TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5300—EXT. 259

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 9/19/97
Control #
Permit # 97-0776

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

Block ___ AKA WALNUT Lot ___

Work Site Location ___

Owner in Fee Barbara DAVERSA

Address ___

Tele. (___

Contractor ___

Address ___

Tele. ___ Fax (___) ___

Lic. No. or Bldrs. Reg. No. ___

Federal Emp. No. ___

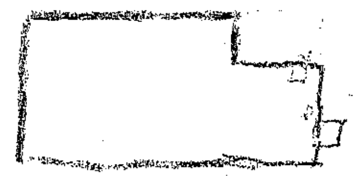
C. CERTIFICATION IN LIEU OF OATH

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



JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 7/28/98
Approved by: ___

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			8/25/97	
Foundation			9-2-97	
Slab			9-2-97	
Frame			9/23	
Barrier-Free				
Insulation			10/6	
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	7/24		7/28	
Barrier-Free				

OVER

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

FEE (Office Use Only)
$ ___

Administrative Surcharge $
Minimum Fee $ 35.00
DCA Training Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present ___ Proposed ___
Constr. Class Present ___ Proposed ___
No. of Stories 2
Height of Structure ___ Ft.
Area — Largest Floor ___ Sq. Ft.
New Bldg. Area/All Floors ___ Sq. Ft.
Volume of New Structure ___ Cu. Ft.
Total Land Area Disturbed ___ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ___
2. Alteration $ ___
3. Total (1+ 2) $ 1500

UCC/PRO F-110 (REV 3/96)
Professional Printing
(609) 468-7933

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

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5300—EXT. 259

ELECTRICAL SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Received
Date Issued 8/18/97
Control #
Permit # 97-0776

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

Block 32.1 Lot 6
Work Site Location 437 Lady Ave. Deptford NJ 08096
Owner in Fee Barbara D'Amario
Address Same

BLK WD
GOOD INTENT

Tele.
Contractor N/A
Address N/A
Tele. ( ) N/A
Lic. No.
Federal Emp. No. N/A or Social Security No. N/A

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed CLOSET WALL
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 41.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 8/6/97
Approved by: PYC

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] C
Date: 9/23/97
Approved By: PYC

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			9/23/97	PYC
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued ______

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.

Barbara D'Amario
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Fixtures (1)	
1		Receptacles (2)	
2		Switches (3)	
		Total 1 + 2 + 3	MIN
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Administrative Surcharge $ 35.00
Paid [ ] Check # ______ Minimum Fee $ ______
DCA Training Fee $ ______
Collected by: ______ TOTAL FEE $ ______

U.C.C. Form F-120B — 1 White = Inspector Copy; 2 Canary = Office Copy; 3 Pink = Office Copy; 4 White = Applicant Copy

PRO 220B

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NJ 08096
PH: (609) 845-5300

CONSTRUCTION PERMIT

Date Permit Issued: 08/18/97
Permit Number: 97-0776
Update Number: - 0

Application Date: 08/06/97
Control Number: 6473

IDENTIFICATION

Work Site Location: 437 LEIDY AVE
DEPTFORD

Block: 321 Lot: 6
Unit Number:

Owner in Fee: D'AVERSA, BARBARA
Address: 437 LEIDY AVE
DEPTFORD, NJ 08096
Telephone: ( )

Agent: D'AVERSA, BARBARA
Address: 437 LEIDY AVE
DEPTFORD, NJ 08096
Telephone: ( )
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Minor Work

ADDING A CLOSET TO EXISTING HOME

CODES	PAYMENTS (Office Use Only)	
[ ]	Building:	$35.00
[ ]	Electric:	$35.00
[ ]	Plumbing:	$
[ ]	Fire Protection:	$
[ ]	Elevator Devices:	$
[ ]	DCA Training Fee (Vol):	$
[ ]	DCA Training Fee (Alt):	$ 1.00
[ ]	Cert. of Occupancy:	$10.00
[ ]	Cert. of Approval:	$
[ ]	Cert. of Compliance:	$
[ ]	Cert. Cont Occupancy:	$
	Total of All Permit Fees....	$81.00
	Total Amount Due:	$81.00

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 alteration: $ 1,500.00
TOTAL estimated cost of work: $ 1,500.00

Check No.: $ 0.00
Cash: $81.00
Collected By: BAP

Use Group(s): R-4

William F. Coughlin, Construction Official — Date

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

U.C.C. F170 (Rev. 3/96)

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NJ 08096
PH: (609) 845-5300

CONSTRUCTION PERMIT

Date Permit Issued: 08/18/97
Permit Number: 97-0776
Update Number: - 0

Application Date: 08/06/97
Control Number: 6473

IDENTIFICATION

Work Site Location: 437 LEIDY AVE
DEPTFORD

Block: 321 Lot: 6
Unit Number:

Owner in Fee: D'AVERSA, BARBARA
Address: 437 LEIDY AVE
DEPTFORD, NJ 08096
Telephone: ( )

Agent: D'AVERSA, BARBARA
Address: 437 LEIDY AVE
DEPTFORD, NJ 08096
Telephone: ( )
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Minor Work

ADDING A CLOSET TO EXISTING HOME

CODES PAYMENTS (Office Use Only)

[ ]	Building:	$35.00
[ ]	Electric:	$35.00
[ ]	Plumbing:	$
[ ]	Fire Protection:	$
[ ]	Elevator Devices:	$
[ ]	DCA Training Fee (Vol):	$
[ ]	DCA Training Fee (Alt):	$ 1.00
[ ]	Cert. of Occupancy:	$10.00
[ ]	Cert. of Approval:	$
[ ]	Cert. of Compliance:	$
[ ]	Cert. Cont Occupancy:	$
	Total of All Permit Fees....	$81.00
	Total Amount Due:	$81.00

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 alteration: $ 1,500.00
TOTAL estimated cost of work: $ 1,500.00

Check No.: $ 0.00
Cash: $81.00
Collected By: BAP

Use Group(s): R-4

William F. Coughlin, Construction Official — Date

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

U.C.C. F170 (Rev. 3/96)

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5300—EXT. 259

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/13/97
Control #
Permit # 97-0776

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

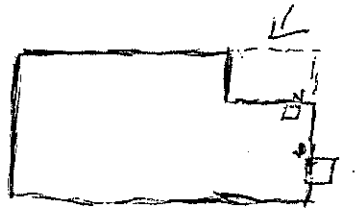
Block 321 Lot 6
Work Site Location 437 Leidy AVE Deptford NJ 08096
Owner in Fee Barbara D'Aversa
Address 437 Leidy AVE Deptford NJ 08096
Tele.
Contractor Same
Address Same
Tele. Fax ( )
Lic. No. or Bidrs. Reg. No.
Federal Emp. No.

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.
X Barbara D'Aversa
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Closet.



JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8/15	CH
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

[ ] Demolition

FEE (Office Use Only)
$
Minimum

Administrative Surcharge $
Minimum Fee $ 35.00
DCA Training Fee $
TOTAL FEE $ 35.00

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R-3	R-3
Constr. Class	5B	5B
No. of Stories	2	
Height of Structure	15 Ft.	
Area — Largest Floor	654 Sq. Ft.	
New Bldg. Area/All Floors	1085 Sq. Ft.	
Volume of New Structure	16 20 Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 1500

UCC/PRO F-110 (REV 3/96)
Professional Printing
(609) 468-7933

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

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5300—EXT. 259

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/18/97
Control #
Permit # 97-0776

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

Block 321 Lot 6
Work Site Location 437 Leidy AVE Deptford NJ 08096

Owner in Fee Barbara D'Amerio
Address same

Tele.
Contractor N/A
Address N/A

Tele. ( ) N/A
Lic. No.
Federal Emp. No. N/A or Social Security No. N/A

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed CLOSET WALL
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 40.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8/6/97
Approved by: fye

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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.

Barbara D'Amerio
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3	2	Fixtures (1)	M/W
		Receptacles (2)	
2	2	Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	___	Other	

	Administrative Surcharge	$ 35.00
Paid [ ] Check #	Minimum Fee	$
	DCA Training Fee	$
Collected by:	TOTAL FEE	$

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 White = Applicant Copy

PRO 220B

DEPTFORD TOWNSHIP
ZONING PERMIT APPLICATION

A Zoning Permit shall be required for each unit prior to the erection or structural alteration of any building or structure (including, signs, storage sheds, fences, pools etc.) or portion thereof and prior to the use or change in use of a building or land in Deptford Township. Construction permits may not be issued until Zoning Approval is received.

