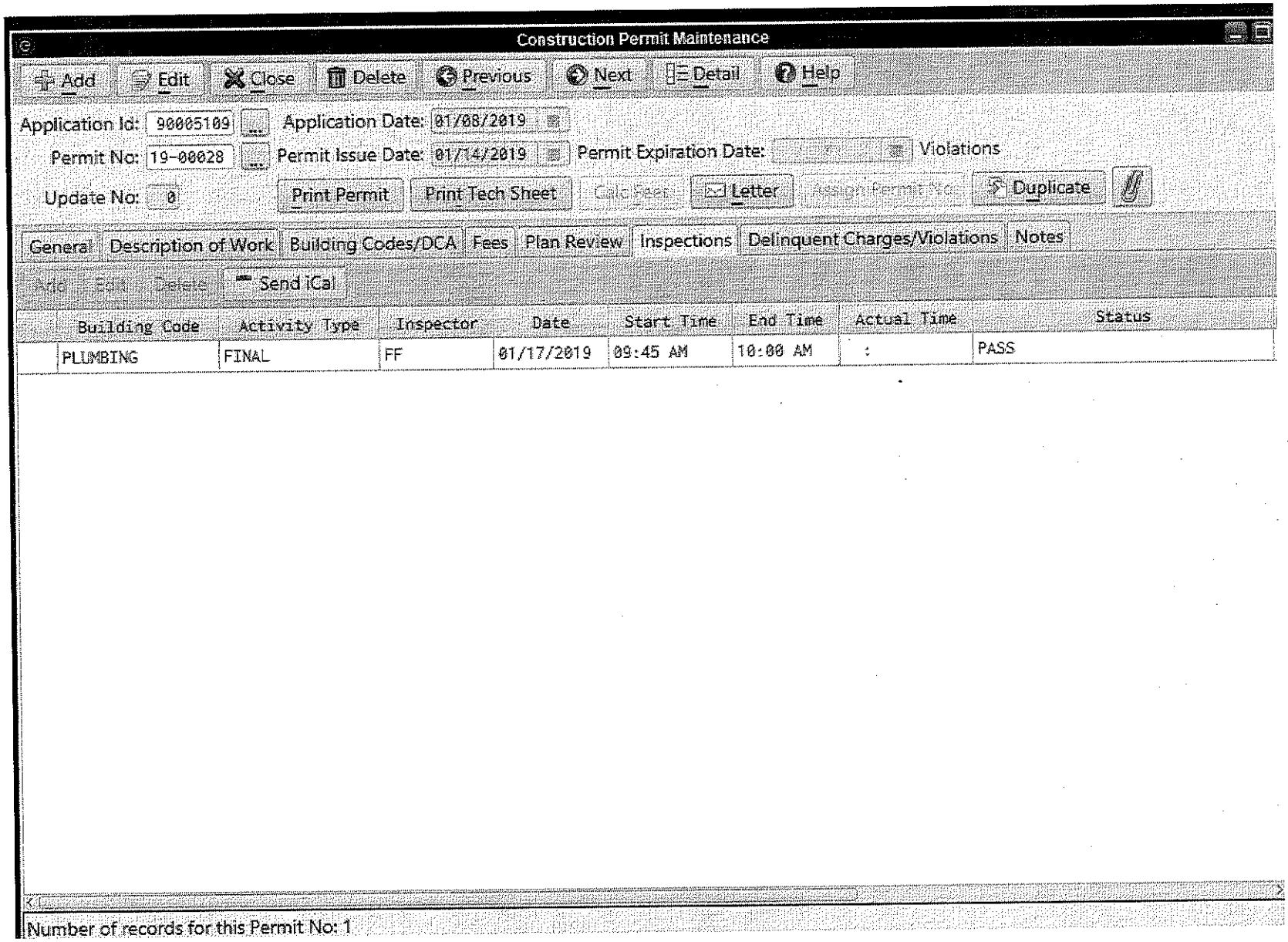
DESCRIPTION OF WORK
REPLACED BROKEN STACK FROM BASEMENT TO SECOND FLOOR

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	
1	Stacks _____	15.00
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	50.00
State Permit Surcharge Fee	$	3.00
TOTAL FEE	$	68.00

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: 90005109
Application Date: 01/08/2019
Permit No: 19-00028
Permit Issue Date: 01/14/2019
Permit Expiration Date:
Violations
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
Page 1
Page 2
Property Information
Block/Lot/Qual: 86
2
Location: 312 LAKEVIEW DR
Owner: GABRECK, BETTY L/E
Street 1: 312 LAKEVIEW DR
Street 2:
City/State/Zip: COLLINGSWOOD NJ
08108-
Country:
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: HARRYC01
HARRY C WITTMAIER INC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
01/17/2019
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: PLUMB FIX EQUIP
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
01/17/2019
1
Print
2:
3:
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005109
Application Date: 01/08/2019
Permit No: 19-00028
Permit Issue Date: 01/14/2019
Permit Expiration Date:
Violations
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
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
PLUMBING
FINAL
FF
01/17/2019
09:45 AM
10:00 AM
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 19-00033
Date Issued: 01/10/19

IDENTIFICATION Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR
Owner in Fee: GABRECK, BETTY L/E
Address: 312 LAKEVIEW DR
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: STEVE WATSON LLC
Address: 711 CHESTNUT STREET
COLLEGEVILLE, PA 19426
Tel. (856)559-0200
Lic. No. or Bldrs. Reg. 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 (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
** AS BUILT 42" HIGH PORCH RAILING

PAYMENTS (Office Use Only)	
Building	65.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	66.00

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 $ .750.00

_____ _____
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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-00033
Issue Date: 01/10/19
Application Id: 90005115
Application Date: 01/09/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: GABRECK, BETTY L/E

Tel [redacted] email:

312 LAKEVIEW DR COLLINGSWOOD NJ 08108

Contractor: STEVE WATSON LLC Tel. (856)559-0200

711 CHESTNUT STREET email: STEVEWATSONLLC@VERIZON.NET

COLLEGEVILLE, PA 19426

Contractor License No. or Builder Registration No.: 13VH06397200 Exp Date: 03/31/19

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

Federal Emp. ID No. FAX:

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	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				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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) $ 750.00

U.C.C. F110 (rev. 11/09)
Internet version

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:

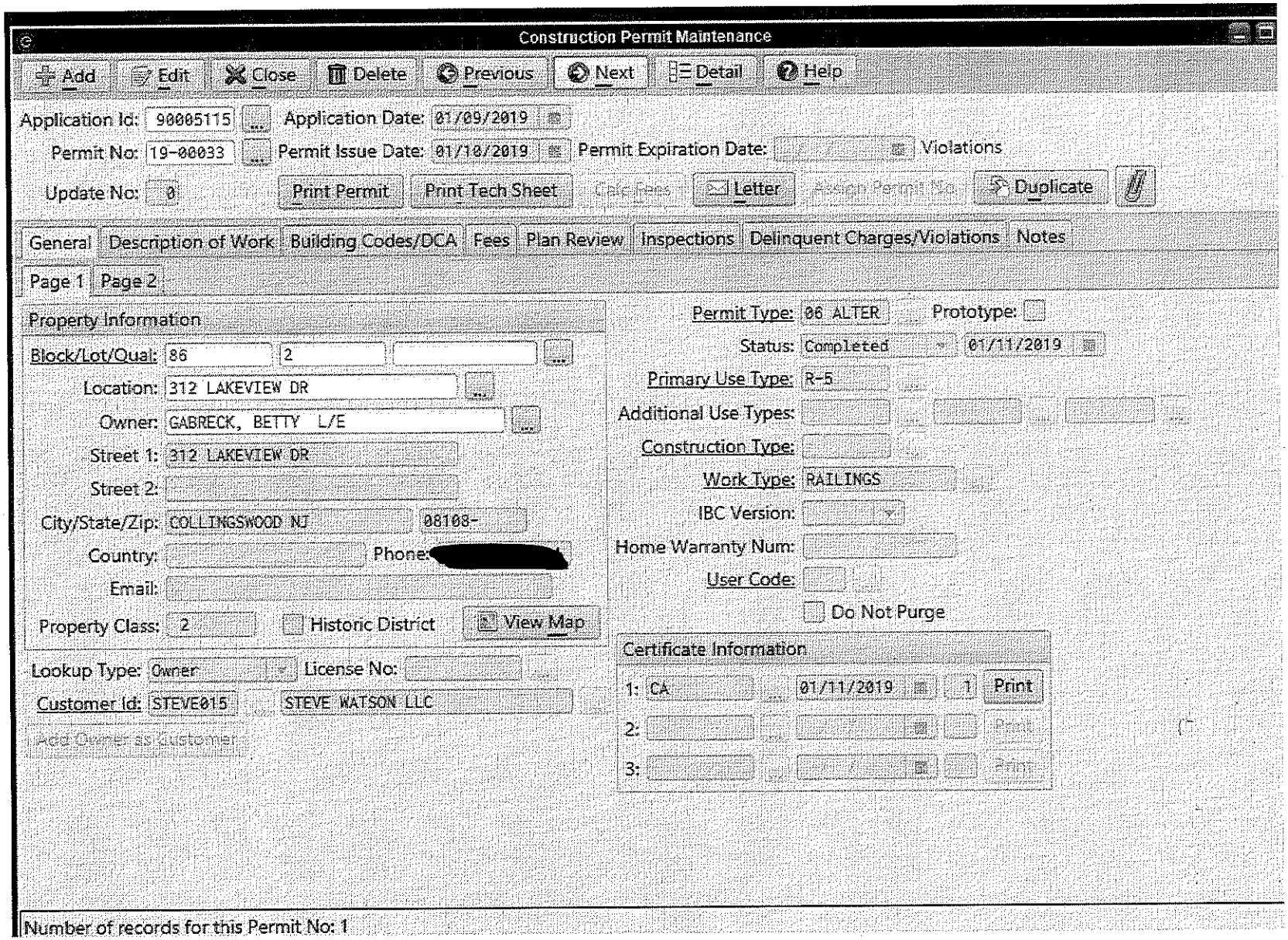
D. TECHNICAL SITE DATA

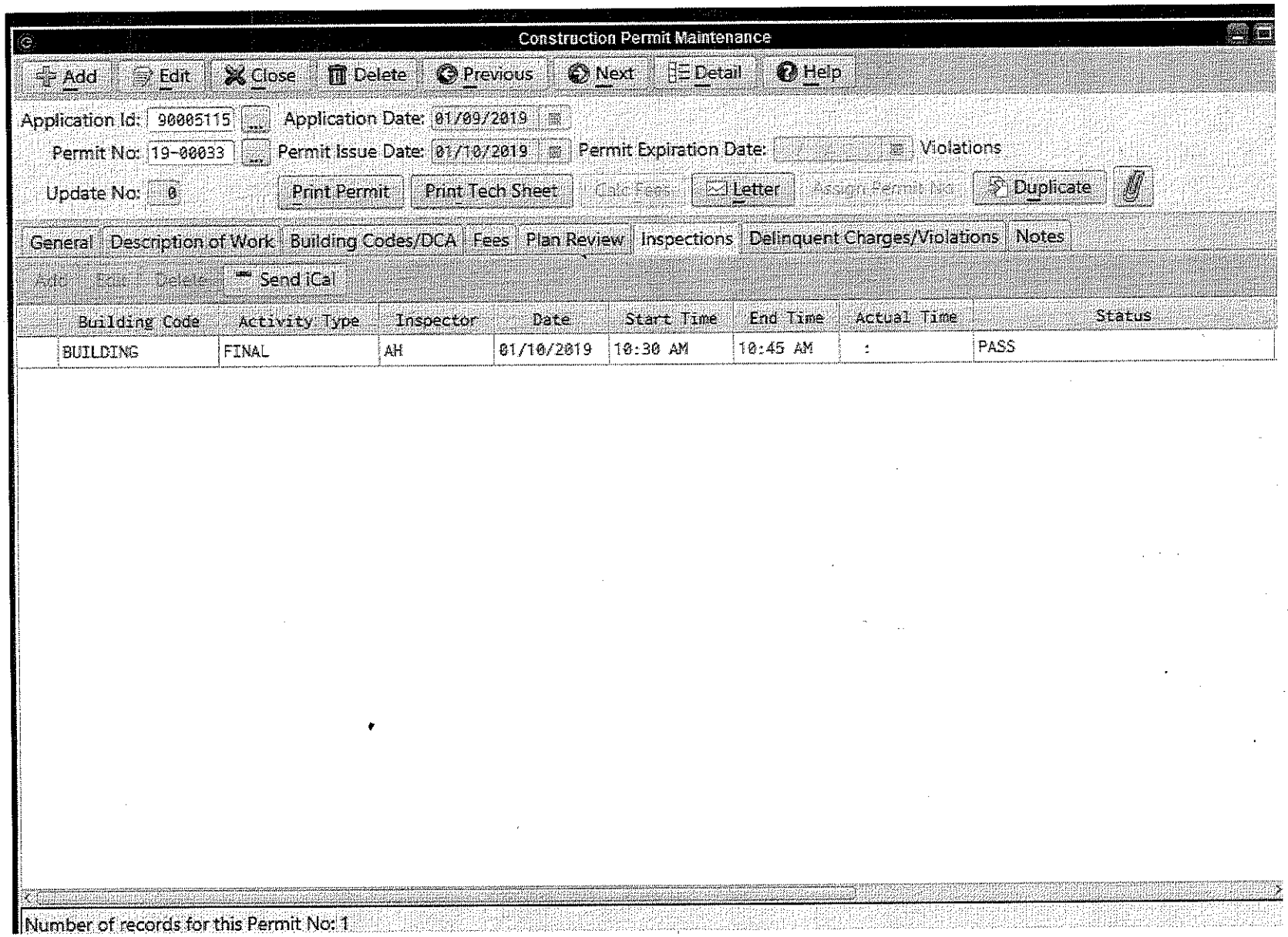
DESCRIPTION OF WORK
** AS BUILT 42" HIGH PORCH RAILING

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[X] Rehabilitation	32.00
[ ] 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	

Administrative Surcharge	$
Minimum Fee	$ 33.00
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 66.00

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: 90005115
Application Date: 01/09/2019
Permit No: 19-00033
Permit Issue Date: 01/10/2019
Permit Expiration Date:
Violations
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: 86 2
Location: 312 LAKEVIEW DR
Owner: GABRECK, BETTY L/E
Street 1: 312 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: STEVE015
STEVE WATSON LLC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 01/11/2019
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: RAILINGS
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 01/11/2019 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: 90005115
Application Date: 01/09/2019
Permit No: 19-00033
Permit Issue Date: 01/10/2019
Permit Expiration Date:
Violations
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
BUILDING
FINAL
AH
01/10/2019
10:30 AM
10:45 AM
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 19-00070
Date Issued: 01/28/19

IDENTIFICATION Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOSEPH HONER
Address: 915 ORIENTAL AVE
COLLINGSWOOD NJ 08108
Tel.

Contractor: JOSEPH HONER
Address: 915 ORIENTAL AVE
COLLINGSWOOD NJ, 08108
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR DEMO OF EXISTING KITCHEN AND BATHROOMS. NO STRUCTUAL WALLS TO BE REMOVED.

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 $ 1,000.00

_____ _____
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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-00070
Issue Date: 01/28/19
Application Id: 90005164
Application Date: 01/28/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOSEPH HONER

Tel.

email: JSHONER1@LOYOLA.EDU

915 ORIENTAL AVE COLLINGSWOOD NJ 08108

Contractor: Tel.

email:

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

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

Federal Emp. ID No. 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 OF EXISTING KITCHEN AND BATHROOMS. NO STRUCTUAL WALLS TO BE REMOVED.

