

Township of Logan

Linda L. Oswald, RMC, CMR
Municipal Clerk
RMC License # C-1293
CMR License # 1965
email: loswald@logan-twp.org



125 Main Street • P.O. Box 314
Bridgeport, New Jersey 08014
Phone: (856) 467-3424
Fax: (856) 467-1061

November 6, 2018

Camille Hamel-Davis
Langan Engineering & Environmental Services, Inc.
Via: Email opra+request-2816-9cad0d68@requests.opramachine.com

RE: OPRA Request #168-2018
3 Hawk Court, Block 1602, Lot 31

Dear Ms. Davis:

As the Official Records Custodian for Logan Township, I received your Open Public Records Act (OPRA) request on October 26, 2018. As such, the seven (7) business day deadline to respond to your request is November 6, 2018. This response to your request is being provided to you on the 7th business day after the Township's receipt of said request.

The following records are being provided in their entirety and are responsive to your request:

1. Certificate of Occupancy, 2 pages.
2. Property History Report, 1 page.
3. Permits, 23 pages.

Copying fee waived due to the records provided by email as your preferred method of delivery. There are no other records on file regarding your OPRA Request. No Right To Know Surveys on file.

If your request for access to a government record has been denied or unfilled within the (7) business days required by law, you have a right to challenge the decision by Logan Township 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 Counsel (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 web site 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 County Clerk in your County.

Sincerely,

Linda L. Oswald, RMC, CMR
Municipal Clerk
Records Custodian

llo

PD
Constr.
#1682018

Linda Oswald

From: Camille Hamel-Davis <opra+request-2816-9cad0d68@requests.opramachine.com>
Sent: Friday, October 26, 2018 10:00 AM
To: Linda Oswald
Subject: OPRA request - 3 Hawk Court

Dear Logan Township,

This is a request for public records made under OPRA and the common law right of access. Please acknowledge receipt of this message.

Langan Engineering and Environmental Services, Inc. (Langan) is currently conducting a Phase I Environmental Assessment of the property at located at 3 Hawk Court, in Logan Township at block 1602, Lot 31. We are requesting copies of Building permits, certificate of occupancy, permits for Above Ground Storage Tanks and/or Underground Storage Tanks, any permits for electric, heating and copies of Right to Know Survey from building inception to 2018.

Many thanks for your help compiling all these records,

Camille Hamel-Davis

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-2816-9cad0d68@requests.opramachine.com

Is loswald@logan-twp.org the wrong address for OPRA requests to Logan Township? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=logan_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/3_hawk_court

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.



CERTIFICATE

CERT. NO.	88-302		
DATE ISSUED	8-29-89		
Block	41 & 46	Lot	1
Subdivision			

IDENTIFICATION

Owner	A-1 Pipe	Agent	JAMES SUNDAY, JR.
Address	3 HAWK COURT	Address	510 HERON DRIVE
	BRIDGEPORT, N.J. 08014		BRIDGEPORT, N.J. 08014
Tel.	(215) 622-4900	Tel.	() 467-2333
Work Site Address	3 HAWK COURT	Lic. No.	
	PURELAND IND PK - LOGAN TWP	Federal Emp. No.	22-2172130

PAYMENTS

Fees Remitted	\$ 823.63
☒ Check No.	3224/3802
☐ Cash	
☐ Other	
Collected By:	BLW
Date:	3-23-89/7-12-89

CERTIFICATE OF OCCUPANCY/APPROVAL

- A. ☒ CERTIFICATE OF OCCUPANCY ☐ 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.

- B. ☐ 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.

- C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

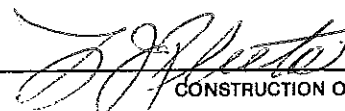
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

NEW CONSTRUCTION

USE GROUP	S1	FIRE GRADING	
MAXIMUM LIVE LOAD		MAXIMUM OCCUPANCY LOAD	
SPECIFIC USE	WAREHOUSE/OFFICE		

FINAL COST OF CONSTRUCTION: \$ 950,000.00


CONSTRUCTION OFFICIAL

TOWNSHIP OF LOGAN
RESALE/RENTAL CERTIFICATE

NUMBER: 2009047

DATE ISSUED: 7/29/09

OWNER: QUAGMEYER TWO, LLC

BLOCK: 1602 LOT: 31

ADDRESS: 190 NORTH OBERLIN AVE

AGENT: GERALD ZIMMER

LAKEWOOD, NJ 08701

ADDRESS: 21 ROLAND AVE

TEL: ()

MOUNT LAUREL, NJ 08054

BLD. SITE ADDRESS: 3 HAWK COURT

TEL: () 856-234-9600

LOGAN TWP, NJ 08085

RESALE: _____ RENTAL: XXXX

SELLING PRICE: _____

NEW OWNER/TENANT: MMD EQUIPMENT

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.

NOTE: EXECUTION AND DELIVERY OF THIS DOCUMENT SHALL NOT CONSTITUTE ANY TYPE OF WARRANTY OR GUARANTEE. BUT SAME IS MERELY A REPORT OF EXISTING PHYSICAL CONDITIONS OF THE PREMISES AS THE RESULT OF A VISUAL INSPECTION OF THE SAME.