Applicant's NAME Barbara D'Amelio PHONE: _____

Address 37 Leidy Ave Zip Code 08096

Owner's NAME Same

DESCRIPTION OF LAND TO BE DEVELOPED (*street, block and lot*)

SUBJECT LOCATION Leidy Ave BLOCK 321 LOTS 6

TYPE OF DEVELOPMENT (*please check*)

NEW CONSTRUCTION ✓ ADDITION GARAGE FENCE
POOL SIGN USE PERMIT OTHER

EXPLANATION (*give dimensions, describe materials, and descriptive information*)

Zone R-6 Plate SETBACKS: front rear side

side street frontage lot depth other

- Has there been any previous appeal, request, or application to any Township Boards or Construction Official involving these premises? Yes X No
- If YES, state date and outcome of said matter.

2002-97

I swear that the above application is true and correct to the best of my knowledge.

APPLICANT SIGN HERE 7/28/97 B D'Amelio
date signature

**********FOR OFFICE USE ONLY**********

date received 7/28/97 by Louise

approved not approved

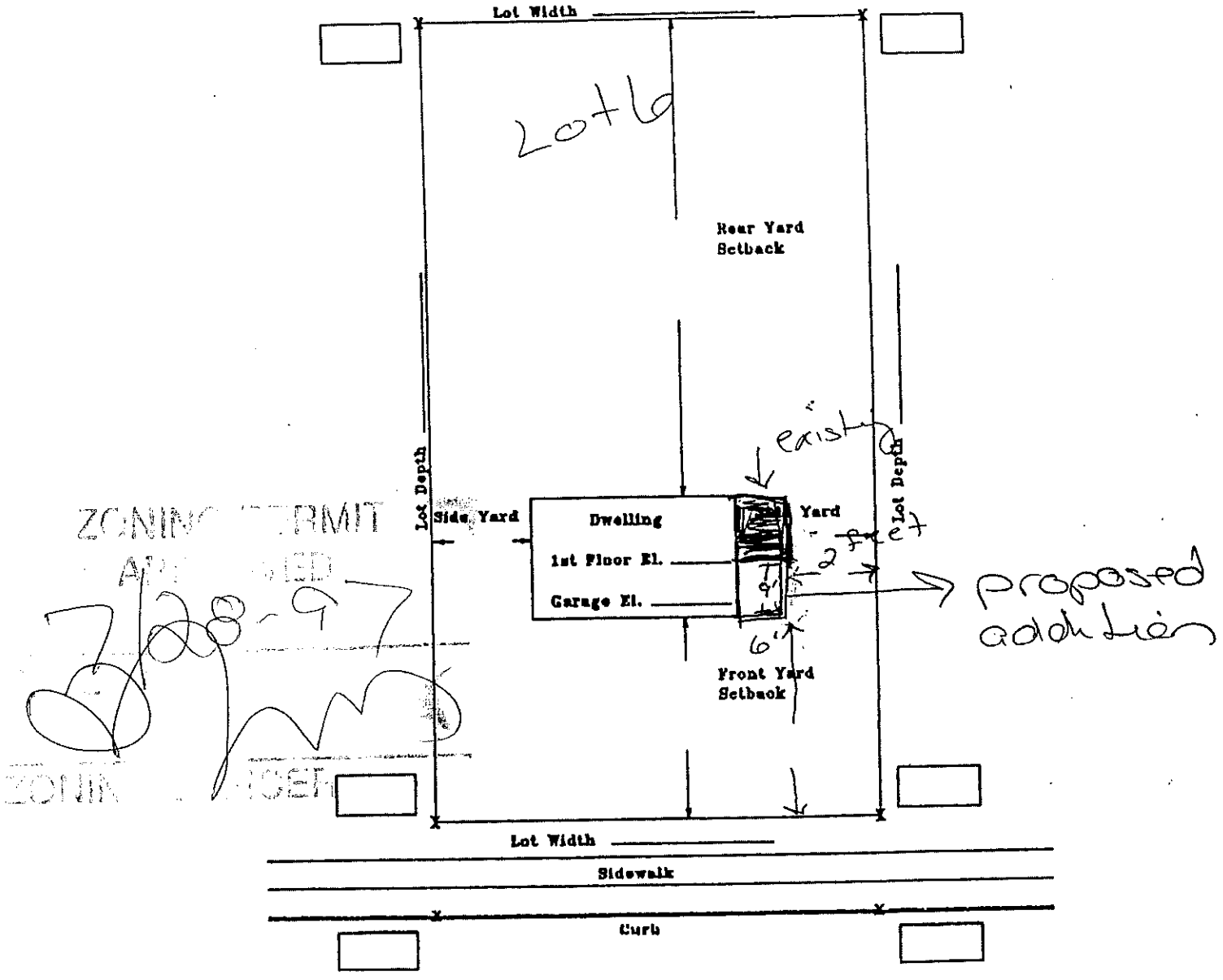
EXPLANATION:

b:disk 2;zonperm

Pursuant to ZBA

ZONING PERMIT APPROVED
DATE: 7/28-97
ZONING OFFICER

Plot Plan



Street Name Leidy Avenue

Enter Final Grade Height in Blank Boxes

Indicate Flow of Water on Your Lot

Name Michael D'Aversa
Address 437 Leidy Avenue
City Ocean Gate State NJ Zipcode 08

