Office of the Municipal Clerk
City Hall Annex
181 East Commerce Street, Bridgeton, NJ 08302
P: 856.455.3230 Ext. 227

*Nichole Almanza, CMR*
*Acting Municipal Clerk*

Date: 2/11/21

To: Nina Schroeder

**See below in response to your OPRA request received by the City Clerk's Office on 2/9/21. (See Disclaimer on Pg. 2)**

_____ Please be advised there are no records responsive to your request

__✓__ See attached, no Redactions were made.

_____ See attached, redactions were made pursuant to (see statute(s) below with "x" mark(s)):

_____ Denied, the provisions of the Open Public Records Act do not allow the disclosure of records pursuant to (see statute(s) below with "x" mark(s)):

**Billing information:**

_____ Amount Due:. _____ must be received prior to release of record

**Payment information:**

_____ Returned Check: Check No. _____ in the amount of _____

_____ Payment Received: Check No. _____ in the amount of _____

**Exceptions to Public Access to Government Records:**

____ Inter-agency or intra-agency advisory, consultative or deliberative communications, N.J.S.A. 47:1A-1.1, et seq.
____ Legislative records, N.J.S.A. 47:1A-1.1, et seq.
____ Medical Examiner records, N.J.S.A. 47:1A-1.1, et seq.
____ Criminal investigatory records, N.J.S.A. 47:1A-1.1, et seq.
____ Victim records, N.J.S.A. 47:1A-1.1, et seq.
____ Trade secrets and proprietary commercial or financial information obtained from any source, N.J.S.A. 47:1A-1.1, et seq.
____ Any record within Attorney/Client Privilege N.J.S.A. 47:1A-1.1 et seq.
____ Administrative or technical information regarding computer hardware, software and networks, N.J.S.A. 47:1A-1.1, et seq.
____ Emergency or Security information and surveillance techniques, N.J.S.A. 47:1A-1.1, et seq.
____ Security measures and surveillance techniques, N.J.S.A. 47:1A-1.1, et seq.
____ Information that is disclosed would give an advantage to competitors or bidders, N.J.S.A. 47:1A-1.1
____ Information on any sexual harassment complaint, any grievance filed or collective negotiations, N.J.S.A. 47:1A-1.1
____ Communications between City and Insurance Company, N.J.S.A. 47:1A.1.1 et seq
____ Information which is to be kept confidential pursuant to court order, N.J.S.A. 47:1A.1.1 et seq
____ Certificate of honorable discharge issued by the United States government, N.J.S.A. 47:1A.1.1 et seq
____ Personal Identifying Information, N.J.S.A. 47:1A-1.1, et.seq.
____ Social Security Numbers, N.J.S.A. 47:1A-1.1, et seq.
____ Certain records of higher education, N.J.S.A. 47:1A-1.1, et seq.
____ Biotechnology trade secrets, N.J.S.A. 47:1A-1.2, et seq.
____ Limitations to convicts -personal information pertaining to the person's victim or the victim's family, N.J.S.A. 47:1A-2.2, et seq.

____ Ongoing Investigations, N.J.S.A. 47:1A-3.a.
____ Public defender records that relate to the handling of any case, N.J.S.A. 47:1A-5.k.
____ Upholds exemptions contained in other State or federal statutes and regulations, Executive Orders of the Governor, Rules of Court, Constitution of this State, or judicial case law N.J.S.A. 47:1A-9.
____ Personnel and pension records, N.J.S.A. 47:1A-10, et seq.
____ Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." N.J.S.A. 47:1A-1.1, et seq.

NOTE: Court documents can be requested through the NJ Judiciary website at www.judiciary.state.nj.us

**If you feel the City has neglected to provide what you have requested, or any part thereof, or if you believe there is some legal authority that supports your position, please notify us and we will be happy to reconsider our response or denial of access as the case may be.**

**Mandatory Disclaimer:**

If your request for access to a government record has been denied or unfilled within seven (7) business days required by law, you have the right to challenge the decision by the City of Bridgeton to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. box 819, Trenton, NJ 08625, by e-mail at grc@dca.state.nj.us , or at their website at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County

If you have any questions please contact my office.

