6302 - 3

Owner (Read Up)	Address	Consid.	Date	Recorded Book	Page
6					
5					
4					
3 US Bank Trust		328,000	11-21-16	13259	802
2 Bryan, William T + Bobka, Patricia		155000	3-1-99	5674	67
1 Endreson, Hans J + Doris A			6-28-62	1508	895

Block 6302 Lot 3 8 Pontiac Drive Street Trail Avenue Road

Description of Land Size

Description of Buildings

Class: 1 2 3a 3b 4a 4b 4c

Acres	Lots	Year	Land	Bldgs.	Total Value	S.C.	VET	Acres	Lots	Year	Land	Bldgs.	Total Value	S.C.	VET
		1988	75000	99000	174000					19					
Assessors Appeal		1988	75000	83200	158200					19					
Added		2011	Additions	20000						19					
		2012	75000	103200	178200					19					
		19								19					
		19								19					
		19								19					
		19								19					

Comments: 2010 OA - 12 MONTHS ADDED TWO ADDITIONS - 2CGAR CONV 1CGAR TO LIVAREA
2011 AA +20,000

D 1230
11,500

FIELD BOOK

Owner (Read Up)	Address	Date of Deed	Recorded Book	Recorded Page
3 Endresen, Hans + Doris A.		21,250 6-27-62	1508	825
2 Clayton, Walter + Doris		1,500 2-6-62	1498	560
1 Medford Dev. Co	Mimosa Lakes, Pontiac Drive			

Block 6302 Lot 3 — Street Avenue Size

Description of Land: lot

Description of Buildings: 1 house

Description of Personal: -2-

No. of Acres	No. of Lots or Plots	Year	Land	Buildings	Personal (a) H'hold Gds. & Chattels	Personal (b) Farm Stock & Mach'y.	Personal (c) Stock in Trade, etc. R. S. 54:4-11	Personal (d) All Other Business Tangible	Total Real and Personal	Exemptions H'hold Gds.	Exemptions Soldiers &Sailors	Net Value Real and Personal	
	1	19 62	500									500	
added house		19 62	—	3700		6 months						1850	
	1	19 63	500	3700							500	3700	
	1	19 64	500	3700							V	4200	
	1	19 65	2500	18,700							V	21,200	
	1	19 66	2500	18,700							V	21,200	
	1	19 67	2,500	18,700							V	21,200	
		19											

wait for Def Cert

Block up about

Block: 6302	Land Desc: .6887	Owners Name:	US BANK TRUST			Land:	127,900	Exemption		Net Taxable Value	Deductions
Lot: 3	Bldg Desc: 1SFR1AG	Street Address:	13801 WIRELESS WAY		Bank: 00660	Impr:	208,500	Code:			Cd No-Ow
Qual:	Addl Lots:	City & State:	OKLAHOMA CITY, OK	Zip: 73134		Total:	336,400	Value:	0	336,400	
Card: M (#1 of 1)	Acreage: 0.689 Class: 2	Property Loc:	8 PONTIAC DRIVE		Zone: RGD-			Map:		MEDFORD TWP	

SALES HISTORY

Grantor	Date	Book/Page	Price	Nu#
BRYAN, WILLIAM & BOBKO, PATRIC	11/21/16	13259/802	328000	12
	03/01/99	5674 /67	155000	

ASSESSMENT HISTORY

Year	Land	Impr	Total
2011	75000	83200	158200
2012	127900	208500	336400

BUILDING PERMITS/REMARKS

Date	Work Description	Amount	Compl.
03/12/07	GAR&ADDTN	2000	01/18/08

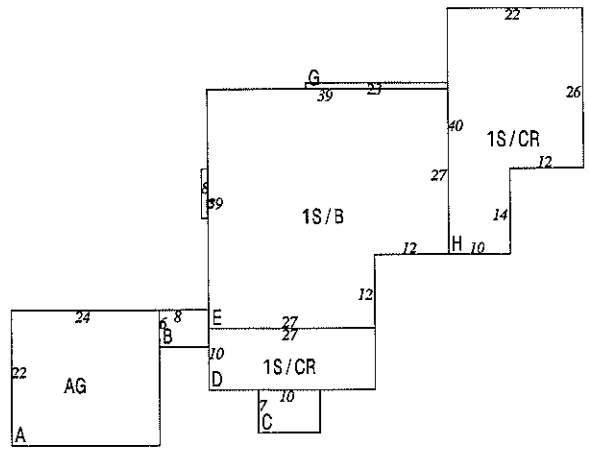
LAND CALCULATIONS

Frt	Rr	SB	T	FF	Avgd	Tabl	EqF	Rate	Site	Cond			Value

Units	Rate	Site	Cond			Value
15000 SF	1.75	100000	100	100	100	126250
14999 SF	0.11		100	100	100	1650

Net Adj: 100.00 SF: 29,999 Auto: Y Land Value: 127,900

2011 SHORT SALE ON MLS



A:AG	u0 r0;u22 r24	528
B:OP	u16 r24;u6 r8	48
C:OP	u2 r40;u7 r10	70
D:1S/CR	u9 r32;u10 r27	270
E:1S/B	u19 r32;u39 r39 d27 l12 d12 l27	1377
F:1SOH	u37 r31;u8 r1	8
G:1SOH	u58 r48;u1 r23	23
H:1S/CR	u31 r71;u40 r22 d26 l12 d14 l10	712
I:	M:	
J:	N:	
K:	O:	
L:	P:	