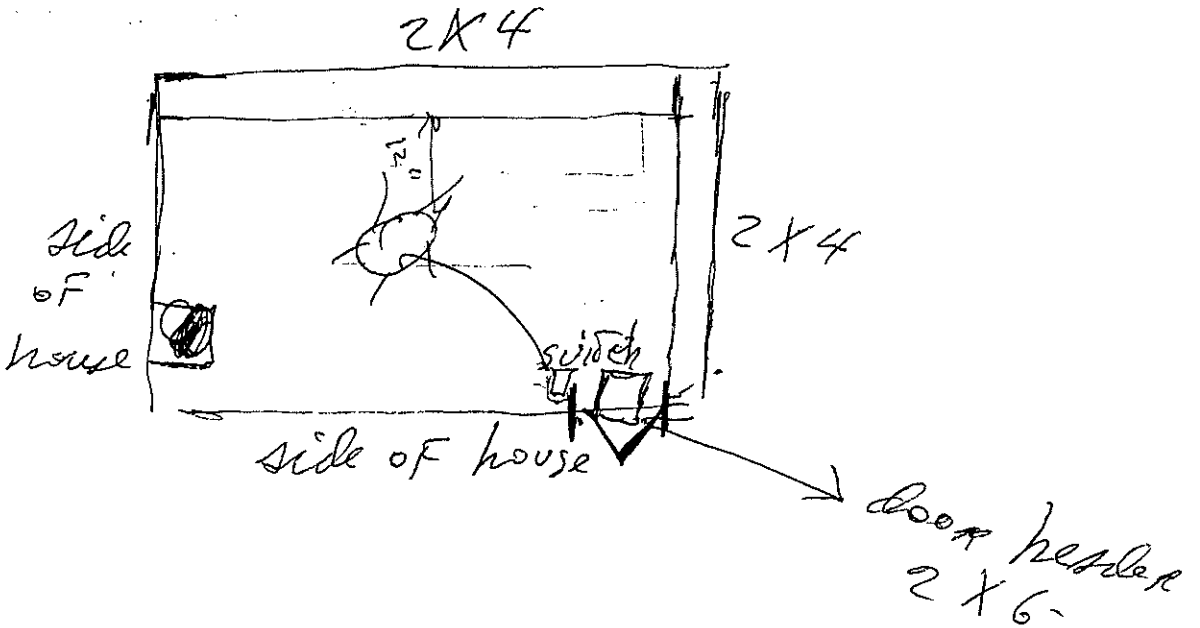
Plate _____ Block 321 Lot Number 10

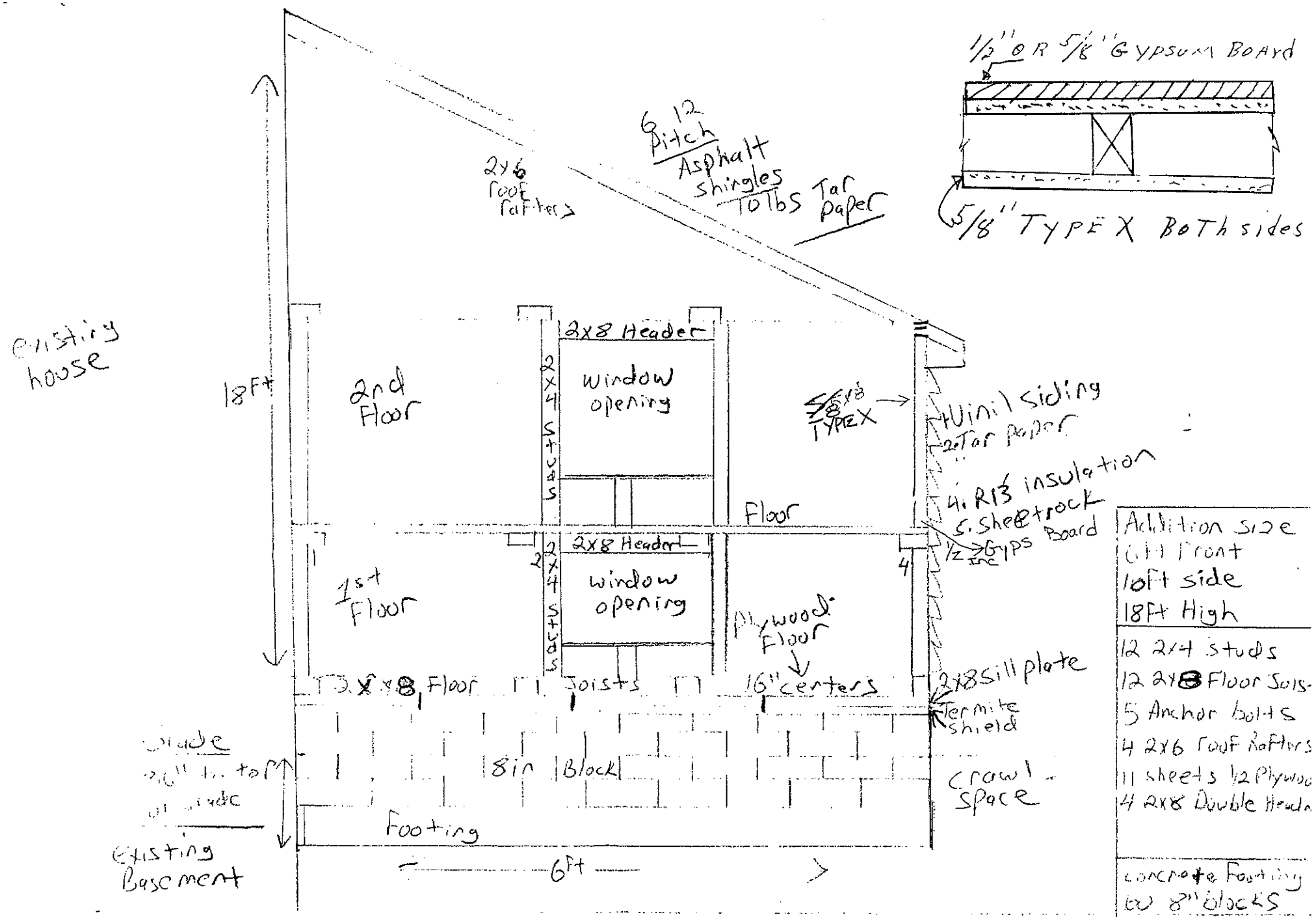
APPROVED

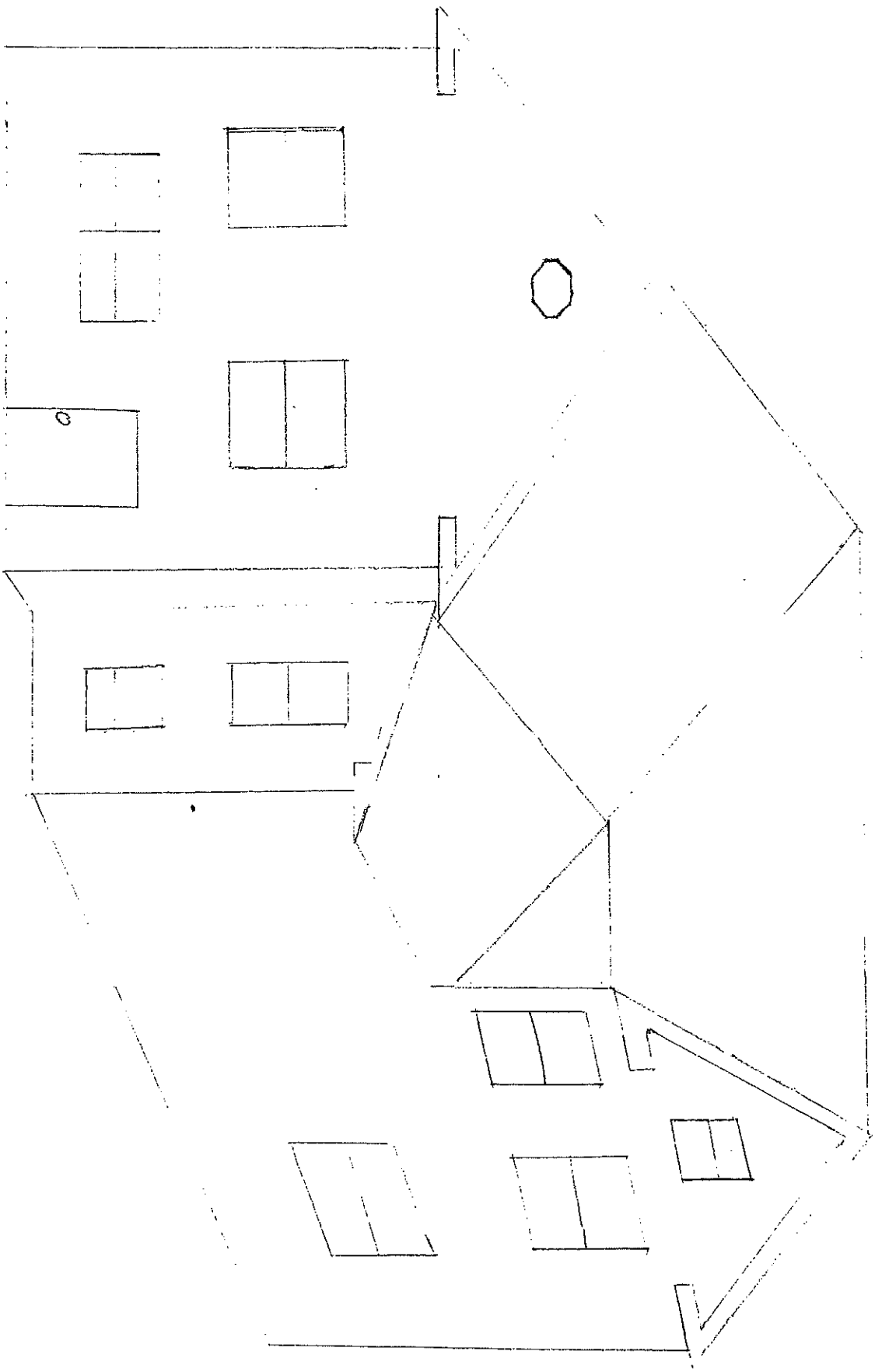
BUILDING SUB-CODE
CONSTRUCTION OFFICIAL

DATE: _____

2 X 10 FOR FLOOR
2 X 6 FOR ROOF




1/2" OR 5/8" Gypsum Board
5/8" TYPE X Both sides
6 12 Pitch
Asphalt shingles
Tar paper
2x6 roof rafters
existing house
18Ft
2nd Floor
2x8 Header
2x4 Studs
window opening
5/8 TYPE X
Vinil siding
Tar Paper
4. R13 insulation
5. sheetrock
Floor
1st Floor
2x8 Header
window opening
Plywood Floor
16" centers
2x8 Floor Joists
2x8 sill plate
termite shield
8in Block
crawl space
Footing
existing Basement
6Ft
Addition size
6Ft Front
10ft side
18Ft High
12 2x4 studs
12 2x8 Floor Sois
5 Anchor bolts
4 2x6 roof Rafters
11 sheets 1/2 Plywo
4 2x8 Double Head
concrete Footing
8" blocks



TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
848-5300—EXT. 341

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 5/8/00
Control #
Permit # 00-0541

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

Block 221 Lot 10

Work Site Location 437 Lindy Ave

Owner in Fee Barbara DiNunzio

Address 437 Lindy Ave

Tele.

Contractor Barbara DiNunzio

Address 437 Lindy Ave Deptford NJ 08096

Tele. ( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

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.

