TOWNSHIP OF DEPTFORD
Gloucester County, New Jersey

Christine A. Helder
Deputy Township Clerk

Municipal Building
1011 Cooper Street
Deptford, New Jersey 08096
(856) 686-2203 phone
(856) 845-8804 fax
OPRA@deptford-nj.org

November 26, 2019

Sent via E-Mail to: ***opra+request-7772-8a1bcc47@requests.opramachine.com***

Jessica Martin

RE: OPRA Request – 560 Hamilton Avenue – "All construction permits - please specify if any are open. Any information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports. Survey showing underground oil tank location (if applicable). Information regarding the presence of a septic system (permits, drawings, survey, etc). Property Record Card."

Dear Jessica,

In response to your OPRA Request received November 25, 2019, we have attached hereto the documents you requested. Please note that all permits attached are open with the exception of permit #20050009. Also, be advised that the homeowner and possible contractor social security numbers have been redacted. There are no permits for an oil tank or a septic system.

For the Property Record Card request you will need to contact The Gloucester County Office of Assessment, 1200 N. Delsea Drive, Clayton, NJ

By way of this e-mail, which includes the documents responsive to your request, we have marked your OPRA request received November 25, 2019 as satisfied and closed.

If you have any additional questions and/or concerns, of if we can be of further assistance, please do not hesitate to contact our office at (856) 686-2203.

Thank you for your time.

Sincerely,

Christine A. Helder

Christine A. Helder
RMC/CMC

CAH/mld

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/25/94
Date Issued
Control #
Permit # 94-0039

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

Block 587 Lot 5
Work Site Location 560 Hamilton Rd
Wenonah N.J 08090
Owner in Fee Norman Lumb
Address 560 Hamilton Rd
Wenonah N.J. 08090
Tele. ( ) [redacted]
Contractor S & B Home Contractors
Address 912 Cornwall Terr
Turnersville N.J. 08012
Tele. ( ) 227-8055
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 205-48-7657

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req. ____ ____
[ ] All ____ ____
[ ] Footing ____ ____
[ ] Foundation ____ ____
[ ] Frame ____ ____
[ ] Other ____ ____ ____
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

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. $ ____
2. Alteration $ 1200
3. Total (1+2) $ ____

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

Re-Roof

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only) FEE
$ ____

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

PRO 210B

U.C.C. Form F-110B — 1 White = Inspector Copy — 2 Canary = Office Copy — 3 Pink = Office Copy — 4 Gold = Applicant Copy

BLOCK 587 LOT 5 QUALIF /CODE _____ ADDRESS (SITE) 560 Hamilton Ave PERMIT NO. 05-0009

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

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 560 Hamilton Ave
2. Name of Owner in Fee: Al Gillingham Tel. [redacted]
   Address: 560 Hamilton Ave (street) Wenonah (municipality) 08090 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Pafuri Plumbing Tel. (856) 845-6505
   Address 920 N. Evergreen Ave
   Woodbury NJ 08096
   License No. OR, if new home, Builder Reg. No. 5195 Exp. Date 6/05
   Federal Employee No [redacted] Fax (856) 845-1777
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work Joseph Pafuri
   Tel. (856) 845-6505 Fax (856) 845-1777

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		40-	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		4.-	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	44-	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Fire Protection	
6. ☒ Plumbing	2700.00
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	2700.00

OPTIONAL (for office use only)

	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ Alteration								
5. ☐ Fire Protection								
6. ☒ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1-4-05
Date Issued
Control #
Permit # 05-0009

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

Block 587 Lot 5
Work Site Location 560 Hamilton Ave (Lawnside Boro)
Deptford NJ.
Owner in Fee Al Gillingham
Address 560 Hamilton Ave
Oak Valley
Tele. ([redacted]) [redacted]
Contractor Patini Plbg
Address 900 N. Evergreen Ave
Woodbury NJ 08096
Tele. (856) 845-6505 Fax (856) 845-1737
Lic. No. 5795
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 2700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-27-05
Approved by: [signature]

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water			1-27	MG
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

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

Signature / Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
✓	Sewer Connection (Replacement)	40 —
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 4 —
TOTAL FEE	$ 44 —

UCC/PRO F-130 (REV3/96)
Professional Printing
(856) 468-7933

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

LOCK 587 LOT 5 ADDRESS(site) 560 Hamilton Rd. PERMIT NO 940039

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 560 Hamilton Rd.
2. Name of Owner In Fee: Norman Lumb Tel. ( ) [redacted]
   Address 560 Hamilton Rd. (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: HB Home Contractors Tel. ( ) 227-8055
   Address 912 Cornwall Terrace Turnersville
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer — Tel. ( ) _____
   Address _____
6. Responsible Person In Charge of Work John Hardnack Tel. [redacted]

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	1700
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	1700

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 25.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	1.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 26.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group,

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

Permit Number: 20050009
Permit Date: 01/04/2005
Update Number:
Control Number: 20083
Application Date: 01/04/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 587 Lot : 5 Qual :

