LIST OF APPLICATIONS

Block 115 and Lot 1 April , 07 2021 9:31:25AM

Control No	App Date	Perno	Per dt	UpdateNo	CCO No	CCO Dt	Close Dt		Block	Lot	Qual	Description	
Owner name		Site Address		Owner Address			MunWvd	All Wvd		Use Grp			
CUFT	SQFT	Bldg Elec	Fire	Plumb Elev	Mech	BFee	EFee	FFee	Pfee	Elev Fee	Mfee	Tr Fee	CCO Fee
Cost Const	Alt Const	Cost Demol	CO Date	CA Date	Cfee	Badm	EAdm	FAdm	PADM	VAdm	MAdm	Alt Fee	CO Fee
App Type						Hfee		Gfee		TFee	Sfee	DCA Min.	Tot Fee
12443	08/19/2005	20050481	08/30/2005	0			2/7/2006		115	1		removal of #2 underground fuel storage tank	
CIPRIOTTI, ANTHONY ET UX		49 ONEDA AVE		49 ONEDA AVE						U			
0.00	0.00	Yes				$15.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 0.00	$ 1400.00		02/07/2006	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$15.00
16408	11/09/2009	20090497	11/16/2009	0			11/24/2009		115	1		replacement of a/c unit	
CIPRIOTTI, ANTHONY ET UX		49 ONEDA AVE		49 ONEDA AVE						R-3			
0.00	0.00	Yes				$0.00	$46.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$ 0.00	$ 2150.00	$ 0.00		11/24/2009	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$50.00
19370	03/20/2013	20130134	03/26/2013	0			4/5/2013		115	1		remove oil fired hot water heater & install indirect hot water heater heated by	
CIPRIOTTI, ANTHONY ET UX		49 ONEDA AVE		49 ONEDA AVE						R-3			
0.00	0.00				Yes	$0.00	$0.00	$0.00	$0.00	$0.00	$55.00	$0.00	$0.00
$ 0.00	$ 2700.00	$ 0.00		04/05/2013	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$60.00
24233	10/12/2017	20170651	10/17/2017	0					115	1		air conditioner replacement	
CIPRIOTTI, ANTHONY ET UX		49 ONEDA AVE		49 ONEDA AVE						R-5			
0.00	0.00	Yes			Yes	$0.00	$55.00	$0.00	$0.00	$0.00	$55.00	$0.00	$0.00
$ 0.00	$ 10000.00	$ 0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$19.00	$0.00
P						$0.00		$0.00		$0.00	$0.00	$0.00	$129.00

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received / Control # 10-11-17

Date Issued 10-17-17
Permit # 20170651

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

Block 115 Lot 1 Qualification Code

Work Site Location 49 ONEDA AVE
MOORESTOWN NJ 08057

Owner in Fee: ANTHONY CIPRIOTTI

Tel. (856) 909-1174 e-mail

Address 49 ONEDA AVE (street) DELRAN (municipality) 08057 (zip code)

Contractor: HORIZON SERVICES Tel. (856) 840-8400

Address 17 ROLAND AVE e-mail
MT LAUREL NJ 08054

Contractor License No. or Builder Registration No. 19HC00193700 Exp. Date 06/30/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 364411626 FAX: (856) 231-4513

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 9,900

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10-11-17
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here: DAVE GEIGER

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
LENNOX EL16XC1 4TON AC/ CONDENSATE PUMP/DRAIN

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other condensate	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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-11-17
Control #
Date Issued 10-17-17
Permit # 20170651

Block 115 Lot 1

Work Site Location: 49 Oneda Ave
Moorestown NJ 08057

Owner in Fee: Anthony Cipriotti
Tel. 856 909-1174
Address: 49 Oneda Ave Delran 08057

Contractor: Ahohill Electric
Tel. 609 9708245
Address: 9 Harrison Ridge
Aquila Hill Dr
15172

Exp. Date 3/18

Federal Employer ID #: 1445835?3

FAX:

ELECTRICAL CHARACTERISTICS

Est. Cost of Elec. Work $ $100-

JOB SUMMARY (Office Use Only) — INSPECTIONS: Type: Rough, Service, Trench, Temp. Srv., Conduit Serv., TCU, Other, Service, Final, Certifi-Fee; Date of Inspection: Failed, Failed, Approval, Initial