Barbara DiNunzio
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

19 x 28 Garage
DETACHED

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/8	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 11/15/00
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			5/30	
Foundation				
Slab				
Frame	10/24		11/15	
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/15	
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 Garage

[ ] Demolition

FEE (Office Use Only)

	$
	12.50
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 12.50

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories		
Height of Structure		14' Ft.
Area — Largest Floor		532 Sq. Ft.
New Bldg. Area/All Floors		532 Sq. Ft.
Volume of New Structure		7448 Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2826
2. Alteration $
3. Total (1+ 2) $

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

1. White/Inspector Copy 2. Canary/Office Copy
3. Pink/ Office Copy 4. White Tag

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
856-853-[illegible] EXT. 241

E4 Good Date after 4)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/4/00
Date Issued
Control #
Permit # 00-0541

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

Block 231 Lot 61
Work Site Location 437 Leidy AVE
Owner in Fee/Occupant Barbara DeHuss
Address 437 Leidy AVE
Deptford NJ 08096
Tele.
Contractor Barbara DeHuss
Address 437 Leidy AVE
Deptford NJ 08096
Tele. ___ Fax (___)
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present ___ Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as ___ Utility Co. ___
Est. Cost of Elec. Work $ 1175.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/12/00
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] DCA
Date: 10/25/00
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	10/6/00			
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/25	

Temp. Cut-in-Card Date Issued ___
Final Cut-in-Card Date Issued ___

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
1		TOTAL NUMBERS	$ 35.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $ ___
Minimum Fee $ 35.00
DCA Training Fee $ ___
TOTAL FEE $ 35.00

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 listed on this application.

Barbara DeHuss
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5900—EXT. 241

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Issued 10/5/00
Control #
Permit # 00-0541/update

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

Block 321 Lot 6
Work Site Location 437 Leidy Avenue
Owner in Fee/Occupant
Address
Tele. (
Contractor
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 10/25/00
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other CONDUIT			10/18	
Service UNDERGROUND				
Final			10/25	

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
1	60	AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)

TOTAL NUMBERS	$
AMP Subpanels	35.-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 35.00

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NJ 08096
856 - 845-5300

CONSTRUCTION PERMIT

Permit Number: 20000541
Permit Date: 10/06/2000
Update Number: 1
Control Number: 12200
Application Date: 10/06/00

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 321 Lot : 6 Qualifier :

Work site Location:	437 Leidy Avenue Deptford	Contractor:	Daversa, Barbara
Owner In Fee:	Daversa, Barbara	Address:	437 Leidy Avenue
Address:	437 Leidy Avenue DEPTFORD NJ 08096		DEPTFORD NJ 08096
		Telephone:	
Telephone:		Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	U	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Subpanel Box

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$100.00
Cost of Demolition:	$0.00
Total Cost:	$100.00

PAYMENTS (Office Use Only)

Building	
Electrical	$35.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$35.00
All Fees Waived	No

Amount to be Paid: $ 35.00

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.

William F Coughlin
Construction Official

10/6/00
Date

Cash amount:	$35.00
Collected by:	mad
Receipt No:	
Total Cash Amount	$35.00
Total Check Amount	
Grand Total	$35.00

:: 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:

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5300—EXT. 241

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/22/00
Date Issued 5/22/00
Control # 00-0541
Permit #

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

Block 321 Lot 6
Work Site Location 437 Leidy AVE
Owner in Fee/Occupant Barbara DiNuzzo
Address 437 Leidy AVE
Deptford NJ 08096
Tele. (
Contractor Barbara DiNuzzo
Address 437 Leidy AVE
Deptford NJ 08096
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1750.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/27/00
Approved by:

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

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

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

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.

Barbara DiNuzzo
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
3		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
2		TOTAL NUMBERS	$ 35.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$
Minimum Fee	$ 35.00
DCA Training Fee	$
TOTAL FEE	$ 35.00

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NJ 08096
856-845-5800

CONSTRUCTION PERMIT

TOWNSHIP OF DEPTFORD

GLOUCESTER COUNTY, NEW JERSEY
FIRST FLIGHT IN AMERICA JANUARY 9, 1793

Permit Number: 20000541
Permit Date: 05/22/2000
Update Number:
Control Number: 11350
Application Date: 04/26/00

MUNICIPAL BUILDING
1011 COOPER STREET
DEPTFORD, NEW JERSEY 08096
609-845-5800

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 321 Lot : 6 Qualifier :

Work site Location:	437 Leidy Avenue Deptford	Contractor:	Daversa, Barbara
Owner In Fee:	Daversa, Barbara	Address:	437 Leidy Avenue
Address:	437 Leidy Avenue		DEPTFORD NJ 08096
	DEPTFORD NJ 08096	Telephone:	
Telephone:		Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-4	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Garage

ESTIMATED COST OF WORK:

Cost of Construction:	$2,895.00
Cost of Alteration:	$0.00
Cost of Demolition:	$0.00
Total Cost:	$2,895.00

PAYMENTS (Office Use Only)

Building	$134.00
Electrical	$35.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	$12.00
AltFee (DCA)	
Other Fees	
CO Fee	$25.00
CCO Fee	
Minimum Fee	
Total	$206.00
All Fees Waived	No

Amount to be Paid: $ 206.00

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.

Wm Coughlin MAD 5/22/00

William F Coughlin — Date
Construction Official

Cash amount:	$206.00
Collected by:	MAD
Receipt No:	
Total Cash Amount	$206.00
Total Check Amount	
Grand Total	$206.00

:: 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:

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5300—EXT. 241

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/22/00
Date Issued
Control #
Permit # 00-0541

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

Block 321 Lot 6
Work Site Location 437 Leidy Ave

Owner in Fee Barbara D'Aversa
Address 437 Leidy Ave

Tele.
Contractor Barbara D'Aversa
Address 437 Leidy Ave
Deptford NJ 08096
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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.

Barbara D'Aversa
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
19 X 28 Garage
DETACHED

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/22	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
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 GARAGE
[ ] Demolition

FEE (Office Use Only)

$	
	134.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 134.00

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 14 Ft.
Area — Largest Floor 532 Sq. Ft.
New Bldg. Area/All Floors 532 Sq. Ft.
Volume of New Structure 7448 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2820
2. Alteration $
3. Total (1+ 2) $

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

1. White/Inspector Copy
2. Canary/Office Copy
3. Pink/ Office Copy
4. White Tag

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5300—EXT. 241

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10/5/00
Control #
Permit # 00-0541

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

Block 30 Lot 6
Work Site Location 437 Leidy AVE

Owner in Fee/Occupant Barbara D'Aversa
Address 437 Leidy AVE

Tele.
Contractor Barbara D'Aversa
Address 437 Leidy AVE Deptford NJ 08096

Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

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

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

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.

Barbara D'Aversa
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	60	AMP Subpanels	35.-
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 35.00

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

DEPTFORD TOWNSHIP
ZONING PERMIT APPLICATION

A Zoning Permit shall be required for each unit prior to the erection or structural alteration of any building or structure (including, signs, storage sheds, fences, pools etc.) or portion thereof and prior to the use or change in use of a building or land in Deptford Township. Construction permits may not be issued until Zoning Approval is received.

Applicant's NAME Michael & Barbara DAversa PHONE # _____

Address 437 Leidy Ave Deptford NJ Zip Code 08096

Owner's NAME Michael & Barbara DAversa

DESCRIPTION OF LAND TO BE DEVELOPED (*street, block and lot*)

SUBJECT LOCATION Leidy Ave BLOCK 321 LOTS 6

TYPE OF DEVELOPMENT (*please check*)

NEW CONSTRUCTION ADDITION GARAGE ✓ FENCE
POOL SIGN USE PERMIT OTHER

EXPLANATION (*give dimensions, describe materials, and descriptive information*)

Zone Plate SETBACKS: front 43 feet rear side 5 1/2

side 36 feet street frontage 43 feet lot depth 200 feet other

- Has there been any previous appeal, request, or application to any Township Boards or Construction Official involving these premises? Yes_____ No ✓
- If YES, state date and outcome of said matter.

I swear that the above application is true and correct to the best of my knowledge.