Work site Location:	560 HAMILTON RD DEPTFORD	Contractor:	PAFUMI PLUMBING
Owner In Fee:	GILLINGHAM, ALBERT & FRANCES	Address:	920 N EVERGREEN AVENUE
Address:	560 HAMILTON RD		WOODBURY NJ 08096
	WENONAH NJ 08090	Telephone:	(856) - 845-6505
Telephone:	() -	Lic. No. / Bldrs. Reg. No.:	5195
Use Group(s):	R-5	Federal Emp. No.:	22-2256396

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:

SEWER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	2,700.00
Cost of Demolition:	0.00
Total Cost:	$2,700.00

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$40.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$44.00**
All Fees Waived :	No

Amount to be Paid: $44.00

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

W F Coughlin Jr

William F Coughlin
Construction Official

Date

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

Cash amount: $44.00

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

Note:

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1-4-05
Date Issued
Control #
Permit # 05-0009

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

Block 587 Lot 5
Work Site Location 560 Hamilton Ave
Deptford NJ. (Merrick 08096)
Owner in Fee Al. Gillingham
Address 560 Hamilton Ave
Oak Valley
Tele. ([redacted]
Contractor Patini Plbg
Address 920 N. Evergreen Ave
Woodbury NJ 08096
Tele. (856) 845-6505 Fax (856) 845-1737
Lic. No. 5195
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $2700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO _____				

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
X	Sewer Connection (Replacement)	40-
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 4-
TOTAL FEE	$ 44-

UCC/PRO F-130 (REV3/96)
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(856) 468-7933

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

K 587 LOT 5 QUALIF /CODE _____ ADDRESS (SITE) _____ PERMIT NO. 11-0615

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

JUN 27 2011
CONSTRUCTION
DEPTFORD TOWNSHIP

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

I. IDENTIFICATION

1. Proposed Work Site at: 560 Hamilton rd oak valley 08081
2. Name of Owner in Fee: AC Gillingham
   Tel. [redacted] e-mail _____
   Address: 560 HAMILTON ROAD (street) DEPTFORD (municipality) NJ 080: (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: [illegible] Installers Tel. (609) 561-7849
   Address 3901 Nesco Road Hamilton NJ e-mail _____
   License No. OR, if new home, Builder Reg. No. 08637 Exp. Date 12/31
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID.No. 13VH03784900 Fax (609) 567-2055
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX (___) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	72.-	
2.	Electrical		10.-	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee		5.-	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	147.-	

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VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structore ft.	
3.	Area—Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

IIa. PROPOSED WORK:

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES: (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building					7/1/11	AF			
☑ Electrical					630-11	(			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS 2700									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Incom-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

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

Permit Number: 20110615
Update Number:
Control Number: 31554
Application Date: 06/28/2011
Permit Date: 07/07/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 587 Lot: 5 Qualification Code:
Work Site Location: 560 HAMILTON RD DEPTFORD

Owner In Fee: GILLINGHAM, ALBERT & FRANCES
Address: 560 HAMILTON RD
WENONAH NJ 08090

Telephone: [redacted]

Use Group(s): R-5

Contractor: S & S POOL INSTALLERS
Address: 3901 NESCO ROAD
HAMMONTON NJ 08037

Telephone: (609) 561-7849

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

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:
ABOVEGROUND POOL

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	2,700.00
Cost of Demolition:	0.00
Total Cost:	$2,700.00

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 J McLaughlin,
Construction Official

Date 7/7/11

PAYMENTS (Office Use Only)	
Building	$72.00
Electrical	$70.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$5.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$147.00**
All Fees Waived:	No

Amount to be Paid: **$147.00**

Cash amount: $147.00

Collected by: KD
Receipt No:
Total Cash Amount: $147.00
Total Check Amount:
Total CC Amount:
Grand Total: $147.00

Note:

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5300 — EXT. 2223

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7/7/11
Control #
Permit # 11-0615

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

Block 587 Lot 5 Qualification Code
Work Site Location 560 HAMILTON ROAD
WENONAH NJ 08090
Owner in Fee: AL Gillingham
Tel. [redacted] e-mail
Address 560 Hamilton rd Oak Valley 08810
street municipality zip code
Contractor: S&S Pool Installers Tel. 609)561-7849
Address 3901 Nesco Road
Hammonton NJ 08037
Contractor License No. or Builder Registration No. 13VH08124900 Exp. Date 12/31
Federal Emp. ID No. FAX: (609)567 2055

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

Applicant Signature/ Contractor's Seal and Signature Scott Henshaw

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
18'x52" Round
Above Ground Pool
~~X~~ POOL BARRIER SHALL Comply W/ SPECIAL REGULATIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other Pool 7/1/11 HB
Joint Plan Review Required
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

INSPECTIONS — Dates (Month/Day)

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				
Final				
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 2400.00

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

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy 06/08

TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NEW JERSEY
845-5300 — EXT. 2223

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7/7/11
Date Issued
Control #
Permit # 11-0615

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

Block 587 Lot 5 Qualification Code
Work Site Location 560 Hamilton rd Deptford NJ 08096

Owner In Fee: AL Gillingham
Tel. [redacted] e-mail
Address 560 Hamilton rd (street) Oak Valley (municipality) 08096 (zip code)

Contractor: Self Tel. ( )
Address

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.
Estimated Cost of Electrical Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6.30.11
Approved by:

SEE HANDOUT FOR details & fee schedule

SUBCODE APPROVAL

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

Applicant Signature/Contractor's Seal and Signature
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
2		Switches A.G. POOL	
		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. Rang/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 $	
State Permit Surcharge Fee $	
TOTAL FEE $	

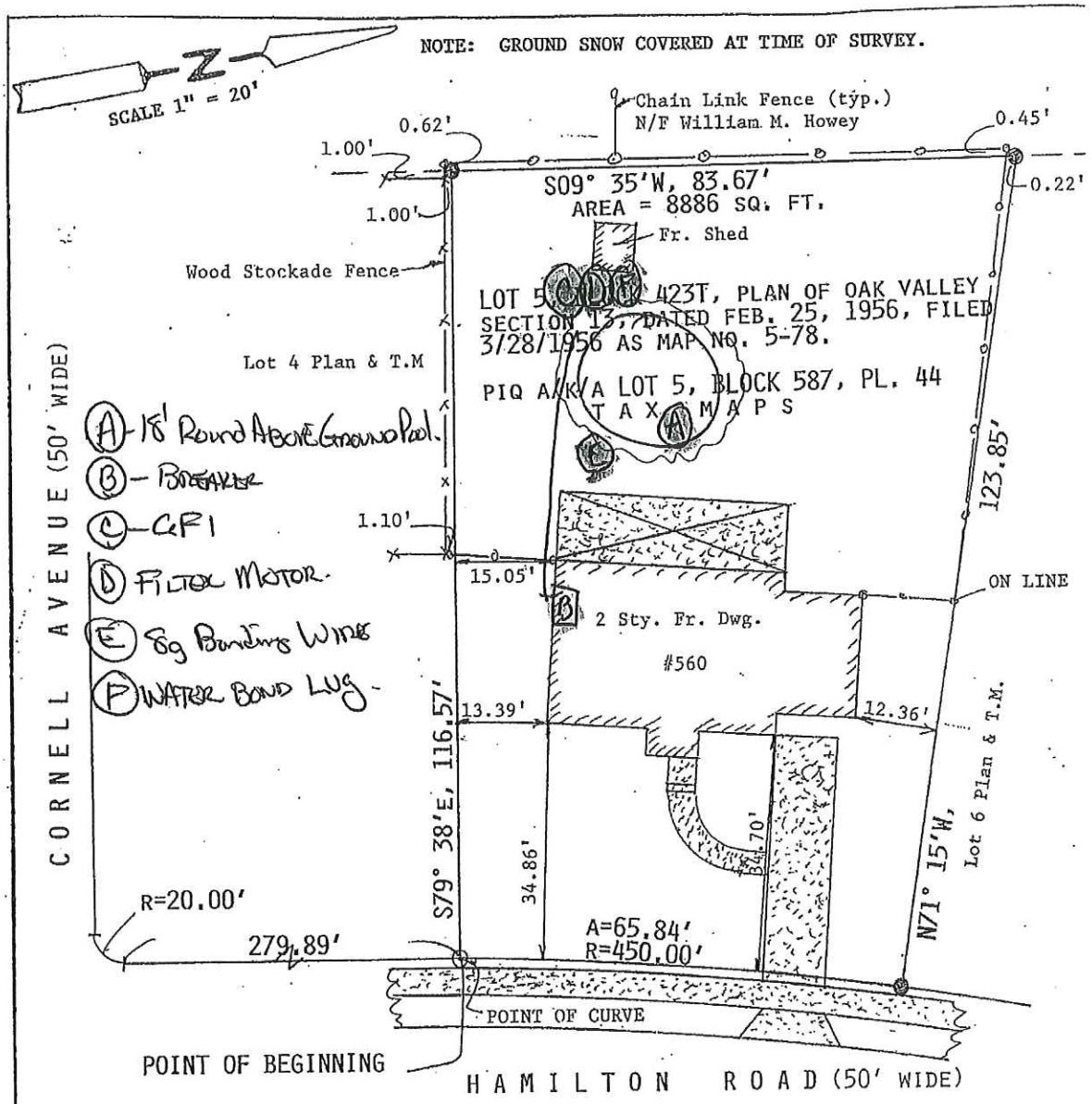
UCC/F-120
Professional Printing
(856) 468-7933

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office,

CERTIFIED TO BE
A TRUE COPY

NOTE: GROUND SNOW COVERED AT TIME OF SURVEY.



AURORA FINANCIAL GROUP, INC., ITS SUCCESSORS AND/OR ASSIGNS, PILGRIM TITLE AGENCY, INC. & Albert R. & Frances D. Gillingham

"TO: any Insuror of Title relying hereon and any other party in interest: In consideration of the fee paid for making this survey. I hereby certify and guarantee its accuracy (except as to such easements, if any, that may be located below the surface of the lands or on the surface of the lands and not visible) as an inducement for any insuror of title to insure the title to the lands and premises shown thereon."