Scale: 30

SITE INFORMATION

Road: PAVED		Utilities: Sewer:	NONE
Curbs:	NO	Water:	YES
Sidewalk:	NO	Gas:	YES
Measured:	MS	Topo: LEVEL	
Inspected: 9/22/11	MS	Neigh:	184
		VCS:	S184

BUILDING INFORMATION

Type and Use: ONE FAMILY	Class/Quality: 16
Story Height:	Condition: GOOD
Style: RANCH	Year Built/EffA: 1962 / 49 (Y)
Exterior Finish: VINYL SIDING STONE	Windows:
Roof Type: GABLE	Livable Area: 2390 SF
Roof Material: ASPHALT SHINGLE	Interior Cond: GOOD
Foundation: CONCRETE BLOCK	Interior Wall: WALL BOARD/SHEE
Baths: M:	A: O:
Kitchens: M:	A: 1 O:

ROOM COUNT

	B	1	2	3/A	Tot
Living Rm		1			1
Dining Rm		1			1
Kitchen		1			1
Dinette					
5 Fixt Bath					
4 Fixt Bath					
3 Fixt Bath		2			2
2 Fixt Bath					
Bed Room		3			3
Fam Room		1			1
Den/Other					

Old B: 6302 7

Old L: 3 04/05/19

RESIDENTIAL COST APPROACH

Basement

BASEMENT	1377 x	9.630	+ 2016	x1.00	x1.00	= 15277

Main Bldg

FIRST STORY	2390 x	49.150	+22440	x1.00	x1.00	=139909
STONE SF	81 x	19.420	+ 0	x1.00	x1.00	= 1573

Heat/AC

HW BASEBOARD	2390 x	3.310	+ 1080	x1.00	x1.00	= 8991
AC SEPARATE DUC	2390 x	1.470	+ 2520	x1.00	x1.00	= 6033

Plumbing

3 FIXTURE BATH	2- 2 x	2595.000	+ 0	x1.00	x1.00	= 0
2 FIXTURE BATH	0- 1 x	1895.000	+ 0	x1.00	x1.00	= -1895
DISHWASHER	1 x	1335.000	+ 0	x1.00	x1.00	= 1335

Fireplace

FIREPLACE	1 x	4245.000	+ 0	x1.00	x1.00	= 4245

Attic

Deck/Patio/Garage/Misc

OPEN PORCH	118 x	10.760	+ 456	x1.00	x1.00	= 1726
ATTACHED GARAGE	528 x	15.210	+ 2250	x1.00	x1.00	= 10281

Base Cost:	187475	CCF: 135 CLA: 100		Cost New:	253091
Phys Depr:	17.60 (Y)	Func Depr:		Net Depr:	82.40
Loc Depr:		Mkt+:	Mkt-:	Bldg Value:	208547

Detached Items:

Land: 127,900 Impr: 208,500 Total: 336,400

Board of Chosen Freeholders
County of Burlington
New Jersey

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard, Westampton
P.O. Box 6000 ,
Mount Holly, N.J. 08060

Tele: (609) 265-5548
Fax: (609) 265-5541

JUNE 10, 2005

BILL & PATTY BRYAN
EIGHT PONTIAC DR
MEDFORD NJ 08055

Re: Repair Septic Application Rep 128-05
Block 6302 Lot 3
MEDFORD TWP.

Your application for the repair/restoration of the existing septic system on the property referenced above has been approved. Any defective parts, upon being repair or replaced, are to be left exposed in order that a representative form this Department may inspect and approve the work performed, when required. Where possible, a request for such inspection shall be make to this Department no later than 72 hours prior to the date of repair. It is the applicant's responsibility to obtain any applicable municipal permits.

NO CHANGE IN THE PLAN SHALL TAKE PLACE WITHOUT PRIOR APPROVAL FROM THIS DEPARTMENT.

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to insure that your building contractor, plumber, and/or installer of the system are made aware of this approved plan prior to the beginning of any repairs. It is also your responsibility to insure beginning of any repairs. It is also your responsibility to insure that the system is repaired in strict accordance with this approved plan. Any unauthorized deviation from the plan will render this application NULL AND VOID, and could result in legal action being instituted in municipal court against all parties concerned.

Should you have any questions you may contact the undersigned.