APPLICANT SIGN HERE _____ Michael D'Aversa
date signature

**********FOR OFFICE USE ONLY**********

date received 3-31-00 by Gaeyle

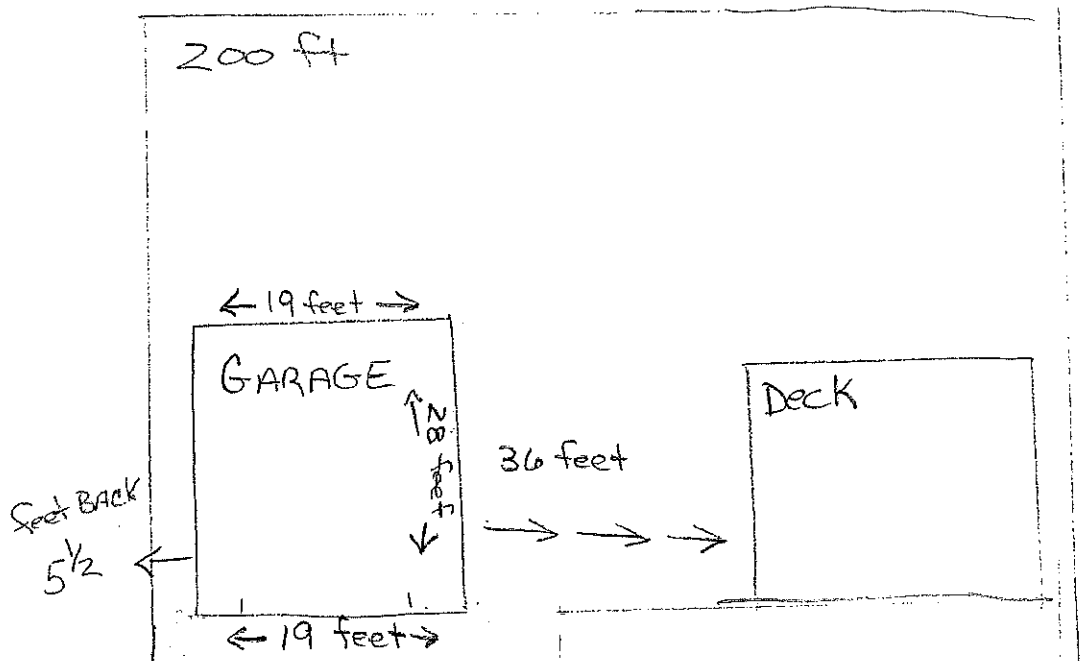
approved not approved

EXPLANATION: _____

ZONING PERMIT APPROVED
4/3/00
DATE

PC
ZONING OFFICER

b:disk 2;zonperm



ZONING PERMIT APPROVED

4/3/00

DATE

ZONING OFFICER

House

porch

Block 321
Lot 6
437 Leidy AVE
Yr MRS D'Aversa

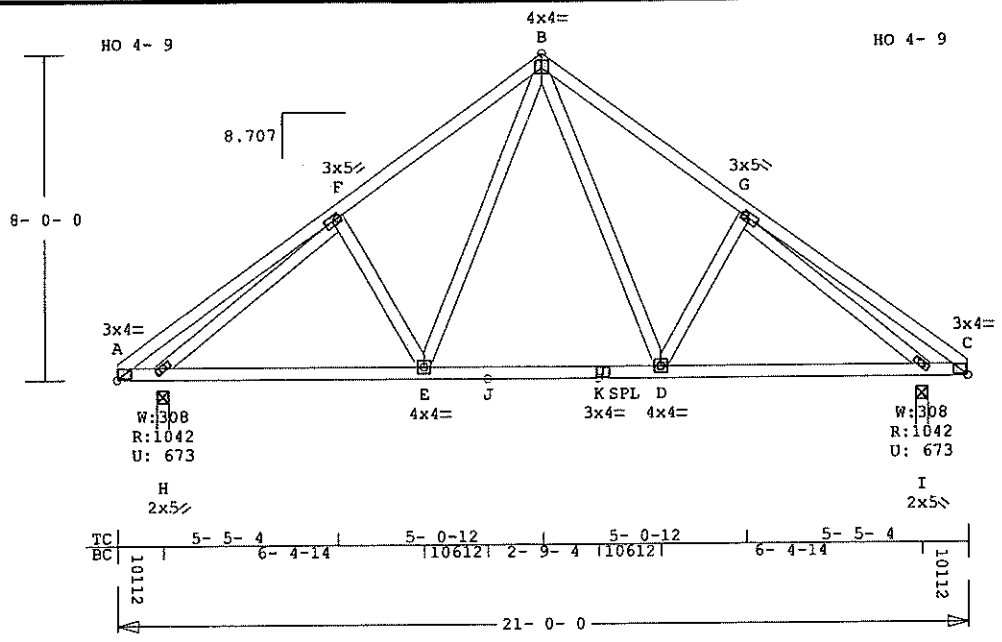
60 ft

Sidewalk

Curb

Job	Mark	Quan	Type	Span	P1-H1	Left OH	Right OH	Engineering
T00061946	A-{145}	13	FI	210000	80000	0	0	

U#2040 J#23020 D'Aversa Res. 437 Lidey Avenue in Deptford



APPROX. TRUSS WEIGHT: 156.9 LBS

Online Plus -- Version 5.0.007
RUN DATE: 6-23-00

	CSI	SIZE LUMBER	FB
TOP	.52	2X 4 165OF1.5	1650
BTM	.34	2X 4 165OF1.5	1650
WBS	.87	2X 4 SPF-STUD	740

LATERAL BRACING:
TOP CHORD - CONTINUOUS
BTM CHORD - CONTINUOUS
TRUSS SPACING - 24.0 IN.

STANDARD LOADING
LUMBER STRESS INCREASE: 15.0%
PLATE STRESS INCREASE: 15.0%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	30.0	7.0	
BTM CHD	.0	10.0	
TOTAL	30.0	17.0	47.0
EXCEPTIONS:			
J-K	20.0	10.0	

SUPPORT CRITERIA

JT	REACT LBS	WIDTH IN-SX	JT	REACT LBS	WIDTH IN-SX
H	1042	3- 8	I	1042	3- 8

	LEFT	RIGHT
HEEL	0IN - 4SX	0IN - 4SX

MEMBR	CSI	P(LBS)	M@1ST	M@2ND
TOP CHORDS				
A-F	.42	134 C	331	-725
F-B	.52	905 C	2115	-1261
B-G	.52	905 C	1261	-2115
G-C	.42	134 C	738	-326
BOTTOM CHORDS				
A-H	.32	207 T	2400	-364
H-E	.33	816 T	1134	-1130
E-J	.29	587 T	1130	721
J-K	.34	587 T	-721	721
K-D	.29	587 T	-721	-1130
D-I	.33	816 T	1130	-1134
I-C	.32	207 T	364	-2400
WEBS				
H-F	= 1085 C	F-E	= 415 T	
E-B	= 377 T	B-D	= 377 T	
D-G	= 415 T	G-I	= 1085 C	

DL+LL DEFL = .12" IN J-K
LL DEFL = .13" < BRG-SPAN/240
LL DEFL (CANT) = .01" < C/180
SPAN/DEFL (DL+LL) = 999

PLATING CONFORMS TO TPI-95.
REPORTS: SBCCI 9761, ICBO 4994
BOCA 96-15, WI 970099-N
ROBBINS ENGINEERING, INC.
BASED ON SP,SPF,HF LUMBER
USING GROSS AREA TEST.
PLATES - 20 GAUGE LOCK
GRIPPING 514-250 PSI PER PAIR
INCLUDES 15.0% INCREASE
TENSION 1339- 465 PLI PER PAIR
SHEAR 784- 506 PLI PER PAIR