Alex J. Bergin

N. J. L. S. LICENSE NO. 11368

⊙ DENOTES IRON RE-BAR FOUND (Azimetric)

● DENOTES IRON RE-BAR SET

MAP OF PROPERTY AS SURVEYED FOR
ALBERT R. & FRANCES D. GILLINGHAM
OF
#560 HAMILTON ROAD
TOWNSHIP OF DEPTFORD
GLOUCESTER COUNTY, NEW JERSEY

ALEX J. BERGIN
LAND SURVEYOR N.J. LICENSE NO.11368

ALEX J. BERGIN ASSOC. P.A.
LAND SURVEYING & PLANNING
67 COOPER STREET
WOODBURY, N.J. 08096
TEL. 609-845-5572

1/24/94
DATE

94-7578
JOB NO.

DEPTFORD TOWNSHIP
ZONING PERMIT APPLICATION
PLEASE PRINT ALL INFORMATION BELOW

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 AL Gillinghan PHONE # 609 790 8336

Address 560 Hamilton rd Oak Valley Zip Code 08090

Owner's NAME AL Gillinghan PHONE # [redacted]

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

SUBJECT LOCATION Oak valley BLOCK ~~427~~ 587 LOT(S) 5

TYPE OF DEVELOPMENT (*please check*)

NEW CONSTRUCTION ADDITION GARAGE FENCE

(POOL) SIGN USE PERMIT OTHER

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

18' Above ground Pool

Zone R-6 Plate 44 SETBACKS: front rear 25' side 15'

side street frontage lot depth height 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.
- **Is this property covered by a Home Owners Association? Yes / No ✓**
- **If YES, please provide a copy of the Home Owners Association Approval.**

- Taxes: current ~ ☑ delinquent ~ ☐ Initials of Tax Collector

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

APPLICANT SIGN HERE 6-16-11 (date) [signature] (signature)

FOR OFFICE USE ONLY

date received 6-17-11 by Gayle

approved ~ ☑ not approved ~ ☐

EXPLANATION:

ZONING PERMIT APPROVED

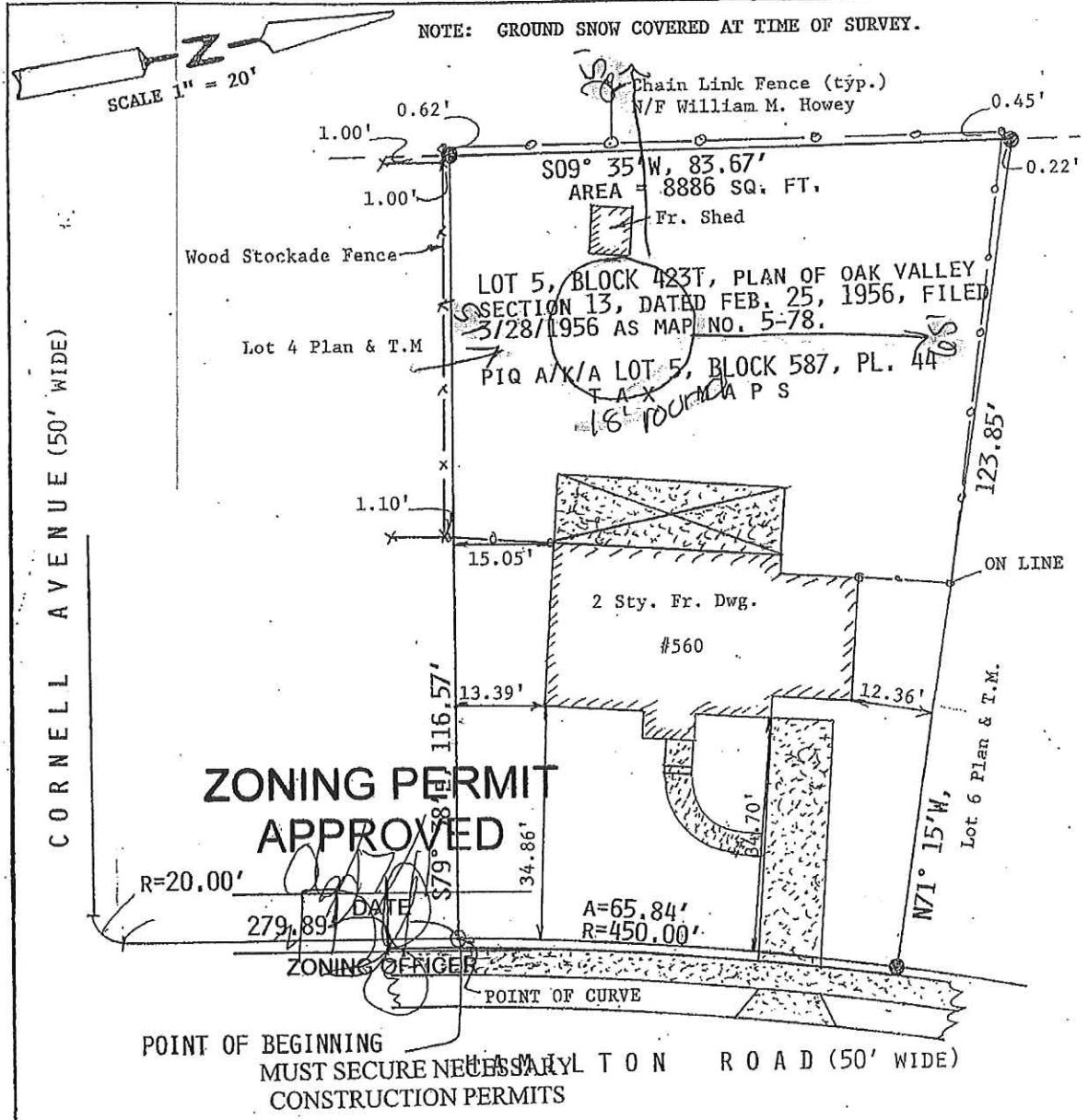
DATE

ZONING OFFICER

MUST SECURE NECESSARY CONSTRUCTION PERMITS

CERTIFIED TO BE
A TRUE COPY

NOTE: GROUND SNOW COVERED AT TIME OF SURVEY.



