

576-2024

Christine Ciallella

From:

Christlyn Mae C. Valeriano <opra+request-63933-a945bdbf@requests.opramachine.com> on behalf of Christlyn Mae C. Valeriano

Sent:

Wednesday, July 24, 2024 2:28 PM

To:

OPRA requests at Washington Township (Gloucester)

Subject:

OPRA request - 5 Appletree Way, Washington Township, NJ 07858

BLOCK 85.14
10+40

Dear Washington Township (Gloucester),

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

1. Open Permit
2. Closed Permit
3. Survey

Yours faithfully,

Christlyn Mae C. Valeriano

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-63933-a945bdbf@requests.opramachine.com

Is cciallella@twp.washington.nj.us the wrong address for OPRA requests to Washington Township (Gloucester)? If so, please contact us using this form:

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

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

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

View this OPRA request & responses online:

https://opramachine.com/request/5_appletree_way_washington_towns

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

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

-7/29 - No open permits (zoning) - GA.

See attached open/closed permits. No further records in current program (construction).

7/25/24 - pulled construction permits from vault/archives. (-GG)

7/29/24 - pulled zoning permit from vault/archives. (-GG)

Open-Needs to be paid for + sched for inspect.

Township of Washington

523 Egg Harbor Road

Sewell, NJ 08080

(856)589-0520 FAX (856)218-1473

Permit No. **20191137**

Control No. **58097**

Parcel(Block/Lot). **85.14/40**

Applic/Issued. **6/27/19 /**

Construction Permit

Work Site Location 5 APPLETREE LA

Contractor... OWNER

Owner in Fee..... QUAILE, ROBERT III & BARBARA

Address.....

Address..... 5 APPLETREE LN

Phone.....

SEWELL, NJ 08080

Lic No.....

Phone.....

Fed Emp No.....

Permission is hereby granted to do the following work:

☐ BUILDING

☐ PLUMBING

☐ DEMOLITION

☐ ONGOING -

☒ ELECTRIC

☐ FIRE

☐ ASBESTOS ABATEMENT

☐ OTHER

☐ ELEVATOR

☒ MECHANICAL

☐ LEAD HAZARD ABATEMENT

Description of Work:

REPLACE FURNACE, A/C & HWH

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: \$1,550

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>65</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>120</u>
State Training Fee	<u>3</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$188</u>

Check#/Cash.....

Paid

Collected By

Total Administrative Fee: \$0

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*



Township of Washington ELECTRICAL SUBCODE TECHNICAL SECTION



Date Receive **6/27/2019**
Control # **58097**

Date Issued
Permit # **20191137**

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

Block/Lot **85.14/40**

Work Site Location **5 APPLETREE LA**

Owner in Fee: **QUALE, ROBERT III & BARBARA**

Tel. _____ e-mail _____

Address: **5 APPLETREE LN** **SEWELL, NJ 08080**

Contractor: **QUALE, ROBERT III & BARBARA, OWNER**

Address: _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use Group **Present** **Proposed R-5**

☐ Pole/pad ☐ Temporary Service ☐ Other _____

Building Occupied as **Utility Co**

Est. Cost of Elec. Work \$ **50** Descript: **REPLACE FURNACE, A/C & HWH**

JOB SUMMARY (Office Use Only)

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

C. CERTIFICATION IN UEU 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 Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applic

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

FEE (Office Use Only)

- Lighting Fixtures
- Receptacles
- Switches
- Detectors
- Light Pole
- Motors—Fract. H
- Emergency & Exit Lights
- Communications Paints
- Alarm Devices/F.A.C. Panel

\$ **50**

- 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 11+ HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

225

Administrative Surcharge \$ **0**

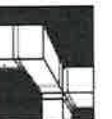
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ **65**



Township of Washington MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 85.14 Lot 40 Qualification Code _____

Work Site Location 5 APPLETREE LA

Owner in Fee QUAILE, ROBERT III & BARBARA

Tel. _____ e-mail _____

Address 5 APPLETREE LN SEWELL, NJ 08080 zip code _____
street municipality

Contractor: QUAILE, ROBERT III & BARBARA, OWNER Tel. _____ e-mail _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed _____

Heating System Work: ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

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

Estimated Cost of Mechanical Work \$ _____

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: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure Failure Approval Initial

Water Heater

Appliance

Chimney/Vent

Piping

Tank

Cooling/AC

Generator

Fireplace

Chimney Cent.

Other

Other

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.

Applicant sign/Contractor

sign and seal here: _____

Print name here: _____

☐ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	\$ 15
2	Fuel Oil Piping Connectins	
	Gas Piping Connections	30
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	60
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other	15

Administrative Surcharge \$	0
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	120

History for Permit
5 APPLETREE LA

20191137
Unit

Block/Lot 85.14/40
Owner QUAILE, ROBERT III & BARBARA
5 APPLETREE LN
SEWELL, NJ 08080
Application 6/27/19 Permit / /

REPLACE FURNACE, A/C & HWH

Inspections and Reviews

----- Dates -----								
Done	Sched	Permit No.	Type	Subcode	P/F	By	Comment	
6/27/19		20191137	REV	MECH	P	JS		
7/18/19		20191137	REV	ELEC	P	RN		

Township of Washington

523 Egg Harbor Road
Sewell, NJ 08080
(856)589-0520 FAX (856)218-1473

7/24/24

Closed

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856) 589-0520

FAX (856) 218-1473

Permit No. **20210443**
Control No. **62847**
Block/Lot **85.14/40**
Date **9/13/21**

Certificate of Approval

IDENTIFICATION

Block/Lot 85.14/40

Work Site Location 5 APPLETREE LA

Owner in Fee/Occupant WASHINGTON, FRANK JR

Address 135 MORTON AVE
CLAYTON, NJ 08312

Telephone (856) 725-1079

Contractor SUNNYMAC LLC

Address 413 8TH AVE
WILMINGTON, DE 19805

Telephone (301) 395-5800 FAX _____

Lic. No. or Bldgs. Reg. No. 13VH05761100-3/31/22

Federal Emp. No. _____

CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group _____

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use: _____

INSTALL ROOF MOUNTED SOLAR PANELS* (DO SCHEDULE UNTIL
SERVICE CHANGE/UPGRADE IS PERMITTED & SCHEDULED)

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

John DiStefano, Construction Official

U.C.C. F260
(rev. 3/96)

Permit Fee \$

536

Paid ☐ Check No.

18886

Collected by:

WC

Township of Washington

523 Egg Harbor Road
Sewell, NJ 08080

(856)589-0520 FAX (856)218-1473

Permit No. **20210443**

Control No. **62847**

Parcel(Block/Lot). **85.14/40**

Applic/Issued. **3/11/21**

3/18/21

Construction Permit

Work Site Location **5 APPLETREE LA**

Contractor... **SUNNYMAC LLC**

Owner in Fee..... **WASHINGTON, FRANK JR**

Address..... **413 8TH AVE**

Address..... **135 MORTON AVE**

WILMINGTON, DE 19805

CLAYTON, NJ 08312

Phone..... **(301)395-5800**

Phone..... **(856)725-1079**

Lic No..... **13VH05761100- 3/31/22**

Fed Emp No. _____

Permission is hereby granted to do the following work:

☒ BUILDING

☐ PLUMBING

☐ DEMOLITION

☐ ONGOING -

☒ ELECTRIC

☐ FIRE

☐ ASBESTOS ABATEMENT

☐ OTHER

☐ ELEVATOR

☐ MECHANICAL

☐ LEAD HAZARD ABATEMENT

Description of Work:

INSTALL ROOF MOUNTED SOLAR PANELS*

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: **\$39,000**

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*

PAYMENTS * (Office Use Only)

Building	\$332
Electrical	130
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	74
Certificate of Occupancy	0
Other	0
Total	\$536

Check# / Cash

Paid

Collected By

Total Administrative Fee: \$0

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856)589-0520 FAX (856)218-1473

Permit No. **20210443 A**
Control No. **63232**
Parcel(Block/Lot) **85.14/40**
Applic/Issued. **4/27/21** **5/4/21**

Construction Permit

Work Site Location 5 APPLETREE LA
Owner in Fee..... WASHINGTON, FRANK JR
Address..... 135 MORTON AVE
CLAYTON, NJ 08312
Phone (856)725-1079

Contractor.... SUNNYMAC LLC
Address..... 413 8TH AVE
WILMINGTON, DE 19805
Phone..... (301)395-5800
Lic No..... 13VH05761100- 3/31/22
Fed Emp No. _____

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☒ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
NEW MAIN BREAKER & MAIN BREAKER CAN*

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: \$600


Construction Official
Date 4/25/21

*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*

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>65</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>1</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$66</u>

Check# 2019
Paid 5/4/21
Collected By WA

Total Administrative Fee: \$0

Township of Washington523 Egg Harbor Road
Sewell, NJ 08080

(856)589-0520 FAX (856)218-1473

Permit No. **20210443 B**Control No. **63506**Parcel(Block/Lot) **85.14/40**Applic/Issued. **5/26/21-6/9/21****Construction Permit**Work Site Location 5 APPLETREE LAContractor... SUNNYMAC LLCOwner in Fee..... WASHINGTON, FRANK JRAddress..... 413 8TH AVEAddress..... 135 MORTON AVEWILMINGTON, DE 19805CLAYTON, NJ 08312Phone..... (301)395-5800Phone..... (856)725-1079Lic No..... 13VH05761100- 3/31/22

Fed Emp No. _____

Permission is hereby granted to do the following work:

☐ BUILDING☐ PLUMBING☐ DEMOLITION☐ ONGOING -☒ ELECTRIC☐ FIRE☐ ASBESTOS ABATEMENT☐ OTHER☐ ELEVATOR☐ MECHANICAL☐ LEAD HAZARD ABATEMENT**Description of Work:****150 AMP SERVICE***

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: \$600**PAYMENTS * (Office Use Only)**

Building	<u>\$0</u>
Electrical	<u>65</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>1</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$66</u>

Check#/Cash 2106
Paid 66
Collected By MC

Total Administrative Fee: \$0

*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*



BUILDING SUBCODE TECHNICAL SECTION



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

Block 85.14 Lot 40 Qualification Code _____
Work Site Location 5 Appletree Lane Sewell NJ 08080

Owner in Fee: Frank Washington Jr. e-mail _____
Tel. (856) 725-1079
Address 5 Appletree Lane Sewell NJ 08080 Zip code _____
Contractor: SunnyMac LLC Tel. (844) 786-6962 Ext. 11
Address 413 8th Ave e-mail Debbief@Sunnymacsolar.com

Contractor License No. or Builder Registration No. 13VH0576110 Exp. Date 03/31/2021
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID# _____ FAX: (302) 777-2060

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required	<u>3/12/21</u>	<u>AM</u>	Type: <u>Footing</u>				
☐ All			<u>Footings/Foundations</u>				
☐ Footings/Foundations			<u>Foundation</u>				
☐ Structural/Framework			<u>Slab</u>				
☐ Exterior			<u>Frame</u>				
☐ Interior			<u>Truss Sys./Bracing</u>				
Joint Plan Review Required:			<u>Barrier-Free</u>				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			<u>Insulation</u>				
SUBCODE APPROVAL for PERMIT			<u>Finishes -Base Layer</u>				
Date:			<u>Finishes -Final</u>				
Approved by:			<u>Energy</u>				
SUBCODE APPROVAL for CERTIFICATE			<u>Mechanical</u>				
☐ CO ☐ CCO ☐ VCA			<u>TCO</u>				
Date:			<u>Other</u>				
Approved by:			<u>Final</u>				
			<u>Barrier-Free</u>				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			Slate Approved		HUD
Area — Largest Floor			Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			1. New Bldg.	\$	9,750
Volume of New Structure			2. Rehabilitation	\$	
Max. Live Load			3. Total (1+2)	\$	9,750
Max. Occupancy Load					

U.C.C. F110 (rev. 11/09)
Internet version

Date Received
Control #

Date Issued
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Print name here: Matt Macfadden

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof- Mounted Solar (DC Output)/13.00KW

TYPE OF WORK:

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

Height (exceeds 6') _____ Sq. Ft. _____

FEE (Office Use Only)

\$

Administrative Surcharge \$ _____
Minimum Fee \$ _____
Slate 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

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

Block 85.14

Lot 40

Work Site Location 5 Appletree Lane Sewell NJ 08080

Qualification Code



MAR 1 2021

RECEIVED

2021-04-13

3/18/21

Control #

Date Issued

Permit #

I hereby certify that I am the (agent or) 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:

Print name here: Scott A Haines

Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Roof-Mounted Solar (DC Output)/13.00KW

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

W REC Modules

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 Inverter

HP Garbage Disposal

KW Central A/C Unit- Inverters

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service- AC Disconnect

AMP Subpanels

AMP Motor Control-Center Breaker

KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

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

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

Internet version

Job Summary (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: Approved by:

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO CA

Date: Approved by:

INSPECTIONS

Type: 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

Dates (Month/Day)

Failure

Approval

Initial

4/22/21 5/18/21 8/12/21

6/13/21 6/27/21

7/13/21



ELECTRICAL SUBCODE TECHNICAL SECTION



mail

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

Block 85.14 Lot 40 Work Site Location: 5 Appletree Lane Sewell NJ 08080 Qualification Code

Owner in Fee: Frank Washington Jr. Tel. (856) 725-1079 e-mail

Address 5 Appletree Lane Sewell NJ 08080 Municipality

Contractor: Sunnyside LLC Tel. (844) 786-6862 Ext. 11 e-mail DebbieF@Sunnymacsolar.com

Address 413 8th Ave Wilmington DE 19805 Contractor License No. 34EB01477200 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH0576110

Federal Emp. ID No. FAX: (302) 777-2060

B. ELECTRICAL CHARACTERISTICS Use Group Present Proposed [] Pole/Pad # [] Temporary [] Other Building Occupied as Utility Co. Est. Cost of Elec. Work \$ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT:

Date: 4/27/21 Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: 8/2/21 Approved by: [Signature]

INSPECTIONS

Type: Rough Barrier-Free Trench Temp. Serv. Constr. Serv. TCO Other Service Final

Dates (Month/Day)

Failure Approval Initial

5/18/21 6/29/21 8/2/21

6/29/21 7/18/21

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 am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Scott A Haines

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Main Breaker Disco/Main Breaker Can

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 Inverter
		HP Garbage Disposal
		KW Central AC Unit - Inverters
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service AC Disconnect
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1	200	AMP Main Breaker Disconnect Can

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



ELECTRICAL SUBCODE TECHNICAL SECTION



RECEIVED
MAY 2 6 2021

Date Received 6-9-21 **tb**
Control # 2021-0443
Date Issued
Permit # New Permit

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

Block 85.14

Lot 40

Qualification Code

Work Site Location 5 Appletree Lane Sewell NJ 08080

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:

Owner in Fee: Frank Washington Jr.