THIS INSPECTION DOES NOT INCLUDE A TERMITE INSPECTION.

MEETS SMOKE DETECTOR CERTIFICATION AS PER 5:70-2.3.

MEETS CARBON MONOXIDE CERTIFICATION AS PER 5:70-2.3.

COMMENTS:

NOT VALID AFTER 60 DAYS FROM DATE OF ISSUE.

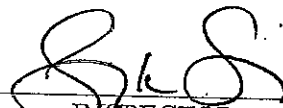
USE GROUP: _____

SPECIFIC USE: COMMERCIAL

FEE REMITTED: \$40.00

COLLECTED BY: BLM

DATE: 7/13/09


INSPECTOR

Property History

3 HAWK CT

Block/Lot **1602/31**
Owner **DIGITAL RECORDS MANAGEMENT INC**
PO BOX 570171
TARZANA, CA 91357

Log of Actions, Letters and Contacts

<u>Date</u>	<u>Type</u>	<u>Name</u>	<u>Summary</u>
(None on File)			

Construction Permits

<u>Permit No.</u>	<u>Date</u>	<u>Description (May be Shortened)</u>	<u>Subcodes</u>	<u>Cert Date</u>	<u>Est Value</u>
2005468	12/01/05	8 FT CHAIN LINK FENCE	BLD	3/29/06	9804
200900239	8/14/09	INTERIOR RENOS	BLD ELE	9/03/09	7300
200900240	8/14/09	INSTALLTION OF 3 FLAG POLES	BLD	9/03/09	1700
200900311	10/19/09	TWO POWER POLES	ELE	9/14/10	300
200900392	12/23/09	PALLET RACKING	BLD ELE	11/23/10	13000
200900392 V	12/23/09	FINE FOR DOING WORK W/O PERMITS	OTH		0
201800464	10/31/18	INSTALL (1) 5' X 20' X 2" FRAMED ALUMINUM SINGLE FREE WALL SIGI	BLD		900
201800465	10/31/18	NEW LIGHTS,GARAGE DOOR,6"BALLARDS,POLISH CONCRETE,COUN	BLD PLU		111659
201800465 A	10/31/18	INSTALL (47) LIGHTING FIXTURES, (20) RECEPTACLES, (2) SWITCHES	ELE		19500

Planning/Zoning Applications

<u>Applic No.</u>	<u>Type</u>	<u>Venue</u>	<u>Applic</u>	<u>Date</u>	<u>Approved</u>	<u>Project</u>	<u>Applicant</u>
(None on File)							

Construction Permit Inspections

<u>Date</u>	<u>Permit No.</u>	<u>Type</u>	<u>Subcode</u>	<u>P/E</u>	<u>By</u>	<u>Result(May be Shortened)</u>
3/29/06	2005468	FIN	BLDG	P	PDA	
8/18/09	#####	FRAM	BLDG	P	CRB	
8/18/09	#####	ROUGE	ELEC	P	CRB	
8/24/09	#####	FOOT	BLDG	P	CRB	
9/03/09	#####	FIN	BLDG	P	CRB	
9/03/09	#####	FIN	ELEC	P	CRB	
9/03/09	#####	FIN	BLDG	P	CRB	
11/04/09	#####	FIN	ELEC	F	CRB	Power pole to be secured. Close all unused openings in j-boxes
11/12/09	#####	FIN	ELEC	F	CRB	K.O. seal missing. Check support of box.

LOGAN TOWNSHIP

P.O. BOX 314
BRIDGEPORT, NJ 08014
(856)467-3626 FAX (856)467-9260

11/02/18



CONSTRUCTION PERMIT

Date Issued 12/01/05

Permit # 2557

2005468

IDENTIFICATION Block 1602 Lot 31 Qualification Code
Work Site Location 3 HAWK COURT Contractor FOUR SEASON FENCE
PURELAND - LOGAN TWP Address PO BOX 254
Owner in Fee FERGUSON BUILD PROP MANTUA, NJ 08051
Address 3 HAWK COURT Tel. (856) 468-8342
LOGAN TWP, NJ 08085 Lic. No. or Bldrs. Reg. No. 13VH000042300
Tel. (856) 467-4477

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

8 FOOT CHAIN LINK FENCE

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 \$ 9804.00

Shirley D. Ottman
Construction Official

Date

12/01/05

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)

Building 167.00
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 13.00
Cert. of Occupancy
Other 180.00
Total 1597
Check No. 1597
Cash

Collected by BLM DEP. 12/02/05



**BUILDING SUBCODE
TECHNICAL SECTION**



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

Block 1602 Lot 31 Qualification Code _____
Work Site Location KINGSTON BUILDING PROPERTIES
3 HAWK AT BRIDGEMANT RD 08014
Owner in Fee QUAGMAYERS TWO LLC
Address 190 N. 10800 RD
LAKWOOD NJ 08701
Tel. (732) 905-1742
Contractor 4 SEASONS FENCE CO
Address PO BOX 754
MAINTVA NJ 08051
Tel. (856) 488-8242 FAX ()
Contractor License No. or Builder Registration No. 13VH00042300
Federal Emp. No. 22-3444853