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"TO: any Insuror of Title relying hereon and any other party in interest: In consideration of the fee paid for making this survey. I hereby certify and guarantee its accuracy (except as to such easements, if any, that may be located below the surface of the lands or on the surface of the lands and not visible) as an inducement for any insuror of title to insure the title to the lands and premises shown thereon."

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⊙ DENOTES IRON RE-BAR FOUND (Azimetric)

● DENOTES IRON RE-BAR SET

MAP OF PROPERTY AS SURVEYED FOR
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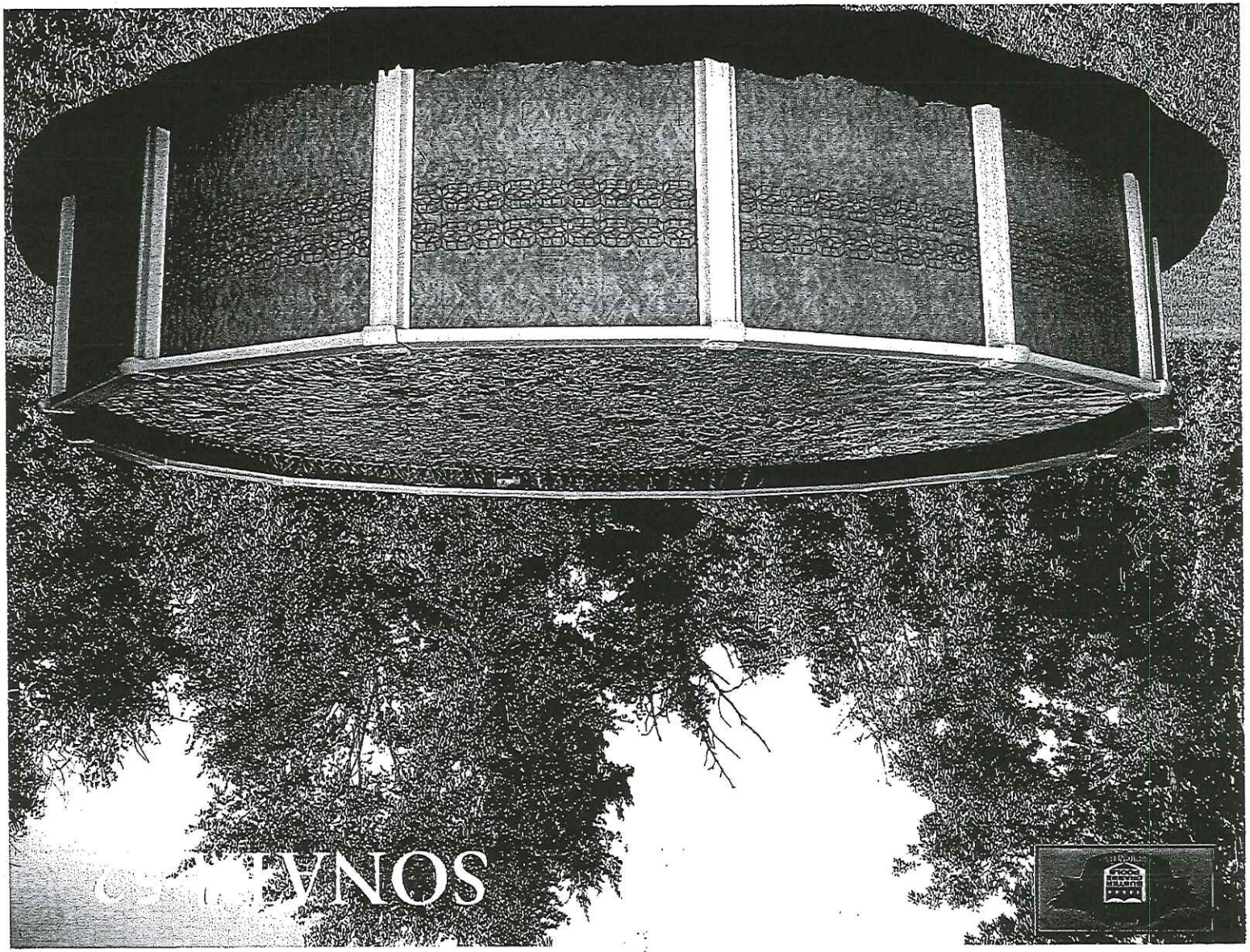

VNOS

SONATA - 52

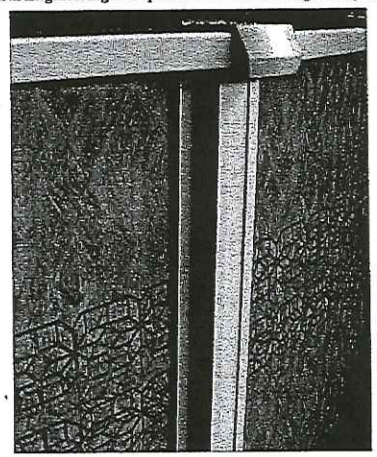
30 YEAR EXTENDED WARRANTY

STEEL

Hot-Dipped Galvanized Steel

AQUASPORTS POOLS ARE BETTER !!!!