Sincerely,

Michael C. Gavio
Principal Sanitary Inspector
609-265-3735

bk
c: Construction Code Official
Board of Health
file

form BCHD90/1

BCHD Application Number REP 128-05 *Date* 6/10/05

BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD, WESTAMPTON
P O BOX 6000 MOUNT HOLLY, NEW JERSEY 08060

APPLICATION FOR APPROVAL TO REPAIR OR REPLACE COMPONENTS TO EXISTING SEPTIC SYSTEM

1. Location of Project: Municipality Medford Block: 6302 Lot: 3
   Street Address 8 Pontiac Dr. Zip 08055
2. Name of Applicant (print): Bill & Patty Bryan-Bobko
3. Applicant's Present Address: SAME 4. Phone number: [redacted]
5. Type of Facility: ☒ Residential ☐ Commercial/Institutional
6. Name of Installer (print) Fitzpatrick Excavation Inc 7. Phone Number: [redacted]

8. I hereby certify that the information furnished above on this Septic Repair/Replace application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Owner/Applicant PBobko Date 6.8.05

Signature of Installer Paul Fitzpatrick Date 6-8-05

FOR AGENCY USE ONLY

☐ Application Denied - Reason For Denial/Citation Of Rules Violated: _____

☒ Application Approved ☐ Application Approved Subject To Approval By NJDEP

Date of Action 6/10/05 Signature of Authorized Agent M.C. Gavio

Name & Title M. C. GAVIO, P.S.I.

GENERAL INFORMATION:

Reason for Repair Drain field has failed

How Old is System 40yrs Has System Had Any Previous Malfunction? ☐ Yes ☒ No

If Yes, Briefly Explain Type of Malfunction and When It Occurred _____

Is Property for Sale? ☐ Yes ☒ No

Check Off All Components Of System To Be Replaced: ☒ Filter Fabric ☒ D-Box

☒ Distribution Laterals/Bed ☒ Stone ☐ Tank

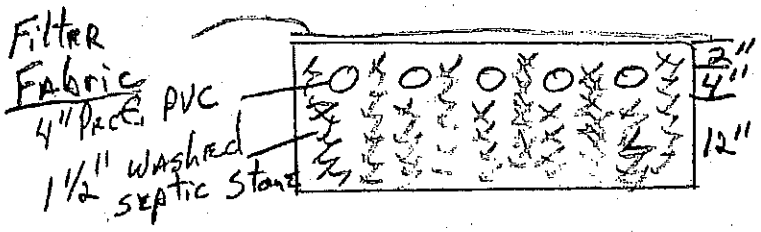
Enlargement and/or soil replacement is **not** allowed under a repair approval. The services of a N.J. licensed engineer must be employed for soil evaluation and application submitted to this Department for any enlargement and/or soil replacement of septic systems.

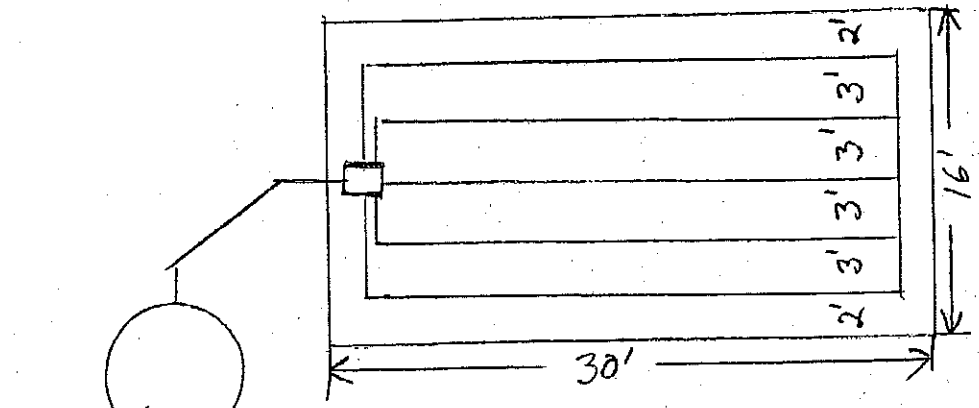
Removal of bio-mat build-up **is** allowed under a repair application.

Repairs to cesspools are **not** allowed.

Include a sketch with this application showing the lot and approximate location of system.

APPROVED
AS BEING IN SUBSTANTIAL COMPLIANCE WITH CHAPTER 199, P.L. 1954
BY M.C. Gavio
DATE 6/10/05
BURLINGTON COUNTY HEALTH DEPT.
COUNTY NUMBER REP128-05





Bryan Residence
8 Pontiac Dr.

APPROVED

AS BEING IN SUBSTANTIAL COMPLIANCE WITH CHAPTER 199, P.L. 19[illegible]

BY _____

DATE 6/10/05

[illegible] '20[illegible]

COUNTY NUM. REP128-05

Pontiac Dr.

Board of Chosen Freeholders
County of Burlington
New Jersey

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard
P.O. Box 6000
Mount Holly, NJ 08060

Tele: (609) 265-5548
Fax: (609) 265-5541

JULY 11, 2005

President and Members
Board of Health
MEDFORD TWP.

Re: Septic Repair Application Rep 128-05
Block 6302 Lot 3
BRYAN
MEDFORD TWP.

Gentlemen:

Pursuant to instructions, a final inspection of the repair/restoration to the individual subsurface sewage disposal system referred to above was conducted on 7-11-05.

Our findings indicate that the repair/restoration of said system was found to be in substantial compliance with the approved application and plans.

Should have any questions concerning this matter you may contact the undersigned.