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
[ ] 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 _____

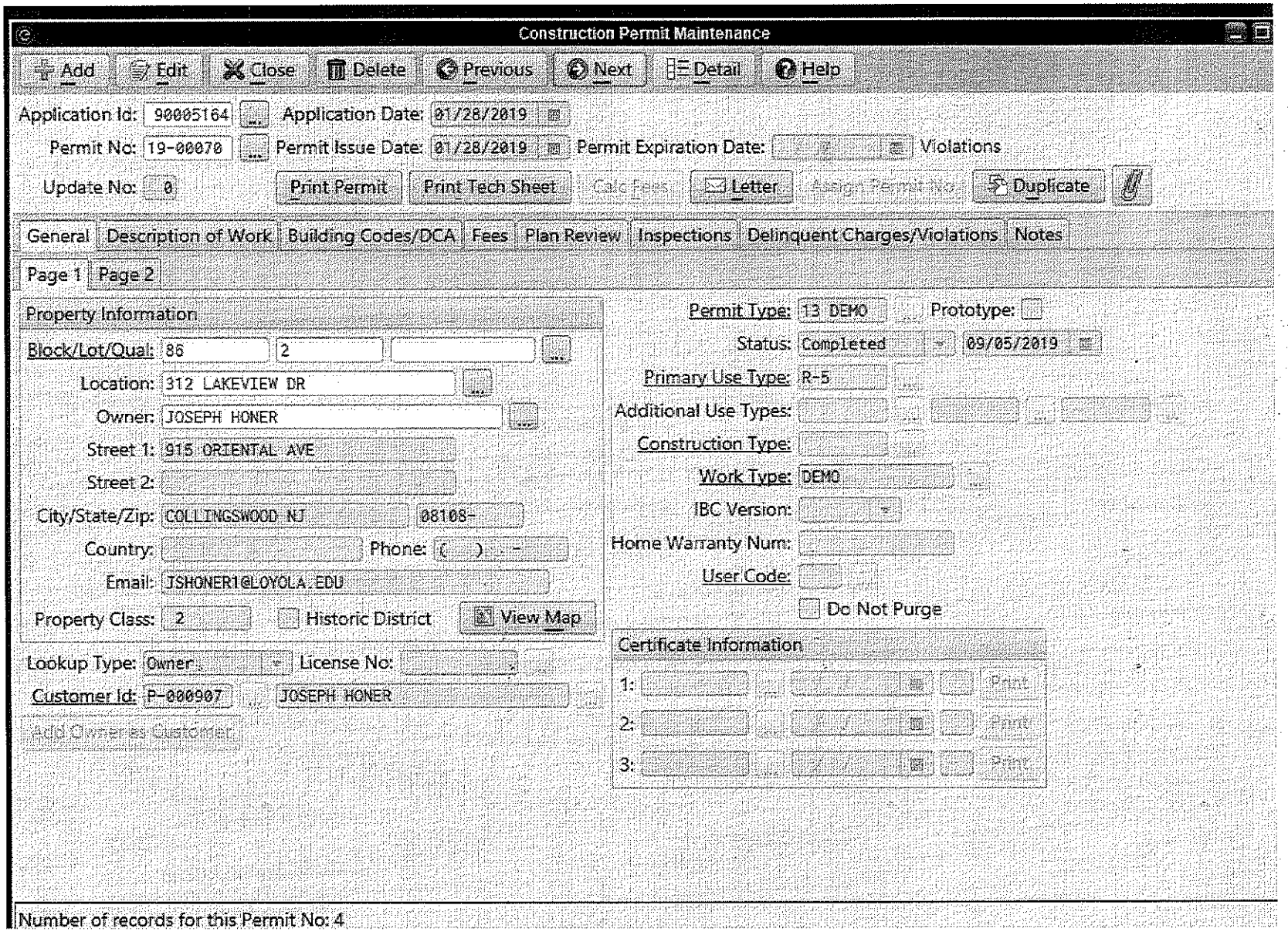
Max. Occupancy Load _____

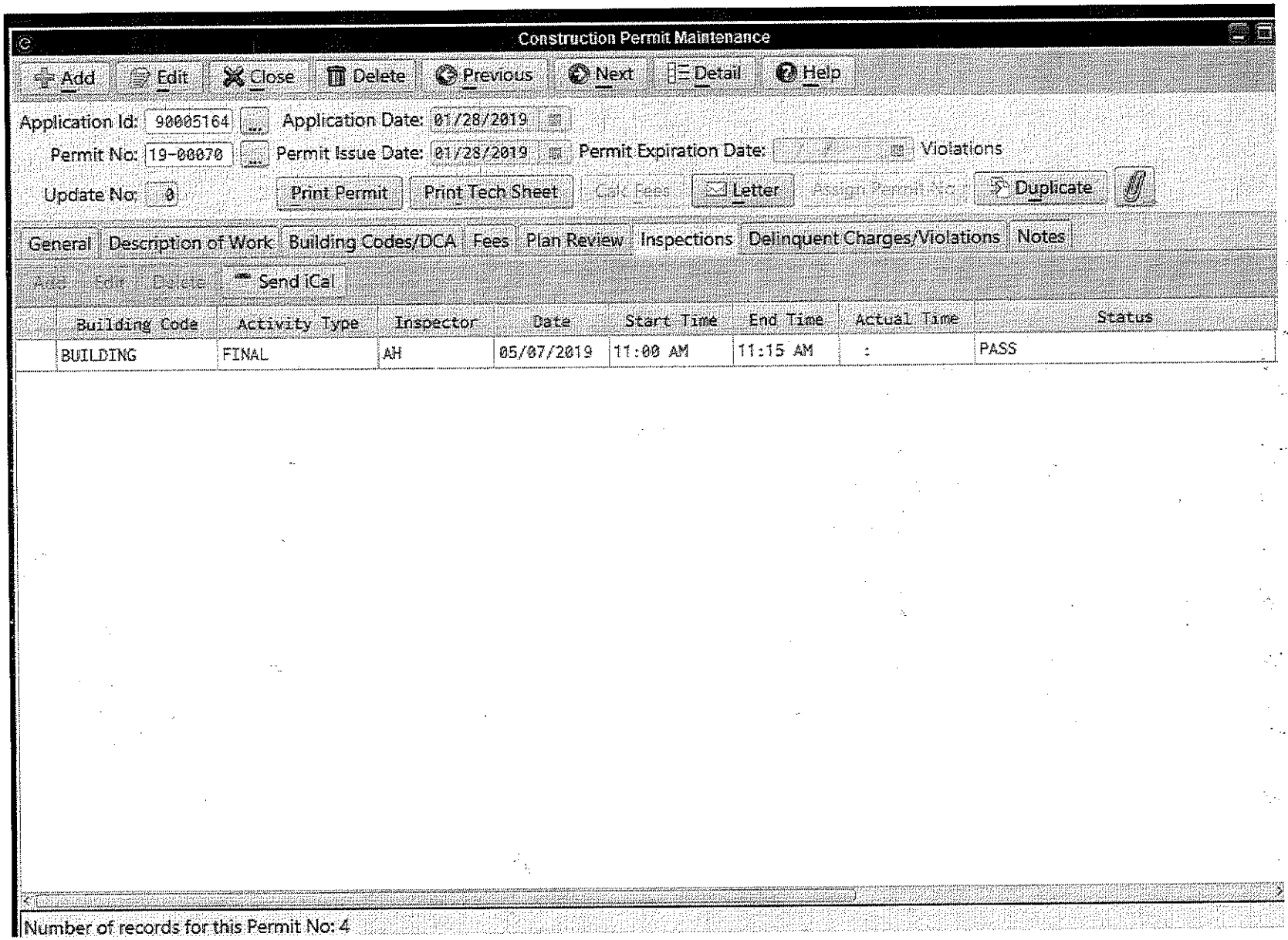
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 1,000.00

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 Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005164
Application Date: 01/28/2019
Permit No: 19-00070
Permit Issue Date: 01/28/2019
Permit Expiration Date:
Violations
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: 86 2
Location: 312 LAKEVIEW DR
Owner: JOSEPH HONER
Street 1: 915 ORIENTAL AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: ( ) -
Email: JSHONER1@LOYOLA.EDU
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: P-000907
JOSEPH HONER
Add Owner as Customer
Permit Type: 13 DEMO
Prototype:
Status: Completed 09/05/2019
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:
2:
3:
Print
Number of records for this Permit No: 4


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005164
Application Date: 01/28/2019
Permit No: 19-00070
Permit Issue Date: 01/28/2019
Permit Expiration Date:
Violations
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
BUILDING
FINAL
AH
05/07/2019
11:00 AM
11:15 AM
:
PASS
Number of records for this Permit No: 4

CONSTRUCTION PERMIT

Permit #: 19-00088
Date Issued: 02/06/19

IDENTIFICATION Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR
Owner in Fee: HONER/GABIBEK
Address: 312 LAKEVIEW DR
COLLINGSWOOD NJ 08108
Tel.

Contractor: COZENS BROTHERS
Address: 1347 HAINESPORT RD
MOUNT LAUREL, NJ 08054
Tel. (856)273-8566
Lic. No. or Bldrs. Reg. No. 13VH02495800

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL NEW BEAMS AND FOOTINGS TO PENN VALLEY ENG. SPECS.

PAYMENTS (Office Use Only)	
Building	224.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	12.00
Cert. of Occupancy	
Other	
Total	236.00

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 $ 6,500.00

_____ _____
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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-00088
Issue Date: 02/06/19
Application Id: 90005181
Application Date: 01/31/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER/GABIBEK

Tel. email:

312 LAKEVIEW DR COLLINGSWOOD NJ 08108

Contractor: COZENS BROTHERS Tel. (856)273-8566

1347 HAINESPORT RD email:

MOUNT LAUREL, NJ 08054

Contractor License No. or Builder Registration No.: 13VH02495800 Exp Date:

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

Federal Emp. ID No. [redacted] FAX: (856)642-0069

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 NEW BEAMS AND FOOTINGS TO PENN VALLEY ENG. SPECS.

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	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 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) $ 6,500.00

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

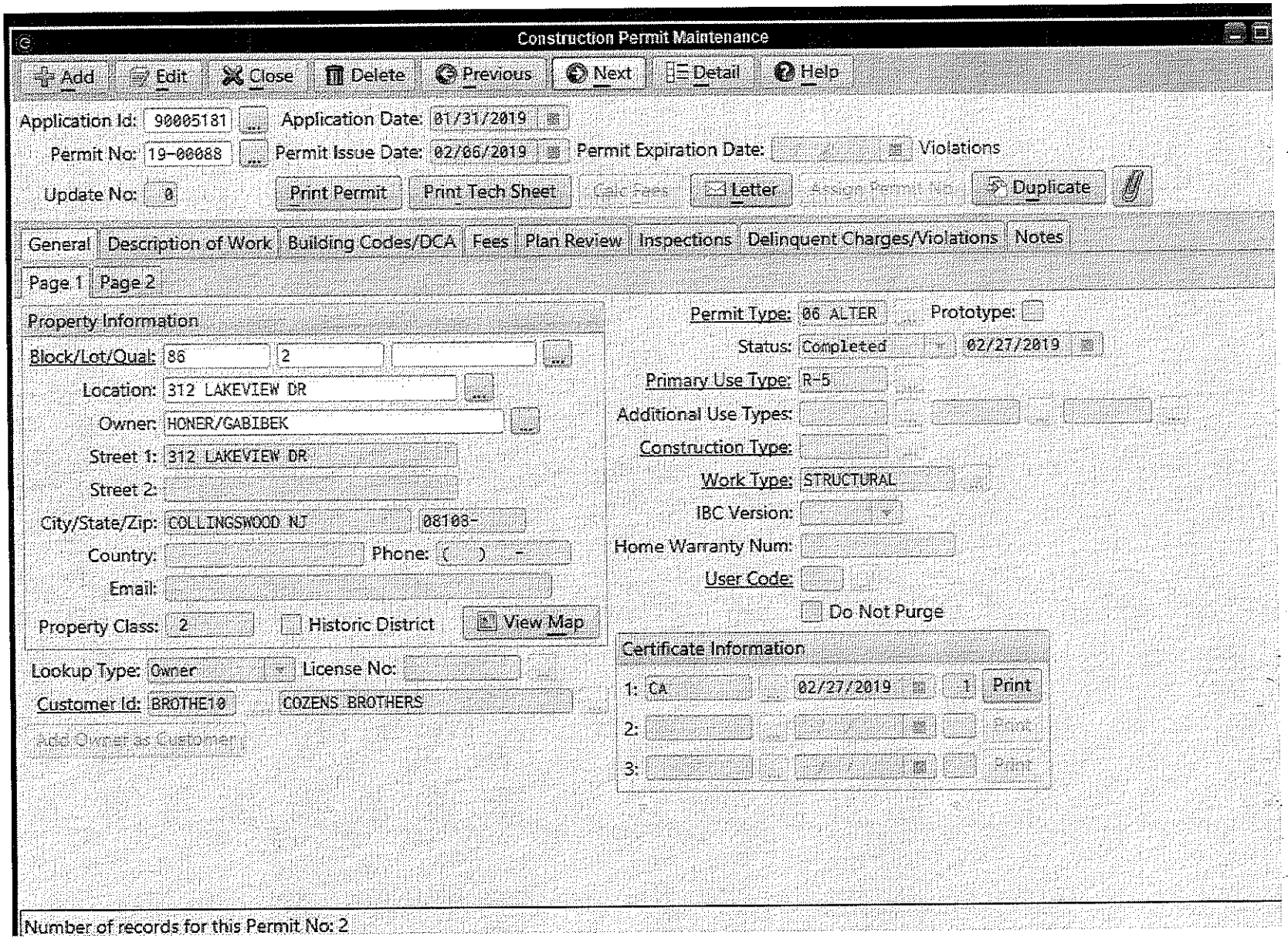
FEE (Office Use Only)

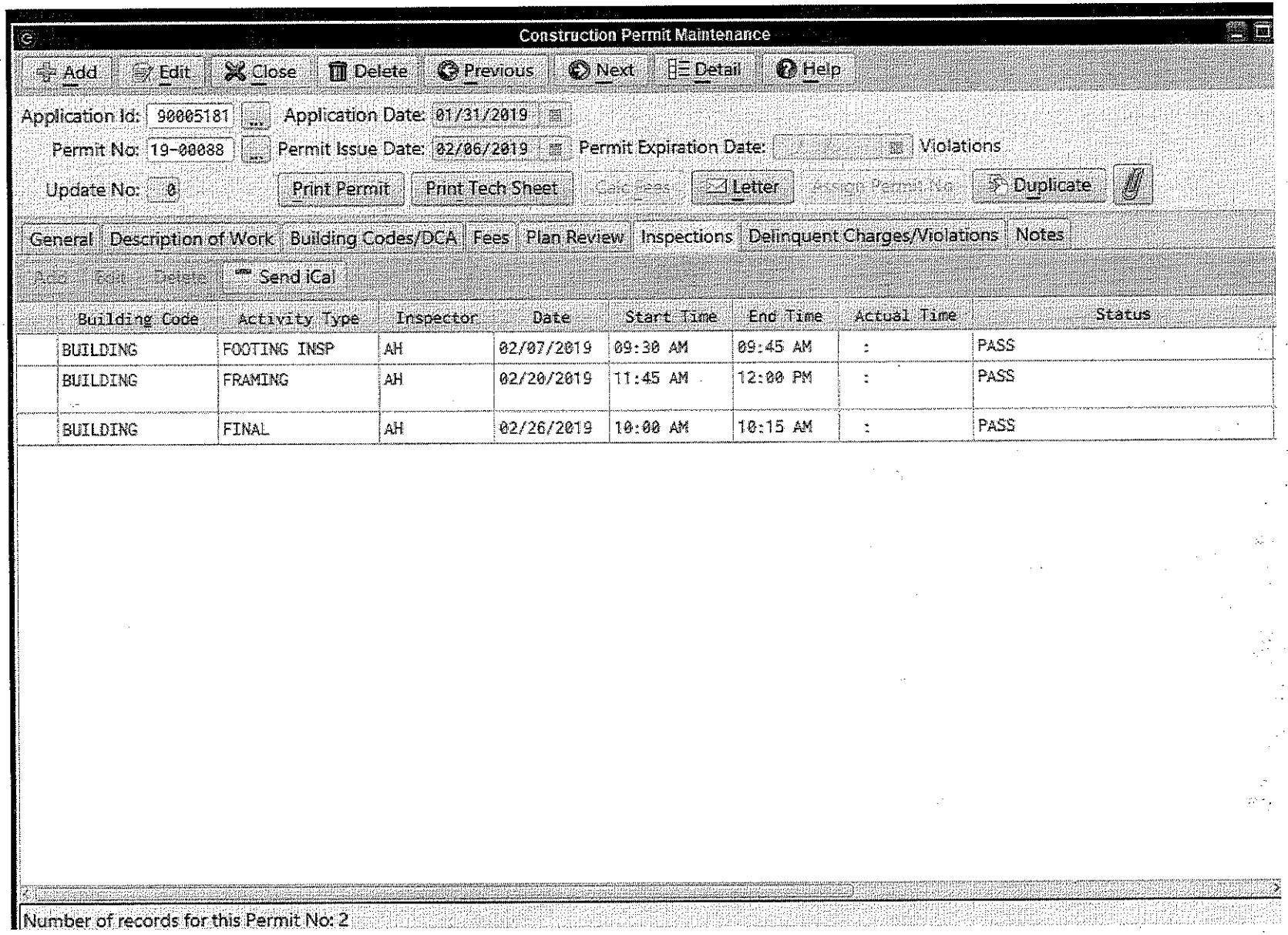
$ _____
_____
224.00
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Administrative Surcharge	$	_____
Minimum Fee	$	_____
State Permit Surcharge Fee	$	12.00
TOTAL FEE	$	236.00

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 Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005181
Application Date: 01/31/2019
Permit No: 19-00088
Permit Issue Date: 02/06/2019
Permit Expiration Date:
Violations
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: 86 2
Location: 312 LAKEVIEW DR
Owner: HONER/GABIBEK
Street 1: 312 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: BROTHE10
COZENS BROTHERS
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 02/27/2019
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: STRUCTURAL
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 02/27/2019 1 Print
2: Print
3: Print
Number of records for this Permit No: 2


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005181
Application Date: 01/31/2019
Permit No: 19-00088
Permit Issue Date: 02/06/2019
Permit Expiration Date:
Violations
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
BUILDING
FOOTING INSP
AH
02/07/2019
09:30 AM
09:45 AM
:
PASS
BUILDING
FRAMING
AH
02/20/2019
11:45 AM
12:00 PM
:
PASS
BUILDING
FINAL
AH
02/26/2019
10:00 AM
10:15 AM
:
PASS
Number of records for this Permit No: 2

CONSTRUCTION PERMIT

Permit #: 19-00088-01
Date Issued: 02/14/19

IDENTIFICATION Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR
Owner in Fee: HONER/GABIBEK
Address: 312 LAKEVIEW DR
COLLINGSWOOD NJ 08108
Tel.