Cordially yours,

Nichole Almanza, CMR
Acting Municipal Clerk

RESPOND: 2/17 DUE: 2/19

**Juan Carlos. Martinez**

**To:** Nichole Almanza
**Subject:** RE: OPRA request - 35 Hitchner-Permited additions

**From:** Nina Schroeder <opra+request-20130-c9ec279a@requests.opramachine.com>
**Date:** February 8, 2021 at 4:41:17 PM EST
**To:** Nichole Almanza <AlmanzaN@cityofbridgeton.com>
**Subject: RE: OPRA request - 35 Hitchner-Permited additions**

Dear Nichole Almanza,

Good Afternoon, thank you for getting back to me. We are looking for permits since 1999, and if there are currently any open permits as well.

Yours sincerely,

Nina Schroeder

-----Original Message-----

Dear Bridgeton City,

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: 35 Hitchner Ave., Bridgeton. Requesting any permits opened and closed for this property.

Yours faithfully,

Nina Schroeder-Coldwell Banker Excel Realty

DISTRIBUTED TO THE FOLLOWING DEPTS:
- CONSTRUCTION

RECEIVED
FEB 09 2021
BY: MGarcia

DATE DISTRIBUTED:
FEB 9, 2021

# Construction

**Property Summary**



| | |
|---|---|
| Owner: | SHINN, EDISON R & DONNA B |
| Location: | 35 HITCHNER AVE |
| Block: | 300 |
| Lot: | 14 |
| Lead Parcel: | Yes |
| Qualifier: | |

▼ About the Owner...

▼ About the Property...

▼ About the Taxes...

▼ Parcel Photo...

▼ Projects...

▼ OPRA...

▲ Construction...

**Applications...** Shorten

| Permit Issue Date | Control Number | Permit Number | Work Type | Subcodes | Status | Close Date | Certificates | Total Cost | Agent |
|---|---|---|---|---|---|---|---|---|---|
| 7/31/2018 | C-18-00419 | 18-0354-07 | Alteration | B E | CA and Close Date Issued | 8/15/2018 | CA | $9,700 | Suntuity Solar LLC |
| SOLAR SYSTEM Installation of Solar PV System 13.72 | | | | | | | | | |
| 2/20/2007 | C-07-00146 | 07-0106-02 | Alteration | P | CA and Close Date Issued | 2/21/2007 | CA | $285 | SHINN, EDISON R & DONNA B |
| gas piping | | | | | | | | | |
| 5/27/2004 | | 04-0268/05 | Addition | B | Closed with Date | 5/28/2004 | | $8,000 | SHINN, EDISON & DONNA |
| 4/22/2004 | | 04-0198/04 | Addition | B | Closed with Date | 4/23/2004 | | $13,000 | |
| 1/21/1992 | | 92-0034/01 | Alteration | E | Closed with Date | 1/22/1992 | | $800 | |

Would you like to add a application to this parcel? Yes

**Inspections...** Expand

| Date | Control Number | Permit Number | Subcode | Type | Inspector | Result | Comment | Result Comment |
|---|---|---|---|---|---|---|---|---|
| 8/14/2018 | C-18-00419 | 18-0354-07 | Building | Final | Richard Saunders | Pass | Agent: Suntuity Solar LLC Phone: (732) 979-2400/x 7145 | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8/14/2018 | C-18-00419 | 18-0354-07 | Electrical | Final | Robert Kunkle | Pass | Agent: Suntuity Solar LLC Phone: (732) 979-2400/x 7145 | |
| 2/21/2007 | C-07-00146 | 07-0106-02 | Plumbing | GAS PIPING | Wayne Shelton | Pass | | |
| 6/25/2004 | | 04-0198/04 | Building | | Dave Dean | Pass | | FRAME Inspector Initials: DD |
| 5/18/2004 | | 04-0268/05 | Building | FOOTING | Dave Dean | Pass | | FOOTING Inspector Initials: DD |
| 5/5/2004 | | 04-0198/04 | Building | FOUNDATION | Dave Dean | Pass | | FOUNDATION Inspector Initials: DD |
| 4/22/2004 | | 04-0198/04 | Building | FOOTING | Dave Dean | Pass | | FOOTING Inspector Initials: DD |

**Violations...**

There is no violation data for the selected parcel.