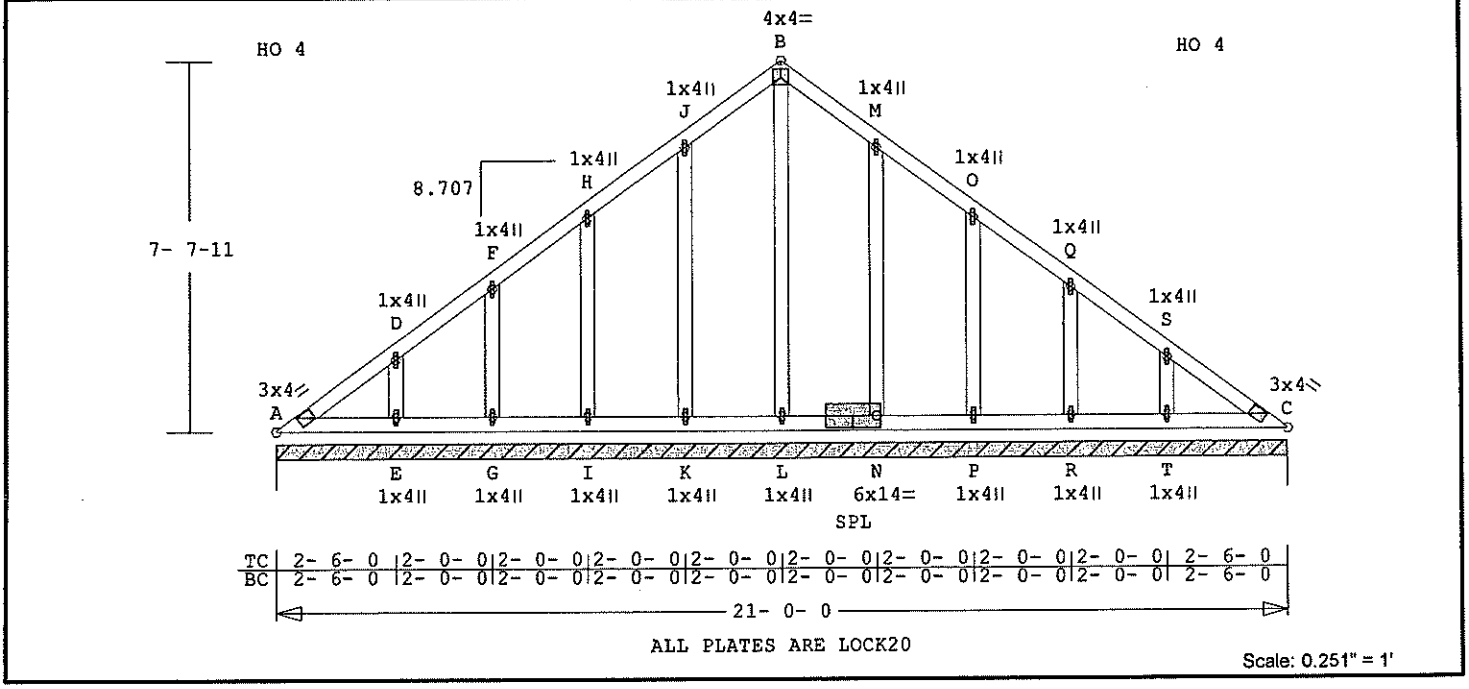
JT	TYPE	PLATE SIZE	X	Y
A	2001	3.00 X 4.00	4.2	3.1
B	3010	4.00 X 4.00	CTR	2.2
C	2001	3.00 X 4.00	4.2	3.1
D	1010	4.00 X 4.00	CTR	CTR
E	1010	4.00 X 4.00	CTR	CTR
F	1012	3.00 X 5.00	CTR	CTR
G	1012	3.00 X 5.00	CTR	CTR
H	1001	2.00 X 5.00	CTR	CTR
I	1001	2.00 X 5.00	CTR	CTR
J				
K	1100	3.00 X 4.00	CTR	2

NOTES:
1. TRUSSES MANUFACTURED BY - Concord Roof Truss
2. EMPIRICAL ANALOG IS USED.
3. WIND LOADS - ANSI/ASCE 1997
   TRUSS IS DESIGNED AS A MAIN WIND-FORCE RES SYSTEM
   WIND SPEED - 90 MPH
   MEAN ROOF HEIGHT - 25'
   EXPOSURE CATEGORY - C
   OCCUPANCY CATEGORY - 1
   ENCLOSED BUILDING.
   OCEANLINE DIST - 10 MILES
   TC DEAD LOAD = 7.0 PSF
   BC DEAD LOAD = 10.0 PSF
4. LIVE LOAD CHECK PER BOCA-96, SECTION 1606.2.3
5. ANCHOR TRUSS FOR A TOTAL HORIZONTAL LOAD OF 341 LBS.
6. FASTEN TRUSS TO BRG H FOR 673 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.
7. FASTEN TRUSS TO BRG I FOR 673 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.

JUN 26 2000

Job	Mark	Quan	Type	Span	P1-H1	Left OH	Right OH	Engineering
T00061946	A1-{145}	2	FI	210000	8.707	0	0	

U#2040 J#23020 D'Aversa Res. 437 Lidey Avenue in Deptford



APPROX. TRUSS WEIGHT: 152.5 LBS

Online Plus -- Version 5.0.007
RUN DATE: 6-23-00

	CSI	SIZE LUMBER	1.15FB
TOP	.08	2X 4 1650F1.5	1897
BTM	.08	2X 4 1650F1.5	1897
WBS	.35	2X 4 SPF-STUD	850

REPETITIVE MEMBER INCREASES:
FB 15.0% FT .0% FC .0%

LATERAL BRACING:
TOP CHORD - CONTINUOUS
BTM CHORD - CONTINUOUS
TRUSS SPACING - 24.0 IN.

STANDARD LOADING
LUMBER STRESS INCREASE: 15.0%
PLATE STRESS INCREASE: 15.0%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	30.0	7.0	
BTM CHD	.0	10.0	
TOTAL	30.0	17.0	47.0

SUPPORT CRITERIA
CONTINUOUS BETWEEN JNTS A & C

	LEFT	RIGHT
GIRD	0IN - 4SX	0IN - 4SX

MEMBR	CSI	P(LBS)	M@1ST	M@2ND
		TOP CHORDS		
A-D	.07	287 C	-233	259
D-F	.07	224 C	-259	187
F-H	.06	169 T	69	-68
H-J	.08	215 T	-484	311
J-B	.08	355 T	-311	379
B-M	.08	355 T	-379	311
M-O	.08	215 T	-311	484
O-Q	.06	60 T	-484	404
Q-S	.07	112 C	-185	258
S-C	.07	229 C	-598	437
		BOTTOM CHORDS		
A-E	.08	257 T	437	-14
E-G	.04	257 T	14	-97
G-I	.04	257 T	97	-75
I-K	.04	257 T	75	-81
K-L	.04	257 T	81	-79
L-N	.04	257 T	79	-81
N-P	.04	257 T	81	-75
P-R	.04	257 T	75	-97
R-T	.04	257 T	97	-14
T-C	.08	257 T	14	-437
		WEBS		
E-D =	235 T	G-F =	214 T	
I-H =	236 T	K-J =	211 T	
L-B =	269 C	N-M =	211 T	
P-O =	236 T	R-Q =	214 T	