Contractor: COZENS BROTHERS
Address: 1347 HAINESPORT RD
MOUNT LAUREL, NJ 08054
Tel. (856)273-8566
Lic. No. or Bldrs. Reg. No. 13VH02495800

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:
REMOVE EXISTING WALL, INSTALL NEW BEAM
TO ENG. SPECS. - FIRST FLOOR

PAYMENTS (Office Use Only)	
Building	96.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	5.00
Cert. of Occupancy	
Other	
Total	101.00

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 $ 2,500.00

_____ _____
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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-00088-01
Issue Date: 02/14/19
Application Id: 90005216
Application Date: 02/13/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER/GABIBEK

Tel. email:

312 LAKEVIEW DR COLLINGSWOOD NJ 08108

Contractor: COZENS BROTHERS Tel. (856)273-8566

1347 HAINESPORT RD email:

MOUNT LAUREL, NJ 08054

Contractor License No. or Builder Registration No.: 13VH02495800 Exp Date:

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

Federal Emp. ID No[redacted] FAX: (856)642-0069

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	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				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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) $ 2,500.00

U.C.C. F110 (rev. 11/09)
Internet version

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:

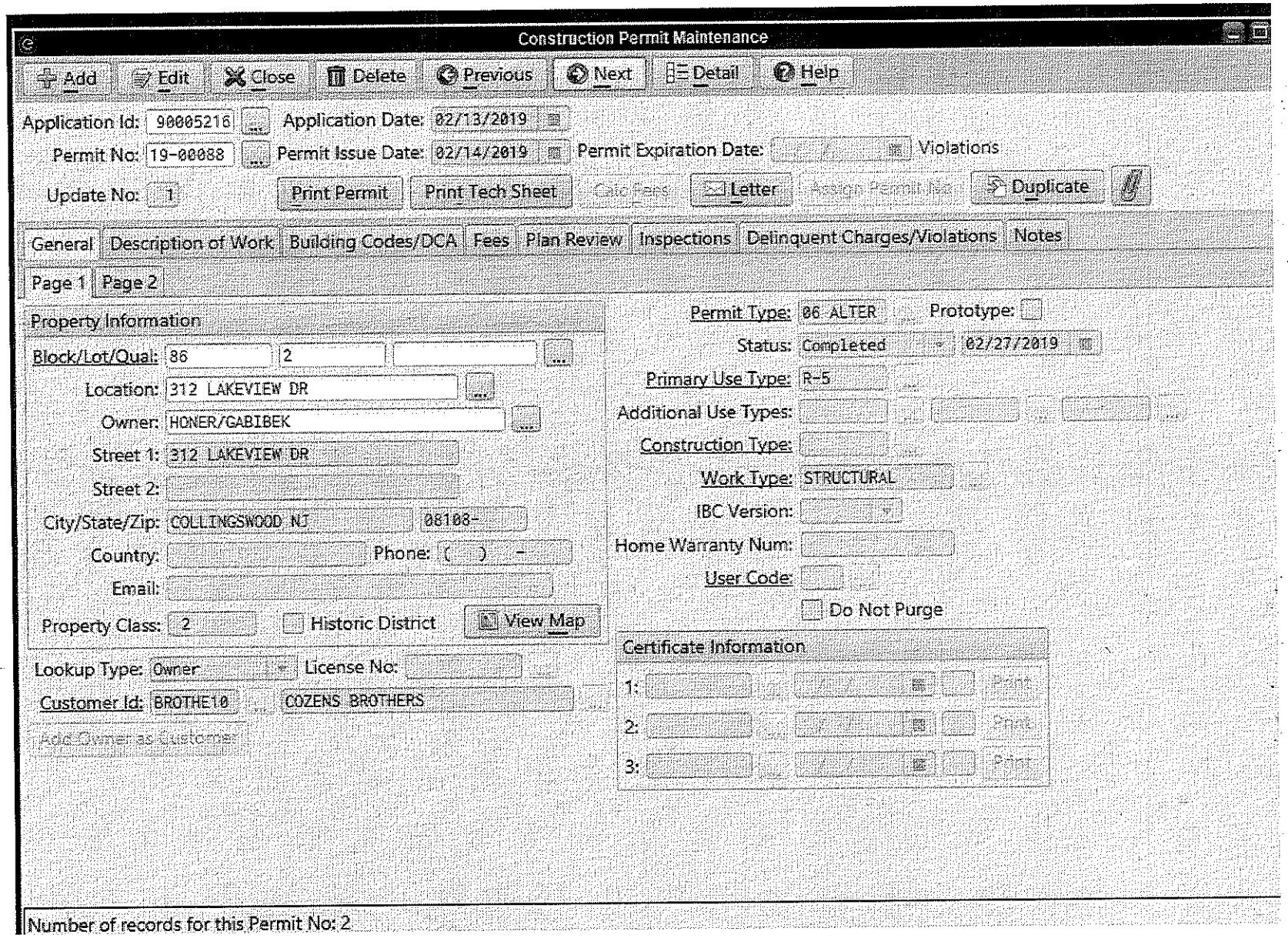
D. TECHNICAL SITE DATA

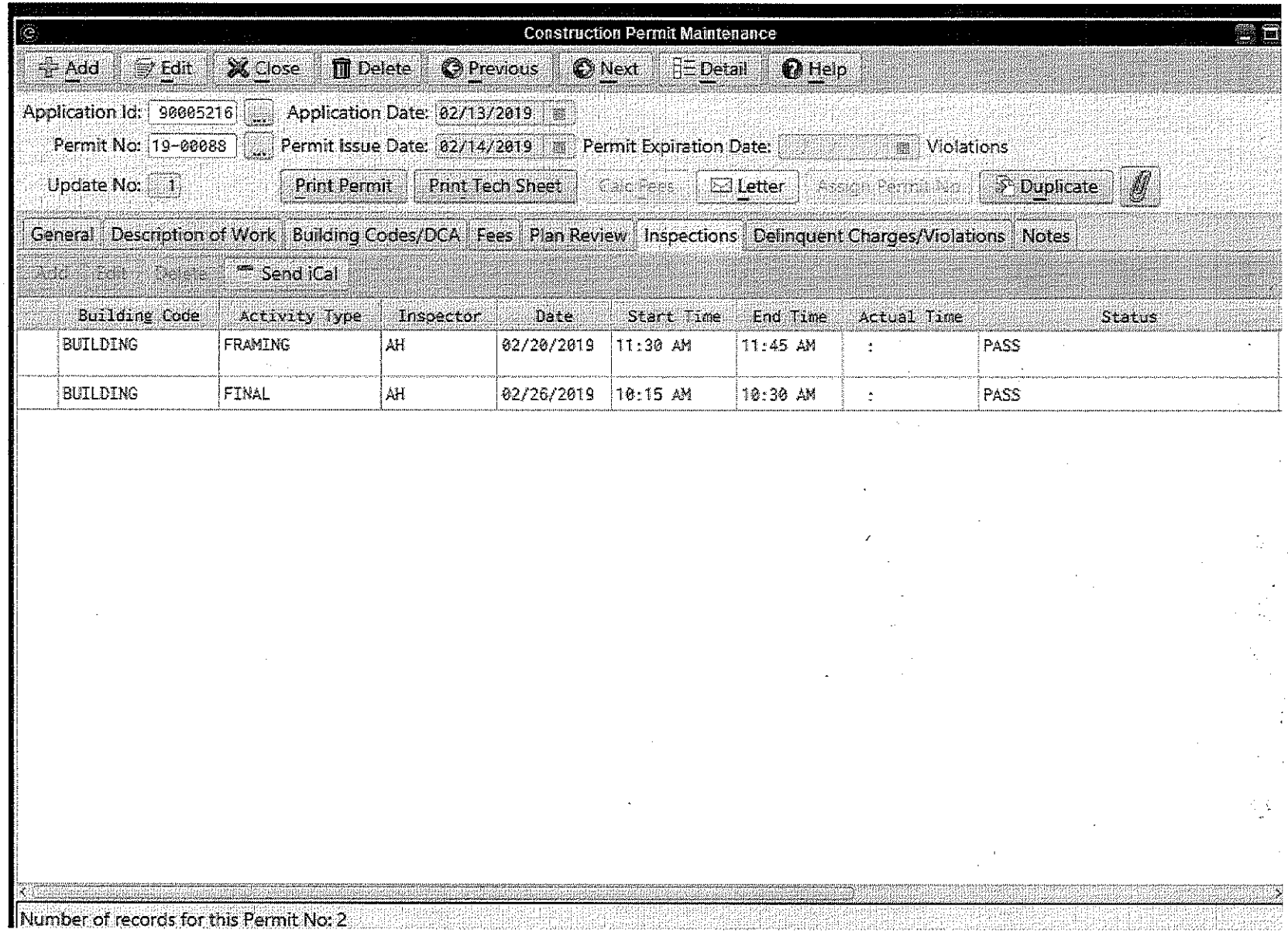
DESCRIPTION OF WORK
REMOVE EXISTING WALL, INSTALL NEW BEAM
TO ENG. SPECS. - FIRST FLOOR

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[X] Rehabilitation	96.00
[ ] 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	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 5.00
TOTAL FEE	$ 101.00

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: 90005216
Application Date: 02/13/2019
Permit No: 19-00088
Permit Issue Date: 02/14/2019
Permit Expiration Date:
Violations
Update No: 1
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: 86 2
Location: 312 LAKEVIEW DR
Owner: HONER/GABIBEK
Street 1: 312 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: BROTHE10
COZENS BROTHERS
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 02/27/2019
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: STRUCTURAL
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Print
Print
Number of records for this Permit No: 2


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005216
Application Date: 02/13/2019
Permit No: 19-00088
Permit Issue Date: 02/14/2019
Permit Expiration Date:
Violations
Update No: 1
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
BUILDING
FRAMING
AH
02/20/2019
11:30 AM
11:45 AM
:
PASS
BUILDING
FINAL
AH
02/26/2019
10:15 AM
10:30 AM
:
PASS
Number of records for this Permit No: 2

CONSTRUCTION PERMIT

Permit #: 19-00070-01
Date Issued: 04/09/19

IDENTIFICATION Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR
Owner in Fee: JOSEPH HONER
Address: 915 ORIENTAL AVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: JOSEPH HONER
Address: 915 ORIENTAL AVE
COLLINGSWOOD NJ, 08108
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR RENOVATIONS INCLUDING MOVING A
NON LOAD BEARING WALL

PAYMENTS (Office Use Only)	
Building	288.00
Electrical	129.00
Plumbing	285.00
Fire Protection	65.00
Elevator Devices	
Other	0.00
DCA State Permit Fee	52.00
Cert. of Occupancy	50.00
Other	
Total	869.00

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 $ 27,500.00

_____ _____
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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-00070-01
Issue Date: 04/09/19
Application Id: 98005313
Application Date: 03/20/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOSEPH HONER

Tel. (856)848-8851 email:

915 ORIENTAL AVE COLLINGSWOOD NJ 08108

Contractor: D'ANGELO PLUMBING & HEAT. LLC. Tel. (856)854-6460

700 ATLANTIC AVENUE email:

COLLINGSWOOD, NJ 08108

Contractor License No. or Builder Registration No.: 36BI01164000 Exp Date: 06/30/23

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

Federal Emp. ID No [redacted] FAX: (856)858-8598

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 RENOVATIONS INCLUDING MOVING A
NON LOAD BEARING WALL

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)

	$
Rehabilitation	288.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 17.00
TOTAL FEE	$ 305.00

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) $ 9,000.00

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 19-00070-01
Issue Date: 04/09/19
Application Id: 90005313
Application Date: 03/20/19

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

Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOSEPH HONER
Tel. [redacted] email:
915 ORIENTAL AVE COLLINGSWOOD NJ 08108
Contractor: AFD ELECTRIC Tel. (856)425-6828
19 W. WALNUT AVE email:
HADDON TWP, NJ 08108
Contractor License No.: 16350 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 R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 10,000.00

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
	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:
INTERIOR RENOVATIONS INCLUDING MOVING A

QTY.	SIZE	ITEMS	FEE (Office Use Only)
27		Lighting Fixtures	
43		Receptacles	
19		Switches	
8		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
97		TOTAL NUMBERS	$ 69.00
		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
2		KW Central A/C Unit	30.00
		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	$	
State Permit Surcharge Fee	$	19.00
TOTAL FEE	$	148.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 19-00070-01
Issue Date: 04/09/19
Application Id: 90005313
Application Date: 03/20/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOSEPH HONER

Tel. [redacted] email:

915 ORIENTAL AVE COLLINGSWOOD NJ 08108

Contractor: D'ANGELO PLUMBING & HEAT. LLC. Tel. (856)854-6460

700 ATLANTIC AVENUE email:

COLLINGSWOOD, NJ 08108

Contractor License No.: 36BI01164000 Exp Date: 06/30/23

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

Federal Emp. ID No. 475667750 FAX: (856)858-8598

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

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

Est. Cost of Plumbing Work $ 7,500.00

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
INTERIOR RENOVATIONS INCLUDING MOVING A NON LOAD BEARING WALL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$ 45.00
	Urinal/Bidet	
2	Bath Tub	30.00
3	Lavatory	45.00
2	Shower	30.00
	Floor Drain	
1	Sink	15.00
1	Dishwasher	15.00
	Drinking Fountain	
1	Washing Machine	15.00
	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	
3	Stacks	45.00
2.0000	Other	30.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 14.00
TOTAL FEE	$ 299.00

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 #: 19-00070-01
Issue Date: 04/09/19
Application Id: 90005313
Application Date: 03/20/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOSEPH HONER
Tel [redacted] email:
915 ORIENTAL AVE
COLLINGSWOOD NJ 08108
Tel. (856)425-6828

Contractor: AFD ELECTRIC
19 W. WALNUT AVE
HADDON TWP, NJ 08108
email:

Fire Alarm Contractor No.: 16350 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: _____
Est. Cost of Fire Protection Work $ 1,000.00

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 [ ] 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: _____ [ ] Certified Contractor [ ] Exempt Applicant