JOB SUMMARY (Office Use Only)

PLAN/REVIEW	Date	Initial	INSPCTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required	<u>12/1</u>	<u>PS</u>	Type: <u>Footings</u>				
☐ All			<u>Footings</u>				
☐ Footing			<u>Footings Bonding</u>				
☐ Foundation			<u>Foundation</u>				
☐ Frame			<u>Slab</u>				
☐ Other			<u>Frame</u>				
			<u>Truss Sys./Bracing</u>				
			<u>Barrier-Free</u>				
			<u>Insulation</u>				
			<u>Finishes -Base Layer</u>				
			<u>Finishes -Final</u>				
			<u>Energy</u>				
			<u>Mechanical</u>				
			<u>TCO</u>				
			<u>Other</u>				
			<u>Final</u>				
			<u>Barrier-Free</u>				

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____
Approved by: _____

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: 9804

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ _____

Date Received 12/01/05
Control # _____
Date Issued _____
Permit # 2005468

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]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

8ft chain link FENCE

FEE (Office Use Only)

\$ _____
TYPE OF WORK:
☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☒ Fence 8FT Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5.17
☐ Other _____
☐ Demolition

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 13-

TOTAL FEE \$ 186-



CONSTRUCTION PERMIT

Date issued 12/23/2009
Permit # 200900392

IDENTIFICATION Block 1602 Lot 31 Qualification Code
Work Site Location 3 HAWK COURT Contractor DIVERSIFIED RACK & SHELVING
LOGAN TOWNSHIP NJ 08085 Address 603 RT 130 N
Owner in Fee MMD EQUIPMENT/ GURMEET SAHANI EAST WINDSOR, NJ 08520
Address 3 HAWK COURT Tel. (609) 448-6262
LOGAN TOWNSHIP NJ 08085 Lic. No. or Bldgs. Reg. No. 22 306 5944
Tel. (.856) 467-3200

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL PALLET RACK

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 \$ 130,000.00

A. P. Boorha
Construction Official

Date

12/23/09

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

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)

Building 221.00
Electrical 35.00
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 22.00
Cert. of Occupancy _____
Other _____
Total 278.00
Check No. xxx
Cash _____
Collected by TL



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received
Control #
Date Issued 12/23/2009
Permit # 200900393

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

Block 1602 Lot 31 Qualification Code _____
Work Site Location 3 HAWK CT.
Owner In Fee: SWEDES BORO, NJ 08085
Tel. (856) 467-3200 e-mail _____
Address 3 HAWK CT., SWEDES BORO, NJ 08085
Contractor: DIVERSIFIED RACK & SHELVING Tel. (609) 446 6262
Address 603 RT. 130N. E. WINDSOR, NJ 08520
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22 306 5944 FAX: () _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required			Failure
☐ All	<u>12-23-10</u>	<u>2223</u>	Dates (Month/Day)
☐ Footing			Failure
☐ Foundation			Approval
☐ Frame			Initial
☐ Other			
Joint Plan Review Required:			
☐ Elec. () Plumb. () Fire () Elevator			
SUBCODE APPROVAL			
☐ CO () CCO () CA			
Date: <u>11-23-10</u>			
Approved by: <u>D.R. Barber</u>			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>1500.00</u>
No. of Stories	<u>1</u>		2. Rehabilitation \$ <u>1500.00</u>
Height of Structure	<u>24' CLEAR</u>		3. Total (1+2) \$ <u>1500.00</u>
Area — Largest Floor	<u>25,300</u>		
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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 Ron Long

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL PALLET RACKING PER ATTACHED SEALED DRAWING W/ EGRESS & SEISMIC CALCULATIONS.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement
- ☐ Lead Haz. Abatement
- ☒ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)
\$ _____

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

1602 31

CHANGE OF CONTRACTOR

11/05/2010

Date Received
Control #
Date Issued
Permit #

12/23/09
200900392

ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 1602 Lot 31 Qualification Code _____
Work Site Location 3 HALL CT

Owner in Fee MANA
Address 5 AMB

Tel () 467 3200

Contractor DISPATCH ELECTRICAL INC

Address PO BOX 185

Tel () 848 4600 FAX () _____

Contractor License No. 13184

Federal Emp. No. 22-333 9216

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as STG Utility Co. AC
Est. Cost of Elec. Work \$ 3500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
[] No Plans Required	11-10-09		Type: Rough				
Joint Plan Review Required:			Barrier-Free				
[] Building [] Plumbing			Trench				
[] Fire [] Elevator			Temp. Serv.				
[] Elec. Plans Approved			Constr. Serv.				
Date: _____			TCO				
Approved by: _____			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued				
Date: <u>11-23-10</u>			Annual Pool Inspection				
Approved by: <u>Ch. Bantam</u>			Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/owner) 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 Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

E. 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 1/4 HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

Administrative Surcharge \$	37
Minimum Fee \$	6
State Permit Surcharge Fee \$	
TOTAL FEE \$	41

FEE (Office Use Only)