Tel. (856) 725-1079 e-mail _____

Address 5 Appletree Lane Sewell NJ 08080

Contractor: SunnyMac LLC municipality _____

Address 413 8th Ave Tel. (844) 786-6962 Ext. 11

Contractor License No. 34EB0147200 e-mail DebbieF@Sunnymacsolar.com

Home Improvement Contractor Registration No. or Exemption Reason 13VH0576110

Federal Emp. ID No. Wilmington DE 19805 Exp. Date 03/31/2021

FAX: (302) 777-2060

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: _____ Approved by: _____

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

INSPECTIONS

Type: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Failure _____

Approval _____

Initial _____

Print name here: Scott A Haines

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 150 Amp Service Change

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 Inverter

HP Garbage Disposal

KW Central A/C Unit- Inverters

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service AC Disconnect

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

AMP Service Change

1 150

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 05.00

U.C.C. F120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Internet version

MUNICIPALITY WASHINGTON TWP



CUT-IN-CARD

LOCATION 5 APPLETREE LA

UTILITY CO

ACE

BLK/LOT 85.14/40

OWNER WASHINGTON, FRANK JR

OCCUPANT

"Installation in the above premises has been inspected and is
in accordance with N.E.C. and DCA requirements"

☒ Final ☐ Temporary This approval void after 60 days

DESCRIPTION OF SERVICE

150amp SUBFED SERVICE CHANGE

INSTALLED BY

Sunny Mac

LICENSE NO.

14772

DATE

8/2/21

PERMIT NO.

20210443 B

INSPECTOR

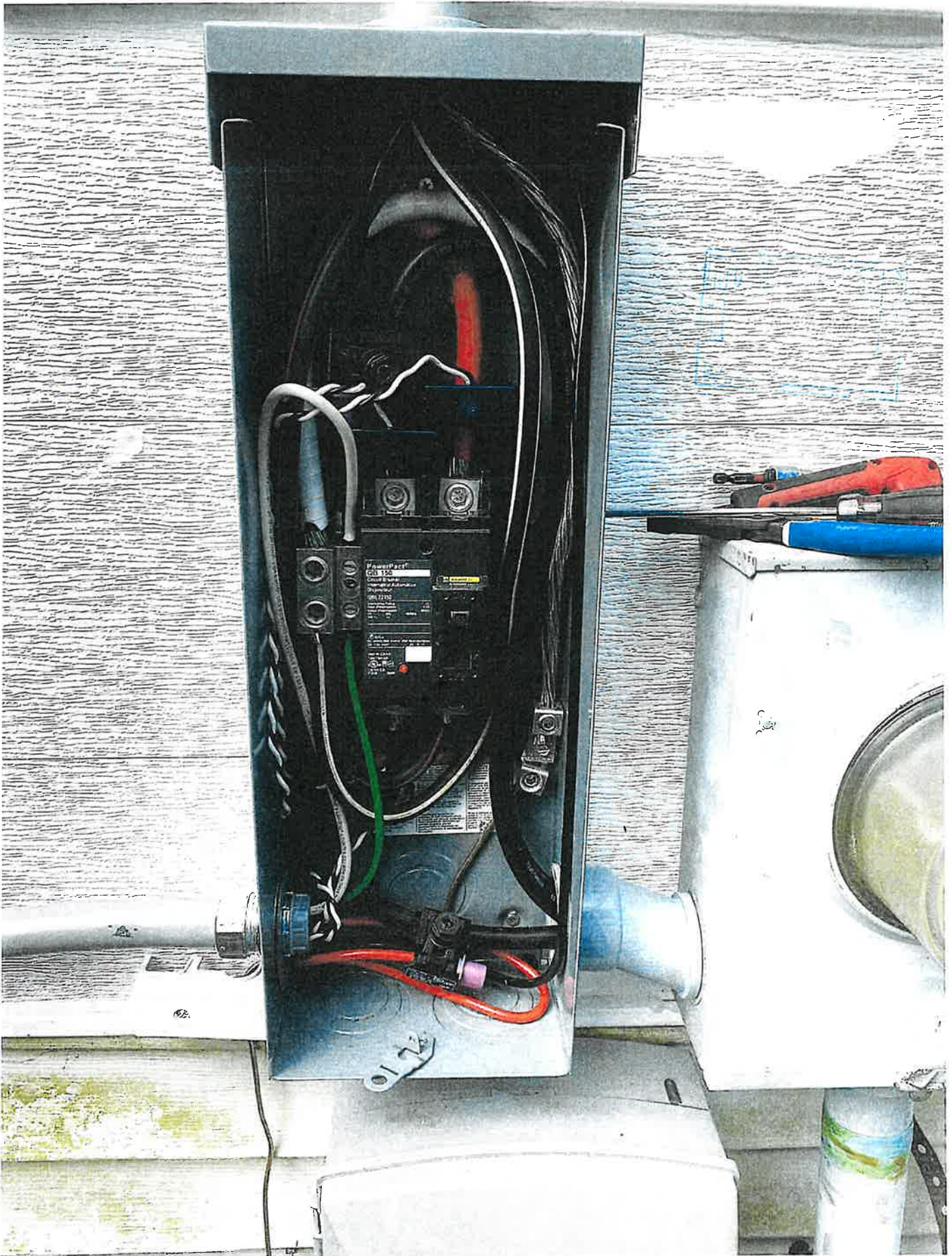
TM

CALLED IN

Lic No..

11516









CERTIFICATE

CERT. NO.	87-1050
DATE ISSUED	1-26-89
Block	13-14
Lot	70
Subdivision	

IDENTIFICATION

Owner Cutter Organization Agent C.O. of N.J.
Address RT 42 Address Wash. & Pleasant #9
Turnersville NJ Turnersville NJ
Tel. () _____ Tel. () _____
Work Site Address 5 Appleton Lane Lic. No. _____
Sewell NJ 08080 Federal Emp. No. _____

PAYMENTS

Fees Remitted \$ _____
☐ Check No. _____
☐ Cash _____
☐ Other _____
Collected By: _____
Date: _____

CERTIFICATE OF OCCUPANCY / APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY

☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

1 & 2. Yorkshire
3 Bedroom - 1 Car gar
Slab

USE GROUP R3A FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Residence

FINAL COST OF CONSTRUCTION: \$

41,000

William E. Smith
CONSTRUCTION OFFICIAL

Lot
221



APPLICATION FOR CERTIFICATE

PERMIT NO. 87-1050
DATE ISSUED 6-29-87
Block 85.14 Lot 40
Subdivision TWIN POND EAST
Notice No. _____

IDENTIFICATION

OWNER: CUTLER ORGANIZATION OF NEW JERSEY
WASHINGTON SQUARE PROF. BLDG.

Name RT. 42 SUITE 9

Address TURNERSVILLE, N.J. 08012

Town/State/Zip 629-8509

CONSTRUCTION LOCATION:

Address 5 Apple tree Ln
Sewell, NJ 08080
Tel. () _____

ACTION

- ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: R3A Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 41,000
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

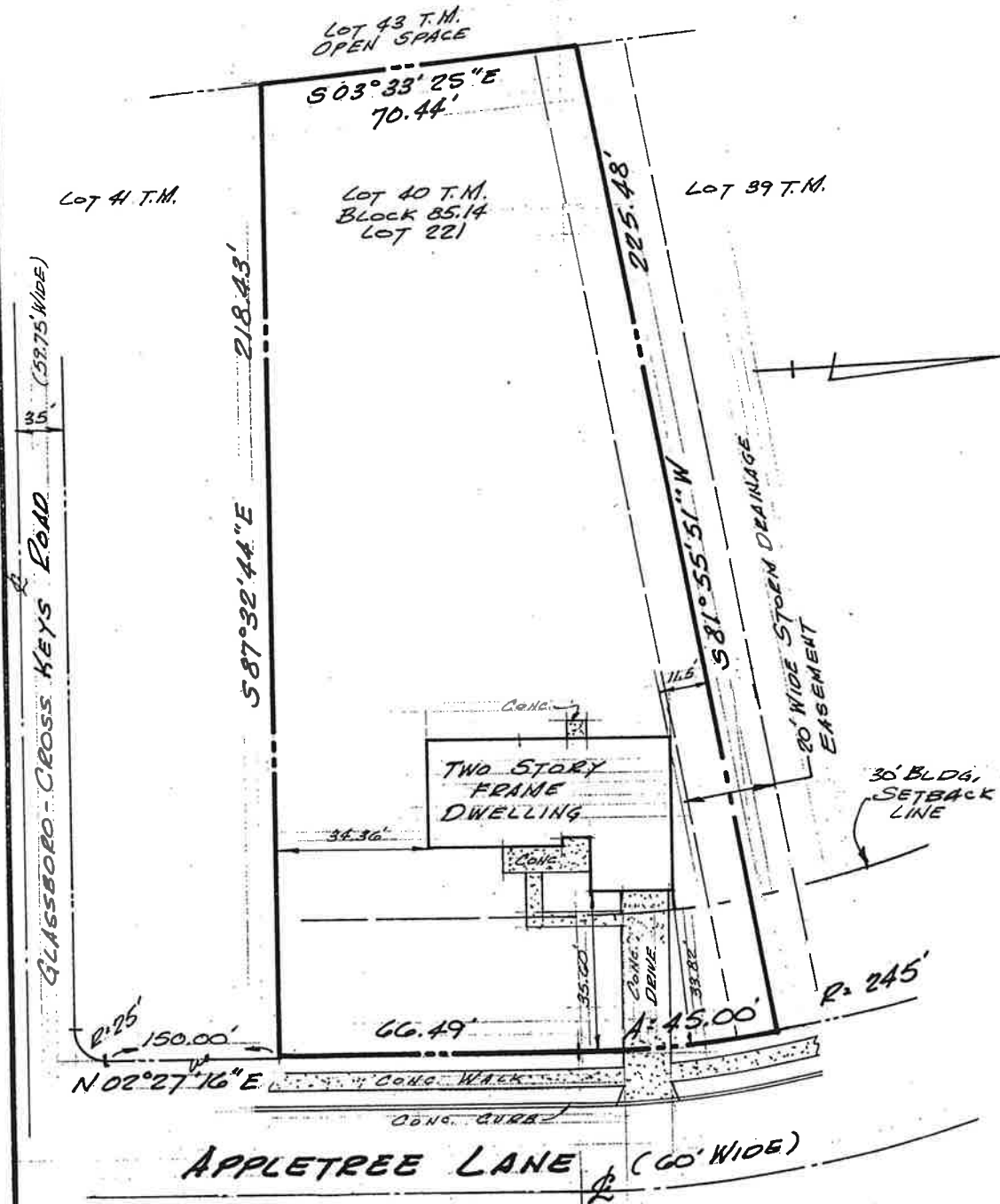
- ☐ Owner
☒ Agent

OWNER/AGENT

NOTE:

LOT & BLOCK NUMBERS REFER TO: FINAL PLAN OF LOTS
SECTION ONE, TWIN PONDS EAST, BY FEDERICI & AKIN ASSOCIATES
DATED 7-29-86, FILED 11-10-86 AS MAP No. 7-312

CORNER MARKERS ARE TO BE SET BUT HAVE BEEN
TEMPORARILY DEFERRED.



CUTLER ORGANIZATION OF NEW JERSEY

TO: _____, any insurer of
title relying hereon and any other party in interest:

"In consideration of the fee paid for making this
survey, I hereby certify to its accuracy (except
such easements, etc., 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 insurer of title to insure the title to the lands
and premises shown hereon."

JOSEPH L. BROWN P.L.S.
N.J. Lic. No. 13426

PLAN OF SURVEY

SITUATE
WASHINGTON TWP.
GLOUCESTER Co., N.J.
SCALE: 1" = 30'
DATE: 15 SEPT. 1987

**AGU-PRO
SURVEYS INC.**

GLEN OAKS PROFESSIONAL BUILDING
1405 CHEWS LANDING ROAD
LAUREL SPRINGS, N.J. 08021

51900 ~ 85.14 ~ 40



Block 85-14 Lot 48
Subdivision IL 100025008

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner C.O. & Mrs. Henry Contractor same
Address 2000 S. 1st St. 200 S Address same
Tel. 1-800-8509 Tel. 1-800-8509
Work Site Address 54 repetitive data Lic. No. 1
Serial 7908080 Federal Emp. No. 1

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

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Upheavine 3 Bed
1 car - flat

☐ See Plans

TYPE OF WORK:
☒ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

SUBTOTAL
Minimum Building Fee (if applicable)
Total Building Fee (Greater of Minimum or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: A-2a Present _____ Proposed _____

No. of Stories 2 Total Building Area-All Floors 274 Sq. Ft.
Height of Structure 23 Ft. Volume of Structure 30,164 Cu. Ft.
Area-Largest Floor 1440 Sq. Ft. Total Land Area Disturbed 20,234 Sq. Ft.
Estimated Cost of Building Work: \$ 41,000.00

D. COMMENTS

☐ Partial Release ☒ Prototype Processing

UNIFORM CONSTRUCTION
COUNCIL

ELECTRICAL
SUBCODE
TECHNICAL SECTION



PERMIT NO. 83-1050
DATE ISSUED 6-29-87
REVISION DATE
Block 83-14 1st 4th
Subdivision Lucia Linda Carr

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner	Contractor
Address	Address
Tel. ()	Tel. ()
Work Site Address	Lic./No./Bus. Permit
	Federal Emp. No.

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

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

Alvaro

AGENT SIGNATURE

List all wiring and equipment and provide necessary data

No.	Item	Fee	No.	Item	Fee	Fee
20	Switching Outlets	\$	1	H.V.A.C. Equipment	\$	COLUMN 1
16	Lighting Outlets	\$	1	Switching Devices	\$	COLUMN 2
35	Receptacle Outlets	\$		Transformers	\$	SUBTOTAL
1	Range/Oven	\$		Motors/Generators/ Compressors (rate no. and size of each)	\$	Minimum Electrical Fee (if applicable)
	Dryer, Electric	\$			\$	Total Electrical Fee (Greater of Minimum or Subtotal)
	Water Heater, Electric	\$			\$	
	Heating, Electric	\$			\$	
30	Switches	\$	1	Range Hood	\$	
16	Lighting Fixtures	\$	1	Other	\$	
35	Receptacles	\$		Other	\$	
	Bonding, Pool/Vault	\$		Other	\$	
	Service/Feeders	\$			\$	

COLUMN 1 \$

COLUMN 2 \$

C. ELECTRICAL CHARACTERISTICS

D. COMMENTS

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy



**FIRE
SUBCODE
TECHNICAL SECTION**



Block 85-14 40
Subdivision San Antonio

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractor, notify this office

Owner L.O. & J. Lee Contractor Same
Address 1111 S. 9th St. Waco, TX 76780 Address Same
Tel. 817-851-8517 Tel. 817-851-8517
Work Site Address 5 Capital Area Center Dr. No. 1 Federal Emp. No. 08080

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

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____
Area Sprinkled: ☐ Full ☐ Partial (Specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised - Method: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

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

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

Smoke Detector

Subtotal
Minimum Fire Protection Fee (if Applicable)
Total Fire Protection Fee (Greater of Minimum or Subtotal)

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____
Heating Systems - Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ 100

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing



Block 85-14 of 40
Subdivision San Antonio

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner J. D. & J. L. P. Co. Contractor 707 Plumbing
Address 1100 1/2 St. N. W. Address 719 Stewart St.
Tel. 1-602-853-2170 Tel. 1-358-7446
Work Site Address St. Andrews Lane Lic. No./Bus. Permit 4196
Denver 75058 Federal Emp. No.