Sincerely,

MICHAEL C GAVIO
PRINCIPAL SANITARY INSPECTOR
609-265-3735

bk
c Construction Code Official
Owner
file

Township of Medford
17 North Main Street
Medford NJ 08055
609-654-2608

CERTIFICATE

Date Issued: 07/25/2007
Control #: 28286
Permit #: 20070307

IDENTIFICATION

Block: 6302 Lot : 3 Qual:
Work Site Location: 8 PONTIAC DRIVE
MEDFORD
Owner in Fee: BRYAN, WILLIAM & BOBKO, PATRICIA
Address: 8 PONTIAC DRIVE
MEDFORD NJ 08055
Telephone: [redacted]
Agent/Contractor: S F PEDRICK CONSTRUCTION CO. INC.
Address: 800 MARKET STREET
GLOUCESTER CITY, NJ 08030
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
290 GAL TANK REMOVAL

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Richard C. Uschmann, Construction Official

Fees: $0.00
Paid [X] Check No: 1069
Collected by: DMH

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 NORTH MAIN STREET
MEDFORD, NJ 08055
609 - 654-2608

Permit Number: 20070307
Permit Date: 4/17/2007
Update Number:
Control Number: 28286
Application Date: 03/12/07

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 6302 Lot : 3 Qualifier :
Work Site Location: 8 PONTIAC DRIVE MEDFORD

Owner In Fee: BRYAN, WILLIAM & BOBKO, PATRICIA
Address: 8 PONTIAC DRIVE
MEDFORD NJ 08055
Telephone: [redacted]

Use Group(s): U

Contractor: S F PEDRICK CONSTRUCTION CO INC.
Address: 800 MARKET STREET
GLOUCESTER CITY NJ 08030
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X] BUILDING [ ] PLUMBING [X] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

290 GAL TANK REMOVAL

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$600.00
Total Cost:	$600.00

PAYMENTS	(Office Use Only)
Building	$43.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$43.00
All Fees Waived	No

Amount to be Paid: **$43.00**
Check Number: 1069
Check amount: $43.00

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

Richard C. Uschmann DMH — 4/17/07

Richard C. Uschmann
Construction Official — Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: DMH
Receipt No:
Total Cash Amount:
Total Check Amount: $43.00
Total CC Amount:
Grand Total: $43.00

Note:

Need Receipts

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/17/07
Date Issued
Control #
Permit # 20070307

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

Block 10302 Lot 3
Work Site Location 8 PONTIAC DRIVE
MEDFORD, NJ 08055
Owner in Fee BRYAN
Address 8 PONTIAC DRIVE
MEDFORD, NJ 08055.
Tele. [redacted]
Contractor S.F. PRODICK CONST CO.
Address 800 MARKET ST
GLOUCESTER CITY, NJ 08030.
Tele. [redacted] Fax [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
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 AND DISPOSE 290 GALLON UST - #2 HOME HEATING OIL.
- SUPPLY AND INSTALL 275 GALLON BASEMENT TANK - HIGHLAND BRAND TOUGH TANK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/12	SW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/28/08
Approved by:

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other Tank				
Final Demo			5-1-08	RCT
Barrier-Free				

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
- [X] Other TANK INSTALL

[X] Demolition

FEE (Office Use Only)

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

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. (Tank) $ 600.00
2. Alteration (Demo) $ 1200.00
3. Total (1+2) $ 1800.00

~~1800.00~~

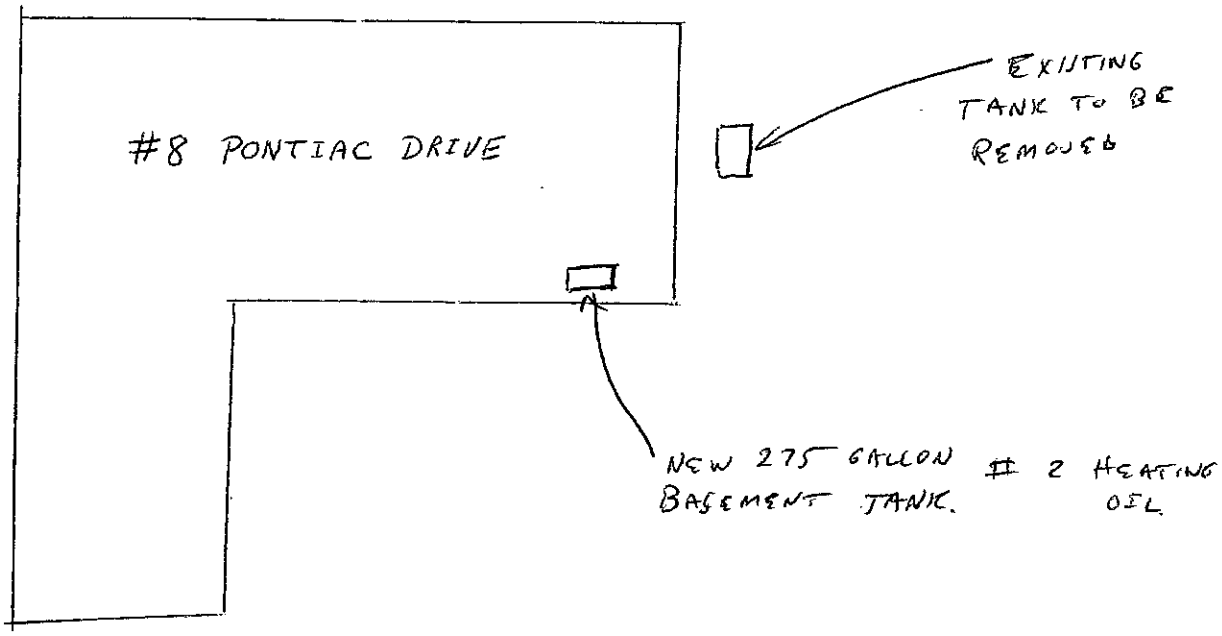
S. F. Pedrick Construction Company Inc.