\$ 30



CONSTRUCTION PERMIT

Date Issued 10/19/09
Permit # 200900311

IDENTIFICATION Block 1602 Lot 31 Qualification Code 31
Work Site Location 3 HAWK COURT
PURELAND IND PK
Owner in Fee MMD
Address 3 HAWK COURT
LOGAN TWP., NJ 08014
Tel. (856) 467-5495
Lic. No. or Bldrs. Reg. No. 12383
856 () 467-3200

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

2 POWER POLES

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 \$ 300.00

Al. Beaton 10-6-09
Construction Official Date

PAYMENTS (Office Use Only)
Building _____
Electrical 35.00
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 1.00
Cert. of Occupancy _____
Other _____
Total 36.00
Check No. 3550
Cash _____
Collected by PDA
(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



RECEIVED

SEP 03 2009

LOGAN TOWNSHIP

Date Received

Control #

Date Issued

Permit #

10/19/09

200900311

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

Block 1602 Lot 3 Hawthorn CT Qualification Code CT
Work Site Location Logan Twp NJ

Owner in Fee MMD
Address 3 Hawthorn CT

Tel. (856) 467-3200

Contractor REISTLE ELECT. CONTR.
Address LICENSE# 12383

Tel. (856) 467-3200

Contractor License No. 16 Main St
Bridgeport NJ 08014

Federal Emp. No. Phone# 856-467-5495

Cell 856-2970630

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[] Pole/Pad # 10-5 [] Temporary [] Other ACE

Building Occupied as Storage Utility Co. ACE

Est. Cost of Elec. Work \$ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	DATES (Month/Day)	
[] No Plans Required	<u>10-5</u>	<u>ace</u>	Failure	Approval
Joint Plan Review Required:				
[] Building [] Plumbing				
[] Fire [] Elevator				
[] Elec. Plans Approved				
Date: _____				
Approved by: _____				
SUBCODE APPROVAL				
[] CO [] CCO [] CA				
Date: _____				
Approved by: _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am (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 Robert J. Reistle

[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors - Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		<u>Power Poles</u>
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Hot Tub
		KW Elec. Ranger/Receptable
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptable
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/4 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 300.00

Administrative Surcharge \$ 35.00
Minimum Fee \$ 35.00
State Permit Surcharge Fee \$ 36.00
TOTAL FEE \$ 36.00



CONSTRUCTION PERMIT

Date Issued

8/14/09
200900240

Permit #

IDENTIFICATION Block 1602 Lot 31 Qualification Code 31
Work Site Location 3 HAWK COURT Contractor CS BUILDERS
LOGAN TWP, NJ 08085 Address 100 DOBBS LANE
GURMEET SAHANI CHERRY HILL, NJ 08034
Owner in Fee SAME AS ABOVE Tel. (856) 354-0001
Address Lic. No. or Bldrs. Reg. No.

Tel. (856) 467-3200

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALLATION OF 3 FLAG POLES

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 \$ 1,700.00

C. P. Bastian Date 8-13-09
Construction Official

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

1. WHITE-INSPECTOR

2. CANARY-OFFICE

3. PINK-TAX ASSESSOR

4. GOLD-APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)

Building 35
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee 3
Cert. of Occupancy
Other
Total 38
Check No. 2593
Cash
Collected by BMM 8/17/09



BUILDING SUBCODE TECHNICAL SECTION

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

Block 1602 Lot 31 Qualification Code _____
Work Site Location 3 Hawk Ct Logan Twp, NJ

Owner in Fee Gurmeet Sahani
Address 3 Hawk Ct Logan Twp, NJ

Tel. (856) 467-3200

Contractor CS Builders

Address 100 Pabbs Lane Cherry Hill, NJ 08034

Tel. (856) 354-0001 FAX (856) 354-0015

Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required			Type:
☒ All	<u>8-10</u>	<u>CLB</u>	Footings
☐ Footing			Footings Bonding
☐ Foundation			Foundation
☐ Frame			Slab
☐ Other			Frame
			Truss Sys./Bracing
			Barrier-Free
			Insulation
			Finishes-Base Layer
			Finishes-Final
			Energy
			Mechanical
			TCO
			Other
			Final
			Barrier-Free
Joint Plan Review Required:			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			
SUBCODE APPROVAL			
☐ CO ☐ CCO ☐ CA			
Date: _____			
Approved by: _____			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	_____	_____
Height of Structure	<u>28'</u>	_____ Ft.
Area - Largest Floor	<u>28,000</u>	_____ Sq. Ft.
New Bldg. Area/All Floors	<u>32,000</u>	_____ Sq. Ft.
Volume of New Structure	_____	_____ Cu. Ft.
Total Land Area Disturbed	_____	_____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	\$ <u>1760-</u>
2. Rehabilitation	\$ _____
3. Total (1+2)	\$ _____



RECEIVED

JUL 31 2009

C. CERTIFICATION OF AGENT

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of 3 flag poles at front of property

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☒ Other 3 Flag poles
- ☐ Demolition

Fee (Office Use Only)