Structural Engineering & Superior Distinctive Designer Styling



2 Piece Contour Engineered Wrap Around Locking Seat Clamps, Polymer Resin. Embossed Do Not Jump, Do Not Dive, 4 Feet Deep.

6" Extra Wide Top Rail with Curled Returns

Patterned Wall

Rugged Ribbed Upright

ROUNDS

- Massive 6" Top Rail, Hot Dipped Galvanized Copper Bearing Steel G90. Bonded with Ruffcoate finish.
- Extra wide Upright, Hot Dipped Galvanized Copper Bearing Steel G90. Bonded with Ruffcoate finish.
- Massive Cap Sets, Polymer Resin, with Stainless Steel Screws for Fastening.
- Large Curved Wall Rails 1" X ¾" encircle entire Pool Wall at the Bottom.
- Extra Wide Polymer Resin Top & Bottom Joiners, affording increased footing spread supports for Uprights and Curved Rails where joined.
- Aluminum Extruded, Curved Bead Receptor Track supplied with all Beaded Liners (Hung Liners). Virgin Winterized Grade Marbleized Bottom and Sides of Pool OPTIONAL.
- Warning Notice embossed in 1" high letters on every Cap set. "DO NOT JUMP, DO NOT DIVE, 4 FEET DEEP."

OVALS

- Wall Extra protected with Hot Dipped Galvanized Copper Bearing Steel G90. Copyrighted Sonata Grey Wall on face side. Epoxy coated on inside for additional rust resistance.
- Deep Ribbed Corrugated Wall for increased Strength and flexibility during and after Installation.
- Easily assembled Wall Bar Connectors with reinforced Aluminum Bars affixed – joined with 32, 1/4"-20 X 5/8 Truss Head Bolts and 1/4"-20 Nylon Nuts for additional fastenings.
- Pre-punched Thru the Wall Skimmer and Return Outlet openings for ease of installation and liner protection.
- All Structural Painted Parts are electrostatically polyester dry powder coated with minimum .015" thickness after final fabrication.
- All hardware is Stainless Steel. *
- Oval Buttresses, Braces are Aluminum Extrusion. Electrostatically polyester dry Powder Coated High Gloss Finish.

DANGER: ALL POOL USERS SIGN SUPPLIED WITH EVERY POOL

52" ROUNDS Gallons*

Model	Size	Capacity*	Usage**
SO12	12' x 52"	3,665	3,243
SO15	15' x 52"	5,727	5,067
SO18	18' x 52"	8,247	7,296
SO21	21' x 52"	11,225	9,930
SO24	24' x 52"	14,662	12,970
SO27	27' x 52"	18,555	16,415
SO30	30' x 52"	22,900	20,265

52" OVALS Gallons*

Model	Size	Capacity*	Usage**
SO1218	12' x 18' X 52"	7,000	6,190
SO1221	12' x 21' X 52"	8,167	7,220
SO1224	12' x 24' X 52"	9,334	8,250
SO1524	15' x 24' X 52"	11,667	10,314
SO1530	15' x 30' X 52"	14,584	12,890
SO1833	18' x 33' X 52"	19,252	17,020
SO1839	18' x 39' X 52"	22,752	20,115

* Approximate Calculations
** Based on use thru wall skimmer, water depth 46"

OPTIONAL

Coordinated carpeted aluminum decking and modular perimeter fencing made to fit above sizes. Consult catalog

OPTIONAL DECKING

4X5, 6X9 & 6X14 Rectangular Deck
2 piece, 3 piece & 4 piece Patio Decks
Ovals with End Decks and Side Decks
Complete Walkarounds

WARRANTY NOTICE

All products depicted are supplied with a limited warranty issued by the Company. Copies of which are available for inspection at all authorized dealers, distributors.
CAUTION: These pools are designed for swimming only — they are not designed for diving, jumping or sliding. Do not stand, sit or walk on top rail.

All size, weights, measurements, illustrations and other specifications are approximate. The company reserves the right to make changes without notice at any time in color specification, prices on models, and also discontinue models.

Specifications subject to change without notice. Jumping, Diving or Sliding Devices are not permitted with this pool.

WARRANTY

Limited 30 year warranty and customer service policy on pool wall & frame.

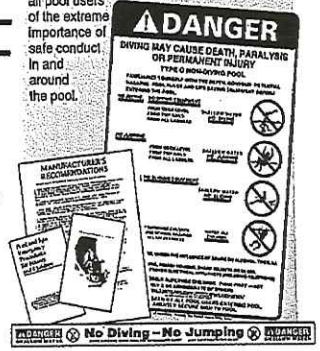
Distributor _____

Failure to comply with all safety signs and all pool safety rules may result in serious permanent body injury

Product Safety is the joint responsibility of the Manufacturer and End User (Consumer). Failure to comply with all caution signs and all pool safety rules may result in serious permanent body injury. These products are in conformance with the Voluntary approved Standards for Aboveground/On Ground Residential Swimming Pools. ANSI/NSPI-4 1999 or latest revision.