MEMBR	CSI	P(LBS)	M@1ST	M@2ND
T-S =	235 T			

DL+LL DEFL = .00" IN S-C
LL DEFL < BRG-SPAN/240
SPAN/DEFL (DL+LL) = 999

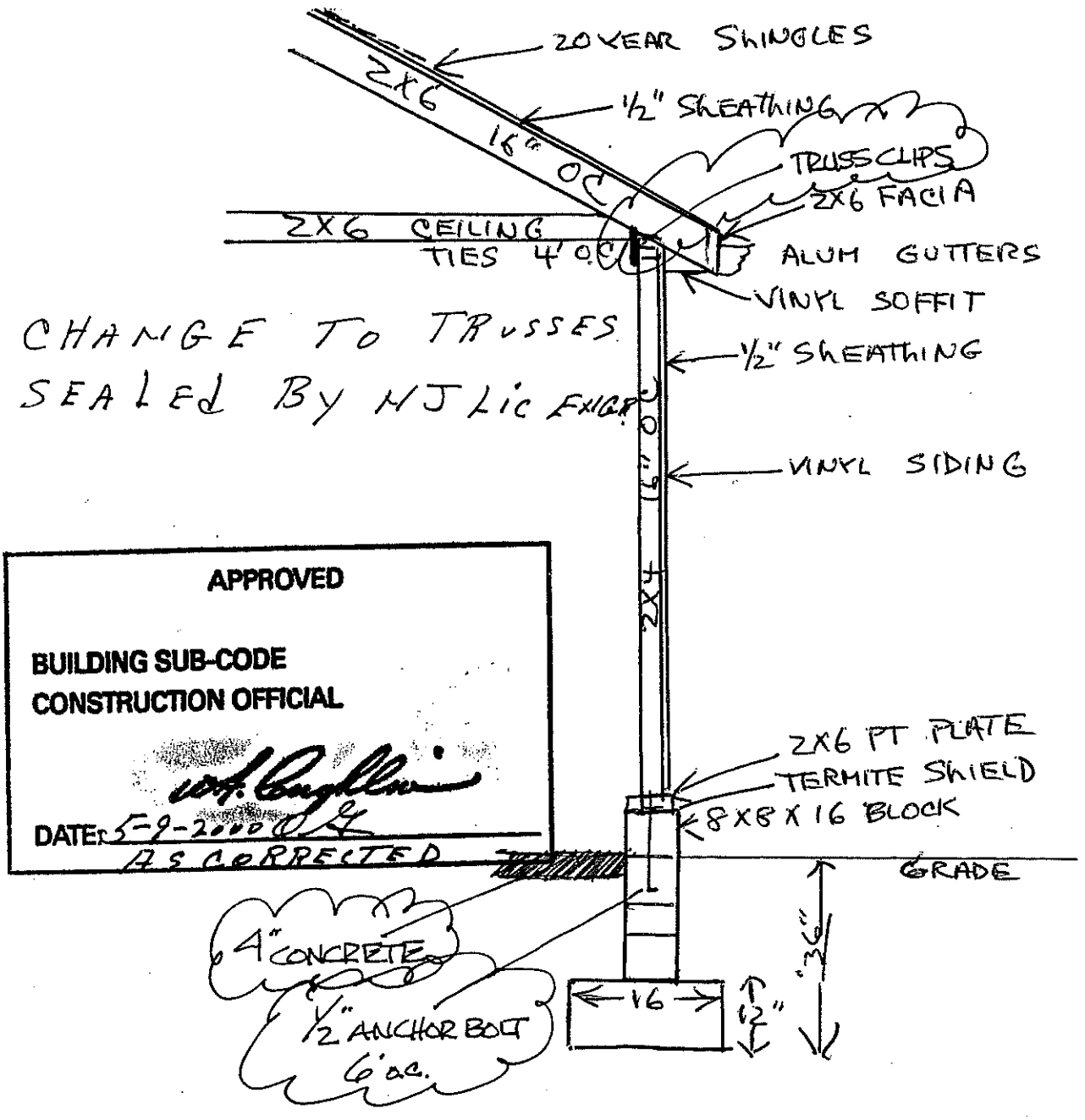
PLATING CONFORMS TO TPI-95.
REPORTS: SBCCI 9761, ICBO 4994
BOCA 96-15, WI 970099-N
ROBBINS ENGINEERING, INC.
BASED ON SP,SPF,HF LUMBER
USING GROSS AREA TEST.
PLATES - 20 GAUGE LOCK
GRIPPING 514-250 PSI PER PAIR
INCLUDES 15.0% INCREASE
TENSION 1339- 465 PLI PER PAIR
SHEAR 784- 506 PLI PER PAIR

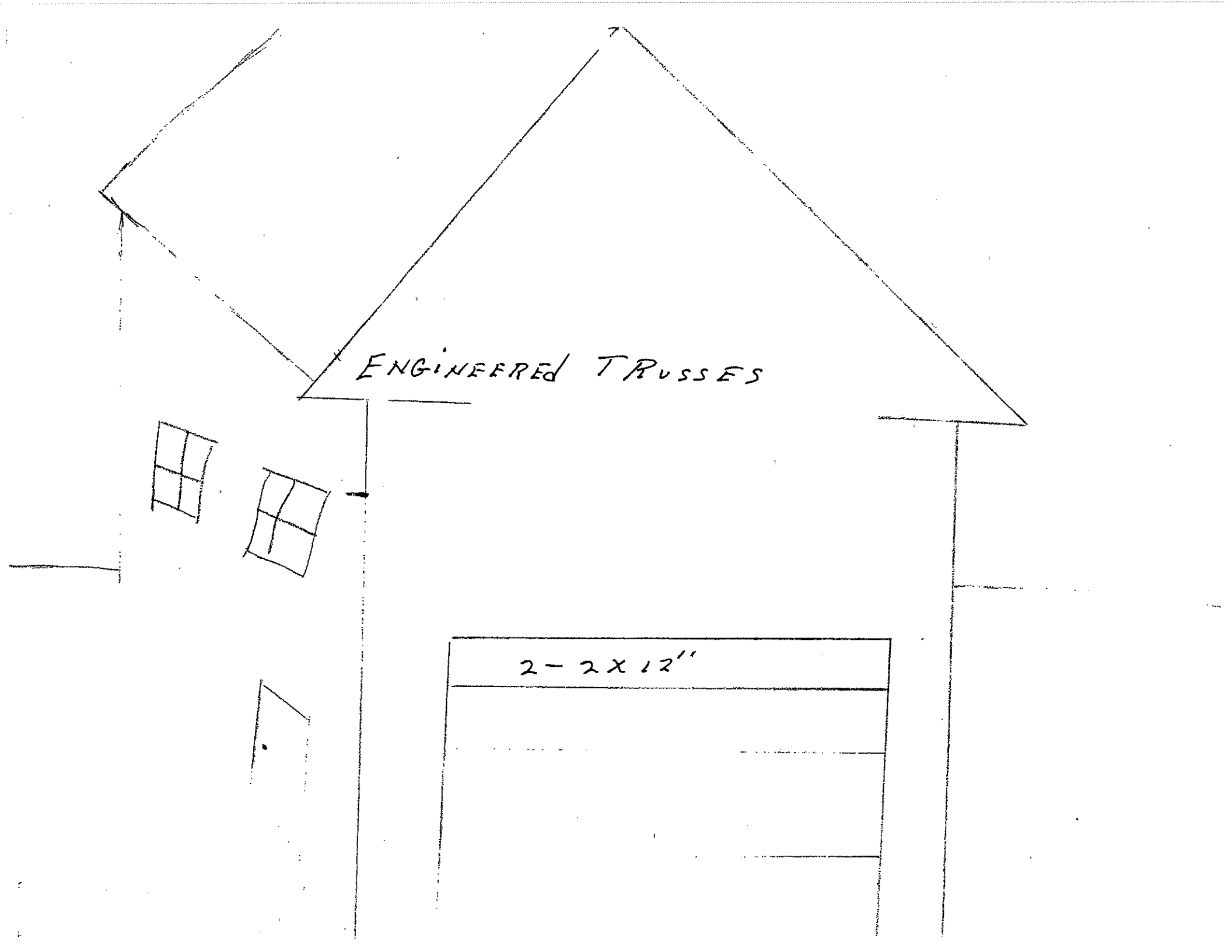
JT	TYPE	PLATE SIZE	X	Y
A	2003	3.00 X 4.00	4.4	3.2
B	3001	4.00 X 4.00	CTR	2.2
C	2003	3.00 X 4.00	4.4	3.2
D	1001	1.00 X 4.00	CTR	CTR
E	1001	1.00 X 4.00	CTR	CTR
F	1001	1.00 X 4.00	CTR	CTR
G	1001	1.00 X 4.00	CTR	CTR
H	1001	1.00 X 4.00	CTR	CTR
I	1001	1.00 X 4.00	CTR	CTR
J	1001	1.00 X 4.00	CTR	CTR
K	1001	1.00 X 4.00	CTR	CTR
L	1001	1.00 X 4.00	CTR	CTR
M	1001	1.00 X 4.00	CTR	CTR
N	1191	6.00 X14.00	7.0	3.0
O	1001	1.00 X 4.00	CTR	CTR
P	1001	1.00 X 4.00	CTR	CTR
Q	1001	1.00 X 4.00	CTR	CTR
R	1001	1.00 X 4.00	CTR	CTR
S	1001	1.00 X 4.00	CTR	CTR
T	1001	1.00 X 4.00	CTR	CTR