\$ _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

35-



CONSTRUCTION PERMIT

Date Issued 8/14/09
Permit # 200900239

IDENTIFICATION Block 1602 Lot 31 Qualification Code _____
Work Site Location 3 HAWK COURT Contractor CS BUILDERS
LOGAN TWP, NJ 08085 Address 100 DORRIS LANE
Owner in Fee MMD EQUIPMENT/ GURMEET SAHANI CHERRY HILL, NJ 08034
Address SAME AS ABOVE Tel. (856) 354-0001
Lic. No. or Bldrs. Reg. No. _____
Tel. (856) 467-3200

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL A NEW WALL, 3 NEW DOORS, AND ONE NEW SUPPLY LINE

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 \$ 7,300.00

CL B... Date 8-12-09
Construction Official

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

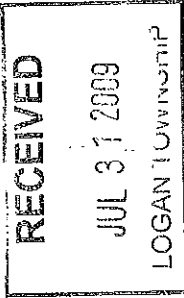
1. WHITE-INSPECTOR 2. CANARY-OFFICE 3. PINK-TAX ASSESSOR 4. GOLD-APPLICANT

PAYMENTS (Office Use Only)	
Building	102
Electrical	35
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	12
Cert. of Occupancy	
Other	
Total	149
Check No.	2590
Cash	
Collected by	JMH dep. 8/14/09

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

8/14/09
200900239

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

Block 1602 Lot 31 Qualification Code _____

Work Site Location 3 Hawk Ct

Owner in Fee: Gurmeet Sabani / MMD Equip

Tel. (856) 467-3200 e-mail _____

Address same

Contractor: C.S. Builders municipality _____ Tel. (856) 354-0001 zip code _____

Address 100 Park Lane Cherry Hill, NJ 08034

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

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

Federal Emp. ID No. _____ FAX: (856) 354-0015

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
No. Plans Required	Date Initial	Type	Failure	Failure	Approval
☒ All	<u>8-11-09</u>	Footings			
☐ Footing		Foundation			
☐ Foundation		Slab			
☐ Frame		Frame			
☐ Other		Tuss/Sys/Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec.	☐ Plumb	Insulation			
☐ Fire	☐ Elevator	Finishes-Base Layer			
SUBCODE APPROVAL		Finishes-Final			
☐ CO	☐ ECO	Energy			
☐ CA		Mechanical			
Date		TCO			
Approved by		Other			
		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Const. Class	Present	Proposed	1. New Bldg. \$ <u>0</u>
No. of Stories	<u>1</u>		2. Rehabilitation \$ <u>6,000</u>
Height of Structure	<u>28'</u>		3. Total (1+2) \$ <u>6,000</u>
Area — Largest Floor	<u>2,800</u>		
New Bldg. Area/All Floors	<u>32,000</u>		
Volume of New Structure			
Total Land Area Disturbed			

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 Michael Sabani

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 46' of New Wall & 3 New Doors
add one new Supply line and a return.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

\$ 102.5

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

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

U.C.C. F110 (rev. 7/06)

Reorder from OCS Printing (609) 390-1400



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 1602 Lot 31 Qualification Code _____

Work Site Location 3 Hawk Ct

Owner in Fee Pureland

Address Garmeen Sahani / MMD Equip.

Tel (856) 254-4903

Contractor SMITH ELECTRIC

Address 26 CARITON AVE

Tel (856) 254-4903

Contractor License No. 6746

Federal Emp. No. 22235 8820

FAX (856) 486-2115

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1300

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 8-11-09

Approved by: C.L.B. Beshar

SUBCODE APPROVAL

[] CO [] CCO [] TCA

Date: 9-3-09

Approved by: C.L.B. Beshar

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

U.C.C. F120 (rev. 07/03) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

RECEIVED

AUG 3 2009

C.S BUILDERS, LLC

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.

George J. Hark

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

1 Lighting Fixtures

10 Receptacles

3 Switches

Detectors

Light Poles

1 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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 30

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

35

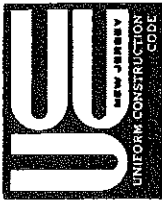
2

39

Date Received
Control #

Date Issued
Permit #

8/14/09
200900239



CONSTRUCTION PERMIT

PERMIT NO. 88-302
DATE ISSUED 12-22-88
Block 4/946 Lot 1
Subdivision _____

A. IDENTIFICATION

Owner A-1 Pipe Agent James J. Sunday Jr.
Address 3 Hawk Court Address 510 Heron Drive
Bridgeport, NJ 08014
Tel. (215) 622-4900 Tel. (609) 467-2333
Work Site Address 3 Hawk Court Lic. No. _____
Bridgeport, NJ Federal Emp. No. 22-2172130

is hereby granted permission
to perform the following work:

☒ BUILDING ☒ ELECTRICAL
☒ PLUMBING ☒ FIRE PROTECTION
☒ OTHER ###

Description of work:

Construction of New 32,000 SF building
for office/warehouse use.