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

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal	1	Garbage Disposal	
2	Bathrub		Air Conditioner Unit	
3	Lavatory/Sink		Indirect Connection	
1	Shower/Floor Drain		Sewer Ejector	
1	Washing Machine		Grease Trap	
1	Dishwasher		Interceptor	
1	Commercial Dishwasher		Backflow Device	
1	Water Heater		Reduced Pressure	
1	Domestic Boiler/Furnace	3	Backflow Device	
1	Steam Boiler		Vent Stack	
1	Water Util. Connection		Solar System	
1	Sewer Util. Connection		Other	
1	Hose Bibb		Other	
1	Water Cooler		Other	

COLUMN 1

COLUMN 2

C. PLUMBING CHARACTERISTICS

USE GROUP: Present ✓ Proposed

Drainage - Material PVC Size 4"

Building Sewer - Material PVC Size 4"

Water Service - Material PVC Size 1"

Venting - Material PVC Size 3"

Estimated Cost of Plumbing Work: \$ 3970.00

D. COMMENTS

☐ Partial Releases

☒ Prototype Processing



CONSTRUCTION PERMIT #221

PERMIT NO.	87-1050
DATE ISSUED	6-29-87
Block	85-14 Lot 40
Subdivision	Pond East

A. IDENTIFICATION

Owner Co. 08 New Jersey Agent Same
Address Wash. St. Rd. Bldg 9 Address Same
Turner Union 77800
Tel. () 609-8708 Tel. ()
Work Site Address 5 Lippltree Lane Lic. No.
Levell 7808880 Federal Emp. No.

PAYMENTS

Permit Fee \$ 339.32
Fees Remitted \$ 339.32
☒ Check No. 686
☐ Cash
☐ Other
Collected By: d
Date: 629

is hereby granted permission
to perform the following work:

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

Description of work:

17d yorkshire
3 bedrm. 1 car slab.

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: \$ 41,100.00

Tom Vandugist
CONSTRUCTION OFFICIAL



HOW Corp.
of New Jersey

**HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY**

101 Morgan Lane, Suite 330
Plainsboro, N.J. 08536
1-800-982-5538

RECEIVED SEP 02 1987



CERTIFICATION FORM

(Used to obtain Certificate of Occupancy)

SEP - 1 - 1987

HOW Builder Approval No. _____
(obtained by NJ HOW)

MUNICIPALITY _____

LOT NO. _____

BLOCK NO. _____

ADDRESS _____

BUILDING FIRM NAME _____

BUILDING FIRM ADDRESS _____

HOW BUILDER NO. _____

NJ DCA BUILDER REGISTRATION NO. _____

ENROLLMENT # OR _____

NOTIFICATION OF STARTS# _____

CUTLER ORGANIZATION OF NEW JERSEY

WASHINGTON SQUARE PROF. BLDG.

RT. 42 SUITE 3 N.J.

TURNERSVILLE, N.J. 08012

3 1 0 0 - 1 6 1 1 1

1 3 0 3 6

5 5 5 3 4

This is to certify that the above referenced premises has been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program.

TO BE VALID, FORM MUST BE STAMPED AND DATED BY THE HOW CORP. OF NEW JERSEY NOT MORE THAN (45) FORTY-FIVE DAYS BEFORE C. OF O. IS ISSUED.

NOTE: BUILDERS WHO FAIL TO ENROLL HOMES WITH HOW ONCE THIS FORM IS VALIDATED, C. OF O. IS OBTAINED, AND CLOSING/SETTLEMENT OCCURS, FACE TERMINATION FROM THE HOW PROGRAM AND SUSPENSION OF THEIR NJ STATE BUILDER REGISTRATION BY THE DEPARTMENT OF COMMUNITY AFFAIRS (N.J.A.C. 5:25-2.5)

MUNICIPALITY COPY

31696917

CONSTRUCTION EXPANSION FEEMunicipal Participant: Washington Township MUA Project Name: Heggan Tract (Twin Ponds East)NJDEP Construction Permit: SC-86-5866-4 Date Issued: 4/24/86GCUA Resolution Allocating Capacity No. 1987-63 Dated 3/25/87 No. Units/GPD: 25/7,500 GPD
(Not applicable on NJDEP Construction Permits issued prior to 7/20/77)

<u>Location:</u>	<u>Tax Block</u>	<u>Lot</u>	<u>Street Address</u>
	<u>85.14-40</u>	<u>221</u>	<u>5 Appletree Lane</u>

Type of Dwelling (GCUA Code _____)

Residential X Commercial _____ Other _____Fee Paid \$ 500.00 Check # 315 Date 3/17/87Payor The Cutler Organization of N.J., L.P.Approved: _____ Date 3/27/87
GCUA Executive Director

EXTENSION PERMIT

DATE: _____

Sewer Only _____

Water Only _____

Sewer & Water _____

Permission is hereby granted to extend lines to the Washington Twp. MUA system by the following applicant at the locations stated, for the purpose indicated. All lateral connections must comply with MUA Rules and Regulations: Elevation of Sanitary Fixtures.

APPLICANT: _____ ADDRESS: _____

EXTENSION LOCATION: _____ SECTION: _____

BLOCK: _____ LOT: _____

TYPE OF BUILDING: _____ NUMBER OF UNITS: _____

CONNECTION FEES: SEWER: _____ WATER: _____ DATE PD: _____

ATTEST:

Business Manager

CONSTRUCTION CODE OFFICE COPY

TOWNSHIP OF WASHINGTON
DEPT OF LICENSE & INSPEC
856-256-0234/FAX:218-1473

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 85.14 Lot 40 Qual

Work Site Location 5 APPLETREE LANE
SEWELL NJ 08080 IGP
Owner in Fee PETERSON, FINN
Address SAME
SAME, NJ 08080-
Telephone (856)863-0922

Contractor DEL VAL POOL & SPA 000
Address 4431 ROUTE 42
TURNERSVILLE, NJ 08012-
Telephone (856)629-2999
Lic. No. or Bldrs. Reg. No. 03/00/00
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RES ALT IN GROUND POOL 18X36

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 \$ 10,700

Wm. Dambach / /
Construction Official Date

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

628 D
Date Issued 7/1/00
Control # C00-0935
Permit # 00-904

PAYMENTS (Office Use Only)
Building 110
Electrical 60
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 9
Cert. of Occupancy 25
Other
Total 204
Check No. 1207
Cash
Collected By RC

TOWNSHIP OF WASHINGTON
DEPT OF LICENSE & INSPEC
856-256-0234/FAX: 218-1473

LOC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/21/2000
Date Issued 7/1/00
Control # 000-0935
Permit #

A. IDENTIFICATION-APPLICANT COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTING, NOTIFY THIS OFFICE. CALL UTILITY 816 NC: 3-440-272-1800

Block 25.14 Lot 40

Work Site Location 5 AMSTERDAM LANE

Owner in Fee PETERSEN, FINN

Address 5000

State, NJ 08030

Tele. (256) 662-0922

Contractor DEL VAL POOL & SPA CO

Address 4431 ROUTE 42

TURNERSVILLE, NJ 08012

Tele. (609) 629-2937 Fax (609) 629-2937

Lic. No. or Bids. Reg. No. 03/06/00

Federal Exp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Rev.

☐ All

☐ Footing

☐ Foundation

☐ Slab

☐ Frame

☐ Masonry

☐ Insulation

☐ Finishes

☐ Energy

☐ Mechanical

☐ TCO

☐ Other

☐ Final

☐ Revert-Free

Use Group Present Proposed

Contr. Class Present Proposed

No. of Stories

Height of Structure

Area Largest Floor

New Bldg. Area (All Floors)

Value of New Structure

Total Land Area Disturbed

Sq. Ft.

Dates (Month/Day)

Failure Failure Approval Initial

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter B

☐ Lead Haz. Abatement NUREG 5-17

☐ Other

☐ Demolition

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$

Industrialized Building

☐ State Approved

☐ IAD

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RES ALT IN GRASSY POOL 18X36

Just Comply with BOC A

Per 42.10, for pool enclosure

Signature

FEE (Office Use Only)

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

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\$

\$

\$

\$

\$

\$

\$

Administrative Surcharge

Hiring Fee

TOTAL FEE

FOR Training Fee

FOR Training Fee

FOR Training Fee

FOR Training Fee

FOR Training Fee

FOR Training Fee

TOWNSHIP OF WASHINGTON
DEPT OF LICENSE & INSPEC
856-256-0234/FAX:210-1473

UDC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/21/2000
Date Issued 7/1/00
Control # 000-0935
Permit #

A. IDENTIFICATION-APPLICANT: COMPLETE ALL AVAILABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE CALL UTILITY DIV NO: 1-800-472-1403

Block 25.14 Lot 40 Sub 1
Mark Site Location 5 ROUTE 130

Owner in Fee PETERSON, RIM
Address 3000
SOME, NJ 08080

Telephone 856-256-0234 Fax 210-1473

Contractor SHERIDAN INC
Address PO BOX 85

Telephone 856-256-0234

Lic. No. or Bid's Reg. No. 7301

Federal Exp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 700

C. SUMMARY (OFFICE USE ONLY)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Rldg ☐ Plus

☐ Fire ☐ Elevator

☐ Elev ☐ Other

Date: 06/21/00

Approved By: [Signature]

SUBCODE APPROVAL

☐ U ☐ C ☐ L

Date: 07/01/00

Approved By: [Signature]

Final Cut-in Card Date Issued

Final Cut-in Card Date Issued

Final Cut-in Card Date Issued

Final Cut-in Card Date Issued

Final Cut-in Card Date Issued

Final Cut-in Card Date Issued

Final Cut-in Card Date Issued

Final Cut-in Card Date Issued

Final Cut-in Card Date Issued

D. TECHNICAL SITE DATA

ITEM SIZE

Lighting Fixtures

Receptacles

Switches

Outlets

Light Poles

Meters-Feet AP

Emergency & Exit Lights

Communications Poles

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/In LA Lights

Storable Pool/Spa/Hot Tub

EM Elect Range/Receptacle

EM Elect Range/Receptacle

EM Elect Range/Receptacle

EM Elect Range/Receptacle

EM Elect Range/Receptacle

EM Elect Range/Receptacle

EM Elect Range/Receptacle

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EM Elect Range/Receptacle

TOWNSHIP OF WASHINGTON
DEPT OF LICENSE & INSPEC
856-256-0234/FAX:218-1473

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/21/2000
Date Issued 7/1/00
Control # C00-0935
Permit # 09-904

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

Block 85.14 Lot 40 Qual _____
Work Site Location 5 APPLETREE LANE
SEWELL NJ 08080
Owner in Fee PETERSON, FINN IGP
Address SAME
SAME, NJ 08080-863-0922
Tele. (856) 232-7330
Contractor SAFEMAY INC
Address PO BOX 89
RUNEMEDE, NJ 08078-
Tele. (856) 232-7330
Lic. No. or Bldr's. Reg. No. 7301
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed U
[] Pole/Pad # [] Temporary [] Other
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bidg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 6/21/00
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: 8-1-00
Approved By: [Signature]

INSPECTIONS
Type Failure Dates (Month/Day)
Rough Failure Approval Initial
Temp Serv _____
Const Serv _____
TCO _____
Other BE 7/1/00
Service [Signature]
Final [Signature]
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

NO.	SIZE	ITEM
0		Lighting Fixtures
0		Receptacles
0		Switches
0		Detectors
0		Light Poles
0		Motors-Fract HP
0		Emergency & Exit Lights
0		Communications Points
0		Alarm Devices/F.A.C. Panel
0		TOTAL NUMBERS
0		Pool Permit/with UM Lights
0		Storable Pool/Spa/Hot Tub
0		KW Elect Range/Receptacle
0		KW Oven/Surface Unit
0		KW Elect Water Heater
0		KW Elect Dryer/Receptacle
0		KW Dishwasher
0		HP Garbage Disposal
0		KW Central A/C Unit
0		HP/KW Space Heater/Air Handler
0		Baseboard Heat
0		HP Motors 1/+ HP
0		KW Transformer/Generator
0		AMP Service
0		AMP Subpanels
0		AMP Motor Control Center
0		KW Elect Sign/Outline Light
0		Other IGP
0		Other

Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 60
DCA Training Fee \$ 1

Application for a Permit

(T.M Lot 40)

Township of Washington
Construction Department
P.O. Box 1106
Turnersville, NJ 08012
Phone (609) 256-0234

Site Address 5 Appletree Ln.
Block 85.14 Lot 221
Owner in Fee Finn Peterson

Address 5 Appletree Ln.
City Swell State N.J. Zip 08080

- ☐ Check if this is an update to existing permit # _____
☐ If Prototype, give model _____
☐ Change of contractor, fill in sub-code where applies

Two Complete Sets of Plans are Required

*** Fill in Only the Subcodes that apply to the work you are doing ***

BUILDING SUB-CODE

Fill in all information below

Contractor Del Val Pools & Spa
Address RT 168 BHP.
City Turnersville State N.J. Zip 08080
Phone (609) 856-309-2251
Federal ID # _____
License # _____ Expires _____
Description of Work:

Type of Work:

- ☐ New Building ☒ Fence 4 Height _____
☐ Addition ☐ Sign _____ Sq. Ft. _____
☐ Alteration ☒ Pool Size 18x36
☐ Roof ☐ Asbestos Abatement _____
☐ Siding ☐ Demolition _____
☐ Other _____ ☐ Elevator _____

Building Characteristics

Use Group Present Proposed
Construction Class: Present Proposed
No. of Stories _____ Height of Structure _____
Area: Largest floor _____ Sq. Ft. _____
Total: All Floors _____ Sq. Ft. _____
Volume of Structure _____ Cu. Ft. _____
Total land area disturbed _____ Sq. Ft. _____

Estimated Cost of Building Work

New Building (1) _____ \$ _____
Alterations (2) _____ \$ 800
Totals (1 & 2) _____ \$ 800

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]

ELECTRICAL SUB-CODE

Fill in all information below

Contractor _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Federal ID # _____
License # _____ Expires _____

Technical Site Data (List all fixtures)

Item	No.	KW.	Item	No.	KW.
Fixtures(1)	_____	_____	Range	_____	_____
Receptacles(2)	_____	_____	Oven(s)	_____	_____
Switches(3)	_____	_____	Surface Unit	_____	_____
Total (1+2+3)	_____	_____	Dishwasher	_____	_____
Burglar Alarms	_____	_____	Garbage Disposal	_____	_____
Intercom Panels	_____	_____	Dryer	_____	_____
Smoke Detectors	_____	_____	A/C Unit	_____	_____
Pool Bonding	_____	_____	Whirlpool/Spa	_____	_____
Pool Motors	_____	_____	Water Heater	_____	_____
Pool Lights	_____	_____	Baseboard Heat	_____	_____
Heat: oil, gas, elec	_____	_____	Heat Pump	_____	_____
Thermostats	_____	_____	Pumps	_____	_____
Signs	_____	_____	Motor Controls	_____	_____
Light Standards	_____	_____	Sub-Panels	_____	_____
Motors/fractional	_____	_____	Motors/all other	_____	_____
Transformers	_____	_____	Generators	_____	_____
Service Entrance	_____	_____	Other	_____	_____
Other	_____	_____			

Utility Company _____ ☐ PSE & G _____ ☐ Connectiv

Estimated Cost of Electric Work _____ \$ _____

Certification in Lieu of Oath

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

Signature _____
☐ Licensed Electrical Contractor ☐ Exempt Applicant
Place Seal Here



APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 85.14 Lot 40
Work Site Location 5 Appletree Ln.
Owner In Fee Finu Peterson
Address 5 Appletree Ln.
Seaside N.J. 08012
Tele. (856) 863-0922

Contractor Del Vel Pools and Spas
Address 4331 Rt 42
Turnersville N.J.
Tele. (856) 629-2999
Lic. No. _____
Federal Emp. No. _____
or Social Security No. _____

ACTION

- ☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 10,700.00

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

Install 18x36 Inground Pool with existing 4" wood and post (8' DEEP)

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

- ☐ Owner
☐ Agent

OWNER/AGENT (Signature)



TOWNSHIP OF WASHINGTON GLOUCESTER COUNTY
MUNICIPAL BUILDING, P.O. BOX 1106, TURNERSVILLE, NJ 08012

609-589-0520

IMPORTANT NOTICE FOR POOL APPLICATIONS

ALL SWIMMING POOLS MUST COMPLY WITH B.O.C.A. NATIONAL BUILDING CODE 421. FOR POOL ENCLOSURES.