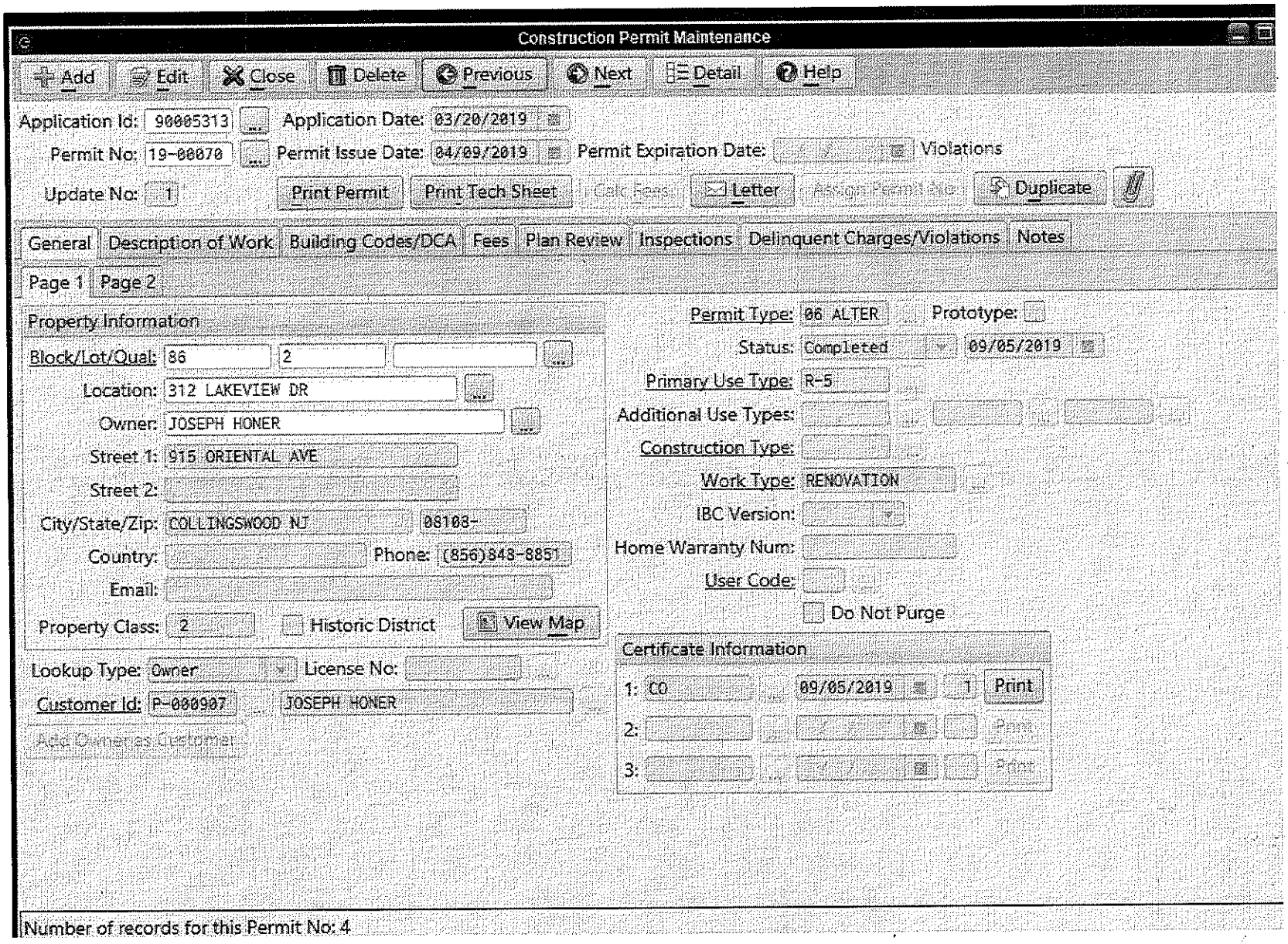
D. TECHNICAL SITE DATA

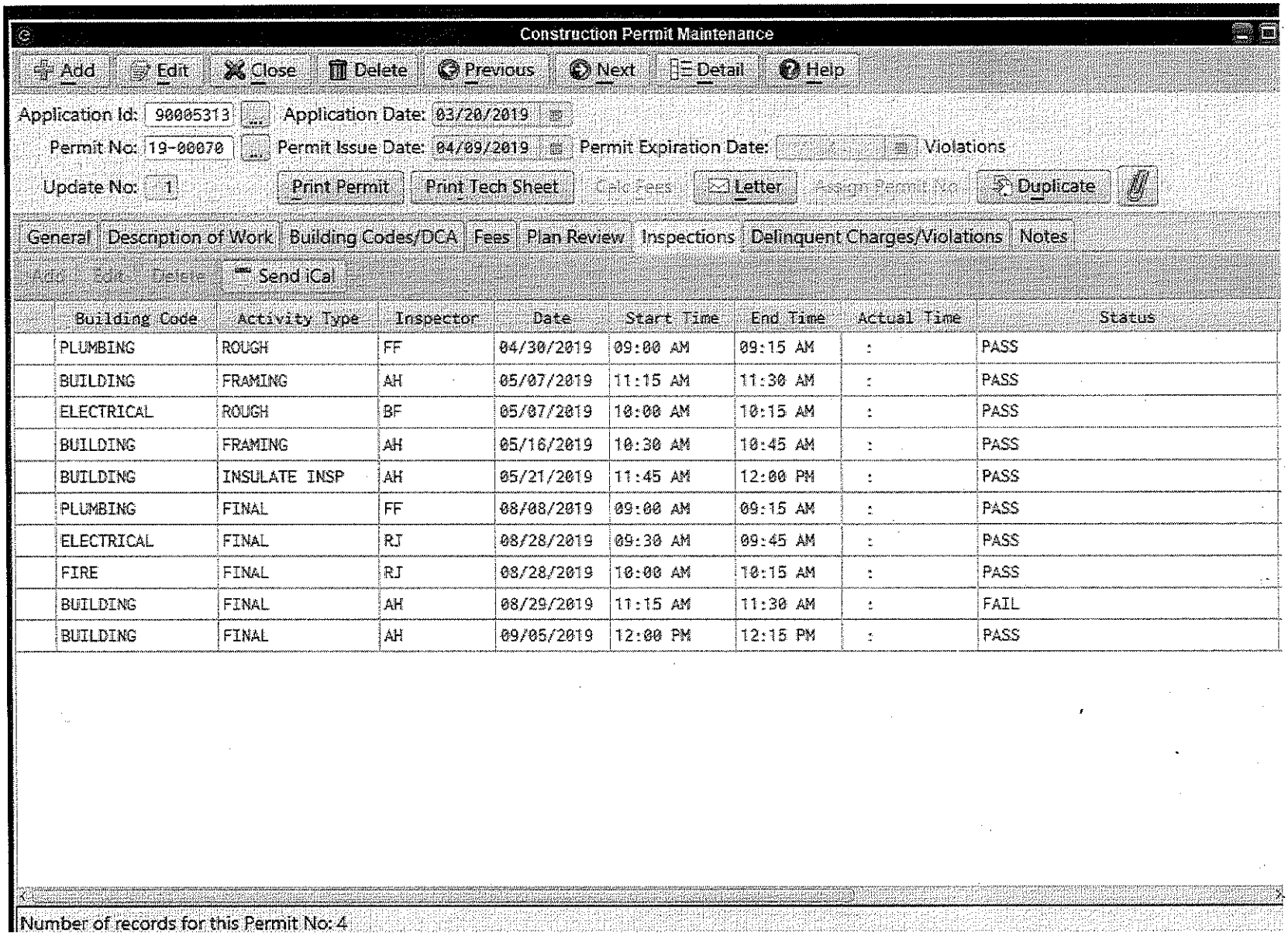
DESCRIPTION OF WORK: INTERIOR RENOVATIONS INCLUDING MOVING A
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System [ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (smoke, heat, pulls, water/flow)	8	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 $	2.00
TOTAL FEE $	67.00

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: 90005313
Application Date: 03/20/2019
Permit No: 19-00070
Permit Issue Date: 04/09/2019
Permit Expiration Date:
Violations
Update No: 1
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: 86 2
Location: 312 LAKEVIEW DR
Owner: JOSEPH HONER
Street 1: 915 ORIENTAL AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: (856)843-8851
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: P-000907 JOSEPH HONER
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 09/05/2019
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 09/05/2019 1 Print
2: Print
3: Print
Number of records for this Permit No: 4



Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
PLUMBING	ROUGH	FF	04/30/2019	09:00 AM	09:15 AM	:	PASS
BUILDING	FRAMING	AH	05/07/2019	11:15 AM	11:30 AM	:	PASS
ELECTRICAL	ROUGH	BF	05/07/2019	10:00 AM	10:15 AM	:	PASS
BUILDING	FRAMING	AH	05/16/2019	10:30 AM	10:45 AM	:	PASS
BUILDING	INSULATE INSP	AH	05/21/2019	11:45 AM	12:00 PM	:	PASS
PLUMBING	FINAL	FF	08/08/2019	09:00 AM	09:15 AM	:	PASS
ELECTRICAL	FINAL	RJ	08/28/2019	09:30 AM	09:45 AM	:	PASS
FIRE	FINAL	RJ	08/28/2019	10:00 AM	10:15 AM	:	PASS
BUILDING	FINAL	AH	08/29/2019	11:15 AM	11:30 AM	:	FAIL
BUILDING	FINAL	AH	09/05/2019	12:00 PM	12:15 PM	:	PASS

CONSTRUCTION PERMIT

Permit #: 19-00204
Date Issued: 03/29/19

IDENTIFICATION Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR
Owner in Fee: JOE HONER
Address: 915 ORIENTAL AVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: MYERS HVAC LLC
Address: 107 E LINDEN AVE
COLLINGSWOOD, NJ 08108
Tel. (609)502-1941
Lic. No. or Bldrs. Reg. No. 19HC00468400

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
OIL TO GAS CONVERSION WITH AC 1ST FLOOR.
NEW GAS FURNACE INSTALLATION WITH AC

PAYMENTS (Office Use Only)	
Building	96.00
Electrical	
Plumbing	65.00
Fire Protection	124.00
Elevator Devices	
Other	0.00
DCA State Permit Fee	11.00
Cert. of Occupancy	
Other	
Total	296.00

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

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-00204
Issue Date: 03/29/19
Application Id: 90005325
Application Date: 03/28/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOE HONER

Tel. [redacted] email:

915 ORIENTAL AVE COLLINGSWOOD NJ 08108

Contractor: MYERS HVAC LLC Tel. (609)502-1941

107 E LINDEN AVE email:

COLLINGSWOOD, NJ 08108

Contractor License No. or Builder Registration No.: 19HC00468400 Exp Date: 06/30/24

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

Federal Emp. ID No. 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
OIL TO GAS CONVERSION WITH AC 1ST FLOOR.
NEW GAS FURNACE INSTALLATION WITH AC

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
[✘] 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)

	$
Rehabilitation	96.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 5.00
TOTAL FEE	$ 101.00

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)	$ 2,500.00

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 19-00204
Issue Date: 03/29/19
Application Id: 90005325
Application Date: 03/28/19

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

Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOE HONER
Tel: [redacted] email:
915 ORIENTAL AVE COLLINGSWOOD NJ 08108
Contractor: MYERS HVAC LLC Tel. (609)502-1941
107 E LINDEN AVE email:
COLLINGSWOOD, NJ 08108
Contractor License No.: 19HC00468400 Exp Date: 06/30/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 500.00

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
OIL TO GAS CONVERSION WITH AC 1ST FLOOR.
NEW GAS FURNACE INSTALLATION WITH AC

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	
2	Gas Piping	30.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
2.0000	Other _____	30.00

Administrative Surcharge	$
Minimum Fee	$ 5.00
State Permit Surcharge Fee	$ 2.00
TOTAL FEE	$ 67.00

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 #: 19-00204
Issue Date: 03/29/19
Application Id: 90005325
Application Date: 03/28/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOE HONER

Tel. [redacted] email:

915 ORIENTAL AVE COLLINGSWOOD NJ 08108

Contractor: MYERS HVAC LLC Tel. (609)502-1941

107 E LINDEN AVE email:

COLLINGSWOOD, NJ 08108

Fire Alarm Contractor No.: 19HC00468400 Exp Date: 06/30/24

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

Federal Emp. ID No. 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: _____

Est. Cost of Fire Protection Work $ 3,000.00

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 [ ] 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: _____ [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: OIL TO GAS CONVERSION WITH AC 1ST FLOOR.

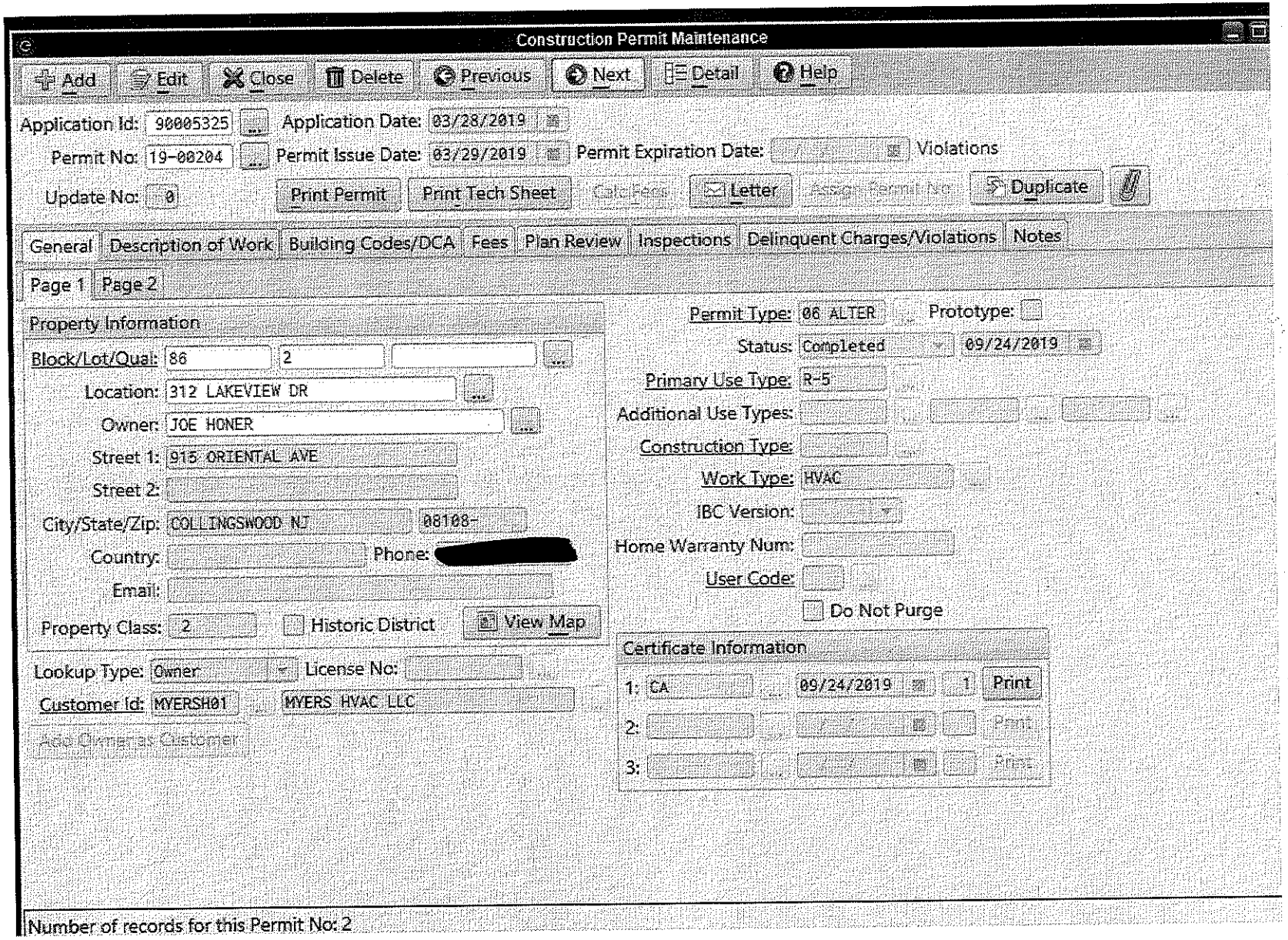
Water Supply Source _____

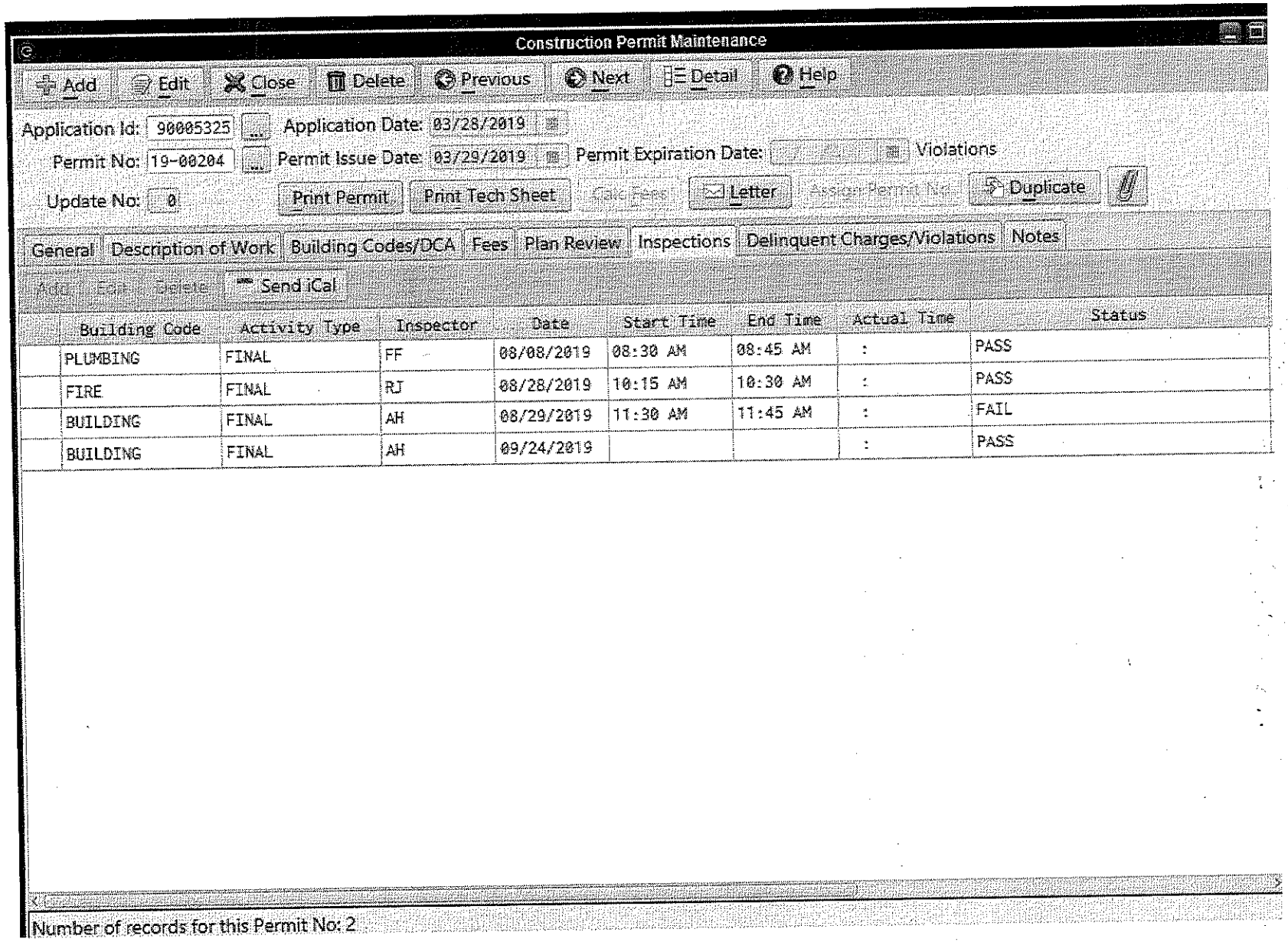
Method of Alarm/Suppression System Supervision _____

	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	2	124.00
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	6.00
TOTAL FEE	$	130.00

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: 90005325
Application Date: 03/28/2019
Permit No: 19-00204
Permit Issue Date: 03/29/2019
Permit Expiration Date:
Violations
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: 86 2
Location: 312 LAKEVIEW DR
Owner: JOE HONER
Street 1: 915 ORIENTAL AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: [redacted]
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: MYERSH01
MYERS HVAC LLC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 09/24/2019
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: HVAC
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 09/24/2019 1 Print
2: Print
3: Print
Number of records for this Permit No: 2


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005325
Application Date: 03/28/2019
Permit No: 19-00204
Permit Issue Date: 03/29/2019
Permit Expiration Date:
Violations
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
PLUMBING FINAL FF 08/08/2019 08:30 AM 08:45 AM : PASS
FIRE FINAL RJ 08/28/2019 10:15 AM 10:30 AM : PASS
BUILDING FINAL AH 08/29/2019 11:30 AM 11:45 AM : FAIL
BUILDING FINAL AH 09/24/2019 : PASS
Number of records for this Permit No: 2

CONSTRUCTION PERMIT

Permit #: 19-00070-02
Date Issued: 05/15/19

IDENTIFICATION Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR
Owner in Fee: JOSEPH HONER
Address: 915 ORIENTAL AVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: JOSEPH HONER
Address: 915 ORIENTAL AVE
COLLINGSWOOD NJ, 08108.
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:
SUBPANEL

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	66.00

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 $ 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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 19-00070-02
Issue Date: 05/15/19
Application Id: 90005419
Application Date: 05/07/19