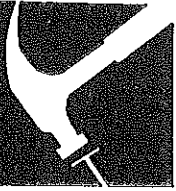
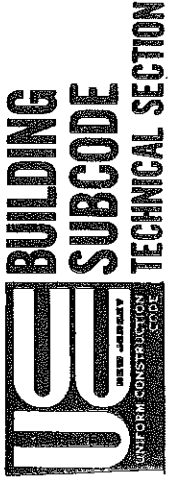
Footings and Foundation only

PAYMENTS

Permit Fee \$ 2000.00
Fees Remitted \$ 2000.00
☐ Check No. _____
☐ Cash _____
☐ Other _____
Collected By: BLW
Date: _____

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.

950 003



PERMIT NO. 88-302
DATE ISSUED 12-22-88
REVISION DATE _____
Block 4/946 Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner A-1 Pipe
Address 3 Hawk Court
Bridgeport, NJ 08014
Tel. (609) 622-4900
Work Site Address 3 Hawk Court

Contractor Center Square Builders
Address 500 Heron Drive
Bridgeport, NJ
Tel. (609) 467-1200
Lic. No. _____
Federal Emp. No. 22-2172130

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Construction of new 32,000 SF building for office/warehouse use.

Footings & Foundations only

☒ See Plans

TYPE OF WORK:

- ☒ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other

Fee Basis

Fee

SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

\$ 2000.00

Footings & Foundations

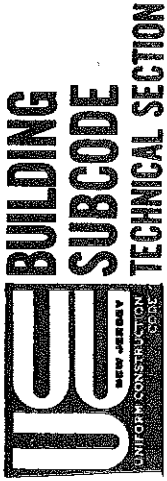
C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1 Total Building Area-All Floors 33,561 Sq. Ft.
Height of Structure 26' 10" Ft. Volume of Structure _____ Cu. Ft.
Area-Largest Floor 32,000 Sq. Ft. Total Land Area Disturbed 174,240 Sq. Ft.
Estimated Cost of Building Work: \$ 950,000

D. COMMENTS

☒ Partial Releases ☐ Prototype Processing



A-1 Pipe

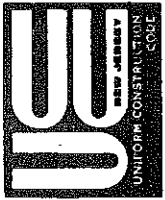
PERMIT NO. 88-302
DATE ISSUED 3-23-89
REVISION DATE _____
Block 41946 Lot 1
Subdivision _____

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
AGENT'S SIGNATURE _____

A. IDENTIFICATION
APPLICANT - Complete unshaded areas only When changing contractors, notify this office
Owner A-1 Pipe Contractor Cents Square Builders
Address Three Mallard Court Address 510 Heron Drive
Bridgeport, NJ 08014 Bridgeport, NJ
Tel. () _____ Tel. (609) 462-1200
Work Site Address Three Mallard Ct. Lic. No. _____
Federal Emp. No. 22-2172130

B. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.
Construction of new 32,200 S.F. Office/warehouse building.
TYPE OF WORK:
☒ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____
Fee Basis _____ Fee _____
SUBTOTAL _____
Minimum Building Fee (if applicable) _____
Total Building Fee (Greater of Minimum or Subtotal) _____
See Plans ☒

C. BUILDING CHARACTERISTICS
USE GROUP: _____ Present 51 Proposed _____
No. of Stories 1 Total Building Area-All Floors 32,561 Sq. Ft.
Height of Structure 26' 10" Ft. Volume of Structure 823,223 Cu. Ft.
Area-Largest Floor 32,200 Sq. Ft. Total Land Area Disturbed 174,240 Sq. Ft.
Estimated Cost of Building Work: \$ _____
D. COMMENTS
☒ Partial Releases ☐ Prototype Processing



NOTICE OF PERMIT UPDATE

IDENTIFICATION

Owner A-1 Pipe Agent James J. Sunday Jr.
Address 3 Hawk Ct Address 510 Heron Drive
Bridgeport, NJ 08014 Bridgeport, NJ
Tel. (215) 622-4000 Tel. (609) 467-2333
Work Site Address 3 Hawk Ct Lic. No. _____
Pine Island Ind PK - Logan Twp Federal Emp. No. 22-2172130

is hereby granted permission
to perform the following work:

- ☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☒ FIRE PROTECTION
☒ OTHER Mech

848 r e n n

Description of work:

WARE House / office

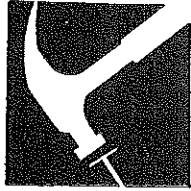
[Signature]

PERMIT NO. 88-302
DATE ISSUED 3-23-89
Block 41446 Lot 1
Subdivision _____

PAYMENTS

Permit Fee \$6753.53
Fees Remitted \$6753.53
☐ Check No. 3224
☐ Cash _____
☐ Other _____
Collected By: RLW
Date: 3-23-89

APR 1971



PERMIT NO. 88-302
DATE ISSUED 3-13-89
REVISION DATE _____
Block 41 & 46 Lot 1
Subdivision _____

CERTIFICATION IN LIEU OF OATH:
*(Complete for Minor Work and
Small Job Only)*

I hereby certify that the proposed work
is authorized by the owner of record
and I have been authorized by the
owner to make this application as his
agent.