Commercial - Residential - Industrial
856-456-0985 • Fax 856-456-3367

Office & Yard Location
800 Market Street
Gloucester City, NJ 08030

Mailing Address:
Post Office Box 121
Collingswood, NJ 08108

BRYAN RESIDENCE



Township of Medford

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 03/12/2007
Control #: 28286

Date Issued: 04/17/2007
Permit #: 20070307

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

Block: 6302 Lot: 3 Qualification Code:
Work Site Location: 8 PONTIAC DRIVE

Owner Details
Name: BRYAN, WILLIAM & BOBKO, PATRIC
Address: 8 PONTIAC DRIVE
MEDFORD, NJ 08055
Telephone: [redacted]

Contractor Details
Contractor: S F PEDRICK CONSTRUCTION C
Address: 800 MARKET STREET
GLOUCESTER CITY NJ 08030
Telephone: [redacted]
Fax:
Lic No. or Bldrs Reg. No. [redacted]
Federal Emp. No:

B. BUILDING CHARACTERISTICS

Use Group	Present: U	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure		Ft.	**Est. Cost of Bldg. work:**
Area - Largest Floor		Sq. Ft.	1. New Building. 0.00
New Bldg. Area/All Floors		Sq. Ft.	2. Alteration 0.00
Volume of New Structure		Cu. Ft	3. Demolition 600.00
Total Land Area Disturbed		Sq. Ft	4. Total (1+2+3) $600.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

290 GAL TANK REMOVAL

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other 1 UNDERGROUND T
[ ] Other 2
[ ] Other 3
[X] Demolition

FEE (Office Use Only)

$43.00

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee
Total Fee $43.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

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

SUBCODE APPROVAL
[ ] 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				
Finish-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

U.C.C.F110(rev. 7/03)

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

Township of Medford
17 NORTH MAIN STREET
MEDFORD, NJ 08055
609 - 654-2608

Control Number: 28286
Application Date: 03/12/07

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 6302 Lot : 3 Qualifier :
Work Site Location: 8 PONTIAC DRIVE MEDFORD

Owner In Fee: BRYAN, WILLIAM & BOBKO, PATRICIA
Address: 8 PONTIAC DRIVE
MEDFORD NJ 08055
Telephone [redacted]

Use Group(s): U

Contractor: S F PEDRICK CONSTRUCTION CO INC.
Address: 800 MARKET STREET
GLOUCESTER CITY NJ 08030
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X] BUILDING [ ] PLUMBING [X] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

290 GAL TANK REMOVAL

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$600.00
Total Cost:	$600.00

PAYMENTS	(Office Use Only)
Building	$43.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$43.00
All Fees Waived	No

Amount to be Paid: **$43.00**

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

Richard C. Uschmann
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note: 3-13 L/m for Contr-DS
4/3/07 - Called Contr. w/fee
4/12/07 - Gave fee to Contr-DMB

Township of Medford
17 North Main Street
Medford NJ 08055
609-654-2608

CERTIFICATE

Date Issued: 09/19/2007
Control #: 28288
Permit #: 20070308

IDENTIFICATION

Block: 6302 Lot : 3 Qual:
Work Site Location: 8 PONTIAC DRIVE
MEDFORD
Owner in Fee: BRYAN, WILLIAM & BOBKO, PATRICIA
Address: 8 PONTIAC DRIVE
MEDFORD NJ 08055
Telephone: [redacted]
Agent/Contractor: S F PEDRICK CONSTRUCTION CO. INC.
Address: 800 MARKET STREET
GLOUCESTER CITY, NJ 08030
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
275 GAL TANK INSTALL

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Richard C. Uschmann, Construction Official

Fees: $0.00
Paid [X] Check No: 1069
Collected by: DMH

U.C.O 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 NORTH MAIN STREET
MEDFORD, NJ 08055
609 - 654-2608

Permit Number: 20070308
Permit Date: 4/17/2007
Update Number:
Control Number: 28288
Application Date: 03/12/07

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : - 6302 Lot : 3 Qualifier :
Work Site Location: 8 PONTIAC DRIVE MEDFORD

Owner In Fee: BRYAN, WILLIAM & BOBKO, PATRICIA
Address: 8 PONTIAC DRIVE
MEDFORD NJ 08055
Telephone: [redacted]

Use Group(s): [redacted]

Contractor: S F PEDRICK CONSTRUCTION CO INC.
Address: 800 MARKET STREET
GLOUCESTER CITY NJ 08030
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [X] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