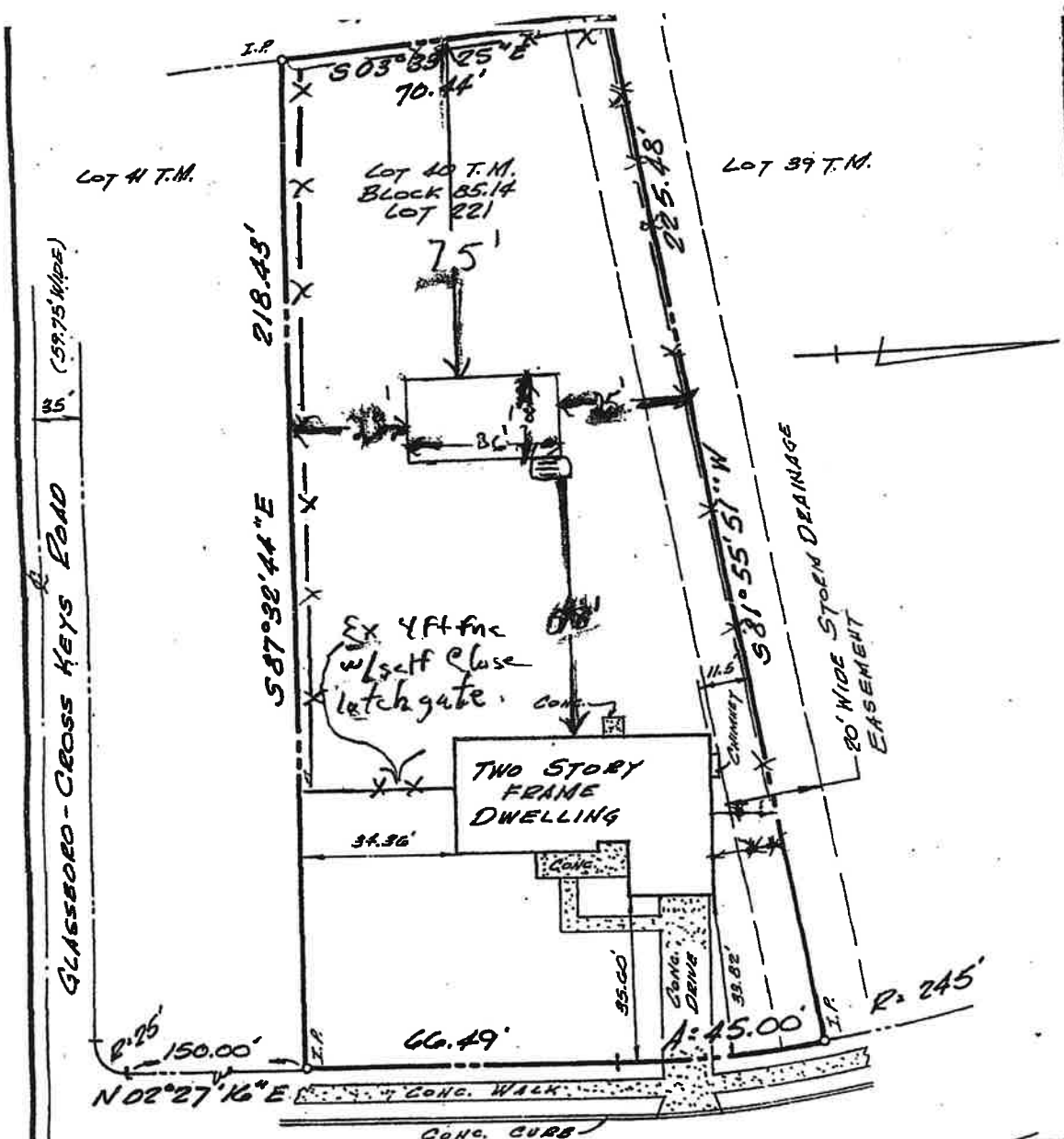
IN ORDER TO SIMPLIFY THE PROCESS OF OBTAINING A POOL PERMIT AND FINAL COMPLIANCE ON POOL INSTALLATION, THE FOLLOWING INFORMATION IS REQUIRED AT THE TIME THE APPLICATION IS SUBMITTED TO THE CONSTRUCTION OFFICE.

1. TYPE OF BARRIER 4' wood & Post Fence w/self Close latch gate
2. IF BARRIER IS FENCING
 - a. HEIGHT OF FENCE 4'
 - b. MATERIAL OF FENCE i.e., WOOD, CHAIN LINK, VINYL ETC. wood
 - c. TYPE OF FENCING i.e., BOARD ON BOARD, BASKET WEAVE, PRIVACY, ETC. Picket 2 Rail
 - d. MANNER IN WHICH YOUR FENCE IS INSTALLED ON YOUR PROPERTY Rails in
 - e. SPECIFY WHETHER YOU SHARE ANY FENCING WITH NEIGHBORING PROPERTY No
 - f. DESCRIBE YOUR GATE
 1. HEIGHT 4' 5"
 2. LOCATION OF LATCH Top
 3. SWING OF GATE (MUST SWING AWAY FROM POOL): YES ☒ NO ☐
 4. ABILITY OF GATE TO CLOSE AUTOMATICALLY AND LATCH WHEN RELEASED YES ☒ NO ☐

ADDITIONAL INFORMATION: Has self catching latch.

PLEASE BE SPECIFIC WHEN SUPPLYING ABOVE INFORMATION. IF YOU HAVE ANY QUESTIONS PLEASE CALL 256-0234 EXT. 276

[Signature]
Signature of Homeowner



FINN & DONNA PAPPETREE
CONTINENTAL TITLE INSURANCE CO.
PIONEER MORTGAGE CO. BY SUCCESSORS
AND/OR ASSIGNS

Title relating hereto and any other party in interest:

"In consideration of the fee paid for making this survey, I hereby certify to its accuracy (except such encumbrances, 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 purchaser of title to insure the title to the lands and premises shown thereon."

Joseph L. Brown
JOSEPH L. BROWN P.L.S.
N.J. Lic. No. 13446

(60' WIDE) PLAN OF SURVEY

SITUATE
WASHINGTON TWP.
GLOUCESTER CO., N.J.
SCALE: 1" = 30'
DATE: 15 SEPT. 1987

ACU-PRO
SURVEYS INC.

GLEN OAKS PROFESSIONAL BUILDING
1408 CHEWS LANDING ROAD
LAUREL SPRINGS, N. J. 08021

51900 ~ 85.14 ~ 40

- NOTES:

[illegible]



BUILDING SUBCODE TECHNICAL SECTION



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

Block 85.14 Lot 46 Qualification Code 5 Apple Tree Ln.

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

Date Received 10.23.06
Control # 06-2403
Date Issued
Permit #

Owner in Fee: LORENZ

Tel. () 863-0922 e-mail 5 Apple Tree Ln.

Address 5 Apple Tree Ln. Municipality SPRING HOUSE

Contractor 1814 Rt 70 E. day hills over Tel. () 761-0521

Address 1814 Rt 70 E. day hills over e-mail 5 Apple Tree Ln.

Contractor License No. or Builder Registration No. 5 Apple Tree Ln. Exp. Date 5 Apple Tree Ln.

Home Improvement Contractor Registration No. or Examination Reason (if applicable): 5 Apple Tree Ln.

Federal Emp. ID No. 5 Apple Tree Ln. FAX: () 5 Apple Tree Ln.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required	<u>10/30/06</u>	<u>TR</u>	Type: <u>Footings</u>				
☐ All			<u>Footings</u>				
☐ Footing			<u>Footings</u>				
☐ Foundation			<u>Foundation</u>				
☐ Slab			<u>Slab</u>				
☐ Frame			<u>Frame</u>				
☐ Other			<u>Truss Sys./Bracing</u>				
Joint Plan Review Required:			<u>Barrier-Free</u>				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			<u>Insulation</u>				
SUBCODE APPROVAL			<u>Finishes - Base Layer</u>				
☐ CO ☐ CCO ☐ CA			<u>Finishes - Final</u>				
Date: <u>5.24.07</u>			<u>Energy</u>				
			<u>Mechanical</u>				
Approved by: <u>TR</u>			<u>TCO</u>				
			<u>Other</u>				
			<u>Final</u>				
			<u>Barrier-Free</u>				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Const. Class	<u>Present</u>	<u>Proposed</u>	1. New Bldg. \$ <u>3008</u>
No. of Stories	<u>1</u>	<u>1</u>	2. Rehabilitation \$ <u>3008</u>
Height of Structure	<u>1</u>	<u>1</u>	3. Total (1+2) \$ <u>3008</u>
Area - Largest Floor	<u>1</u>	<u>1</u>	
New Bldg. Area/All Floors	<u>1</u>	<u>1</u>	
Volume of New Structure	<u>1</u>	<u>1</u>	
Total Land Area Disturbed	<u>1</u>	<u>1</u>	

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
<u>Re-roof over 1 layer of shingles with 25 yr or Shingle</u>
<u>at 2403</u>

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

FEE (Office Use Only)
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

Township of Washington

Municipal Building

Turnersville, NJ 08012

(856)256-0234 FAX (856)218-1473

Permit No. 20062403

Block/Lot 85.14/40.

Date

Construction Permit

Work Site Location 5 APPLETREE LA
Owner in Fee..... LORENZ
Address..... 5 APPLETREE LANE
SEWELL, NJ, 08080
Phone..... (856)863-0922

Contractor..... REDLINE ENTERPRISES
Address..... 1814 ROUTE 70 WEST
CHERRY HILL, NJ 08003
Phone..... 8567610541
Lic No. Or Bld Reg No. 13VH00087700
Fed Emp No.

Permission is hereby granted to do the following work:

- | | | |
|--|---|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRIC | ☐ FIRE | ☐ DEMOLITION |
| ☐ ELEVATOR | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| | | ☐ Mechanical |

Description of Work:

ROOFING 24 SQUARE

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is void.

Estimated Cost of Work: \$3,000

[Signature] 10-13-06
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

PAYMENTS (Office Use Only)

Building	46
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Other	0
DCA Permit Fee	4
Certificate of Occupancy	0
Other	0
Total	50

Check#/Cash 4166

Paid

Collected By MJ

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

Redline Enterprises LLC
John Kabourakis
174 Rockwell Ave
Long Branch NJ 07740

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

02/24/2005 TO 12/31/2006
VALID

13VH00087700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

John Kabourakis
ACTING DIRECTOR



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

PLEASE DETACH HERE

Construction Permit

Work Site Location 5 APPLETREE LA
Owner in Fee..... LORENZ, DONNA & RICH
Address..... 5 APPLETREE LANE
SEWELL, NJ, 08080
Phone..... (856)863-0922

Contractor..... HOMEOWNER
Address.....
Phone.....
Lic No. Or Bld Reg No. None
Fed Emp No.

Permission is hereby granted to do the following work:

- | | | |
|-----------------------------------|--|--|
| ☐ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRIC | ☐ FIRE | ☐ DEMOLITION |
| ☐ ELEVATOR | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| | | ☐ Mechanical |

Description of Work:

WATER HEATER

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: \$425

Tom Krawiec 6-19-07
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*

Municipality Copy/Applicant Copy

PAYMENTS (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>0</u>
Plumbing	<u>45</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Other	<u>0</u>
State Training Fee	<u>1</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$46</u>

Check#/Cash.....

Paid

Collected By *MT*

Zoning Permit

5 APPLETREE LA
Block/Lot 85.14/40

WASHINGTON, FRANK JR
135 MORTON AVE
CLAYTON, NJ 08312

Zone
PR3

Application is

Approved

This is to certify that the above-named has applied for a permit to/authorization for:

SOLAR - INSTALL ROOFTOP SOLAR 4" OFF ROOF, which is a use permitted by ordinance

Comments on Decision:

AS PER CODE 285-306 AND 307

Township of Washington

Turnersville NJ 08012
(856)589-0520 FAX(856)589-2953

Joseph Micucci
Zoning Officer
March 8, 2021

Date

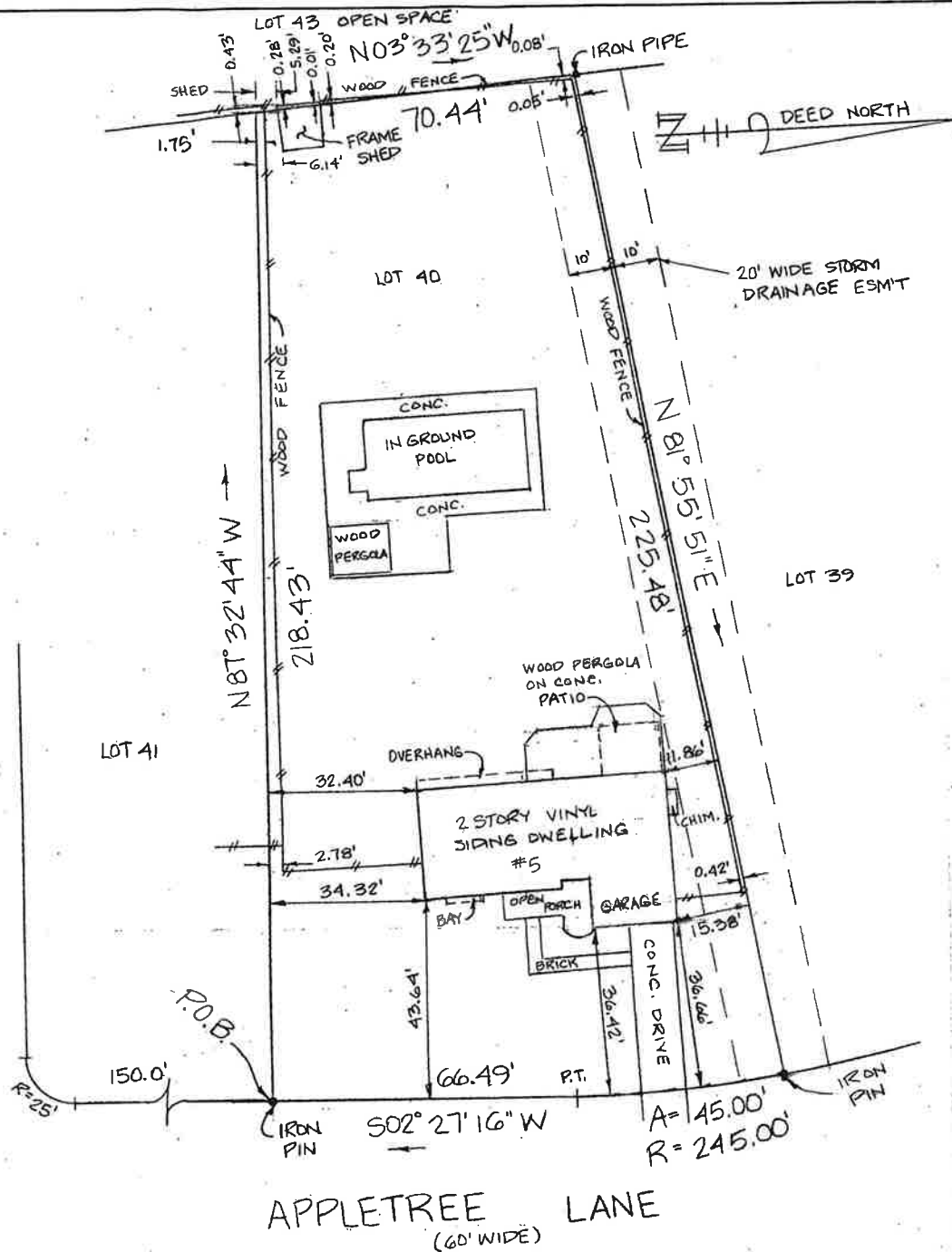
Applic No. 7256
21577

Cut Here

Deliver to...