AGENT SIGNATURE

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner XXXXXXXXXXXX A-1 Pipe

Address Three Hawk Court
Bridgeport, NJ

Tel. (609) 467-2333

Work Site Address Three Hawk Court
Bridgeport, NJ

When changing contractors, notify this office

Contractor Center Square Builders

Address 510 Heron Drive
Bridgeport, NJ

Tel. (602) 467-1000

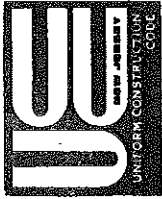
Lic. No. _____

Federal Emp. No. 22-2172130

B TECHNICAL SITE DATA		TYPE OF WORK:		Fee Basis	Fee
DESCRIPTION OF WORK Give detail description including materials used, dimensions, etc.	Installation of HVAC system.	☒ New Building			
		☐ Addition			
		☐ Alteration/Renovation			
		☐ Roofing			
		☐ Siding			
		☐ Other _____			
		☐ Demolition			
		☐ Miscellaneous			
		☐ Fence			
		☐ Sign			
☐ Pool					
☐ Elevator					
☐ Other _____					
				SUBTOTAL	\$
				Minimum Building Fee (if applicable)	\$
				Total Building Fee (Greater of Minimum or Subtotal)	\$

See Plans XXXX

C. BUILDING CHARACTERISTICS				D. COMMENTS	
USE GROUP:	_____	Present	_____	_____	☒ Partial Releases ☐ Prototype Processing
No. of Stories	_____		Total Building Area—All Floors	Sq. Ft.	
Height of Structure	_____ Ft.		Volume of Structure	Cu. Ft.	
Area—Largest Floor	_____ Sq. Ft.		Total Land Area Disturbed	Sq. Ft.	
Estimated Cost of Building Work: \$				58,000.00	



NOTICE OF PERMIT UPDATE

PERMIT NO. 88-302U
DATE ISSUED 3-27-89
Block 41 & 40 Lot 1
Subdivision _____

IDENTIFICATION

Owner A-1 PIPE
Address 3 HAWK COURT
BRIDGEPORT, NJ 08014
Tel. () 467-2333
Work Site Address 3 HAWK COURT
PURELAND IND PK - LOGAN TWP.

Agent JAMES SUNDAY
Address 510 HERON DRIVE
BRIDGEPORT, NJ 08014
Tel. () 467-2333
Lic. No. _____
Federal Emp. No. 22-2172130

PAYMENTS

Permit Fee \$ 170.00
Fees Remitted \$ 170.00
☒ Check No. 3063
☐ Cash
☐ Other
Collected By BLW
Date: 3-28-89

is hereby granted permission
to perform the following work:

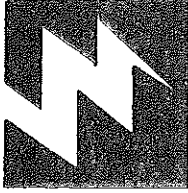
- ☐ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

Description of work:

20000
20000



ELECTRICAL SUBCODE TECHNICAL SECTION



PERMIT NO. 88-3624
DATE ISSUED 3-28-89
REVISION DATE _____
Block 41-246 Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner A-1 Pipe Contractor LARRY SCARPA
Address Three Hawk Court Address 13 MADISON Rd
Tel. Bridgeport, NJ 08014 Tel. ELMER NJ. 08318
(609) 467-2333 Tel. 1-358 6472
Work Site Address Three Hawk Court Lic. No./Bus. Permit 3661
Bridgeport, NJ 08014 Federal Emp. No. 22-2651168

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

James J. Borden
AGENT SIGNATURE

B. TECHNICAL SHEET DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
26	Switching Outlets	\$53.00	2	H.V.A.C. Equipment	\$10.00
110	Lighting Outlets			Switching Devices	
76	Receptacle Outlets		1	Transformers	5.00
	Range/Oven			Motors/Generators/Compressors (state no. and size of each)	
1	Dryer, Electric	5.00			
	Water Heater, Electric				
26	Heating, Electric				
40	Switches	33.00	2	5 HP	10.00
76	Lighting Fixtures			Other	
	Receptacles			Other	
1	Bonding, Pool/Vault	34.00		Other	
	Service/Feeders			Other	
COLUMN 1 \$433.00			COLUMN 2 \$23.00		
COLUMN 1			COLUMN 2		
SUBTOTAL \$170.00			SUBTOTAL \$23.00		
Minimum Electrical Fee (if applicable) \$			Minimum Electrical Fee (if applicable) \$		
Total Electrical Fee (Greater of Minimum or Subtotal) \$190.00			Total Electrical Fee (Greater of Minimum or Subtotal) \$190.00		

C. ELECTRICAL CHARACTERISTICS

USE GROUP: Present 52 Proposed 52
Service: 400 Amps 3 Phase 46 Type 46
500 MCM Wire 400 Volts 1 Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: \$ 30,000

D. COMMENTS

☒ Partial Releases ☐ Prototype Processing



A-1 P, 22

PERMIT NO. 88-382
DATE ISSUED 3-23-89
REVISION DATE _____
Block 41946 Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner 4-1 Pipe
Address Three Hawk Court
Bridgeport, NJ 08014
Tel. () 1
Work Site Address Three Hawk Court

Contractor Center Sq. Builders
Address 510 Heron Drive
Bridgeport, NJ 08014
Tel. (609) 467-1000
Lic. No. _____
Federal Emp. No. 22-2172130