275 GAL TANK INSTALL

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$700.00
Cost of Demolition:	$0.00
Total Cost:	$700.00

PAYMENTS	(Office Use Only)
Building	
Electrical	
Plumbing	$10.00
Fire Protection	$33.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$44.00
All Fees Waived	No

Amount to be Paid: **$44.00**
Check Number: 1069
Check amount: $44.00

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

Richard C. Uschmann DMH — 4/17/07

Richard C. Uschmann
Construction Official — Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: DMH
Receipt No:
Total Cash Amount:
Total Check Amount: $44.00
Total CC Amount:
Grand Total: $44.00

Note:

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4/17/07
Control # 20070308

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 _____ Lot _____ Qualification Code _____

Work Site Location 8 PONTIAC DRIVE
MEDFORD, NJ 08055

Owner in Fee BRYAN

Address 8 PONTIAC DRIVE.
MEDFORD, NJ 08055

Tel [redacted]

Contractor S F PEORICE CONST CO.

Address 800 MARKET ST.
GLOUCESTER CITY, NJ 08030.

Tel [redacted] FAX [redacted]

Contractor License No. [redacted]

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 $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 5-1-07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 5-1-07

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Oil Tank				
Solar				
TCO Final	5-1-07		9/14/07 FC	

5-1-07 -NO ENTRY

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]

Applicant's Signature/Contractor's Seal and Signature

[ ] 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	
X	Fuel Oil Piping	10
____	Gas Piping	
____	LPGas Tank	
X	Oil Tank	✓
____	Steam Boiler	
____	Hot Water Boiler	
____	Sewer Pump	
____	Interceptor/Separator	
____	Backflow Preventer	
____	Greasetrap	
____	Sewer Connection	
____	Water Service Connection	
____	Stacks _____	
____	Other _____	

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

U.C.C. F130 (rev. 07/03)

Township of Medford

Date Received: 03/12/2007 Date Issued: 04/17/2007

PLUMBING SUBCODE TECHNICAL SECTION

Control #: 28288 Permit #: 20070308

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

Block: 6302 Lot: 3 Qualification Code:

Work Site Location: 8 PONTIAC DRIVE

Owner in Fee: BRYAN, WILLIAM & BOBKO, PATRICIA

Address: 8 PONTIAC DRIVE
MEDFORD, NJ 08055

Telephone: [redacted]

Contractor: S F PEDRICK CONSTRUCTION CO. INC.

Address: 800 MARKET STREET
GLOUCESTER CITY NJ 08030

Telephone: [redacted] Fax: [redacted]

Contractor License No.: [redacted] Federal Emp. No.:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building $0.00 2. Alteration $500.00

3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3): $500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other FUEL CONNECTION	$10.00
	Other	
	Other	

Administrative Surcharge	
Minimum Fee	$43.00
State Permit Surcharge Fee	$1.00
TOTAL FEE	$11.00

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C.F130(rev. 1/04)

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 4/17/07
Control # 20070308
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 _____ Lot _____ Qualification Code _____
Work Site Location 8 PONTIAC DRIVE
MEDFORD, NJ 08055
Owner in Fee BRYAN
Address 8 PONTIAC DRIVE
MEDFORD, NJ 08055
Tel [redacted]
Contractor S.F. PEDRICK CONST CO.
Address 800 MARKET ST
GLOUCESTER CITY NJ 08030
Tel [redacted] FAX [redacted]
Contractor License No. [redacted]
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____

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

Fuel Storage Tank -Location: BASEMENT
Fuel Type: [ ] *Flammable* OR [X] *Combustible* *Capacity* 275 gallon

Total Cost of Fire Protection Work $ $200.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. [signature]
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: SUPPLY AND INSTALL 1-275 GALLON BASEMENT TANK - HIGHLAND BRAND TOUGHTANK.
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Alarm Systems	NUMBER	FEE (Office Use Only)
[ ] System		
[ ] 110v Interconnected		
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		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting		
Other _____		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3/15/07
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/1/07
Approved by: [signature]

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 _____				

Township of Medford

FIRE SUBCODE TECHNICAL SECTION

Date Received: 03/12/2007 Control #: 28288

Date Issued: 04/17/2007 Permit #: 20070308

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

Block: 6302 Lot: 3 Qualification Code:

Work Site Location: 8 PONTIAC DRIVE

Owner Details	**Contractor Details**
Owner in Fee: BRYAN, WILLIAM & BOBKO, PAT	Contractor: S F PEDRICK CONSTRUCTION CO. INC.
Address: 8 PONTIAC DRIVE	Address: 800 MARKET STREET
MEDFORD, NJ 08055	GLOUCESTER CITY NJ 08030
Telephone: [redacted]	Telephone: [redacted]
Fire Alarm Contractor No.:	Fax:
Fire Protection Equipment, NJ Div of Fire Safety Installer No.:	License No.: [redacted]
Fire Protection Eqipment, NJ Div of Fire Saftey Permit No.:	Federal Emp. No.:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Constr. Class: Present: Proposed:

Heating Systems: [ ]New [ ]Existing [ ]HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Fire Alarm System: [ ] New or [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New or [ ] Existing

Location of Main Control Valve:

Fuel Storage Tanks:

Type: [ ] Flammable or [ ] Combustible [ ] LPG [ ] LNG Capacity 275 Fuel

1. New: $0.00 2. Alteration: $200.00 3. Demolition: $0.00

Total Cost of Fire Protection (1+2+3) Work : 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required :

[ ] Bldg. [ ] Elec.