WASHINGTON, FRANK JR
135 MORTON AVE
CLAYTON, NJ 08312

GLASSBORO - CROSS KEYS ROAD



NOTE: PARCEL SURVEYED BEING LOT 40, BLOCK 85.14 ON FINAL PLAN OF LOTS, "TWIN PONDS EAST", SECTION ONE, SHEET 2 OF 2. A.K.A. LOT 40, BLOCK 85.14 ON WASHINGTON TWP. TAX MAP.

TO FRANK WASHINGTON, JR.
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 to its accuracy (except such easement, 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. Responsibility limited to current transaction.

Richard S. Humphries

RICHARD S. HUMPHRIES

P.L.S. N.J. LIC. 34859

DATE OF SURVEY FEBRUARY 23, 2021

Walter H. Macnamara Assoc., Inc.

Professional Land Surveyors

Certificate of Authorization 24GA28052300

813 Haddon Ave., Collingswood, NJ 08108

Survey of Premises

NO. 5 APPLETREE LANE

WASHINGTON TOWNSHIP

GLOUCESTER Co. New Jersey

Scale — 1" = 30' 595-14.

856-854-5229



Planning / Zoning

TOWNSHIP OF WASHINGTON / GLOUCESTER COUNTY

MUNICIPAL BUILDING, P.O. BOX 1106, TURNERSVILLE NJ 08012

856-589-0521 ext. 233 or 234



ZONING PERMIT APPLICATION

Date 3/2/2021 Fee \$100 Check# 1832 Cash Block 85.14 Lot Zone 123

Owner: Frank Washington Jr. Applicant or Tenant: SunnyMac LLC

Address of Applicant: 413 8th Avenue, Wilmington, DE 19805

Phone #: (844) 786-6962 x11 Cell Phone #: (Fax) 302-777-2060

E-Mail Address: debbief@sunnymacsolar.com

Address for which permit is to be issued 5 Appletree Lane

(If different from the applicant): Sewell NJ 08080

Type of work: Commercial Residential

 New Home \$150 Fence \$35 Deck \$50 Driveway \$35 Patio \$35 Other
 In Ground Pool \$75 Above Ground Pool \$35 Temp Tent \$35 Sign \$35 Temp Banner \$35
X Solar Panels \$100 Addition \$75 Garage \$75 Shed \$35 or \$75 Retaining Wall \$50

Structures (I.E. Additions, Garages, Sheds) - Length Width Height

Change of Occupant/ Previous Occ. Change of Use Previous Use
Owner \$35 New Occ. \$35 New Use

Description of work and use: (Should include dimensions. Ex. 4' vinyl fence, 10' x 12' shed, etc.)

40 x 325 REC Roof-Mounted Solar (13.00kw)- Panels located on front of house as it is the optimal placement for energy production.

Panels 4" off of roof not to exceed ridge of roof

NOTE: Has the above premises been the subject of prior approvals either before the Zoning or Planning Board?
No Yes (Supply Resolution # and approval date)

Applications must be submitted with:

1. **2 copies** of the sealed NJ licensed land survey; not tax map. This shows the layout of your property with improvements and how it is set on your property. The proposed work and setbacks must be shown on this survey.
 - a. If you are building a new home, an inclusionary housing form may be necessary.
 - b. Sign applications must include a color rendition and dimensions with application. **Note:** A separate permit is needed from the County or State for Signs on County or State Roads.
 - c. If you are a tenant: An executed lease may be required upon Zoning Permit approval.
 - d. Attach a copy of Homeowners Association Approval, if applicable.
2. Appropriate fee

Please Print: Applicant's Name: Debbie Fowler

Applicant's Signature: Debbie Fowler

NOTARY
PUBLIC
OFFICIAL
LICENSE

BACKGROUND AND MULTIPLE SECURITY FEATURES PLEASE VERIFY AUTHENTICITY

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

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

SUNNY MAC LLC
Matthew Macfadden
415 8th Avenue
Wilmington DE 19805

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

02/27/2020 TO 03/31/2021

VALID

13VH05761100

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registration/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

SUNNY MAC LLC

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 05761100 . EXPIRATION DATE 2021
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.

Home Improvement Contractors
P.O. Box 45016
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
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HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

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within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED

SunnyMac, LLC
SCOTT A HAINES
3 AUSTEN CT.
MEDFORD NJ 08055

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors
HAS LICENSED
SunnyMac, LLC
Electrical Business Permit

SIGNATURE

03/29/2018 TO 03/31/2021
VALID

34EB01477200

03/29/2018 TO 03/31/2021
VALID

34EB01477200

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Examiners of Electrical
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

SunnyMac, LLC

EXPIRATION DATE 2021

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 34EB 01477200 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.

Board of Examiners of Electrical Contractors
P.O. Box 45006
Newark, NJ 07101

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within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

N1. DRAWINGS ARE DIAGRAMMATIC ONLY. THE LOCATION AND ROUTING OF RACEWAYS SHALL BE DETERMINED BY THE CONTRACTOR UNLESS OTHERWISE NOTED OR STANDARDIZED.

N2. IF A DISCREPANCY IN QUANTITY OR SIZE OF CONDUIT, WIRE, EQUIPMENT DEVICES, OVERCURRENT PROTECTION, GROUNDING SYSTEMS, ETC. (ALL EQUIPMENT AND MATERIALS) THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROVIDING AND INSTALLING ALL MATERIALS AND SERVICES REQUIRED BY THE STRICTEST CONDITIONS IN THE SPECIFICATIONS OR NOTED ON THE PLANS TO ENSURE COMPLETE COMPLIANCE WITH ALL CODES AND TO ENSURE THE LONGEVITY AND SAFETY OF THE OPERABLE SYSTEM.

N4. METAL CONDUIT AND ENCLOSURES SHALL BE USED WHERE PV SOURCE OR OUTPUT CIRCUITS ARE RUN INSIDE A BUILDING.

N6. THE ELECTRICAL CONTRACTOR SHALL COMPLY WITH ANY AND ALL REQUIREMENTS GIVEN BY UTILITY COMPANIES.

N8. ALL NEC REFERENCES SHALL BE DIRECTLY INTERCHANGEABLE WITH CEC REFERENCES.

N10. THE ENGINEER HAS NOT BEEN RETAINED FOR JOB SUPERVISION.

N12. ALL CONTRACTORS WORKING ON ROOFS TO BE INSURED AS SUCH.

S1. MOUNTS ARE DIAGRAMMATIC AND EXACT LOCATION MAY CHANGE,
BUT SHALL BE ACCURATELY SPACED.

S3. DO NOT SPLICE RAILS IN MIDDLE 50% OF SPAN BETWEEN TWO MOUNTS.

E1. MAXIMUM POWER PER STRING DOES NOT EXCEED 5700W.
E2. ANY EQUIPMENT OR ELECTRICAL MATERIALS USED FOR THIS
INSTALLATION SHALL BE NEW AND LISTED BY A RECOGNIZED
ELECTRICAL TESTING LABORATORY.

ES, AN INVERTER IN AN INTERACTIVE SOLAR PV SYSTEM SHALL AUTOMATICALLY DE-ENERGIZE ITS OUTPUT TO THE CONNECTED ELECTRICAL PRODUCTION AND DISTRIBUTION NETWORK UPON LOSS OF VOLTAGE IN THAT SYSTEM AND SHALL REMAIN IN THAT STATE UNTIL THE ELECTRICAL PRODUCTION AND DISTRIBUTION NETWORK VOLTAGE HAS BEEN RESTORED.

E5. ANY AC COMPONENT SHALL MEET OR EXCEED THE AVAILABLE FAULT CURRENT CALCULATED AT THAT COMPONENT.

E7. ALL WIRE, VOLTAGES, AMPERAGES AND EQUIPMENT IS SIZED ACCORDING TO TEMPERATURE DERATING AND LOCATION.

E8. ONLY COPPER (CU) CONDUCTORS SHALL BE USED FOR NEW WIRING. CONDUCTORS SHALL BE STRANDED OR SOLID WITH PROPERLY RATED CONNECTORS.

EG, ALL MODULES AND RACKING SHALL BE GROUNDED VIA UL2703-LISTED RACKING SYSTEMS INTEGRATED GROUNDING (PLEASE SEE DATA SHEET) OR WITH TIN PLATED DIRECT BURIAL RATED LAY IN LUGS USING STAINLESS STEEL HARDWARE, STAR WASHERS, AND THREAD FORMING BOLTS.

(40x325) REC REC 325 N-PEAK BLACK SERIES MODULES
ROOF MOUNTED SOLAR PHOTOVOLTAIC MODULES
SYSTEM SIZE: 13.000kW DC /10.0kW AC

EQUIPMENT SUMMARY	
40	REC REC 325 N-PEAK BLACK SERIES MODULES
01	SOLAREDGE SE 10000H -US
40	SOLAREDGE POWER OPTIMIZER P340

SHEET INDEX	
PV-0	COVER SHEET
PV-1	SITE PLAN
PV-2	ROOF PLAN & MODULES
PV-3	ATTACHMENT DETAIL
PV-3.1	TRUSS FRAMING DETAIL
PV-4	ELECTRICAL LINE DIAGRAM & WIRING CALCULATIONS
PV-4.1	OPTIMIZER CHART
PV-5	PLACARDS
PV-6+	EQUIPMENT SPECIFICATION

2017 NATIONAL ELECTRIC CODE
2018 INTERNATIONAL RESIDENTIAL CODE
2018 INTERNATIONAL BUILDING CODE
2018 INTERNATIONAL FIRE CODE
NJ UCC REHABILITATION SUBCODE.

**INSTALLATION OF A SAFE AND
CODE-COMPLIANT GRID-TIED SOLAR PV SYSTEM
ON AN EXISTING RESIDENTIAL ROOF TOP.**

FREE LN., SEWELL,
NJ 08080

SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-0

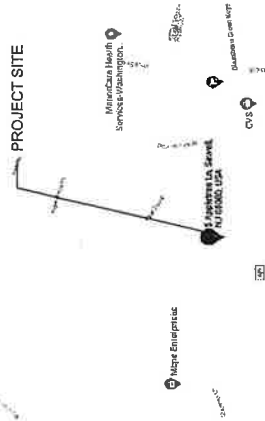


SCALE: NTS



1 HOUSE PHOTO

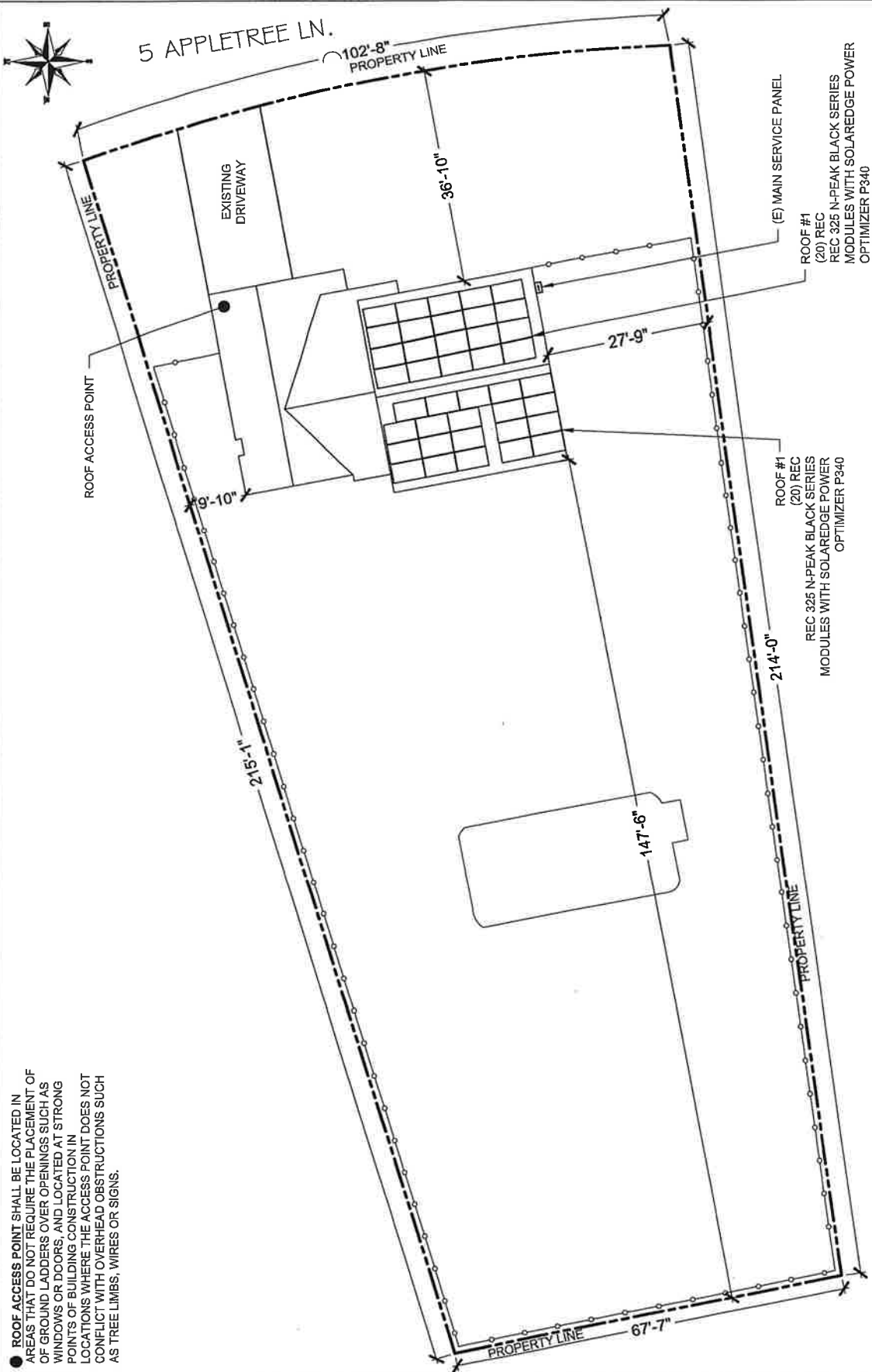
SCALE: NTS



2 VICINITY MAP

SCALE: NTS

● ROOF ACCESS POINT SHALL BE LOCATED IN AREAS THAT DO NOT REQUIRE THE PLACEMENT OF OF GROUND LADDERS OVER OPENINGS SUCH AS WINDOWS OR DOORS, AND LOCATED AT STRONG POINTS OF BUILDING CONSTRUCTION IN LOCATIONS WHERE THE ACCESS POINT DOES NOT CONFLICT WITH OVERHEAD OBSTRUCTIONS SUCH AS TREE LIMBS, WIRES OR SIGNS.