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

Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR

Owner in Fee: JOSEPH HONER
Tel: [redacted] email:
915 ORIENTAL AVE COLLINGSWOOD NJ 08108
Contractor: AFD ELECTRIC Tel. (856)425-6828
19 W. WALNUT AVE email:
HADDON TWP, NJ 08108
Contractor License No.: 16350 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 R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 600.00

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 Dates (Month/Day)	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: _____

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

D. TECHNICAL SITE DATA

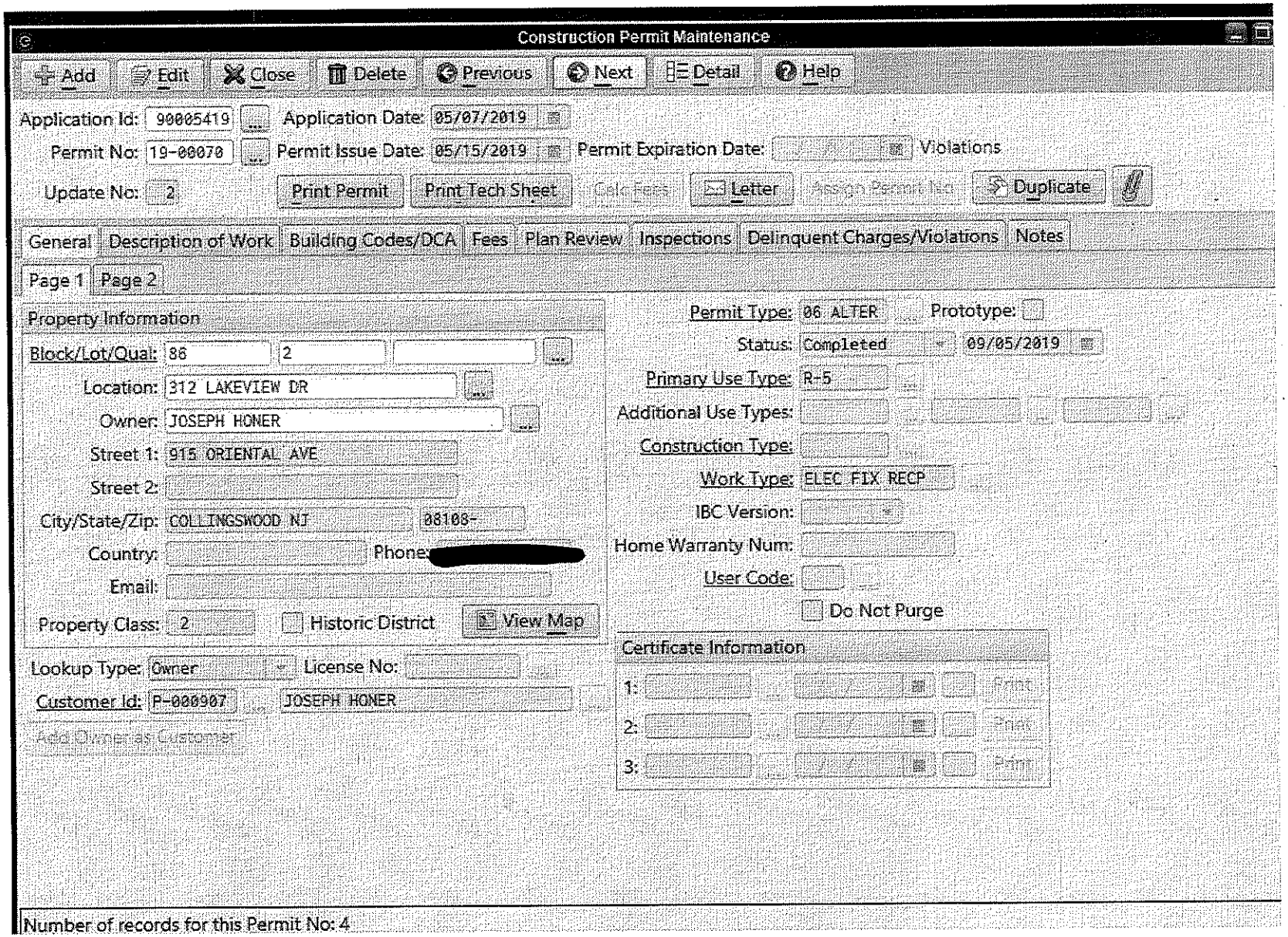
DESCRIPTION OF WORK:
SUBPANEL

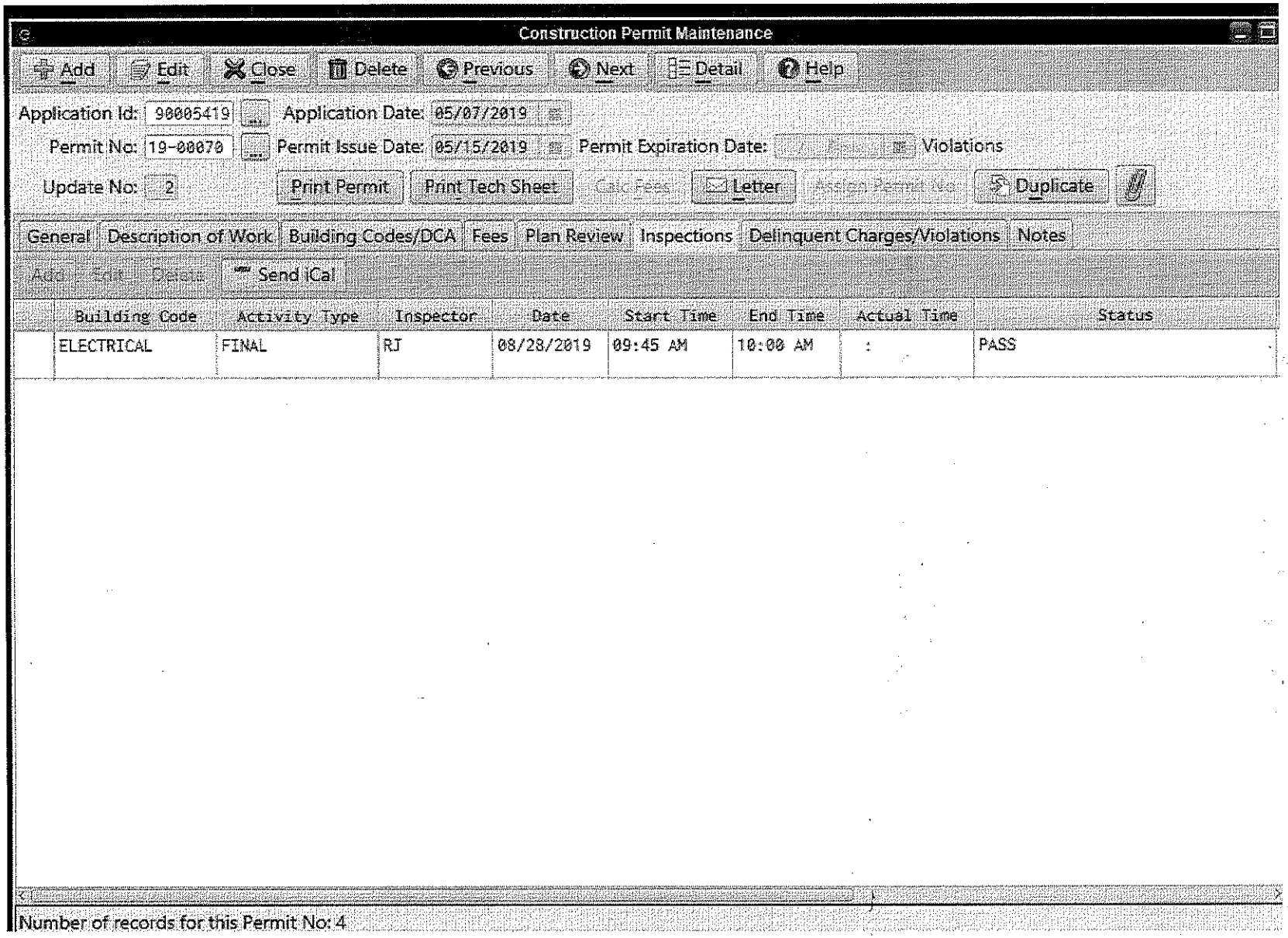
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. 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	
		AMP Service	
1		AMP Subpanels	65.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	66.00

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: 90005419
Application Date: 05/07/2019
Permit No: 19-00070
Permit Issue Date: 05/15/2019
Permit Expiration Date:
Violations
Update No: 2
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: 86 2
Location: 312 LAKEVIEW DR
Owner: JOSEPH HONER
Street 1: 915 ORIENTAL AVE
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: P-000907
JOSEPH HONER
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
09/05/2019
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: ELEC FIX RECP
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Number of records for this Permit No: 4


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005419
Application Date: 05/07/2019
Permit No: 19-00070
Permit Issue Date: 05/15/2019
Permit Expiration Date:
Violations
Update No: 2
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit Nos
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
RJ
08/28/2019
09:45 AM
10:00 AM
:
PASS
Number of records for this Permit No: 4

CONSTRUCTION PERMIT

Permit #: 19-00070-03
Date Issued: 06/04/19

IDENTIFICATION Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR
Owner in Fee: HONER, J & HUMPHREYS, A
Address: 312 LAKEVIEW DR
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: JOSEPH HONER
Address: 915 ORIENTAL AVE
COLLINGSWOOD NJ, 08108
Tel.
Lic. No. or Bldrs. Reg. No.

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:
4' X 5' BILCO DOORS

PAYMENTS (Office Use Only)	
Building	65.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	66.00
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 $ 500.00

_____ _____
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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-00070-03
Issue Date: 06/04/19
Application Id: 90005445
Application Date: 05/15/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER, J & HUMPHREYS, A

Tel. (484)433-8851 email:

312 LAKEVIEW DR COLLINGSWOOD NJ 08108

Contractor: Tel.

email:

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

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

Federal Emp. ID No. 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
4' X 5' BILCO DOORS

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				

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) $ 500.00

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

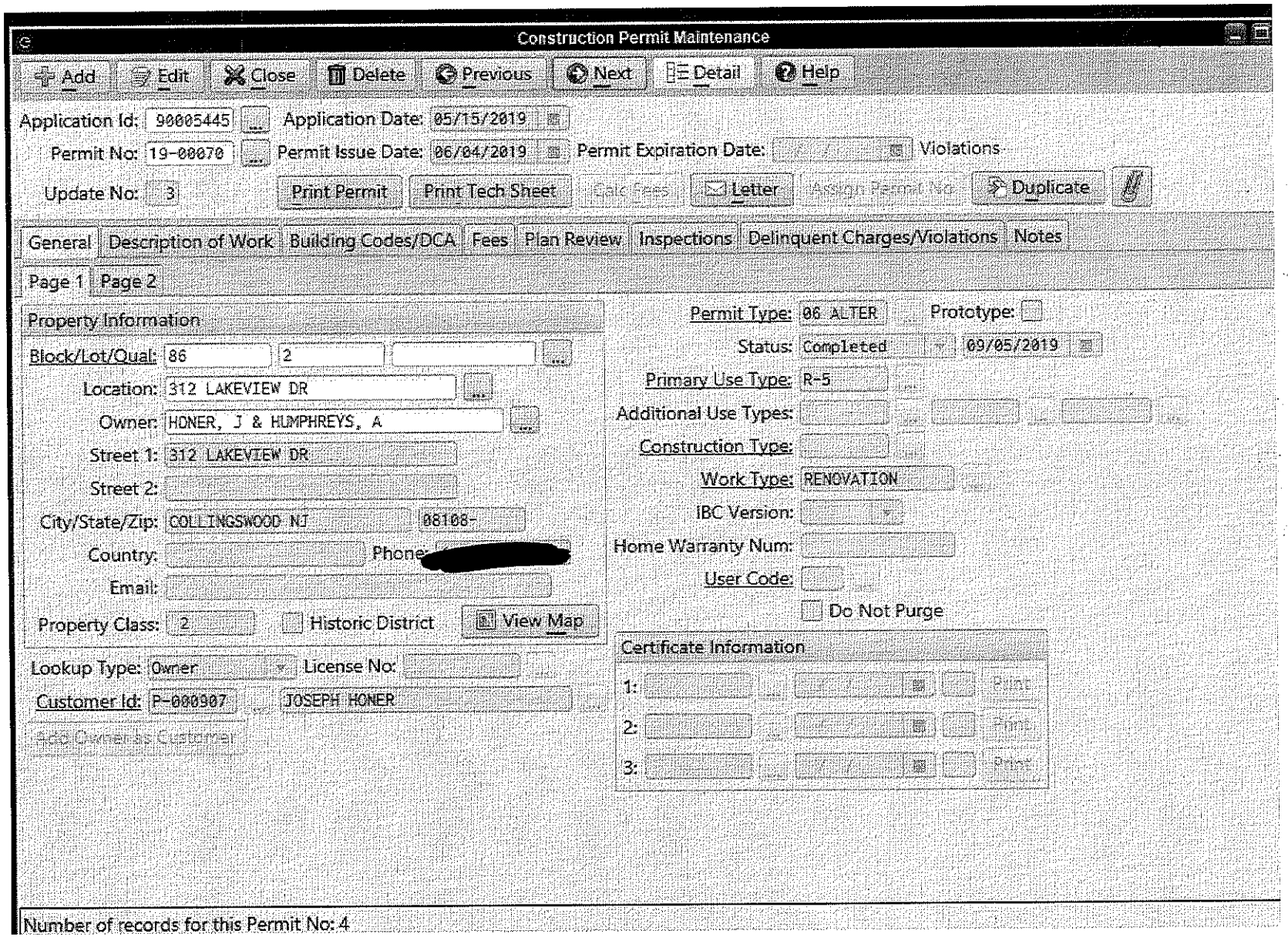
FEE (Office Use Only)

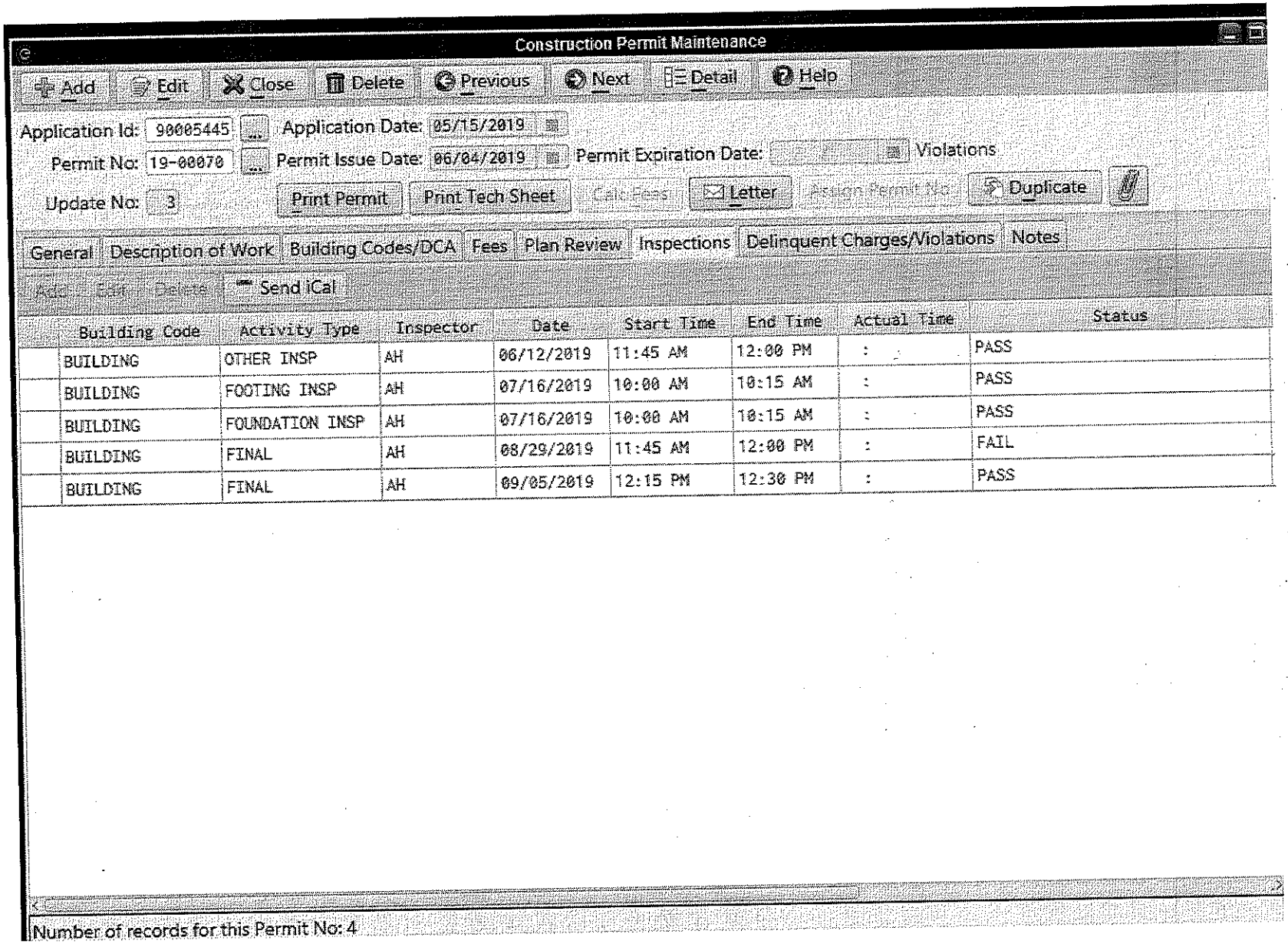
$ _____
_____
32.00
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Administrative Surcharge	$	
Minimum Fee	$	33.00
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	66.00