Plans Required 10/11/17

CERTIFICATION IN LIEU OF OATH

Responsible Person: Arthur O'Neill (signature)
Arthur O'Neill

TECHNICAL SITE DATA

Description of Work: New disconnect for Lennox EL16XC1 4 ton AC

QTY	SIZE	ITEMS	FEES (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 Room/Vault 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 1/2 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		Aw Elec. Sign/Outline Light	

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received 3-20-13
Control #
Date Issued
Permit # 20130134

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

Block 115 Lot 1 Qualification Code
Work Site Location 49 ONEIDA DRIVE
Moorestown
Owner in Fee FRANK FARR
Address SAME
Tel (856) 904 1174
Contractor Salmon Plumbing HT-A/C
Address 157 E Second St.
Moorestown N.J. 08057
Tel (856) 237 1655 FAX ( )
Contractor License No. 10577
Federal Emp. No. 22-032-47055

B. MECHANICAL CHARACTERISTICS

Use Group R-3, R-4 or R-5
Heating System [ ] Conversion [ ] Replacement
Fuel: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Type: [ ] Hydronic [ ] Hot Air
Estimated Cost of Mechanical Work $ 2700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.
PLANS APPROVED
Date: 3-20-13
Approved by:
SUBCODE APPROVAL
[ ] CA [ ] CCO
Date: 4-4-13
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE O.L FIRED HOT WATER HEATER & INSTALL INDIRECT HOT WATER HEATER, HEATED BY EXISTING OIL FIRED BOILER

CAPACITY 32 gallon

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	54
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

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.

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received 8-14-09
Control #

Date Issued
Permit #

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

Block 115 Lot 1 Qualification Code
Work Site Location 49 Oneida Ave. ~~Manchester, NJ~~ Delran NJ 08057
Owner in Fee Cipriotti
Address Same
Tel. (856) 461-2
Contractor Air Loyle Quality
Address 201 Crest Hill Rd. Toms River, NJ. 08755
Tel. (732) 914-0332 FAX (732) 914-0335
Contractor License No. or Builder Registration No. 13VH04531500
Federal Emp. No 223971175

B. MECHANICAL CHARACTERISTICS

Use Group R-5
Heating System [ ] Conversion [Y] Replacement
Fuel [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Type: [ ] Hydronic [ ] Hot Air
Estimated Cost of Mechanical Work $ 1,642.19.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AC Repl. & gas to gas furnace replacement

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.
PLANS APPROVED
Date: 8/17/09
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other	43

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

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

U.C.C. F145
(rev.6/08)

Date Received 11-5-09
Control #

Date Issued
Permit # 20090497

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 15 Lot 1 Qualification Code

Work Site Location 49 ONEDA AVE DELRAN

Owner in Fee: ANTHONY CIPRIOTTI

Tel. (856) 461 2646 e-mail

Address

Contractor: AIR QUALITY (street) 201 Cresthill Rd (municipality) Tel. (732) 914 0332 (zip code)

Address TOMS RIVER NJ e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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.

X Anthony Cipriotti
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applican

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	
1		KW Central A/C Unit	15
		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 $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	11/2/09	ES

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 11/23/09
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/23/09	ES
Barrier-Free				

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. 12/05) Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8-19-05
Control #
Date Issued
Permit # 2005C481

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

Block 115 Lot 1 Qualification Code
Work Site Location 49 ONEDA DRIVE

Owner in Fee CIPRIOTTI
Address SAME
Tel. (_____) 461 2646
Contractor McINTIRE EXCAV
Address 121 WAVERLY AVE
MT LAUREL 08054
Tel. 856 235 6824 FAX (___) 235 8564
Contractor License No. or Builder Registration No. NJ 0011867
Federal Emp. No 175 32 2202

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	AUG 19 2005	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other		(initialed)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: FEB 07 2006
Approved by: McCURLEY

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other UG TANK			30 AUG 05	(initialed)
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~1400~~
2. Rehabilitation $ 1400
3. Total (1+ 2) $ 1400

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 (signed)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
UST REMOVAL
#2 OIL

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 ____
- [ ] Demolition

FEE (Office Use Only)
$ ____

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

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