1 SITE PLAN
PV-1
SCALE: 1/16" = 1'

SUNNYMAC SUNNYMAC LLC 413 8th AVE. WILMINGTON, DE 19805 PHONE: (302) 777-5494 LIC#: 13VH0576110 DaveG@sunnymacsolar.com www.sunnymacsolar.com		REVISIONS DESCRIPTION DATE REV	PROJECT NAME FRANK WASHINGTON 5 APPLETREE LN., SEWELL, NJ 08080	SHEET SIZE ANSI B 11" X 17"	SHEET NUMBER PV-1
---	--	---	---	--	-----------------------------

ROOF DESCRIPTION			
ROOF TYPE	ROOF TILT	COMPOSITION SHINGLE	TRUSS SPACING
#1	26°	260°	24" o.c.
#2	26°	60°	24" o.c.

ARRAY AREA			
ROOF	# OF MODULES	ARRAY AREA (Sq. Ft.)	ROOF AREA COVERED BY ARRAY (%)
#1	20	359.6	71.45
#2	20	359.6	71.45

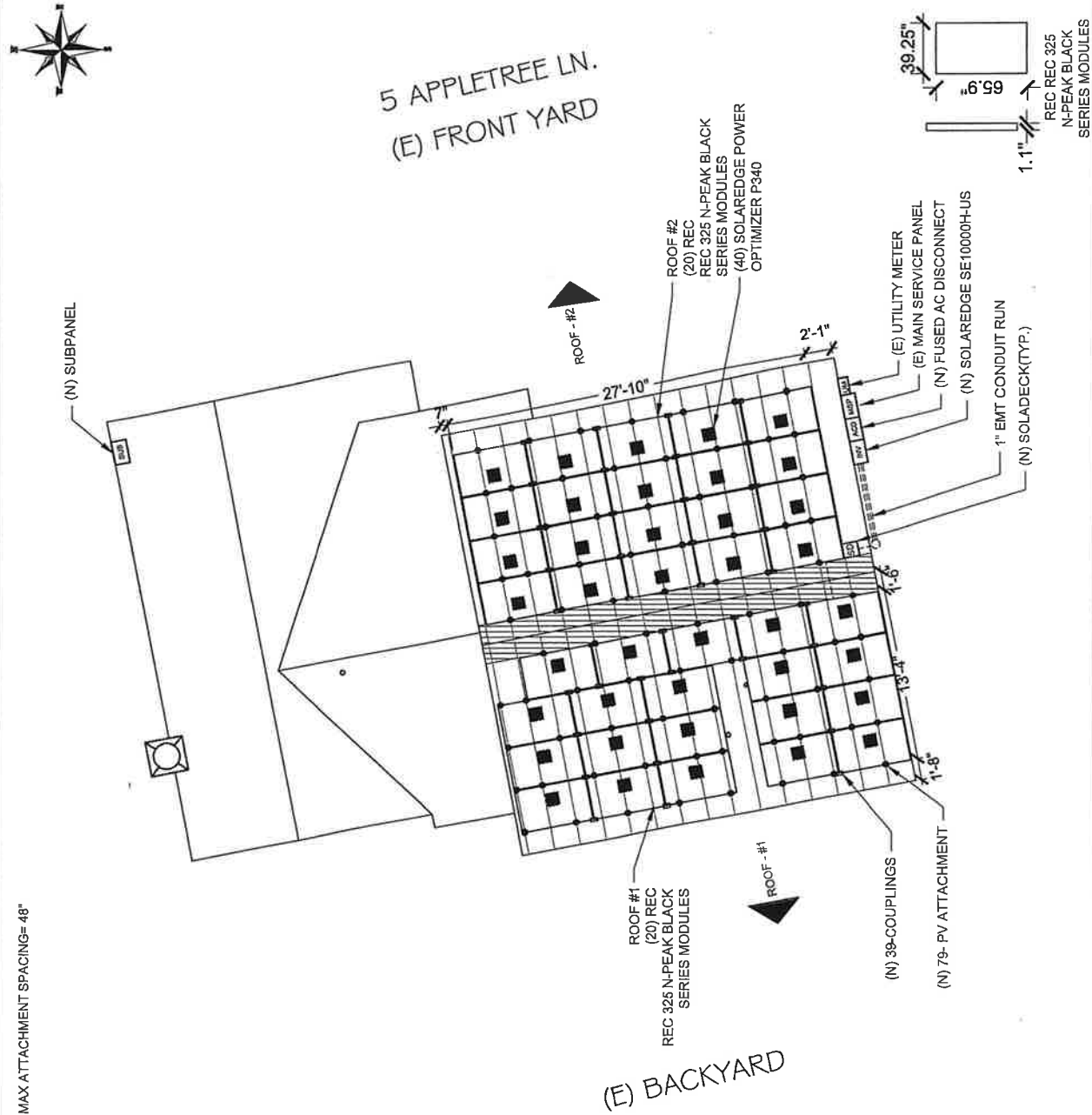
ROOF ARRAY AREA			
ROOF	# OF MODULES	ARRAY AREA (Sq. Ft.)	ROOF AREA COVERED BY ARRAY (%)
#1-2	40	719.20	142.90

ARRAY SPECIFICATION			
MODULE LENGTH (inch)	65.94		
MODULE WIDTH (inch)	39.25		
MODULE AREA (sqft)	17.98		
MODULE WEIGHT	39.70		
NUMBER OF MODULE	40		
TOTAL MODULE WEIGHT (lbs)	1588.00		
RACKING WEIGHT (lbs)	196.25		
TOTAL ARRAY WEIGHT (lbs)	1784.25		
ARRAY AREA (sqft)	701.60		
ARRAY DEAD LOAD (lbs/sqft)	2.54		
NUMBER OF MOUNTS	79		
LOAD PER MOUNT (lbs)	22.59		

LEGEND	
[JB]	- SOLADECK
[AD]	- AC DISCONNECT
[UM]	- UTILITY METER
[MSP]	- MAIN SERVICE PANEL
[INV]	- SOLAREGE INVERTER
[O]	- VENT, ATTIC FAN (ROOF OBSTRUCTION)
[X]	- ROOF ATTACHMENT
---	- TRUSS
---	- CONDUIT IN ATTIC

1	ROOF PLAN & MODULES
PV-2	SCALE: 3/16"=1'-0"

MAX ATTACHMENT SPACING= 48"



SUNNYMAC
 413 8th AVE.
 WILMINGTON, DE 19805
 PHONE: (302) 777-5494
 LIC#: 13VH0576110
 Dave@SunnyMacSolar.com
 www.sunnyMacSolar.com

REVISIONS	DATE	REV

Signature with Seal

PROJECT NAME

FRANK WASHINGTON

5 APPLETREE LN., SEWELL,
NJ 08080

ROOF PLAN & MODULES

SHEET SIZE

ANSI B

11" X 17"

SHEET NUMBER

PV-2

NOTE: PANELS WILL NOT BE MORE THAN 5" OFF THE ROOF.

SEE (2/PV-4) FOR ENLARGED VIEW

SOLAR MODULE

SEE (3/PV-4) FOR ENLARGED VIEW OF MID CLAMP

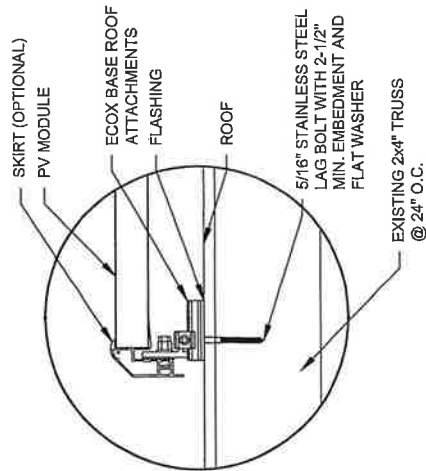
EXISTING 2x4" TRUSS @24" O.C.

5"

1 ATTACHMENT DETAIL (SIDE VIEW)

PV-3

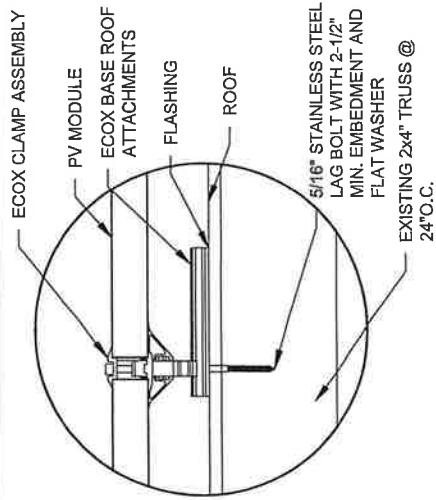
SCALE: NTS



2 ATTACHMENT DETAIL ENLARGED VIEW

PV-3

SCALE: NTS



3 MID CLAMP

PV-3

SCALE: NTS

SUNNYMAC
SUNNYMAC LLC
413 8th AVE.
WILMINGTON, DE 19805
PHONE: (302) 777-5494
LIC#: 13VH0576110
DaveG@sunnymac solar.com
www.sunnymac solar.com

REVISIONS	
DESCRIPTION	DATE

Signature with Seal

PROJECT NAME

FRANK WASHINGTON
5 APPLE TREE LN., SEWELL,
NJ 08080

ATTACHMENT
DETAIL

SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-3

REVISIONS	
DESCRIPTION	DATE

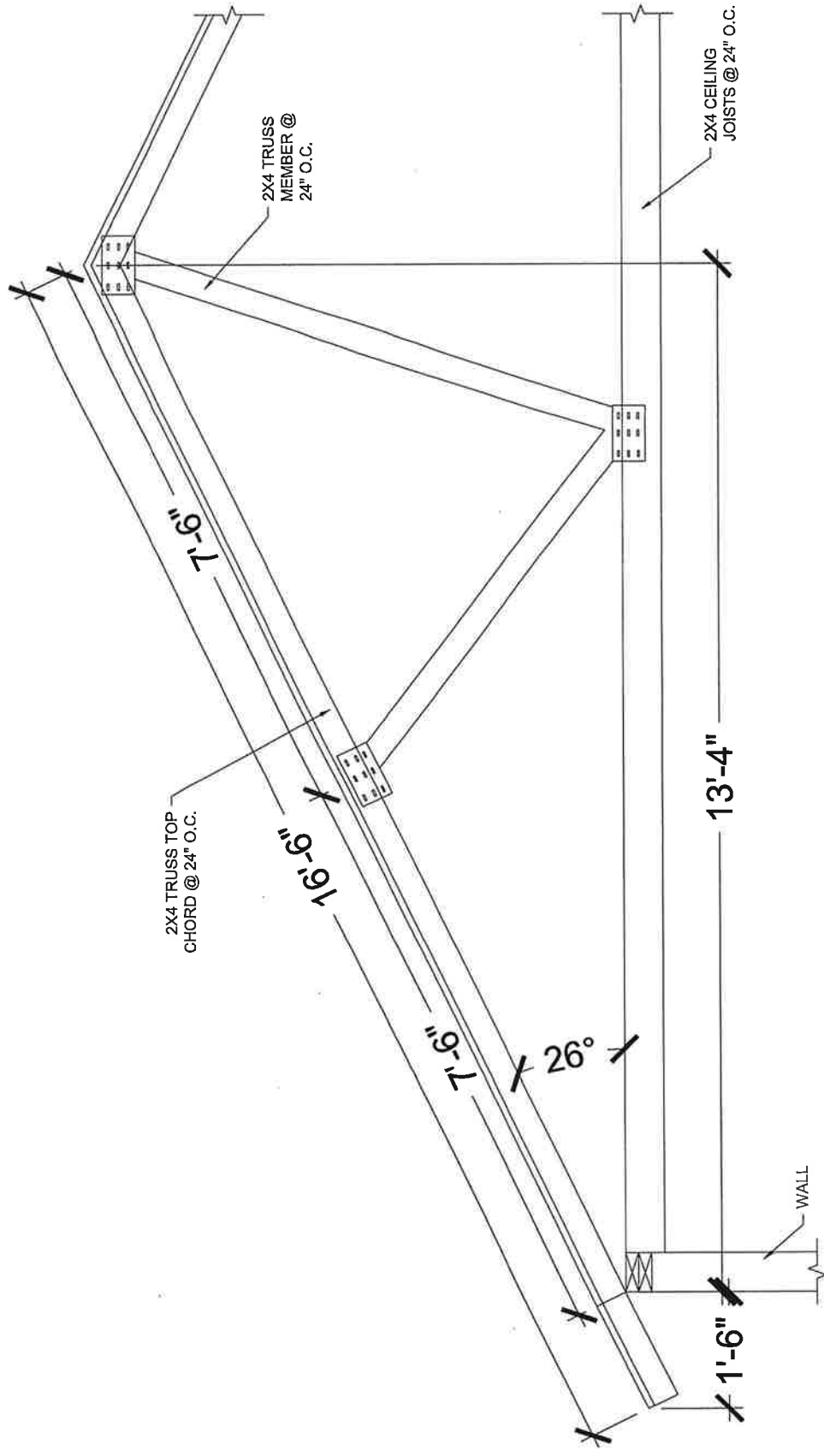
Signature with Seal

PROJECT NAME
FRANK WASHINGTON
 5 APPLETREE LN., SEWELL,
 NJ 08080

RAFTER
 FRAMING
 DETAIL

SHEET SIZE
 ANSI B
 11" X 17"

SHEET NUMBER
PV-3.1



1 | ROOF #1 & #2 SECTION
 PV-3.1 | SCALE: 1/2" = 1'-0"