[ ] Plumbing [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/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.

_____ Signature

[ ] Certified Contractor

[ ] Exempt Applicant

U.C.C.F140 (rev. 1/04)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

275 GAL TANK INSTALL

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	$33.00
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)		
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Minimum Fee	$43.00
State Permit Surcharge Fee	
TOTAL FEE	$33.00

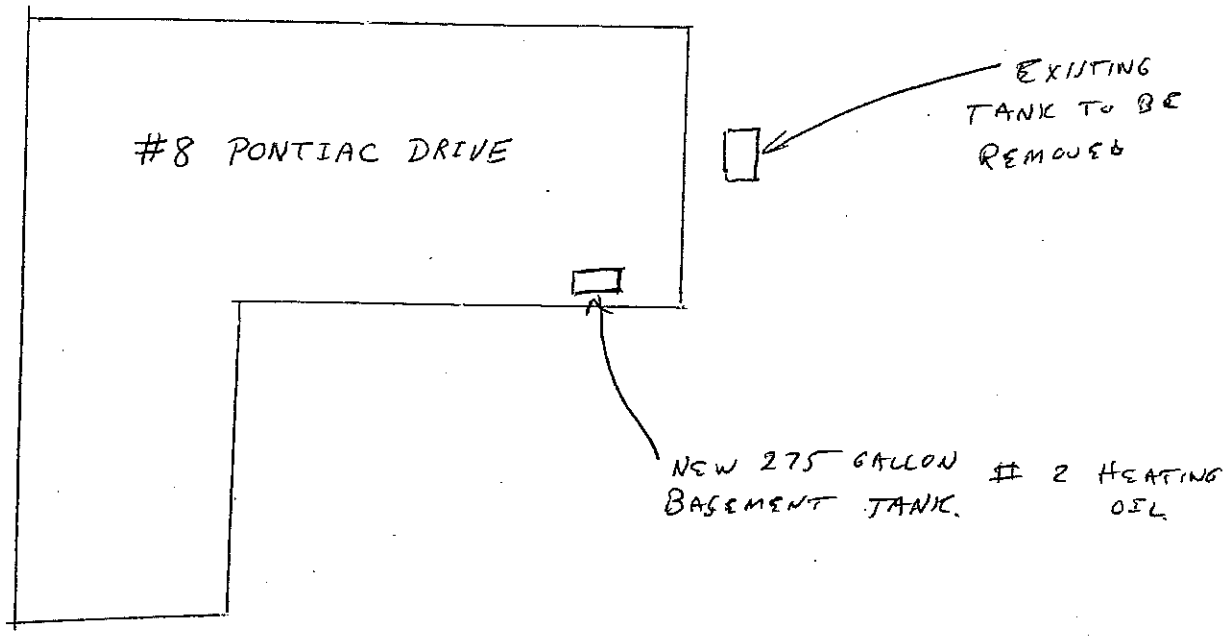
S. F. Pedrick Construction Company Inc.

Commercial - Residential - Industrial
856-456-0985 • Fax 856-456-3367

Office & Yard Location
800 Market Street
Gloucester City, NJ 08030

Mailing Address:
Post Office Box 121
Collingswood, NJ 08108

BRYAN RESIDENCE



Township of Medford
17 NORTH MAIN STREET
MEDFORD, NJ 08055
609 - 654-2608

Control Number: 28288
Application Date: 03/12/07

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 6302 Lot : 3 Qualifier :
Work Site Location: 8 PONTIAC DRIVE MEDFORD

Owner In Fee: BRYAN, WILLIAM & BOBKO, PATRICIA
Address: 8 PONTIAC DRIVE
MEDFORD NJ 08055
Telephone [redacted]

Use Group(s): R-5

Contractor: S F PEDRICK CONSTRUCTION CO INC.
Address: 800 MARKET STREET
GLOUCESTER CITY NJ 08030
Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING [X] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

275 GAL TANK INSTALL

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$700.00
Cost of Demolition:	$0.00
Total Cost:	$700.00

PAYMENTS	(Office Use Only)
Building	
Electrical	
Plumbing	$10.00
Fire Protection	$33.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$44.00
All Fees Waived	No

Amount to be Paid: $44.00

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

Richard C. Uschmann
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note: 3-15 Ltm for Contr. DS

U.C.C. F170 (rev. 1/04)

4/3/07 - Called Contr. w/ fee
4/12/07 gave fee to contr DMB

CONSTRUCTION PERMIT APPLICATION

OPEN

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

I. IDENTIFICATION

1. Proposed Work Site at: 8 Pontiac Drive Medford NJ
2. Name of Owner in Fee: US. Bank Trust, 13801, Wireless Way Oklahoma City, OK 73134
   Tel. ( ) e-mail
   Address 8 (street) Pontiac (municipality) Medford (zip code) 0
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Brewers Heating And Cooling LLC Tel. [redacted]
   Address 3 Hampshire Ct. e-mail [redacted]
   Marlton NJ 08053
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 6/20
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 78189 3/19
   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 Michael C. Brewer Sr.
   Tel. [redacted] FAX: ( ) -