Would you like to add an violation to this parcel? Yes

**Ongoing Applications...**

There is no application data for the selected parcel.

Would you like to add an application to this parcel? Yes

- Complaints...
- Land Use...
- Code Enforcement...
- Attachments...
- Comments...

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 300 Lot 14 Qualification Code

Work Site Location 35 HITCHNER AVE NJ

Owner in Fee: SHINN, EDISON

Address 35 HITCHNER AVE NJ

Email

Tel

Contractor:

Address NJ

Email

Tel Fax

Lic No Exp. Date

Home Improvement Contractor Registration No or Exemption Reason(is applicable)

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $800

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date by:

☐ Electrical Plans Approved

Date by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date

Approved by:

| INSPECTIONS Type | Failure | Dates (Month/Day) Failure | Approva | 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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

| QTY | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors - Fract HP | |
| | | Emergency & Exit Lights | |
| | | Communication Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptical | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Recepticle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air | |
| | | 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

TOTAL FEE

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 4/22/2004
Control #
Date Issued 4/22/2004
Permit # 04 0198/04

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

Block 300 Lot 14 Qualification Code

Work Site Location: 35 HITCHNER AVE., NJ

Owner in Fee: SHINN, EDISON & DONNA

Address 35 HITCHNER AVE., NJ

Tel. Email

Contractor:

Address NJ

Email

Tel. Fax.

Contractor License No. or, if new home Bldrs Reg. No Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| ☐ No Plan Required | | |
| ☐ All | | |
| ☐ Footing/Foundation | | |
| ☐ Struct/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 | Dates (Month/Day) 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 Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stones HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors 576 Sq. Ft.
Volume of New Structure 4608 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg.
2. Rehabilitation
3. Total (1+2) $13,000

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

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)

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | |
| TOTAL FEE | |



Applicant: When submitting this form to your Local Construction Code

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 5/27/2004
Control #
Date Issued 5/27/2004
Permit # 04-0268/05

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

Block 300 Lot 14 Qualification Code

Work Site Location 35 HITCHNER AVE. NJ

Owner in Fee SHINN, EDISON & DONNA

Address 35 HITCHNER AVE. NJ

Tel. Email

Contractor

Address NJ

Email

Tel. Fax.

Contractor License No or if new home Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| ☐ No Plan Required | | |
| ☐ All | | |
| ☐ Footing/Foundation | | |
| ☐ Struct/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 | Dates (Month/Day) 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 Proposed If Industrial Building:

Constr. Class Present Proposed State Approved

Number of Stories HUD

Height of Structure Ft.

Area - Largest Floor Sq. Ft.

New Bldg. Area / All Floors 323 Sq. Ft.

Volume of New Structure 2584 Cu. Ft.

Total Land Area Disturbed Sq. Ft.

**Est. Cost of Bldg. Work:**

1. New Bldg.
2. Rehabilitation
3. Total (1+2) $8,000

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)

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
TOTAL FEE



Applicant. When submitting this form to your Local Construction Code

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 2/20/2007
Control # C-07-00146
Date Issued 2/20/2007
Permit # 07-0106-02

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

Block 300 Lot 14 Qualification Code

Work Site Location: 35 HITCHNER AVE Bridgeton City, NJ

Owner in Fee: SHINN, EDISON R & DONNA B

Address 35 HITCHNER AVE BRIDGETON NJ 08302

Email

Tel.

Contractor: SHINN, EDISON R & DONNA B

Address 35 HITCHNER AVE BRIDGETON NJ 08302

Email

Tel Fax

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Contractor License No. Expiration Date

Federal Employee No

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $285

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Understab Utilities Approved
Date: by.

☐ Plumbing Plans Approved
Date.
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by.