REVISIONS	DATE	REV

Signature with Seal

PROJECT NAME

FRANK WASHINGTON
 5 APPLE TREE LN., SEWELL,
 NJ 08080

**ELECTRICAL
 LINE DIAGRAM**

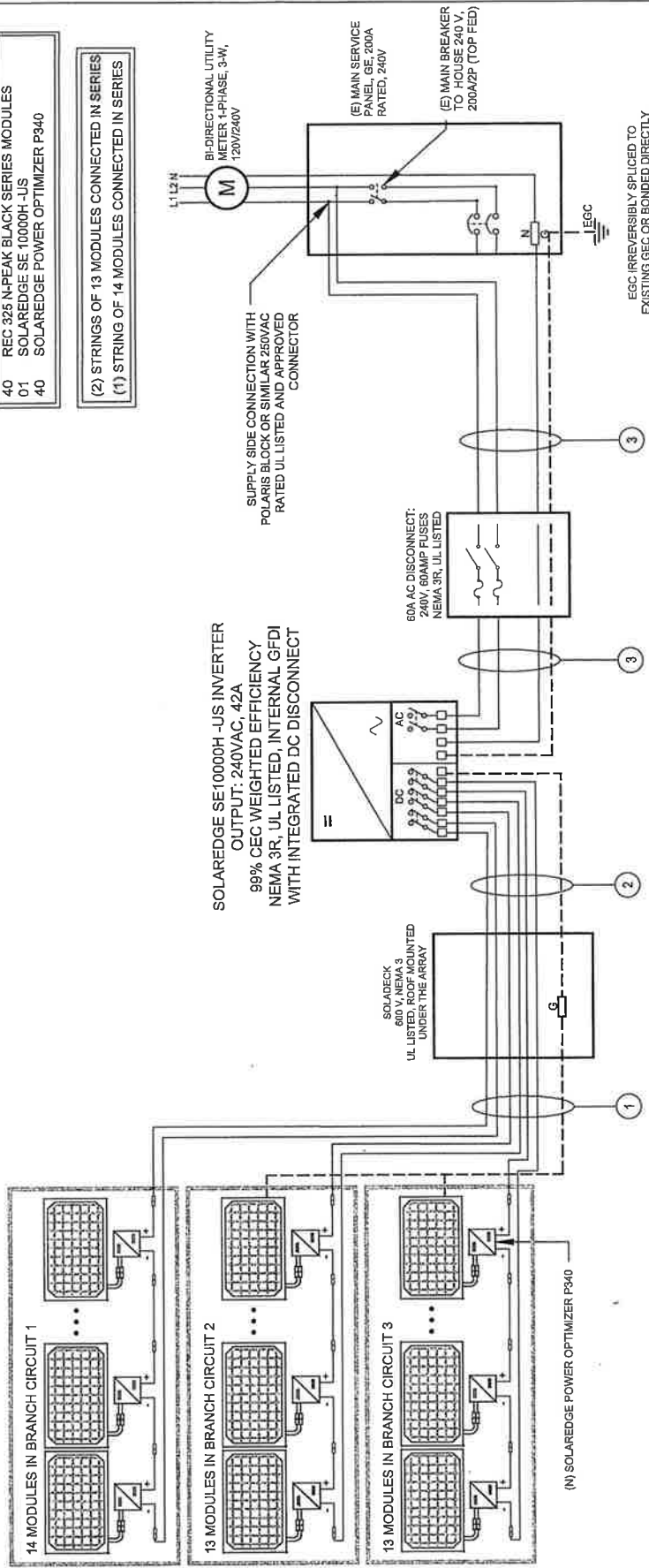
SHEET SIZE
ANSI B
 11" X 17"
 SHEET NUMBER
PV-4

WIRE TAG #	WIRE FROM --	CONDUIT	WIRE QTY	WIRE GAUGE	WIRE TYPE	TEMP RATING:	TEMP DE-RATE:	CONDUIT FILL:	WIRE OCP:	TERMINAL 75°C RATING:	STRING WATTAGE	OPERATING / VOLTAGE	STRING AMPS	NEC = MAX AMPS	MAX SYSTEM VOLTAGE	GRND SIZE	GRND WIRE TYPE
①	ARRAY TO JUNCTION BOX	OPEN AIR	6	#10	ENGAGE CABLE	90°	40A x 0.96A	x 0.80A =	30.72A	35A	4550	/	400	= 11.38 x 1.25 = 14.23A	480	#10	SBC
②	JUNCTION BOX TO INVERTER	1" EMT	6	#10	THWN-2	90°	40A x 0.76A	x 0.80A =	24.32A	35A	4550	/	400	= 11.38 x 1.25 = 14.23A	480	#10	THWN-2
③	INVERTER TO MSP	1" EMT	3	#6	THWN-2	75°	65A x 0.94A	x 1.0A =	61.1A	65A	/	/	= 42 x 1.25 = 52.5A	240		#8	THWN-2

SYSTEM SIZE: 13.000KW DC / 10.0KW AC

- 40 REC 325 N-PEAK BLACK SERIES MODULES
- 01 SOLAREGE SE 10000H-US
- 40 SOLAREGE POWER OPTIMIZER P340

- (2) STRINGS OF 13 MODULES CONNECTED IN SERIES
- (1) STRING OF 14 MODULES CONNECTED IN SERIES



PV MODULE RATING @ STC	
MANUFACTURER	REC 325 N-PEAK BLACK SERIES
MAX. POWER-POINT CURRENT (IMP)	9.46 AMPS
MAX. POWER-POINT VOLTAGE (VMP)	34.4 VOLTS
OPEN-CIRCUIT VOLTAGE (VOC)	40.7 VOLTS
SHORT-CIRCUIT CURRENT (ISC)	10.28 AMPS
NOM. MAX. POWER AT STC (PMAX)	325 WATT
MAX. SYSTEM VOLTAGE	1000V/1500V
VOC TEMPERATURE COEFFICIENT	-0.27 %/°C

INVERTER CHARACTERISTICS - SOLAREGE SE 10000H-US	
MAX OUTPUT POWER	10000 W
SYSTEM OPERATING VOLTAGE	400 V
MAX CONTINUOUS OUTPUT CURRENT	42 A
MAX INPUT VOLTAGE	480 V
SYSTEM SHORT CIRCUIT CURRENT	15 A
MAX EFFICIENCY	99 %

OPTIMIZER SPECIFICATIONS	
MANUFACTURER	SOLAREGE P340
DC INPUT POWER	340 W
DC MAX INPUT VOLTAGE	48V
DC MAX INPUT CURRENT	13.75A
DC MAX OUTPUT CURRENT	15A
MAX INPUT VOLTAGE	480A

1 ELECTRICAL LINE DIAGRAM

SCALE: NTS

AC MAX. CONTINUOUS OUTPUT CURRENT @ 240V	42.00
AC MAX. CONTINUOUS OUTPUT POWER	325W

MODULE SPECIFICATION

NOTE: PV SYSTEM EQUIPPED WITH RAPID SHUTDOWN

SOLAREGE OPTIMIZER CHART

SUNNYMAC
 SUNNYMAC LLC
 413 8th AVE.
 WILMINGTON, DE 19805
 PHONE: (302) 777-5494
 LIC#: 13VH05761-10
 DaveG@SunnyMacSolar.com
 www.sunnyMacSolar.com

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DESCRIPTION	DATE	REV

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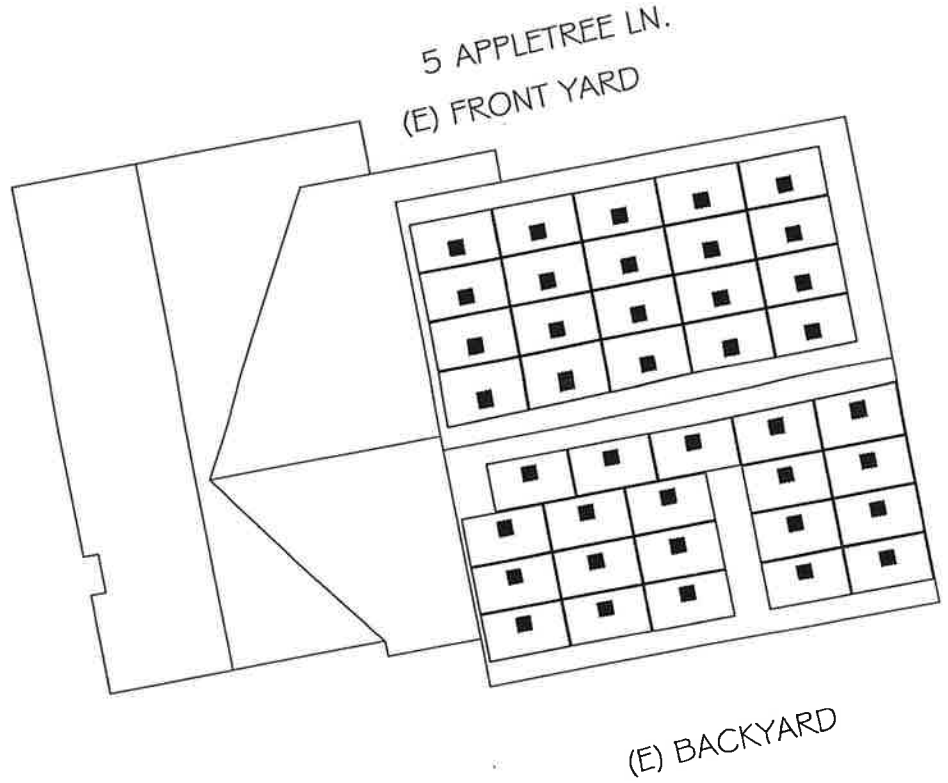
PROJECT NAME
 FRANK WASHINGTON
 5 APPLETREE LN., SEWELL,
 NJ 08080

SOLAREGE
 OPTIMIZER
 CHART

SHEET SIZE
 ANSI B
 11" X 17"

SHEET NUMBER
 PV-4.1

1-10	11-20	21-30	31-40	41-50	51-60
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



LABEL LOCATION: WEATHER RESISTANT MATERIAL, DURABLE PLAQUE, UL968 AS STANDARD TO WEATHER RATING (UL WEATHER RESISTANT REQUIRED), MIN 3/4" LETTER HEIGHT ARIAL OR SIMILAR FONT NON-BOLD, PLACED WITHIN THE MAIN SERVICE DISCONNECT, PLACED ON THE OUTSIDE OF THE COVER WHEN DISCONNECT IS OPERABLE WITH SERVICE PANEL CLOSED. (PER CODE: CEC980.12, 690.56(C))

INVERTER 1

PHOTOVOLTAIC DC DISCONNECT

RATED MAXIMUM POWER-POINT CURRENT	11.38	ADC
RATED MAXIMUM POWER-POINT VOLTAGE	400	VDC
MAXIMUM SYSTEM VOLTAGE	480	VDC
MAXIMUM SHORT-CIRCUIT CURRENT	15	ADC

LABEL LOCATION:
INVERTER(S), DC DISCONNECT(S),
PER CODE(S): CEC 2019: 690.53.

NOTES AND SPECIFICATIONS:

- ALL SIGNS AND LABELS SHALL MEET THE REQUIREMENTS OF THE CEC 2019 ARTICLE 110.2(VI), UNLESS SPECIFIC INSTRUCTIONS ARE REQUIRED BY SECTION 600, OR IF REQUESTED BY THE LOCAL A.H.I. SIGNS AND LABELS SHALL ADEQUATELY WARN OF HAZARDS USING EFFECTIVE WORDS, COLORS AND SYMBOLS. LABELS SHALL BE PERMANENTLY AFFIXED TO THE EQUIPMENT OR WIRING METHOD AND SHALL NOT BE HAND WRITTEN.
- LABEL SHALL BE OF SUFFICIENT DURABILITY TO WITHSTAND THE ENVIRONMENT INVOLVED.
 - SIGNS AND LABELS SHALL COMPLY WITH ANSI Z535.4-2011, PRODUCT SAFETY SIGNS AND LABELS, UNLESS OTHERWISE SPECIFIED.
 - DO NOT COVER EXISTING MANUFACTURER LABELS.

ELECTRICAL SHOCK HAZARD

IF GROUND FAULT IS INDICATED
ALL NORMALLY GROUNDED
CONDUCTORS MAY BE
UNGROUND AND ENERGIZED

ABEL LOCATION:
INVERTER(S), ENPHASE ENVOY
ENCLOSURE (IF APPLICABLE).
PER CODE(S): CEC 2019- 690.15.

DUAL POWER SUPPLY

**SOURCES: UTILITY GRID
AND PV SOLAR ELECTRIC
SYSTEM**

LABEL LOCATION:
UTILITY SERVICE METER AND MAIN
SERVICE PANEL
PER CODE(S): NEC 2014: 705.12(D)(3),
NEC 2011: 705.12(D)(4)

**PHOTOVOLTAIC SYSTEM
COMBINER PANEL**

DO NOT ADD LOADS

WINNING PHOTOVOLTAIC POWER SOURCE

TABEL LOCATION:
INTERIOR AND EXTERIOR DC CONDUIT EVERY 10 FT,
ON EVERY JB/PULL BOX CONTAINING DC CIRCUITS.
PER CODE(S): CEC 2019: 690.13.

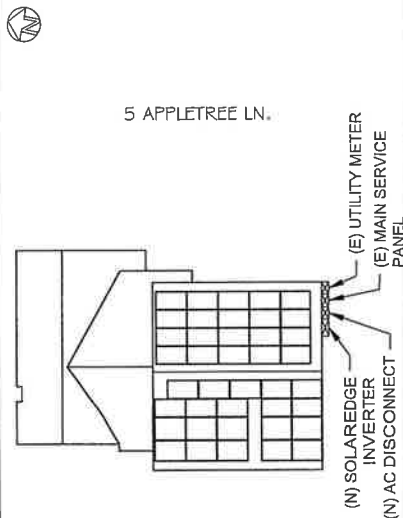
PHOTOVOLTAIC SYSTEM AC DISCONNECT
RATED AC OPERATING CURRENT 42 AMPS
AC NOMINAL OPERATING VOLTAGE 240 VOLTS

LABEL LOCATION:
AC DISCONNECT, POINT OF INTERCONNECTION
(PER CODE: CEC690.54)

CAUTION

POWER TO THIS BUILDING IS ALSO SUPPLIED FROM THE FOLLOWING SOURCES WITH DISCONNECTS LOCATED AS SHOWN:

AT: ☒ MAIN SERVICE PANEL, UTILITY METER
☒ SOLAREDGE INVERTER
☒ AC DISCONNECT



5 APPLETREE LN.

FRANK WASHINGTON
5 APPLETREE LN., SEWELL,
NJ 08080

08080 RN

PROJECT NAME

REVISIONS		
DESCRIPTION	DATE	REV

Signature with Seal

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SUNNYMAC LLC
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PHONE: (302) 777-5494
LIC#: 13VH0576110
Dave@SunnyMacSolar.com
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PLACARDS

ANSI B 11" X 17" SHEET SIZE

SHEET NUMBER

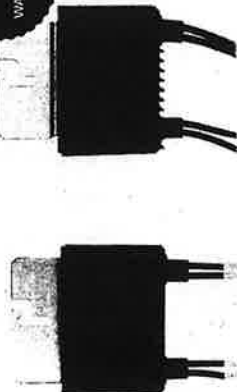
PV-5

Power Optimizer

For North America

P320 / P340 / P370 / P400 / P401 / P405 / P485 / P505

25
YEAR
WARRANTY



PV power optimization at the module-level

- Specifically designed to work with SolarEdge inverters
- Up to 25% more energy
- Superior efficiency (99.5%)
- Mitigates all types of module mismatch losses, from manufacturing tolerance to partial shading
- Flexible system design for maximum space utilization
- Fast installation with a single bolt
- Next generation maintenance with module-level monitoring
- Meets NEC requirements for arc fault protection (AFC) and Photovoltaic Rapid Shutdown System (PVRSS)
- Module-level voltage shutdown for installer and firefighter safety

solaredge.com

solaredge

/ Power Optimizer For North America

P320 / P340 / P370 / P400 / P401 / P405 / P485 / P505

Optimizer Model (typical module compatibility)	P320 (for high power modules)	P340 (for high power modules)	P370 (for high power modules)	P400 (for high power modules)	P401 (for high power modules)	P405 (for high power modules)	P485 (for high power modules)	P505 (for high power modules)
Maximum DC Input Current (A)	11	11	11	11	11	11	11	11
Maximum DC Input Voltage (V)	1500	1500	1500	1500	1500	1500	1500	1500
Maximum Efficiency (%)	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5
Weight (kg)	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35

INPUT	320	340	370	400	405	485	505	W
Rated Input DC Power ^a	48	60	60	60	60	60	60	Wc
Absolute Maximum Input Voltage (Voc at 25°C)	1500	1500	1500	1500	1500	1500	1500	Wc
MPPT Operating Range (Voc)	8 - 40	8 - 60	8 - 60	8 - 60	8 - 60	8 - 60	8 - 60	Wc
Maximum Short Circuit Current (IsC)	11	11	11	11	11	11	11	14
Maximum DC Input Current (A)	11	11	11	11	11	11	11	14
Maximum Efficiency (%)	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5
Weight (kg)	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35

