# CONSTRUCTION PERMIT

Date Issued 10/13/2011
Control # C-11-00327
Permit # 11-252

IDENTIFICATION Block: 114 Lot: 15 Qualifier

Work Site Location: 408 HOBART DR Barrington Borough, NJ

Owner in Fee: ALI, NAKI & SAFIA
408 HOBART DR HADDONFIELD NJ 08033

Telephone: 547-6453

Contractor: HUTCHINSON
Address: 621 CHAPEL AVENUE CHERRY HILL NJ 08034-

Telephone: 856/4295807
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3766253

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:

PLUMBING ALTERATIONS REPLACE FURNACE, A/C AND HOT WATER HEATER

**Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.**
**Estimated Cost of Work** $16,479

Construction Official _____ Date _____

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $0 |
| Electrical | $130 |
| Plumbing | $85 |
| Fire Protection | $75 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $28 |
| CO Fee | |
| Other | $0 |
| Total | $318 |
| Check No. | 6909 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Carol Fultano |

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

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

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

# PLUMBING SUBCODE

## TECHNICAL SECTION

Date Received 10/11/2011
Control # C-11-00327
Date Issued 10/13/2011
Permit # 11-252

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

Block 114 Lot 15 Qualification Code

Work Site Location: 408 HOBART DR Barrington Borough, NJ

Owner in Fee: ALI, NAKI & SAFIA

Address 408 HOBART DR HADDONFIELD NJ 08033

Email

Tel. 547-6453

Contractor: HUTCHINSON

Address 621 CHAPEL AVENUE CHERRY HILL NJ 08034-

Email

Tel. 856/4295807 Fax. 856/4294995

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

Contractor License No. Expiration Date:

Federal Employee No. 22-3766253

**B. PLUMBING CHARACTERISTICS**

Use Group Present R-5 Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $2,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

Truss Sys./Bracing

INSPECTIONS

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

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

**C. CERTIFICATION IN LIEU OF OATH**

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

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
PLUMBING ALTERATIONS, REPLACE FURNACE, A/C AND HOT WATER HEATER

| 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 | |
| 1 | Water Heater | $10 |
| | Fuel Oil Piping | |
| 1 | Gas Piping | $75 |
| | LP Gas Tank | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventor | |
| | Greasetrap | |
| | Sewer Connector | |
| | Water Service Connection | |
| | Stacks | |
| 1 | Other HEAT & AIR ~~CONDENSATE PIPING~~ | |

☐ Private Septic

☐ Private Well

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | |
| State Permit Surcharge Fee | $3 |
| TOTAL FEE | $88 |

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

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

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received 10/11/2011
Date Issued 10/13/2011
Control # C-11-00327
Permit # 11-252

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

Block 114 Lot 15 Qualification Code

Work Site Location: 408 HOBART DR Barrington Borough, NJ

Owner in Fee: ALI, NAKI & SAFIA

Address 408 HOBART DR HADDONFIELD NJ 08033

Email

Tel. 547-6453

Contractor: HUTCHINSON

Address 621 CHAPEL AVENUE CHERRY HILL NJ 08034-

Email

Tel. 856/4295807 Fax. 856/4294995

Lic No. Exp. Date

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

Federal Employee No. 22-3766253

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |
| Barrier-Free | | | | |

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

**C. CERTIFICATION IN LIEU OF OATH**

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

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

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
PLUMBING ALTERATIONS, REPLACE FURNACE, A/C AND HOT WATER HEATER

| QTY. | SIZE | ITEMS | FEE (Office Use Only) |
|---|---|---|---|
| | | Lighting Fixtures | |
| | | Receptacles | |
| | | Switches | |
| | | Detectors | |
| | | Light Poles | |
| | | Motors - Fract. HP | |
| | | Emergency & Exit Lights | |
| | | Communication Points | |
| | | Alarm Devices/F.A.C. Panel | |
| | | | |
| | | TOTAL NUMBERS | |
| | | Pool Permit/with UW Lights | |
| | | Storable Pool/Spa/Hot Tub | |
| | | KW Elec. Range/Receptical | |
| | | KW Oven/Surface Unit | |
| | | KW Elec. Water Heater | |
| | | KW Elec. Dryer/Recepticle | |
| | | KW Dishwasher | |
| | | HP Garbage Disposal | |
| 1 | 22 | KW Central A/C Unit | $65 |
| | | HP/KW Space Heater/Air | |
| | | KW Baseboard Heat | |
| | | HP Motors 1/+ HP | |
| | | KW Transformer/Generator | |
| | | AMP Service | |
| 1 | 30 | AMP Subpanels | $65 |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |

Administrative Surcharge
Minimum Fee
State Permit Surcharge Fee $2
TOTAL FEE $132

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

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# FIRE SUBCODE
## TECHNICAL SECTION

Date Received 10/11/2011
Control # C-11-00327
Date Issued 10/13/2011
Permit # 11-252

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

Block 114 Lot 15 Qualification Code

Work Site Location: 408 HOBART DR Barrington Borough, NJ

Owner in Fee: ALI, NAKI & SAFIA

Address 408 HOBART DR HADDONFIELD NJ 08033 Email

Tel. 547-6453

Contractor: HUTCHINSON Tel. 856/4295807

Address 621 CHAPEL AVENUE CHERRY HILL NJ 08034- Email

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. 22-3766253 Fax. 856/4294995

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present R-5 Proposed R-5

Constr. Class Present Proposed

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $13,479

***Fuel Storage Tank:***

Fuel Type ☐ *Flammable* *or* ☐ *Combustible*

*Capacity*

Fire Alarm System: ☐ New *or* ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New *or* ☐ Existing

Location of Main Control Valve:

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved

Date: by:

☐ Fire Protection Plans Approved

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

| INSPECTIONS | Dates (Month/Day) | | | |
|---|---|---|---|---|
| Type: | Failure | Failure | Approval | Initial |
| Alarm System | | | | |
| Suppression Sys. | | | | |
| Standpipe | | | | |
| Fire Pump | | | | |
| Pre-Eng. System | | | | |
| Mechanical | | | | |
| Smoke Control | | | | |
| TCO | | | | |
| Flam/Cumbust Tank | | | | |
| Fireplace Venting | | | | |
| Final | | | | |
| Other | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

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

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

☐ Certified Contractor ☐ Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

PLUMBING ALTERATIONS, REPLACE FURNACE, A/C AND HOT WATER HEATER

Water Supply Source

Method of Alarm/Suppression System Supervision

| | NUMBER | FEE (Office Use Only) |
|---|---|---|
| Flammable/Combustible Tanks | | |
| **Alarm Systems** | | |
| ☐ System | | |
| ☐ 110v Interconnected | | |
| ☐ CO Detectors/110v | | |
| Alarm Devices (i.e. smoke, heat, pulls, water/flow) | | |
| Supervisory Devices (tampers, low/high air) | | |
| Signaling Devices (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 | | |
| CO2 Suppression | | |
| Foam Suppression | | |
| FM200 Suppression | | |
| Other | | |
| **Other Systems** | | |
| Kitchen Hood Exhaust System | | |
| Smoke Control System | | |
| Fire Appliances ☑ Gas ☐ Oil ☐ Solid | 1 | $65 |
| Fireplace Venting/Metal Chimney | | |
| Other | | |
| Administrative Surcharge | | |
| Minimum Fee | | $75 |
| State Permit Surcharge Fee | | $23 |
| TOTAL FEE | | $98 |



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