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 Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005445
Application Date: 05/15/2019
Permit No: 19-00070
Permit Issue Date: 06/04/2019
Permit Expiration Date:
Violations
Update No: 3
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: 86 2
Location: 312 LAKEVIEW DR
Owner: HONER, J & HUMPHREYS, A
Street 1: 312 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: P-000907
JOSEPH HONER
Add Owner As Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 09/05/2019
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:
2:
3:
Print
Print
Print
Number of records for this Permit No: 4


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005445
Application Date: 05/15/2019
Permit No: 19-00070
Permit Issue Date: 06/04/2019
Permit Expiration Date:
Violations
Update No: 3
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
BUILDING | OTHER INSP | AH | 06/12/2019 | 11:45 AM | 12:00 PM | : | PASS
BUILDING | FOOTING INSP | AH | 07/16/2019 | 10:00 AM | 10:15 AM | : | PASS
BUILDING | FOUNDATION INSP | AH | 07/16/2019 | 10:00 AM | 10:15 AM | : | PASS
BUILDING | FINAL | AH | 08/29/2019 | 11:45 AM | 12:00 PM | : | FAIL
BUILDING | FINAL | AH | 09/05/2019 | 12:15 PM | 12:30 PM | : | PASS
Number of records for this Permit No: 4

CONSTRUCTION PERMIT

Permit #: 19-00204-01
Date Issued: 09/23/19

IDENTIFICATION Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR
Owner in Fee: HONER, J & HUMPHREYS, A
Address: 312 LAKEVIEW DR
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: MYERS HVAC LLC
Address: 107 E LINDEN AVE
COLLINGSWOOD, NJ 08108
Tel. (609)502-1941
Lic. No. or Bldrs. Reg. No. 19HC00468400

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:
AST REMOVAL

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 $ 100.00

_____ _____
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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-00204-01
Issue Date: 09/23/19
Application Id: 90005735
Application Date: 09/13/19

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER, J & HUMPHREYS, A

Tel. (484)433-8851 email:

312 LAKEVIEW DR COLLINGSWOOD NJ 08108

Contractor: MYERS HVAC LLC Tel. (609)502-1941

107 E LINDEN AVE email:

COLLINGSWOOD, NJ 08108

Contractor License No. or Builder Registration No.: 19HC00468400 Exp Date: 06/30/24

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

Federal Emp. ID No. 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
AST REMOVAL

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
[ ] 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)
$ _____
90.00

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present _____ Proposed _____

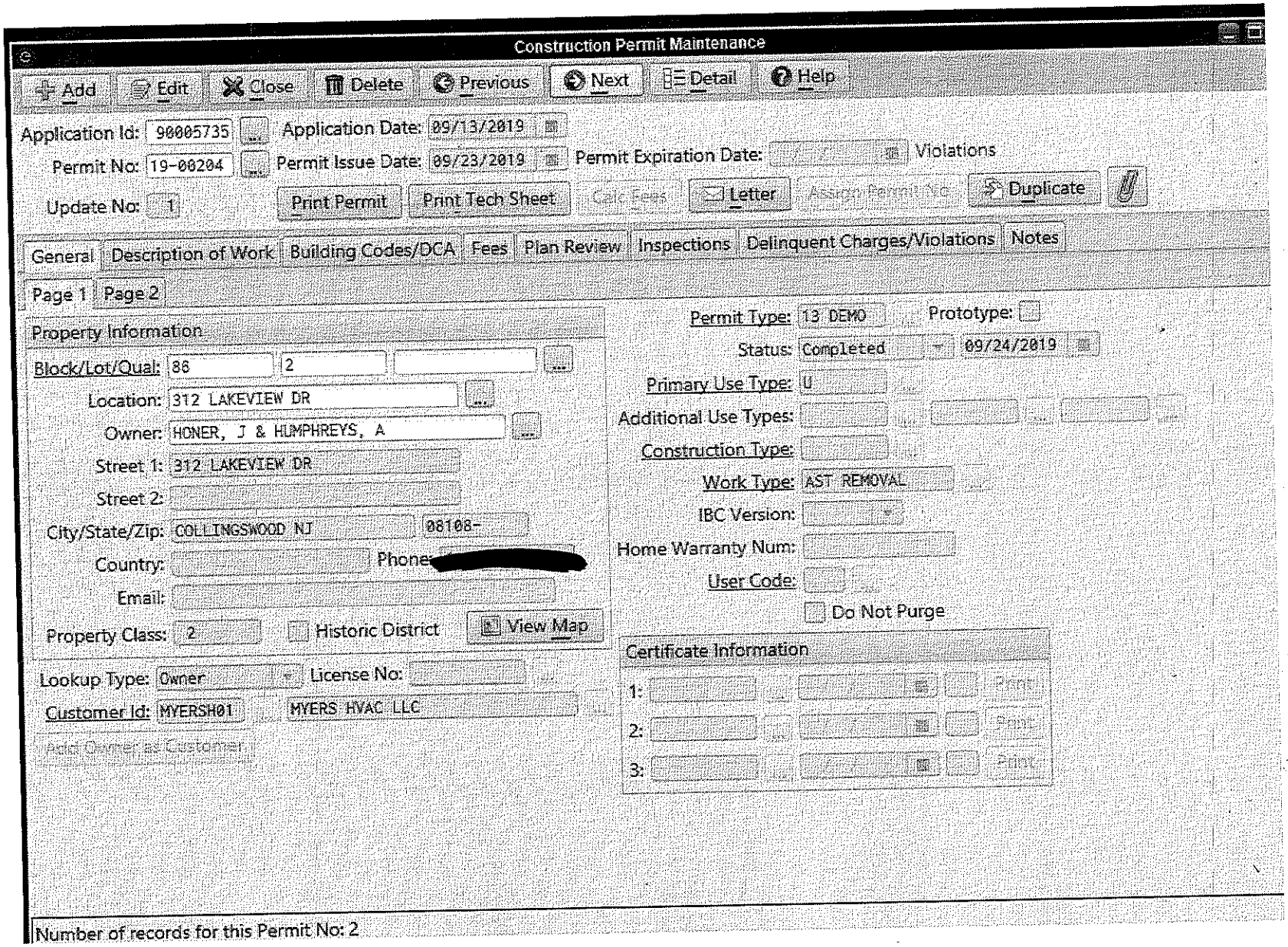
No. of Stories 0.00
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

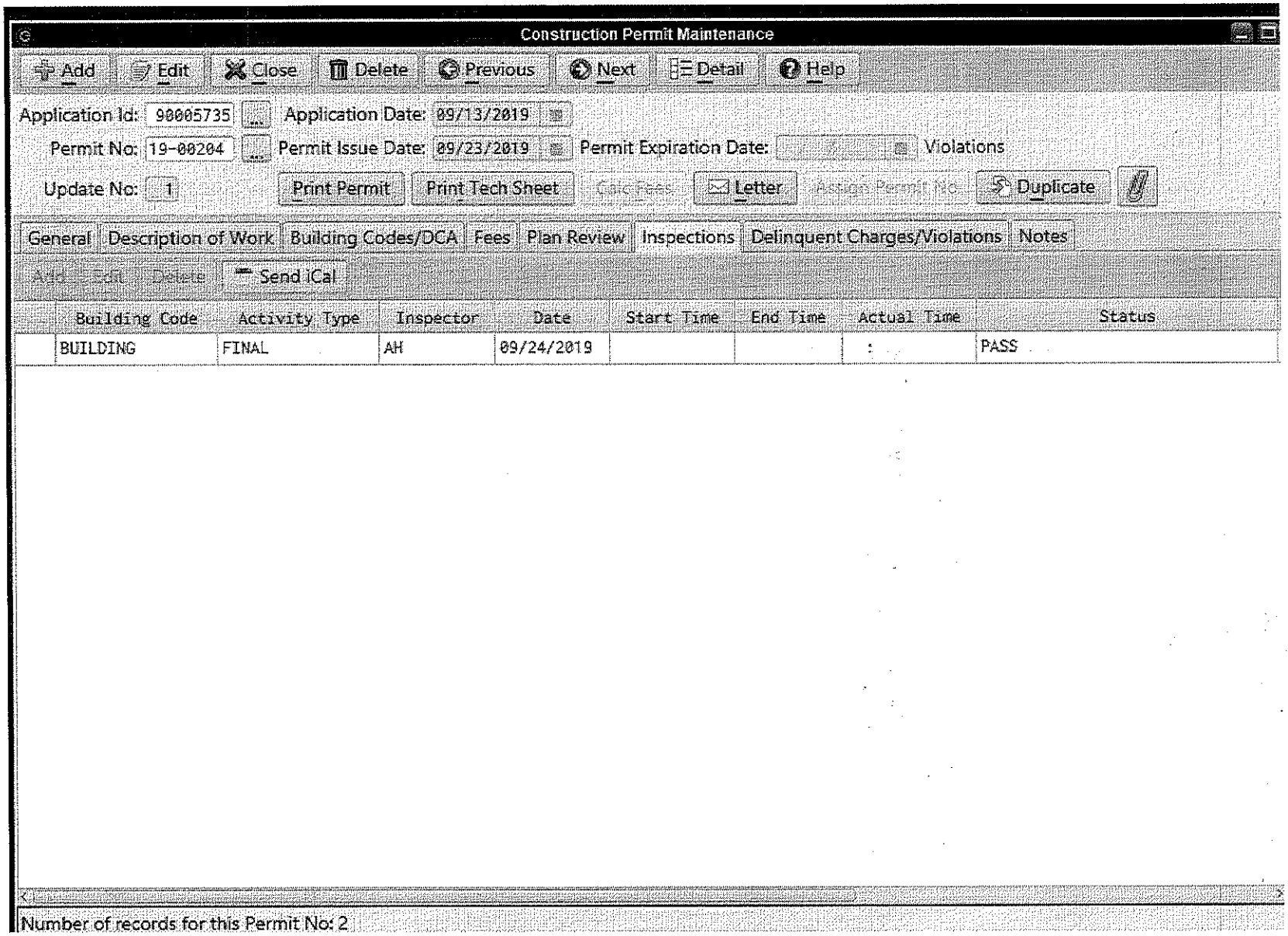
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 100.00

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

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: 90005735
Application Date: 09/13/2019
Permit No: 19-00204
Permit Issue Date: 09/23/2019
Permit Expiration Date:
Violations
Update No: 1
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: 86 2
Location: 312 LAKEVIEW DR
Owner: HONER, J & HUMPHREYS, A
Street 1: 312 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: MYERSH01
MYERS HVAC LLC
Add Owner as Customer
Permit Type: 13 DEMO
Prototype:
Status: Completed 09/24/2019
Primary Use Type: U
Additional Use Types:
Construction Type:
Work Type: AST REMOVAL
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Number of records for this Permit No: 2


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005735
Application Date: 09/13/2019
Permit No: 19-00204
Permit Issue Date: 09/23/2019
Permit Expiration Date:
Violations
Update No: 1
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
BUILDING
FINAL
AH
09/24/2019
:
PASS
Number of records for this Permit No: 2

CONSTRUCTION PERMIT

Permit #: 20-00211
Date Issued: 06/15/20

IDENTIFICATION Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON

Address: 312 LAKEVIEW DRIVE
COLLINGSWOOD NJ 08108

Tel. [redacted]

Contractor: HONER JOSEPH & HUMPHREYS ALLIS

Address: 312 LAKEVIEW DRIVE
COLLINGSWOOD NJ, 08108

Tel. (484)433-8851

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACEMENT OF OUTDOOR STEPS AND RAILINGS

PAYMENTS (Office Use Only)	
Building	192.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
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

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 20-00211
Issue Date: 06/15/20
Application Id: 90006217
Application Date: 06/05/20

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON

Tel. [redacted] email:

312 LAKEVIEW DRIVE COLLINGSWOOD NJ 08108

Contractor: HOMEOWNER Tel.

SAME email:

SAME, NJ 08108

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

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

Federal Emp. ID No. 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
REPLACEMENT OF OUTDOOR STEPS AND RAILINGS

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)

	$
	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		

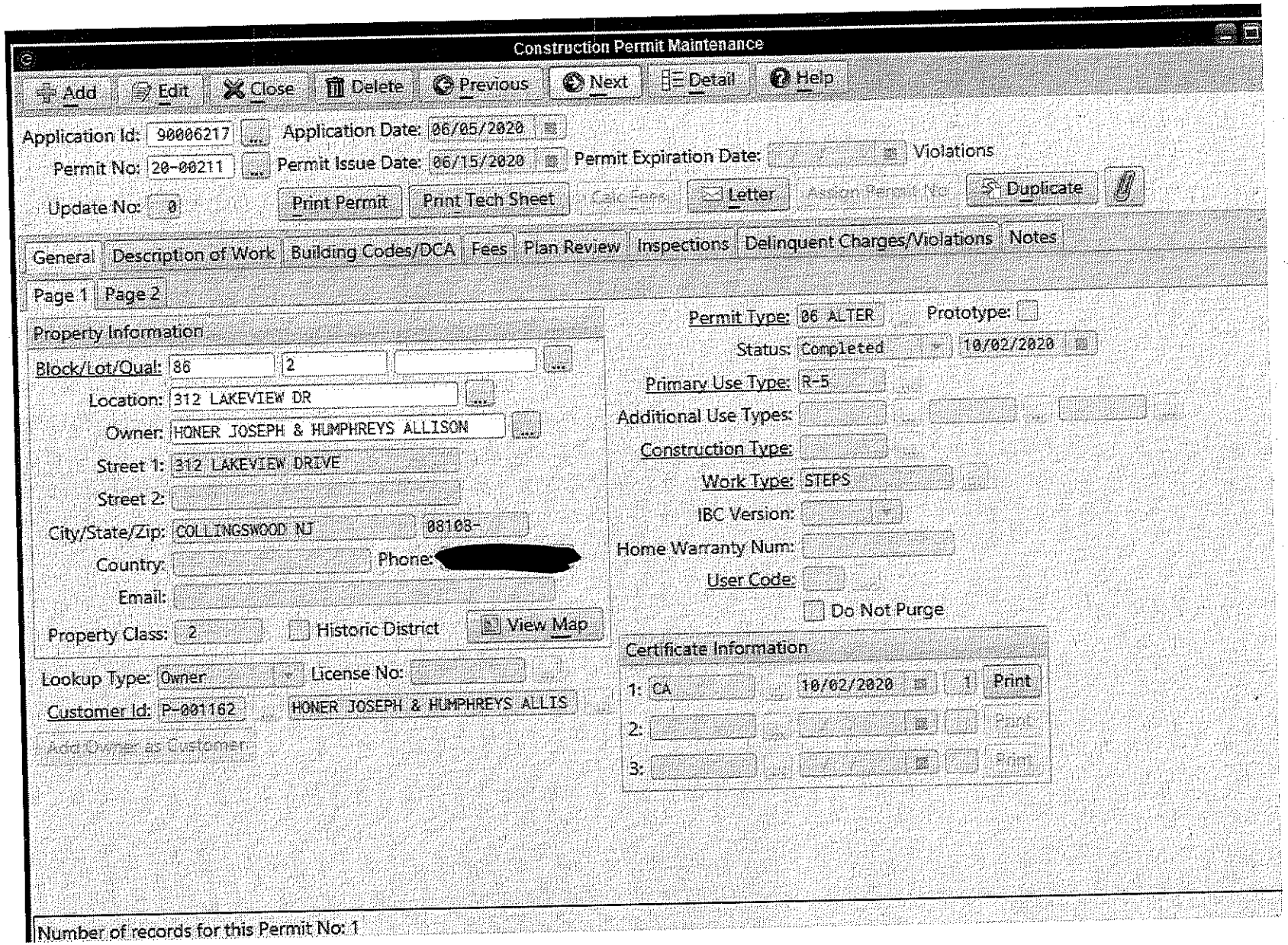
If Industrialized Building:
State Approved _____ HUD _____