V. FEE SUMMARY (for office use only)

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

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 ____

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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	500				10/4/18	EG			
☒ ~~Plumbing~~ Mechanical	2000				10-4-18	TF			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)* 46716

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 ____

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20180978
Update Number:
Control Number: 46716
Application Date: 10/03/18
Permit Date: 10/4/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 6302 Lot : 3 Qualifier :
Work Site Location: 8 PONTIAC DRIVE MEDFORD

Owner In Fee: US BANK TRUST
Address: 13801 WIRELESS WAY
OKLAHOMA CITY OK, 73134
Telephone: ()

Use Group(s): R-5

Contractor: BREWERS HEATING AND COOLING LLC
Address: 3 HAMPSHIRE COURT
MARLTON NJ, 08053
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [X] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE HOT WATER BOILER, ELECTRIC HWH & AC

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$2,500.00
Cost of Demolition:	$0.00
Total Cost:	$2,500.00

PAYMENTS	(Office Use Only)
Building	
Electrical	$165.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	$180.00
VolFee (DCA)	
AltFee (DCA)	$5.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$350.00
All Fees Waived	No

Amount to be Paid: **$350.00**
Check Number: 374
Check amount: $350.00

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

Richard Falasco PR — 10-4-18

Richard Falasco — Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: PR
Receipt No:
Total Cash Amount:
Total Check Amount: $350.00
Total CC Amount:
Grand Total: $350.00

Note:

Township of Medford

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 10/03/2018
Control #: 46716

Date Issued: 10/04/2018
Permit #: 20180978

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

Block: 6302 Lot: 3 Qualification Code:

Work Site Location: 8 PONTIAC DRIVE

Owner in Fee: US BANK TRUST

13801WIRELESS WAY
OKLAHOMA CITY, OK 73134

E-mail:
Telephone: ()
Contractor: PRICE ELECTRICAL SERVICE
ATTN:
Address: P.O. BOX 1183
HADDONFIELD NJ 08033
E-mail:

DESCRIPTION OF WORK:
REPLACE HOT WATER BOILER, ELECTRIC HWH & AC

Telephone [redacted]
Fax:

Home Improvement Registration No. or Exemption Reason:
Contractor License No.: [redacted] Date: [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
1. New Building: $0.00 2. Rehabilitation: $500.00
3. Demolition: $0.00 Est.Cost of Elec.Work (1+2+3): $500.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electrical Plans Approved
Date: _____ Approved 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:	Dates(Month/Day) Failure	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 Issue				
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

_____ Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 0	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	6.60	KW Elec. Water Heater	$55.00
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	6.60	KW Central A/C Unit	$55.00
1	1.40	HP/KW Space Htr./Air Handler	$55.00
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$166.00

U.C.C.F120(rev. 11/09)

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

Township of Medford

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 10/03/2018 Date Issued: 10/04/2018
Control #: 46716 Permit #: 20180978

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

Block: 6302 Lot: 3 Qualification Code:
Work Site Location: 8 PONTIAC DRIVE
Owner in Fee: US BANK TRUST
Address: 13801 WIRELESS WAY
OKLAHOMA CITY, OK 73134
Telephone: () - Email:
Contractor: BREWERS HEATING AND COOLING LLC
ATTN:
Address: 3 HAMPSHIRE COURT
MARLTON NJ 08053
Telephone: [redacted] Fax: Email:
License No.: [redacted] Exp Date [redacted] Federal Emp. N [redacted]
Home Improvement Registration No. or Exemption Reason: [redacted]

B. MECHANICAL CHARACTERISTICS

Use Group Present: R3, R4 or R5 (circle one) Proposed: R3, R4 or R5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ] Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:
Type: [ ] Hydronic [ ] Hot Air
1. New Building: $0.00 2. Rehabilitation: $2,000.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Plumbing
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mechanical

PLANS APPROVED
Date: _____
Approved by: _____

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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 Print Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE HOT WATER BOILER, ELECTRIC HWH & AC

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
1	Water Heater	
1	Fuel Oil Piping	
0	Gas Piping	
0	Steam Boiler	
1	Hot Water Boiler	
0	Hot Air Furnace	
0	Oil Tank	
0	LPG Tank	
0	Fireplace	
1	Other 1: AC	
0	Other 2:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4.00
TOTAL FEE	$184.00

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 6302 LOT 3 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 8 Pontiac Road Medford NJ 08053

Owner in Fee US Bank Trust.

Verifying Individual Michael C Brewer Sr. Company Brewers Heating and Cooling LLC

Address 3 Hampshire Court, Marlton, NJ 08053
Street City State Zip Code

Tel: (609) 969-7060 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size 6 in

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [X] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	100000 KBTU ~~Stove~~ Boiler	Oil / Gas / Other:	100,000
Appliance 2:	_____	Oil / Gas / Other:	_____
Appliance 3:	_____	Oil / Gas / Other:	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

[signature] Signature 10/11/18 Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

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

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.