SAFETY PROGRAM

Each pool is supplied with an array of safety related pamphlets, signs and stickers. This material is provided to educate and remind all pool users of the extreme importance of safe conduct in and around the pool.



MEMBER NATIONAL SPA & POOL INSTITUTE

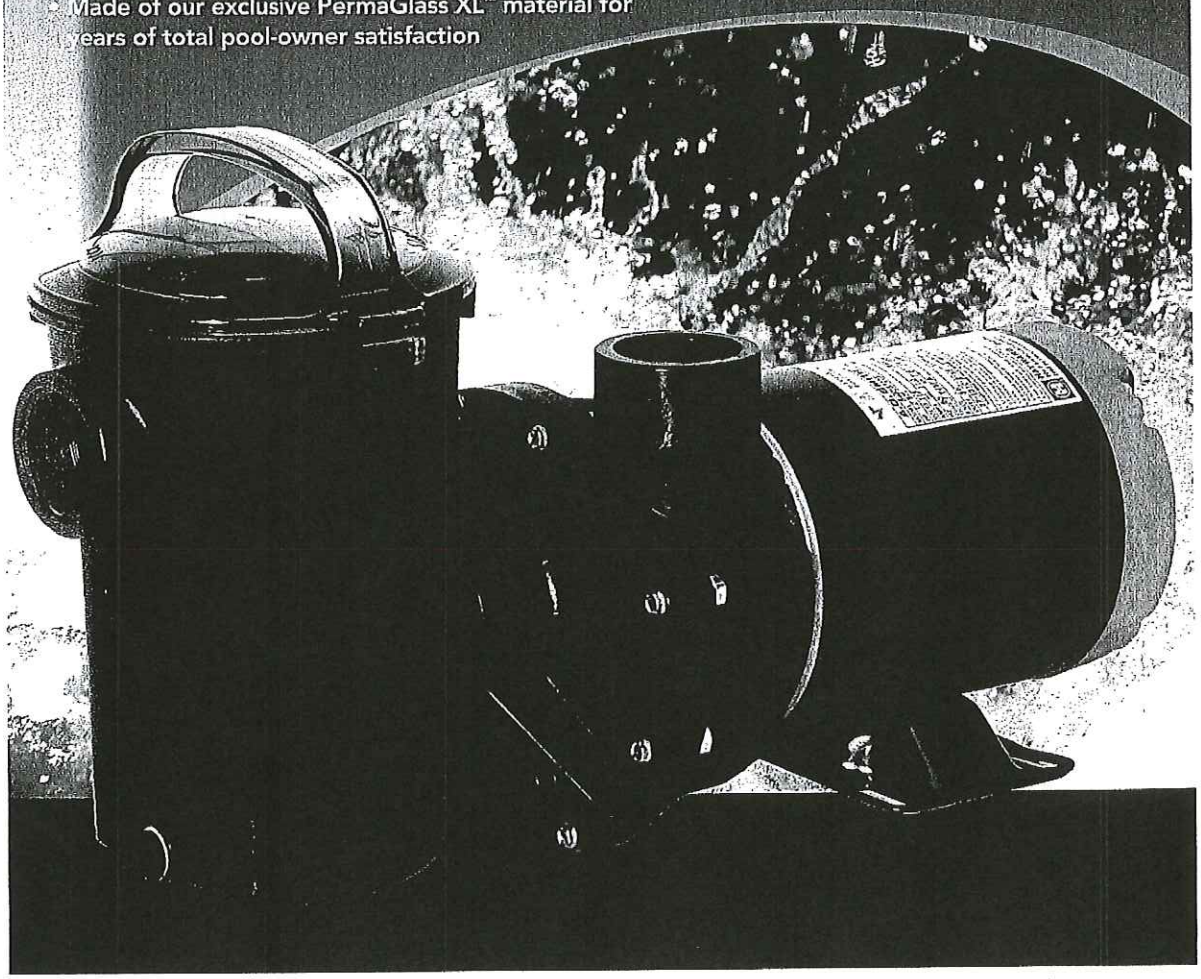
AquaSPORTS

P.O. Box 7283, North Brunswick, N.J. 08902 (732) 247-6134

PowerFlo LX

ABOVE-GROUND-POOL PUMP SERIES

- Designed specifically for the rigors of above-ground- and on-ground-type swimming pools
- Provides dependable, energy-efficient performance and quiet operation
- Extra-large debris basket keeps pool maintenance to a minimum
- Made of our exclusive PermaGlass XL™ material for years of total pool-owner satisfaction



ABOVE-GROUND-POOL PUMP SERIES

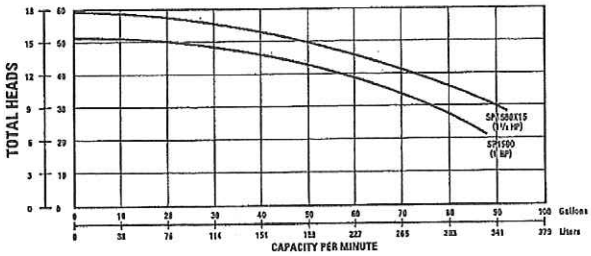
The Hayward PowerFlo LX high-performance-pump series is designed specifically for the rigors of above-ground- and on-ground-type swimming pools. Featuring a heavy-duty motor, PowerFlo LX offers dependable performance and quiet operation. An extra-large debris basket keeps pool maintenance to a minimum, letting you enjoy your pool more. And because PowerFlo LX is made of our exclusive high-strength PermaGlass XL™ material, it will provide years of total pool satisfaction. Dependable, quiet and energy efficient, the PowerFlo LX pump series continues to set the standard for value and performance.