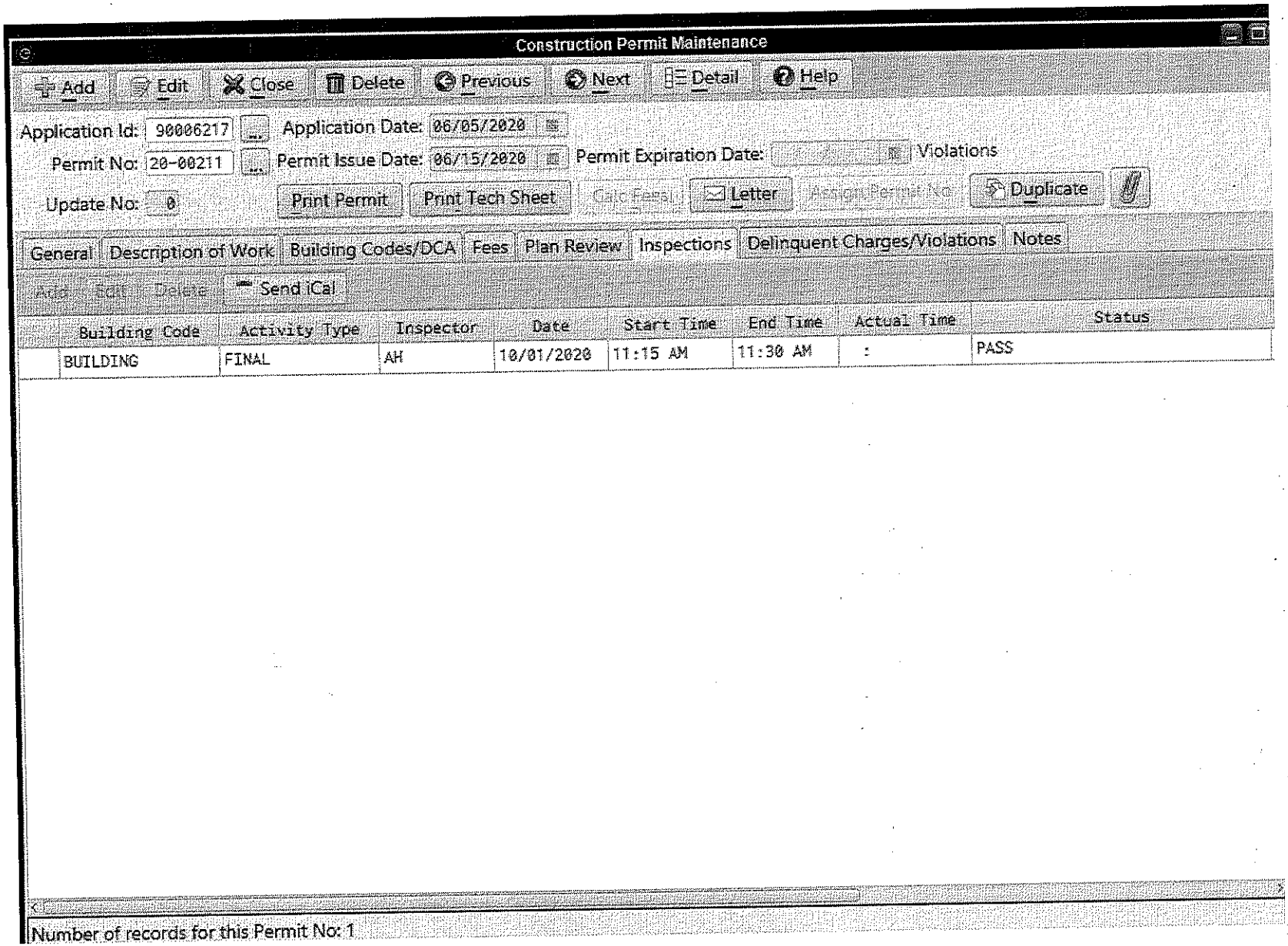
Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
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 Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90006217
Application Date: 06/05/2020
Permit No: 20-00211
Permit Issue Date: 06/15/2020
Permit Expiration Date:
Violations
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: 86 2
Location: 312 LAKEVIEW DR
Owner: HONER JOSEPH & HUMPHREYS ALLISON
Street 1: 312 LAKEVIEW DRIVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: [redacted]
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: P-001162
HONER JOSEPH & HUMPHREYS ALLIS
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
10/02/2020
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: STEPS
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
10/02/2020
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: 90006217
Application Date: 06/05/2020
Permit No: 20-00211
Permit Issue Date: 06/15/2020
Permit Expiration Date:
Violations
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
BUILDING
FINAL
AH
10/01/2020
11:15 AM
11:30 AM
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 20-00509
Date Issued: 10/15/20

IDENTIFICATION Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON
Address: 312 LAKEVIEW DRIVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: ALL-SERVE PROPERTY MAINT.
Address: 823 VALLEY DRIVE
SOMERDALE, NJ 08083
Tel. (609)472-1613
Lic. No. or Bldrs. Reg. No. 13VH03478000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CLOSE IN SECOND STORY DECK

PAYMENTS (Office Use Only)	
Building	320.00
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	20.00
Cert. of Occupancy	
Other	
Total	405.00

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 $ 10,500.00

_____ _____
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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 20-00509
Issue Date: 10/15/20
Application Id: 90006549
Application Date: 10/08/20

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON

Tel: [redacted] email:

312 LAKEVIEW DRIVE COLLINGSWOOD NJ 08108

Contractor: ALL-SERVE PROPERTY MAINT. Tel. (609)472-1613

823 VALLEY DRIVE email: ROB@ALLSERVEREMODELING.COM

SOMERDALE, NJ 08083

Contractor License No. or Builder Registration No.: 13VH03478000 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
CLOSE IN SECOND STORY DECK

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)

$	
	320.00

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 19.00
TOTAL FEE $ 339.00

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)	$ 10,000.00

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 20-00509
Issue Date: 10/15/20
Application Id: 90006549
Application Date: 10/08/20

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

Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON
Tel. [redacted] email:
312 LAKEVIEW DRIVE COLLINGSWOOD NJ 08108
Contractor: MOUNTAINSIDE MECHANICAL LLC Tel. (856)297-1315
1601 N. MAIN STREET email:
WILLIAMSTOWN, NJ 08094
Contractor License No.: 34EB01626200 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 R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 500.00

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

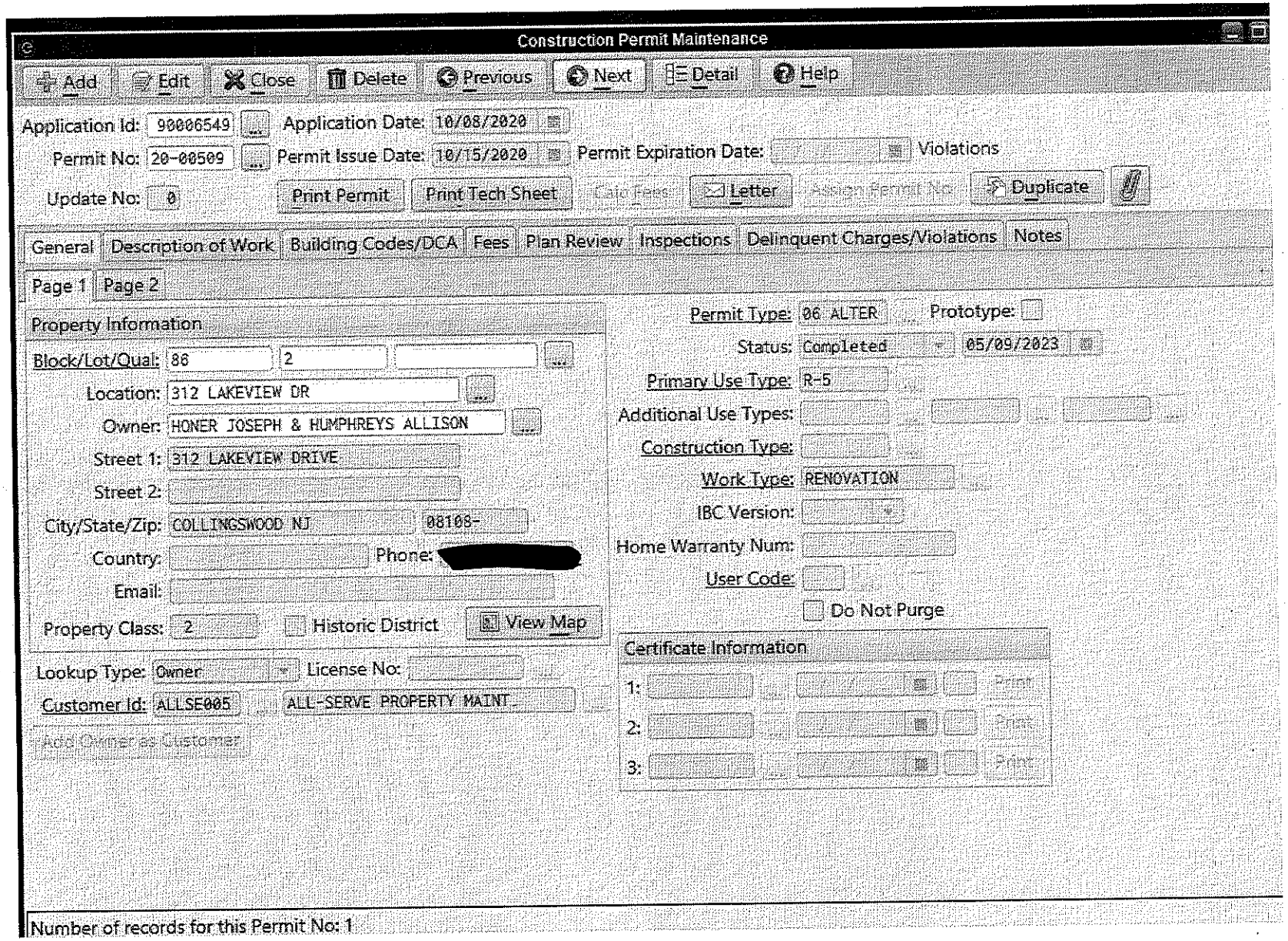
DESCRIPTION OF WORK:
CLOSE IN SECOND STORY DECK

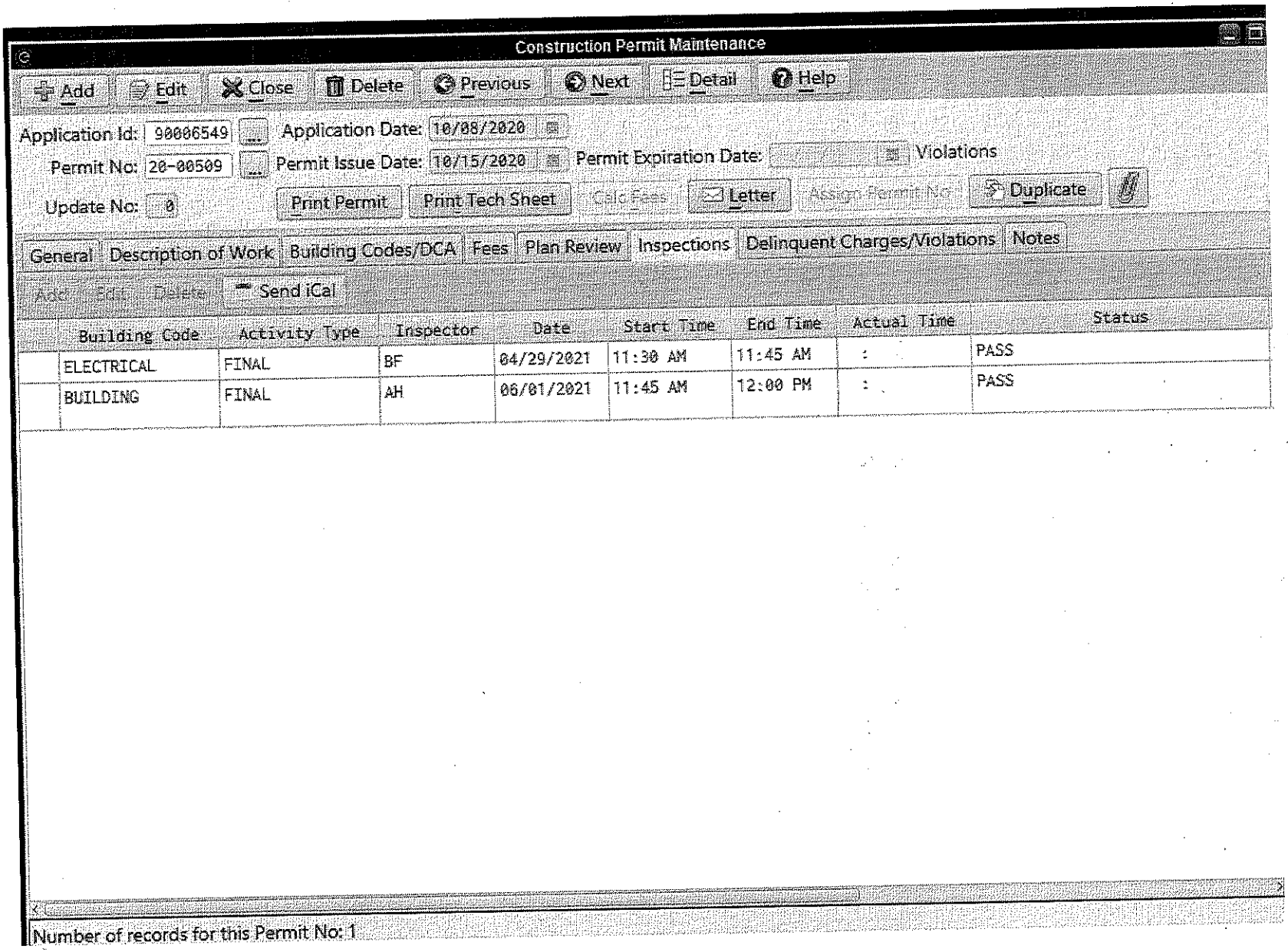
QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
4		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
6		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		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	$	1.00
TOTAL FEE	$	66.00

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: 90006549
Application Date: 10/08/2020
Permit No: 20-00509
Permit Issue Date: 10/15/2020
Permit Expiration Date:
Violations
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: 86 2
Location: 312 LAKEVIEW DR
Owner: HONER JOSEPH & HUMPHREYS ALLISON
Street 1: 312 LAKEVIEW DRIVE
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: ALLSE005
ALL-SERVE PROPERTY MAINT
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
05/09/2023
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:
2:
3:
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90006549
Application Date: 10/08/2020
Permit No: 20-00509
Permit Issue Date: 10/15/2020
Permit Expiration Date:
Violations
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
ELECTRICAL
FINAL
BF
04/29/2021
11:30 AM
11:45 AM
:
PASS
BUILDING
FINAL
AH
06/01/2021
11:45 AM
12:00 PM
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 20-00550
Date Issued: 11/06/20

IDENTIFICATION Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR
Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON
Address: 312 LAKEVIEW DRIVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: HONER JOSEPH & HUMPHREYS ALLIS
Address: 312 LAKEVIEW DRIVE
COLLINGSWOOD NJ, 08108
Tel. (484)433-2885
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW SHED 12 X 20 FT.

PAYMENTS (Office Use Only)	
Building	192.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
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

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 20-00550
Issue Date: 11/06/20
Application Id: 90006600
Application Date: 10/29/20

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON

Tel. [redacted] email:

312 LAKEVIEW DRIVE COLLINGSWOOD NJ 08108

Contractor: HOMEOWNER Tel.

SAME email:

SAME, NJ 08108

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

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

Federal Emp. ID No. 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
NEW SHED 12 X 20 FT.

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	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				

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)
$ _____
192.00

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

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present _____ Proposed _____

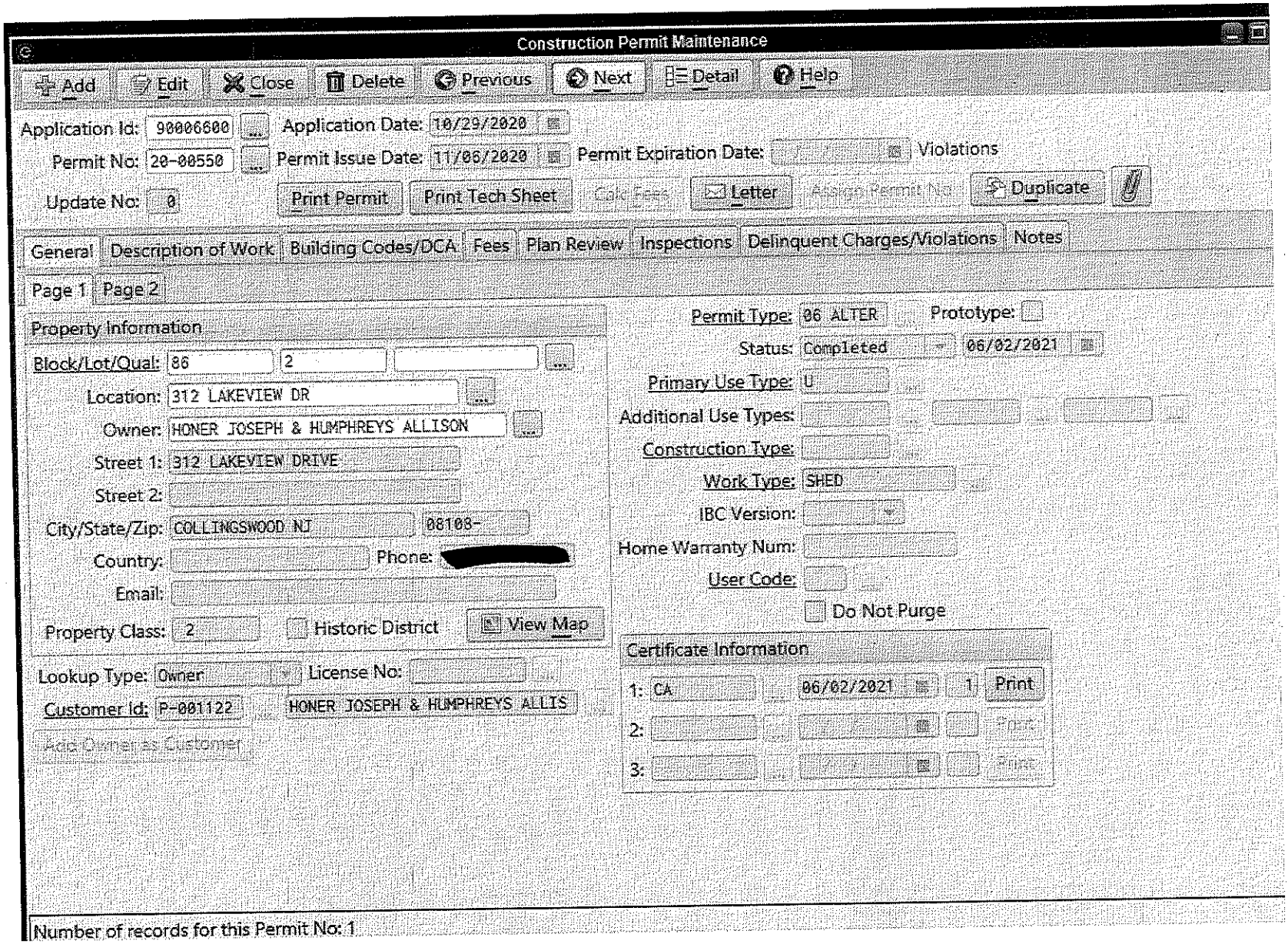
No. of Stories 0.00
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