CERTIFICATION IN LIEU OF OATH:

**(Complete for Minor Work and
Small Job Only)**

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Partial (specify in comments) _____
 Areas Sprinkled: ☒ Full ☐ No. of Heads: 396 No. of Spare Heads: 6
☒ Valves Supervised - Method: Central Station
 Water Supply - Source: Public Size: 8"
 FD Connection Location: NW side of bldg.
 Estimated Cost of Work: \$ _____

TYPE: ☐ Manual ☒ Automatic
Supervision Type: ☐ Local ☒ Central ☐ Remote
Proprietary ☐ Remote Location
Estimated Cost of Work: \$

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE:	CO ₂	Foam
Dry Chemical	☐	☐
Halon	☐	☐
Other	☐	☐

Annual Poll: ☐ Yes ☐ No

Locations: _____

Pipe Size: _____ Pump Size: _____
 Water Source: _____ Size: _____
 FD Connection Location: _____
 Hose Station: ☐ Yes ☐ No
 Estimated Cost of Work: \$ _____

B5. OTHER

Estimated Cost of Work: \$ _____ **\$**

Subtotal	\$ 325
Minimum Fire Protection Fee (If Applicable)	\$ 65
Total Fire Protection Fee (Greater of Minimum or Subtotal)	\$ 390

C. FIRE PROTECTION CHARACTERISTICS

USF GROUP _____ Present 5-1 Proposed _____
Heating Systems - Location: Office - Roof / Warehouse ceiling
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☒ Partial Releases ☐ Prototype Processing

A. 1. 2.

PERMIT NO. 88-302
DATE ISSUED 3-21-89
REVISION DATE _____
Block 41946 Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only

When changing contractors, please notify this office

Owner A-1 Pipe
Address 3 Hawk Court
Bridgeport, NY 08014
Tel. (609) 467-2333
Work Site Address 3 Hawk Court

Agent C.D. Wistner, P/Keaburg
Address RR1 Box 201
Mullica Hill, NJ 08062
Tel. (609) 769 1403
Lic. No. 5522
Federal Emp. No. _____

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

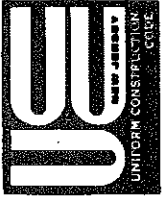
[illegible]

C. PLUMBING CHARACTERISTICS

USE GROUP:		Current	Proposed
Drainage —	Material	P.V.C.	5-1 4" x 3'-2" at
Building Sewer—	Material	P.V.C.	4" x 3'-2" at
Water Service—	Material	Drop	3" x 2'-17"
Venting —	Material	P.V.C.	3" x 2'-17"
Estimated Cost of Plumbing Work: \$			

D. COMMENTS

☒ Fast-Track Processing ☐ Prototype Processing



NOTICE OF PERMIT UPDATE

IDENTIFICATION

Owner A-1 PIPE Agent James J. Sunday Jr.
Address 3 Hawk Ct Address 510 Heron Dr.
Bridgeport NJ 08014
Tel. (245) 622-4900 Tel. (609) 467-2333
Work Site Address 3 Hawk Ct Lic. No. _____
Pureland Ind PK - Logan Twp Federal Emp. No. 22-2172130

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☐ ELECTRICAL
☒ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

Description of work:

Plumbing

Estimated Cost of Work: \$ 20,000 -

[Signature]
CONSTRUCTION OFFICIAL

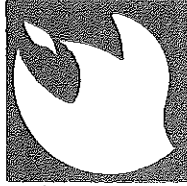
PERMIT NO. 88-302
DATE ISSUED 3-21-89
Block 4446 Lot 1
Subdivision _____

PAYMENTS

Permit Fee \$ 204 -
Fees Remitted \$ 204 -
☐ Check No. 3197
☐ Cash
☐ Other _____
Collected By: BLW
Date: 3-21-89



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 581-302
DATE ISSUED 3-22-89
REVISION DATE _____
Block 41 946 Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner A-1 Pipe
Address Three Hawk Court
Bridgeport, NJ 08004
Tel. () _____
Work Site Address Three Hawk Court

Contractor Center Sq Builders
Address 510 Plaza Drive
Bridgeport, NJ 08004
Tel. (509) 447-1000
Lic. No. _____
Federal Emp. No. 22-217230

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[Signature]
AGENT SIGNATURE

B. MECHANICAL SINE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other _____
Area Sprinkled: ☒ Full ☐ Partial (specify in comments) _____
No. of Heads: 352 No. of Spare Heads: 5
☒ Valves Supervised - Method: Electric Sign
Water Supply - Source: Public Size: 8"
FD Connection Location: AW side of bldg.
Estimated Cost of Work: \$ _____

FEE

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic
Supervision Type: ☐ Local ☒ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: \$ _____

FEE

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: \$ _____

B5. OTHER

_____ \$ _____
_____ \$ _____
_____ \$ _____

Subtotal

Minimum Fire Protection Fee (If Applicable) \$ _____
Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 225

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present S-1 Proposed _____
Heating Systems - Location: Office - Roof / Warehouse - Ceiling
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☒ Partial Releases ☐ Prototype Processing