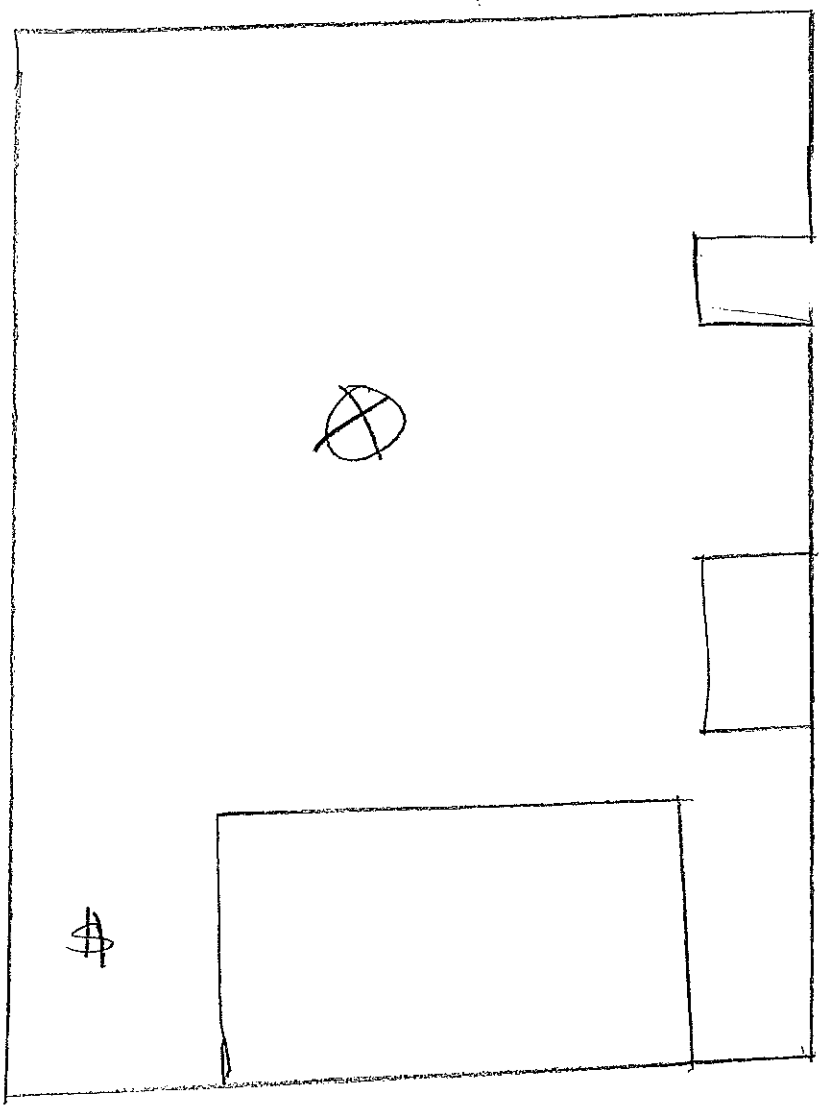
The transfer of loads to the roof Diaphragm and bracing for horizontal wind loads is the Responsibility of the Building Designer.

NOTES:
1. TRUSSES MANUFACTURED BY - Concord Roof Truss
2. EMPIRICAL ANALOG IS USED.
3. WIND LOADS - ANSI/ASCE 1997
   TRUSS IS DESIGNED AS A MAIN WIND-FORCE RES SYSTEM
   WIND SPEED - 90 MPH
   MEAN ROOF HEIGHT - 25'
   EXPOSURE CATEGORY - C
   OCCUPANCY CATEGORY - 1
   ENCLOSED BUILDING.
   OCEANLINE DIST - 10 MILES
   TC DEAD LOAD = 7.0 PSF
   BC DEAD LOAD = 10.0 PSF
4. LIVE LOAD CHECK PER BOCA-96, SECTION 1606.2.3
5. NOTE LARGE BEARING SIZE.
6. ANCHOR TRUSS FOR A TOTAL HORIZONTAL LOAD OF 337 LBS.
7. FASTEN TRUSS TO BRG A FOR 51 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.
8. FASTEN TRUSS TO BRG E FOR 206 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.
9. FASTEN TRUSS TO BRG G FOR 169 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.
10. FASTEN TRUSS TO BRG I FOR 197 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.
11. FASTEN TRUSS TO BRG K FOR 170 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.
12. FASTEN TRUSS TO BRG N FOR 170 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.
13. FASTEN TRUSS TO BRG P FOR 197 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.
14. FASTEN TRUSS TO BRG R FOR 169 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.
15. FASTEN TRUSS TO BRG T FOR 206 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.

JUN 26 2000


20 YEAR SHINGLES
2X6
16" OC
1/2" SHEATHING
TRUSS CLIPS
2X6 FACIA
2X6 CEILING TIES 4' O.C.
ALUM GUTTERS
VINYL SOFFIT
CHANGE TO TRUSSES SEALED BY NJ LIC ENGR
1/2" SHEATHING
16" OC
VINYL SIDING
2X4
APPROVED
BUILDING SUB-CODE CONSTRUCTION OFFICIAL
DATE 5-9-2000
AS CORRECTED
2X6 PT PLATE
TERMITE SHIELD
8X8X16 BLOCK
GRADE
4" CONCRETE
1/2" ANCHOR BOLT 6' oc.
16
12"
3'-0"


ENGINEERED TRUSSES
2 - 2 x 12''



TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NJ 08096
856 - 8455300

Permit Number: 20170429
Update Number:
Control Number: 20000049
Application Date: 10/18/2016
Permit Date: 04/05/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 321 Lot: 6 Qualification Code:
Work Site Location: 437 LEIDY AVE DEPTFORD

Owner In Fee: CAVALLARO, JOHN A JR
Address: 30 EAST AVE
PITMAN NJ 08071

Telephone: ()

Use Group(s): R-5

Contractor: ATLANTIC WATER PRODUCTS
Address: 5045 BLACK HORSE PIKE
MAYS LANDING NJ 08330

Telephone:

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

WATER FILTRATION SYSTEM

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	500.00
Cost of Demolition:	0.00
Total Cost:	$500.00

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.

Christian Romano KW 4/5/17
Christian J Romano, Date
Construction Official

Note:

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$65.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
DCA Minimum	$0.00
Minimum Fee	
Total	**$66.00**
All Fees Waived:	No

Amount to be Paid: **$66.00**

Cash amount: $66.00

Collected by: KW
Receipt No:
Total Cash Amount: $66.00
Total Check Amount:
Total CC Amount:
Grand Total: $66.00

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 17-0429

Date Issued / Permit # 4/5/17

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

Block 321 Lot 6 Qualification Code

Work Site Location 437 LEIDY AVENUE DEPTFORD 08096

Owner in Fee: CAVALLARO, JOHN

Tel. e-mail

Address 437 LEIDY AVENUE (street) DEPTFORD (municipality) 08096 (zip code)

Contractor: ATLANTIC WATER PRODUCTS Tel. (609) 625-3357 x114

Address 5045 BLACK HORSE PIKE e-mail adamsrainsoft@gmail.com

MAYS LANDING, NJ 08330

Contractor License No. Exp. Date 06/30/2017

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

Federal Emp. ID No. FAX: (609) 625-8956

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Craig Peacock

Print name here: Craig Peacock

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WATER FILTRATION SYSTEM

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Water Filtration System	65

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

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

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

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NJ 08096
(856)8455300

March 27, 2017

CAVALLARO, JOHN A JR
30 EAST AVE
PITMAN, NJ 08071

RE: Site Address: 437 LEIDY AVE DEPTFORD

Block: 321 Lot: 6

Control No : 20000049 Application Date : 10/18/2016

Work Description: WATER FILTRATION SYSTEM

Dear Applicant:

OUR OFFICE HAS PREVIOUSLY CONTACTED YOU CONCERNING YOUR APPLICATION FOR THE WORK DESCRIBED ABOVE. THE APPLICATION HAS BEEN REVIEWED AND APPROVED AND IS READY TO BE ISSUED. THE FEE FOR THE PERMIT IS 66.00 . PLEASE CONTACT OUR OFFICE WITH ANY QUESTIONS AT 856/845/5300 X 2248. IF THE SCOPE OF WORK SUBMITTED ON THE APPLICATION WILL NOT BE COMPLETED PLEASE SEND A LETTER REQUESTING THE APPROVED APPLICATION TO BE WITHDRAWN.

Very truly yours,

Christian J Romano,
Construction Official
cc: File

Kris Waskosky

From: Kris Waskosky
Sent: Wednesday, October 19, 2016 12:57 PM
To: 'adamsrainsoft@gmail.com'
Subject: Construction Permit application

Hello,
The permit for the following address has been reviewed and is ready for payment.
437 Leidy Avenue, Deptford - $66
Payment may be made by cash or check made payable to Deptford Township.
If you have any questions please feel free to contact me.

Kris Waskosky
Deptford Township
Construction Office
1011 Cooper Street
Deptford, NJ 08096
Phone # 856-686-2225

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 321 Lot 6 Qualification Code

Work Site Location 437 Leidy Avenue Deptford 08096

Owner in Fee Cavallaro, John

Address 437 Leidy Avenue Deptford 08096

Tel. ( )

Contractor Atlantic Water Products

Address 545 Black Horse Pike Mays Landing NJ 08330

Tel.

Lic. No. or Bldrs. Reg. No.

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Water Filtration System

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 $ 500.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

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

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

Atlantic Water Products

October, 2016

RE: Permit Application

Any questions, comments, or concerns regarding this application; feel free to contact me at:

Atlantic Water Products:
5045 Black Horse Pike
Mays Landing NJ 08330
phone: **800-228-3781 ext. 114**
fax: 609-625-8956
email: adamsrainsoft@gmail.com

Thank You,

Amy
Atlantic Water Products