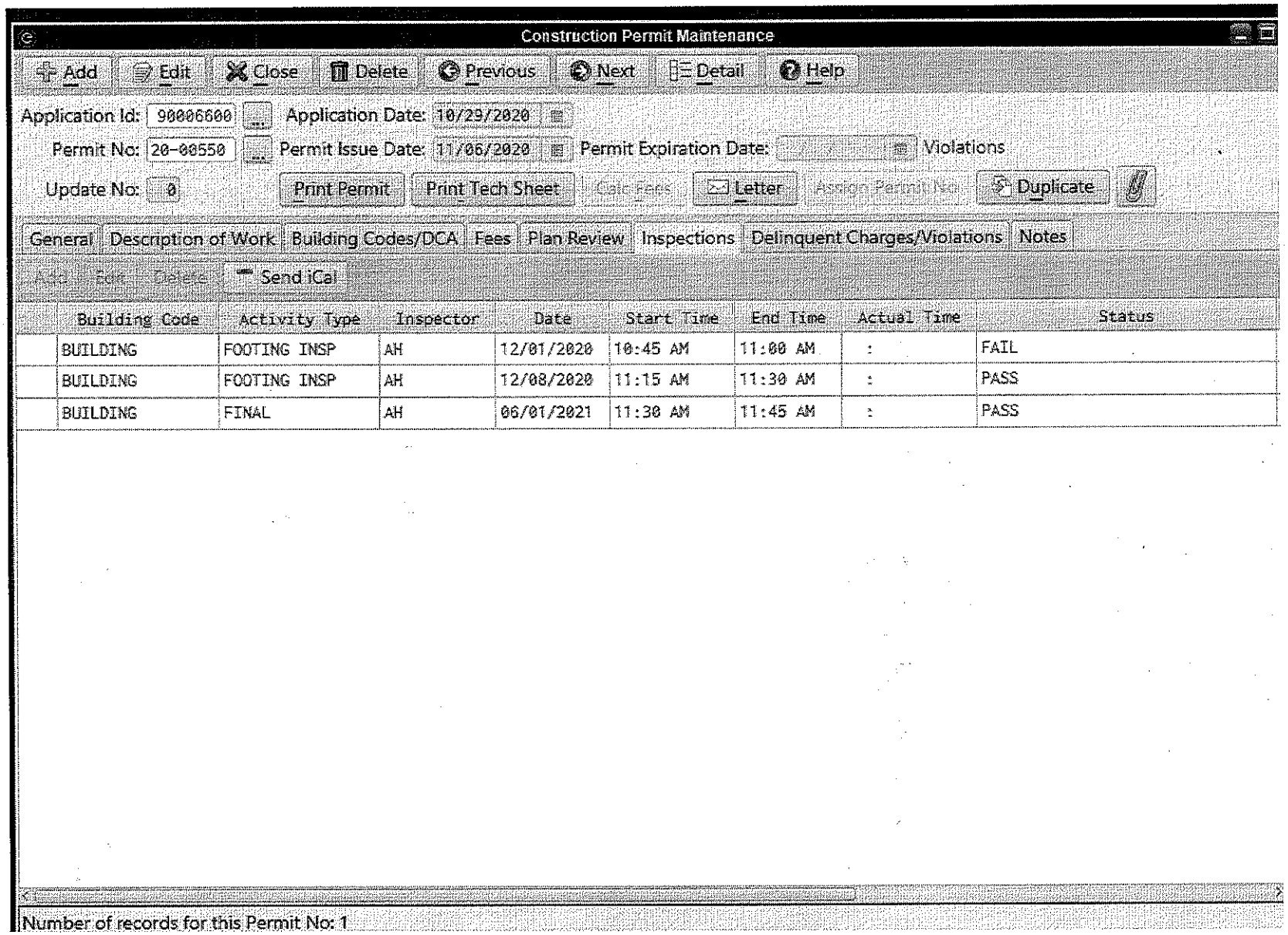
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 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 Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90006600
Application Date: 10/29/2020
Permit No: 20-00550
Permit Issue Date: 11/06/2020
Permit Expiration Date:
Violations
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: 86 2
Location: 312 LAKEVIEW DR
Owner: HONER JOSEPH & HUMPHREYS ALLISON
Street 1: 312 LAKEVIEW DRIVE
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: P-001122
HONER JOSEPH & HUMPHREYS ALLIS
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
06/02/2021
Primary Use Type: U
Additional Use Types:
Construction Type:
Work Type: SHED
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
06/02/2021
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: 90006600
Application Date: 10/29/2020
Permit No: 20-00550
Permit Issue Date: 11/06/2020
Permit Expiration Date:
Violations
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
BUILDING
FOOTING INSP
AH
12/01/2020
10:45 AM
11:00 AM
:
FAIL
BUILDING
FOOTING INSP
AH
12/08/2020
11:15 AM
11:30 AM
:
PASS
BUILDING
FINAL
AH
06/01/2021
11:30 AM
11:45 AM
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 20-00649
Date Issued: 12/23/20

IDENTIFICATION Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR
Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON
Address: 312 LAKEVIEW DRIVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: ALL-SERVE PROPERTY MAINT.
Address: 823 VALLEY DRIVE
SOMERDALE, NJ 08083
Tel. (609)472-1613
Lic. No. or Bldrs. Reg. No. 13VH03478000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ADDITION PER ARCHITECT PLANS

PAYMENTS (Office Use Only)	
Building	250.00
Electrical	65.00
Plumbing	
Fire Protection	65.00
Elevator Devices	
Other	0.00
DCA State Permit Fee	18.00
Cert. of Occupancy	50.00
Other	
Total	448.00

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 $ 78,300.00

_____ _____
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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 20-00649
Issue Date: 12/23/20
Application Id: 90006721
Application Date: 12/23/20

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON

Tel. [redacted] email:

312 LAKEVIEW DRIVE COLLINGSWOOD NJ 08108

Contractor: ALL-SERVE PROPERTY MAINT. Tel. (609)472-1613

823 VALLEY DRIVE email: ROB@ALLSERVEREMODELING.COM

SOMERDALE, NJ 08083

Contractor License No. or Builder Registration No.: 13VH03478000 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
ADDITION PER ARCHITECT PLANS

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	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				

TYPE OF WORK:
[ ] New Building
[X] 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)

$	_____
	250.00
Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ 18.00
TOTAL FEE	$ 268.00

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	450 sq. ft.
Volume of New Structure	4,950 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)	$ 73,000.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 20-00649
Issue Date: 12/23/20
Application Id: 90006721
Application Date: 12/23/20

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

Block/Lot/Qual: 86. 2.
Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON
Tel. [redacted] email:
312 LAKEVIEW DRIVE COLLINGSWOOD NJ 08108
Contractor: M.A. ELECTRIC LLC Tel. (856)287-3682
8 SUNNYBROOK CT email: MAELECTRIC@COMCAST.NET
STRATFORD, NJ 08084
Contractor License No.: 34EB01752800 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 R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 5,000.00

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
	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:
ADDITION PER ARCHITECT PLANS

QTY.	SIZE	ITEMS	FEE (Office Use Only)
13		Lighting Fixtures	
13		Receptacles	
10		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
27		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	$ 0.00
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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 20-00649
Issue Date: 12/23/20
Application Id: 90006721
Application Date: 12/23/20

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

Block/Lot/Qual: 86. 2.

Work Site Location: 312 LAKEVIEW DR

Owner in Fee: HONER JOSEPH & HUMPHREYS ALLISON

Tel. [redacted] email:

312 LAKEVIEW DRIVE COLLINGSWOOD NJ 08108

Contractor: M.A. ELECTRIC LLC Tel. (856)287-3682

8 SUNNYBROOK CT email: MAELECTRIC@COMCAST.NET

STRATFORD, NJ 08084

Fire Alarm Contractor No.: 34EB01752800 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: _____

Est. Cost of Fire Protection Work $ 300.00

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 [ ] 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: _____ [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADDITION PER ARCHITECT PLANS

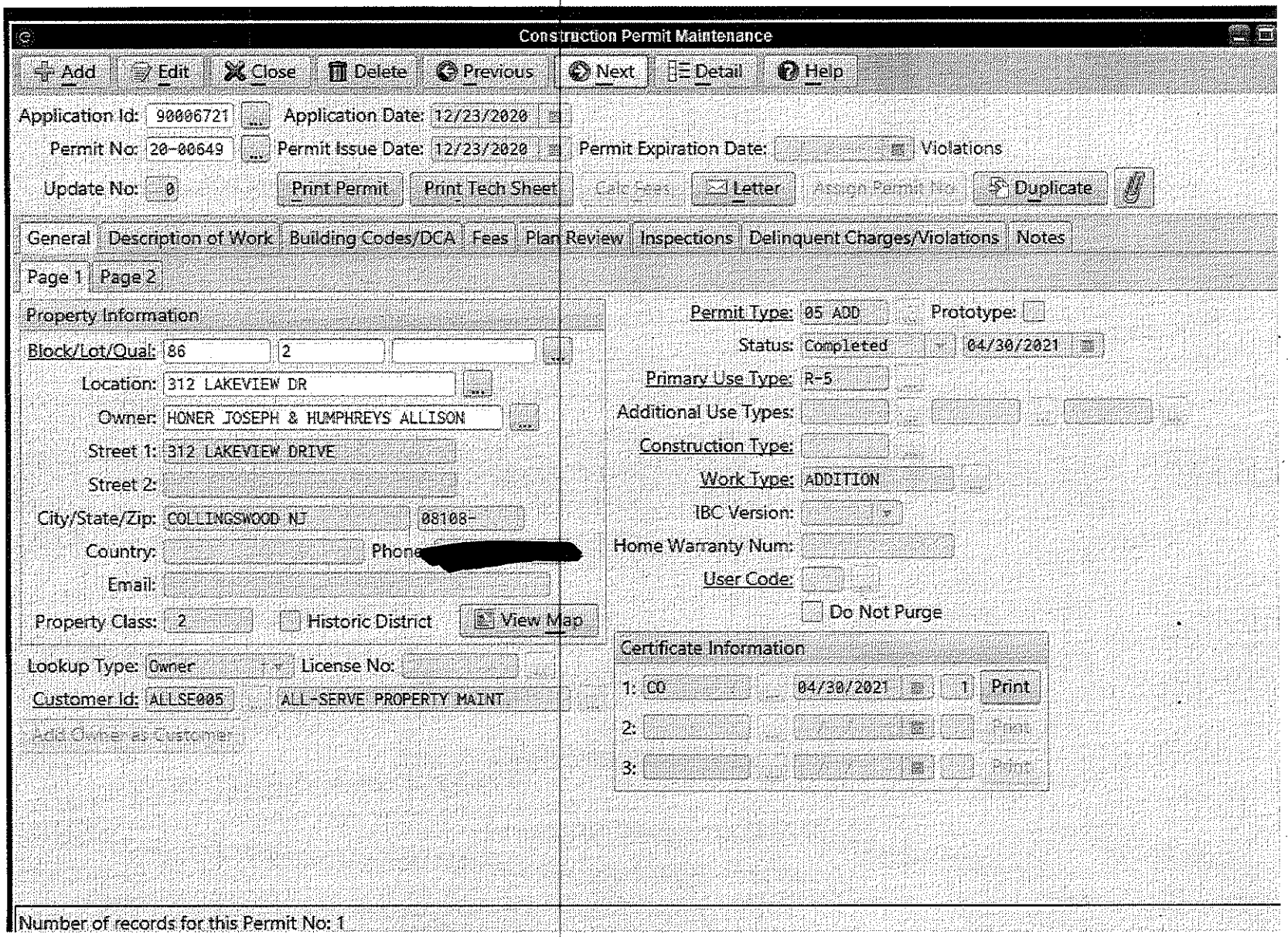
Water Supply Source _____

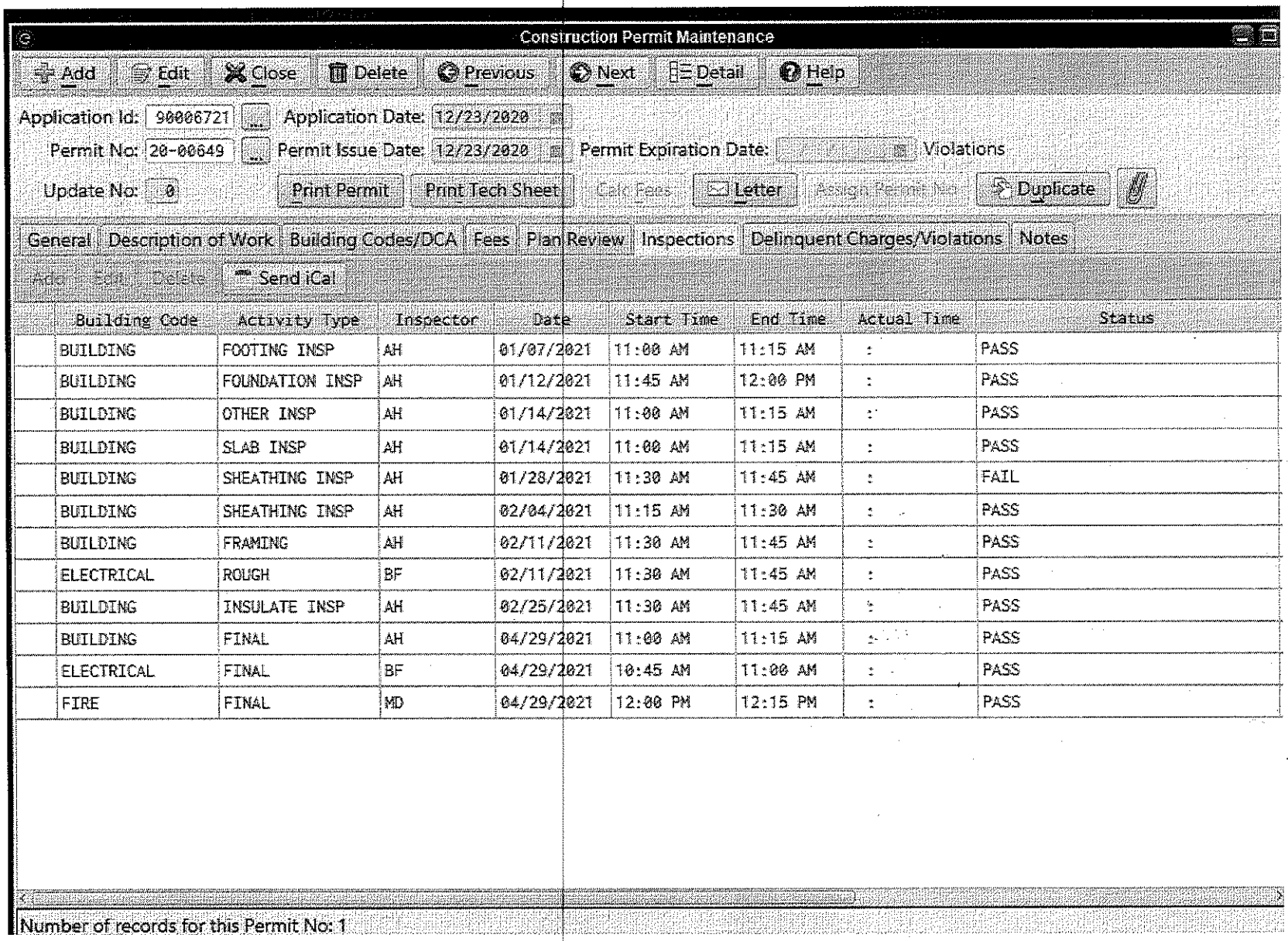
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System [ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (smoke, heat, pulls, water/flow)	1	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		65.00
Other _____		

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	0.00
TOTAL FEE $	65.00

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: 90006721
Application Date: 12/23/2020
Permit No: 20-00649
Permit Issue Date: 12/23/2020
Permit Expiration Date:
Violations
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: 86 2
Location: 312 LAKEVIEW DR
Owner: HONER JOSEPH & HUMPHREYS ALLISON
Street 1: 312 LAKEVIEW DRIVE
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: ALLSE005
ALL-SERVE PROPERTY MAINT
Add Owner as Customer
Permit Type: 05 ADD
Prototype:
Status: Completed 04/30/2021
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: ADDITION
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CO 04/30/2021 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	FOOTING INSP	AH	01/07/2021	11:00 AM	11:15 AM	:	PASS
BUILDING	FOUNDATION INSP	AH	01/12/2021	11:45 AM	12:00 PM	:	PASS
BUILDING	OTHER INSP	AH	01/14/2021	11:00 AM	11:15 AM	:	PASS
BUILDING	SLAB INSP	AH	01/14/2021	11:00 AM	11:15 AM	:	PASS
BUILDING	SHEATHING INSP	AH	01/28/2021	11:30 AM	11:45 AM	:	FAIL
BUILDING	SHEATHING INSP	AH	02/04/2021	11:15 AM	11:30 AM	:	PASS
BUILDING	FRAMING	AH	02/11/2021	11:30 AM	11:45 AM	:	PASS
ELECTRICAL	ROUGH	BF	02/11/2021	11:30 AM	11:45 AM	:	PASS
BUILDING	INSULATE INSP	AH	02/25/2021	11:30 AM	11:45 AM	:	PASS
BUILDING	FINAL	AH	04/29/2021	11:00 AM	11:15 AM	:	PASS
ELECTRICAL	FINAL	BF	04/29/2021	10:45 AM	11:00 AM	:	PASS
FIRE	FINAL	MD	04/29/2021	12:00 PM	12:15 PM	:	PASS