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

| Type | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | | |
| Other | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
gas piping.

| 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 | |
| 1 | Gas Piping | $15 |
| | LP Gas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventor | |
| | Greasetrap | |
| | Sewer Connector | |
| | Water Service Connection | |
| | Stacks | |
| | Other | |

☐ Private Septic

☐ Private Well

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | $65 |
| State Permit Surcharge Fee | |
| TOTAL FEE | $65 |

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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

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

# PLUMBING SUBCODE
## TECHNICAL SECTION

Date Received 2/20/2007
Control # C-07-00146
Date Issued 2/20/2007
Permit # 07-0106-02

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

Block 300 Lot 14 Qualification Code

Work Site Location: 35 HITCHNER AVE Bridgeton City, NJ

Owner in Fee: SHINN, EDISON R & DONNA B

Address 35 HITCHNER AVE BRIDGETON NJ 08302

Email

Tel

Contractor: SHINN, EDISON R & DONNA B

Address 35 HITCHNER AVE BRIDGETON NJ 08302

Email

Tel Fax

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Contractor License No. Expiration Date

Federal Employee No.

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $285

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date
Approved by

Truss Sys./Bracing

| INSPECTIONS Type | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| LPGas Tank | | | | |
| Fuel Oil Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| Final | | | | |
| Other | | | | |

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application

Applicant's Signature/Contractor's Seal and Signature and Printed Name

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
gas piping.

| 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 | |
| 1 | Gas Piping | $15 |
| | LP Gas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventor | |
| | Greasetrap | |
| | Sewer Connector | |
| | Water Service Connection | |
| | Stacks | |
| | Other | |

☐ Private Septic
☐ Private Well

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | $65 |
| State Permit Surcharge Fee | |
| TOTAL FEE | $65 |



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

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 7/24/2018
Control # C-18-00419
Date Issued 7/31/2018
Permit # 18-0354-07

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

Block 300 Lot 14 Qualification Code

Work Site Location: 35 HITCHNER AVE Bridgeton, NJ 08302

Owner in Fee: SHINN, EDISON R & DONNA B

Address 35 HITCHNER AVENUE BRIDGETON NJ 08302

Tel. Email

Contractor: Suntuity Solar LLC

Address 2137 Route 35 N. Holmdel NJ 07733

Email njpermitting@suntuity.com

Tel. (732) 979-2400 / Cell: x 7145 Fax. (732) 979-2401

Contractor License No. or, if new home. Bldrs Reg. No Exp

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. 474486414

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

SOLAR SYSTEM, Installation of Solar PV System 13.72

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| ☐ No Plan Required | | |
| ☐ All | | |
| ☐ Footing/Foundation | | |
| ☐ Struct/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 | Dates (Month/Day) 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 Proposed R-5 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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. Rehabilitation
3. Total (1+2) $1,500

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 Photo Voltaic Systems
- ☐ Demolition

FEE (Office Use Only)

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|---|---|
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| | |
| | |
| | $210 |
| | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $3 |
| TOTAL FEE | $213 |



Applicant. When submitting this form to your Local Construction Code

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 7/24/2018
Date Issued 7/31/2018
Control # C-18-00419
Permit # 18-0354-07

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

Block 300 Lot 14 Qualification Code

Work Site Location 35 HITCHNER AVE Bridgeton, NJ 08302

Owner in Fee SHINN, EDISON R & DONNA B

Address 35 HITCHNER AVENUE BRIDGETON NJ 08302

Email

Tel

Contractor Suntuity Solar LLC

Address 2137 Route 35 N Holmdel NJ 07733

Email nipermitting@suntuity.com

Tel (732) 979-2400 Cell x 7145 Fax (732) 979-2401

Lic No 34EB01572800 Exp Date 3/31/2021

Home mprovment Contractor Registration No or Exemption Reason(is applicable)

Federal Employee No 474486414

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co

Estimated Cost of Electrical Work $8,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date by

☐ Electrical Plans Approved

Date by

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date

Approved by

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by

| INSPECTIONS Type | Failure | Dates (Month/Day) Failure | 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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certifd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SOLAR SYSTEM, Installation of Solar PV System 13.72

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors - Fract HP | |
| | | Emergency & Exit Lights | |
| 1 | | Communication Points | |
| | | Alarm Devices/F A C Panel | |
| 45 | | 230 inverters | |
| 46 | | TOTAL NUMBERS | $80 |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptical | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec Dryer/Recepticle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| | | KW Central A/C Unit | |
| | | HP/KW Space Heater/Air | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| 1 | 60 | AMP Service | $120 |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $16 |
| TOTAL FEE | $596 |