Super-size 118-cubic-inch basket has extra leaf-holding capacity and extends time between cleanings. Rigid construction with load-extender ribbing ensures free-flowing operation for heavy debris loads.

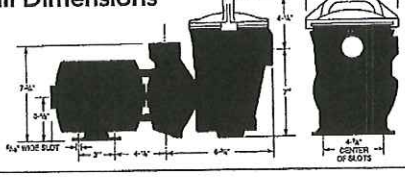
PowerFlo LX Specifications

Model	HP	Inlet/ Outlet	Description
SP1580	1	1½"	PowerFlo LX pump with strainer
SP1580TL	1	1½"	PowerFlo LX pump with strainer and twist-lock cord
SP1580X15	1½	1½"	PowerFlo LX pump with strainer
SP1580X15TL	1½	1½"	PowerFlo LX pump with strainer and twist-lock cord

Pump Performance



Overall Dimensions



HAYWARD Pool Products

One source. Every pool.

www.haywardnet.com

LITPWRFLX05

BLOCK 587 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 15-0150

3377

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 560 Hamilton Ave Wenonah
2. Name of Owner in Fee: Frances Gillgham
   Tel. ([redacted]) [redacted] e-mail _____
   Address 560 Hamilton Ave
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Brian K Creitz Builders Tel. (856) 397-0246
   Address 5451 Rt 38 e-mail _____
   Pennsauken, NJ 08109
   License No. OR, if new home, Builder Reg. No. 13VH08577200 Exp. Date 3/31/18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	75	
2.	Electrical			
3.	Plumbing			
4.	Mechanical			
5.	Fire Protection			
6.	Elevator Devices			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee		10	
10.	Subtotal	$		
11.	Cert. of occupancy			
12.	Other			
13.	TOTAL	$	85	

85

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumb / Mechanical									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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

Permit Number: 20180106
Update Number:
Control Number: 20003377
Application Date: 01/24/2018
Permit Date: 01/24/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 587 Lot: 5 Qualification Code:
Work Site Location: 560 HAMILTON RD DEPTFORD

Owner In Fee: GILLINGHAM, ALBERT & FRANCES
Address: 560 HAMILTON ROAD
WENONAH NJ 08090

Telephone: [redacted]

Use Group(s): R-5

Contractor: BRIAN K CREITZ SR BLDG LLC
Address: 5451 RT 38
PENNSAUKEN NJ 0810

Telephone: (609) 685-2134

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

Federal Emp. No.: 3-0440596

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
ROOF

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,200.00
Cost of Demolition:	0.00
Total Cost:	$5,200.00

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 J Romano, 1/24/18
Construction Official — Date

PAYMENTS (Office Use Only)	
Building	$75.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$10.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$85.00**
All Fees Waived:	No

Amount to be Paid: **$85.00**

Cash amount: $85.00

Collected by: KD
Receipt No:
Total Cash Amount: $85.00
Total Check Amount:
Total CC Amount:
Grand Total: $85.00

Note:

BUILDING SUBCODE
TECHNICAL SECTION

Control # 18-0106
Date Issued 1/24/18
Permit #

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

Block 587 Lot 5 Qualification Code

Work Site Location 560 Hamilton Ave Wenonah

Wenonah

Owner in Fee: ~~Same as Above~~ Frances G. Gillaham

Tel: [redacted] e-mail

Address 560 Hamilton Ave Wenonah
street municipality

Contractor: Brian K Crotz Builders Tel. 856-397-0246
zip code

Address 5451 Rt 38 e-mail

Pennsauken, NJ 08109

Contractor License No. or Builder Registration No. 13VH08577200 Exp. Date 3/31/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] 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
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 5200
2. Rehabilitation $ _____
3. Total (1+ 2) $ 5200

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: Robert Baker

Print name here: Robert Baker

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Shyles Replace
GAF Shyles

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

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts.
1. White-Office Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. Tag-Inspector Copy

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

BRIAN K CREITZ SR BUILDERS LLC
Brian K Creitz Sr
5451 Rte 38
Pennsauken NJ 08109

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
HAS REGISTERED
BRIAN K CREITZ SR BUILDERS LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
03/07/2017 TO 03/31/2018
VALID
SIGNATURE
DIRECTOR
13VH08577200
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

03/07/2017 TO 03/31/2018
VALID

13VH08577200
LICENSE/REGISTRATION/CERTIFICATE #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

BRIAN K CREITZ SR BUILDERS LLC

EXPIRATION DATE 2018

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH08577200. PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.