OUTPUT DURING OPERATION (POWER OPTIMIZER CONNECTED TO OPERATING SOLAREDGE INVERTER)	320	340	370	400	405	485	505	W
Maximum Output Current (A)	11	11	11	11	11	11	11	14
Maximum Output Voltage (Voc)	1500	1500	1500	1500	1500	1500	1500	Wc

OUTPUT DURING STANDBY (POWER OPTIMIZER DISCONNECTED FROM SOLAREDGE INVERTER OR SOLAREDGE INVERTER OFF)	320	340	370	400	405	485	505	W
Standby Output Voltage per Power Optimizer (V)	11	11	11	11	11	11	11	14

STANDARD COMPLIANCE	320	340	370	400	405	485	505	W
EMC	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Safety	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Material	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
RoHS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

INSTALLATION SPECIFICATIONS	320	340	370	400	405	485	505	W
Maximum Allowed System Voltage (V)	1500	1500	1500	1500	1500	1500	1500	Wc
Compatible Inverters	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dimensions (W x L x H) (mm)	120 x 153 x 27.5	120 x 153 x 27.5	120 x 153 x 27.5	120 x 153 x 27.5	120 x 153 x 27.5	120 x 153 x 27.5	120 x 153 x 27.5	120 x 153 x 27.5
Weight (including cables) (kg)	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
Input Connector	MC4	MC4	MC4	MC4	MC4	MC4	MC4	MC4
Input Wire Length (m)	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
Output Wire Type / Connector	Double Insulated / MC4	Double Insulated / MC4	Double Insulated / MC4	Double Insulated / MC4	Double Insulated / MC4	Double Insulated / MC4	Double Insulated / MC4	Double Insulated / MC4
Output Wire Length (m)	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
Operating Temperature Range (°C)	-40 ~ +85	-40 ~ +85	-40 ~ +85	-40 ~ +85	-40 ~ +85	-40 ~ +85	-40 ~ +85	-40 ~ +85
Protection Rating	IP68 / NEMA4	IP68 / NEMA4	IP68 / NEMA4	IP68 / NEMA4	IP68 / NEMA4	IP68 / NEMA4	IP68 / NEMA4	IP68 / NEMA4
Relative Humidity (%)	0 ~ 100	0 ~ 100	0 ~ 100	0 ~ 100	0 ~ 100	0 ~ 100	0 ~ 100	0 ~ 100

Notes	320	340	370	400	405	485	505	W
(a) Rated power of the module at 1000W/m² will not exceed the specified "Rated Input DC Power". Modules with up to 15% power tolerance are allowed.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(b) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(c) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(d) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(e) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(f) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(g) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(h) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(i) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(j) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(k) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(l) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(m) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(n) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(o) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(p) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(q) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(r) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(s) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(t) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(u) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(v) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(w) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(x) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(y) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(z) For other connector types please contact SolarEdge.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

(a) Rated power of the module at 1000W/m² will not exceed the specified "Rated Input DC Power". Modules with up to 15% power tolerance are allowed.
(b) For other connector types please contact SolarEdge.
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(z) For other connector types please contact SolarEdge.

PV System Design Using a SolarEdge Inverter	Single Phase 120/240V	Single Phase 208V	Three Phase 208V	Three Phase 277/480V
Maximum String Length (m)	8	8	10	10
Maximum String Length (ft)	26	26	33	33
Maximum String Length (Power Optimizers)	25	25	25	25
Maximum Power per String (W)	5700 (6000 with SET400-100)	5700 (6000 with SET400-100)	6000P	12750P
Parallel Strings of Different Lengths or Orientations	Yes	Yes	Yes	Yes

(a) For detailed string design information refer to <http://www.solar-edge.com/technical-support/string-design>.
(b) For other connector types please contact SolarEdge.
(c) For other connector types please contact SolarEdge.
(d) For other connector types please contact SolarEdge.
(e) For other connector types please contact SolarEdge.
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SUNNYMAC
SUNNYMAC LLC
413 8th Ave.
WILMINGTON, DE 19805
PHONE: (302) 777-5494
LIC# 13VH0576110
Dale@SunnyMacSolar.com
www.sunny-mac-solar.com

REVISIONS	DESCRIPTION	DATE	REV

Signature with Seal

PROJECT NAME

FRANK WASHINGTON
5 APPLE TREE LN, SEWELL,
NJ 08080

EQUIPMENT SPECIFICATION

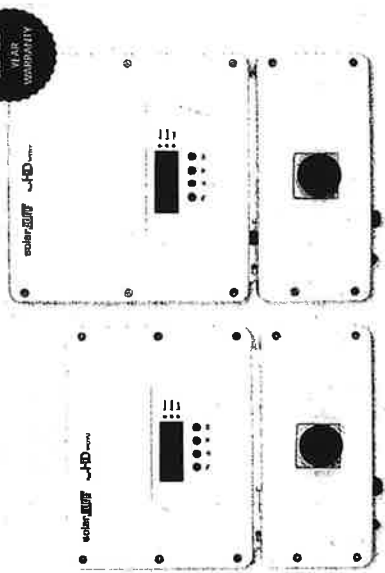
SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-7

Single Phase Inverter with HD-Wave Technology for North America

SE3000H-US / SE3800H-US / SE5000H-US / SE6000H-US /
SE7600H-US / SE10000H-US / SE11400H-US

12-25
YEAR
WARRANTY



Optimized installation with HD-Wave technology

- Specifically designed to work with power optimizers
- Record-breaking efficiency
- Fixed voltage inverter for longer strings
- Integrated arc fault protection and rapid shutdown for NEC 2014 and 2017, per article 690.11 and 690.12
- UL1741 SA certified, for CPUC Rule 21 grid compliance
- Extremely small
- Built-in module-level monitoring
- Outdoor and indoor installation
- Optional: Revenue grade data, ANSI C12.20 Class 0.5 (0.5% accuracy)

solaredge.com

solaredge

/ Single Phase Inverter with HD-Wave Technology for North America SE3000H-US / SE3800H-US / SE5000H-US / SE6000H-US / SE7600H-US / SE10000H-US / SE11400H-US

OUTPUT									
Based AC Power Output	3000	3800 @ 240V 3300 @ 208V	5000	6000 @ 240V 5000 @ 208V	7600	10000	11400 @ 240V 10000 @ 208V	15000	16500
Maximum AC Power Output	3000	3800 @ 240V 3300 @ 208V	5000	6000 @ 240V 5000 @ 208V	7600	10000	11400 @ 240V 10000 @ 208V	15000	16500
AC Output (Wattage) Min./Nom./Max. (211 / 240 / 264V)	✓	✓	✓	✓	✓	✓	✓	✓	✓
AC Output Voltage Min./Nom./Max. (113 / 208 / 220V)	✓	✓	✓	✓	✓	✓	✓	✓	✓
AC Frequency (Hz)	59.3 - 60.5	59.3 - 60.5	59.3 - 60.5	59.3 - 60.5	59.3 - 60.5	59.3 - 60.5	59.3 - 60.5	59.3 - 60.5	59.3 - 60.5
Maximum Continuous Output Current @240V	12.5	16	21	25	32	42	47.5	60	67.5
Maximum Continuous Output Current @208V	15	19	24	29	37	48	54	67	75
GFCI Threshold	1	1	1	1	1	1	1	1	1
Utility Monitoring, Islanding Protection, Country Configurable Thresholds	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
INPUT									
Maximum DC Power @240V	4500	5900	7750	9100	11800	15500	17600	22500	25000
Maximum DC Power @208V	5100	6600	8600	10100	13200	17500	19900	25500	28500
Transformerless, Ungrounded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maximum Input Voltage	380	380	380	380	380	380	380	380	380
Nominal DC Input Voltage	380	380	380	380	380	380	380	380	380
Maximum Input Current @140V	18.5	20.5	20.5	20.5	20	27	30.5	38.5	42.5
Maximum Input Current @240V	15	16	16	16	16	21	24	30	33
Maximum Input Current @208V	18	19	19	19	19	24	28	35	39
Max. Input Short Circuit Current	45	45	45	45	45	45	45	45	45
Reverse Polarity Protection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ground-Fault Isolation Detection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Minimum Inverter Efficiency	99	99	99	99	99.2	99.2	99.2	99.2	99.2
CTC Weighted Efficiency	99	99	99	99	99.2	99.2	99.2	99.2	99.2
Negative Power Consumption	≤ 2.5	≤ 2.5	≤ 2.5	≤ 2.5	≤ 2.5	≤ 2.5	≤ 2.5	≤ 2.5	≤ 2.5
ADDITIONAL FEATURES									
Supported Communication Interfaces	RS485, Ethernet, ZigBee (optional), Cellular (optional)	RS485, Ethernet, ZigBee (optional), Cellular (optional)	RS485, Ethernet, ZigBee (optional), Cellular (optional)	RS485, Ethernet, ZigBee (optional), Cellular (optional)	RS485, Ethernet, ZigBee (optional), Cellular (optional)	RS485, Ethernet, ZigBee (optional), Cellular (optional)	RS485, Ethernet, ZigBee (optional), Cellular (optional)	RS485, Ethernet, ZigBee (optional), Cellular (optional)	RS485, Ethernet, ZigBee (optional), Cellular (optional)
Revenue Grade Data, ANSI C12.20	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
Rapid Shutdown - NEC 2014 and 2017, UL1741	Automatic Rapid Shutdown upon AC Grid Disconnect	Automatic Rapid Shutdown upon AC Grid Disconnect	Automatic Rapid Shutdown upon AC Grid Disconnect	Automatic Rapid Shutdown upon AC Grid Disconnect	Automatic Rapid Shutdown upon AC Grid Disconnect	Automatic Rapid Shutdown upon AC Grid Disconnect	Automatic Rapid Shutdown upon AC Grid Disconnect	Automatic Rapid Shutdown upon AC Grid Disconnect	Automatic Rapid Shutdown upon AC Grid Disconnect
STANDARD COMPLIANCE									
Safety	UL1741, UL1741 SA, UL998, CSA C22.2, Canadian AECI according to TLL 14-07	UL1741, UL1741 SA, UL998, CSA C22.2, Canadian AECI according to TLL 14-07	UL1741, UL1741 SA, UL998, CSA C22.2, Canadian AECI according to TLL 14-07	UL1741, UL1741 SA, UL998, CSA C22.2, Canadian AECI according to TLL 14-07	UL1741, UL1741 SA, UL998, CSA C22.2, Canadian AECI according to TLL 14-07	UL1741, UL1741 SA, UL998, CSA C22.2, Canadian AECI according to TLL 14-07	UL1741, UL1741 SA, UL998, CSA C22.2, Canadian AECI according to TLL 14-07	UL1741, UL1741 SA, UL998, CSA C22.2, Canadian AECI according to TLL 14-07	UL1741, UL1741 SA, UL998, CSA C22.2, Canadian AECI according to TLL 14-07
Grid Connection Standards	IEEE1547, Rule 21, Rule 14 (g)	IEEE1547, Rule 21, Rule 14 (g)	IEEE1547, Rule 21, Rule 14 (g)	IEEE1547, Rule 21, Rule 14 (g)	IEEE1547, Rule 21, Rule 14 (g)	IEEE1547, Rule 21, Rule 14 (g)	IEEE1547, Rule 21, Rule 14 (g)	IEEE1547, Rule 21, Rule 14 (g)	IEEE1547, Rule 21, Rule 14 (g)
Emissions	FCC Part 15 Class B	FCC Part 15 Class B	FCC Part 15 Class B	FCC Part 15 Class B	FCC Part 15 Class B	FCC Part 15 Class B	FCC Part 15 Class B	FCC Part 15 Class B	FCC Part 15 Class B
INSTALLATION SPECIFICATIONS									
AC Output Conduit Size / AWG Range	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG
DC Output Conduit Size / # of Strands / AWG Range	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG	1" Maximum / 1/2" - 1/4" AWG
Dimensions with Safety Switch	17.7 x 14.6 x 6.9 / 450 x 370 x 174	17.7 x 14.6 x 6.9 / 450 x 370 x 174	17.7 x 14.6 x 6.9 / 450 x 370 x 174	17.7 x 14.6 x 6.9 / 450 x 370 x 174	17.7 x 14.6 x 6.9 / 450 x 370 x 174	17.7 x 14.6 x 6.9 / 450 x 370 x 174	17.7 x 14.6 x 6.9 / 450 x 370 x 174	17.7 x 14.6 x 6.9 / 450 x 370 x 174	17.7 x 14.6 x 6.9 / 450 x 370 x 174
Weight with Safety Switch	22 / 10	22 / 10	22 / 10	22 / 10	22 / 10	22 / 10	22 / 10	22 / 10	22 / 10
Mounting	Natural Convection	Natural Convection	Natural Convection	Natural Convection	Natural Convection	Natural Convection	Natural Convection	Natural Convection	Natural Convection
Operating Temperature Range	-13 to +140 / -25 to +400 / -40°C optional*	-13 to +140 / -25 to +400 / -40°C optional*	-13 to +140 / -25 to +400 / -40°C optional*	-13 to +140 / -25 to +400 / -40°C optional*	-13 to +140 / -25 to +400 / -40°C optional*	-13 to +140 / -25 to +400 / -40°C optional*	-13 to +140 / -25 to +400 / -40°C optional*	-13 to +140 / -25 to +400 / -40°C optional*	-13 to +140 / -25 to +400 / -40°C optional*
Protection Rating	NEMA 4X (Inverter with safety switch)	NEMA 4X (Inverter with safety switch)	NEMA 4X (Inverter with safety switch)	NEMA 4X (Inverter with safety switch)	NEMA 4X (Inverter with safety switch)	NEMA 4X (Inverter with safety switch)	NEMA 4X (Inverter with safety switch)	NEMA 4X (Inverter with safety switch)	NEMA 4X (Inverter with safety switch)

RoHS

SUNNYMAC
SUNNYMAC LLC
413 8th AVE.
WILMINGTON, DE 19805
PHONE: (302) 777-6494
LIC#: 13VH0576110
Day@SunnyMacSolar.com
www.SunnyMacSolar.com

REVISIONS	DESCRIPTION	DATE	REV

Signature with Seal

PROJECT NAME

FRANK WASHINGTON
5 APPLE TREE LN., SEWELL,
NJ 08080

EQUIPMENT
SPECIFICATION

SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-8

ECO^X UNIVERSAL

Simple Rail-Less Racking for Any Module

No. 1 Universal Rail-Less System



Skip the Rails.
Go from One Installation a Day to Two.
EcoX Universal delivers a faster, safer, and better installation process at a lower cost per watt. Project speed is accelerated with 33% fewer attachments and the elimination of rough inspections. Simple, one-size, preassembled core components fit every module thickness, enabling any module to be installed on every roof.

The Only One-Size-Fits-All Solution



Install Any Module with One Size for Each Core Component
Eliminate multiple SKUs with EcoX Universal's one-size-fits-all core components and install modules from 32 to 46mm without jobsite interruptions. End the headache of excessive inventory caused by solar mounting that requires different components for every module thickness.

Reduce Attachments by 33%
Get the cost-saving advantage of fewer parts and no rails. Spend less storing, transporting and installing. Use in landscape or portrait with no extra components.

Shorten Permitting Process with Extensive UL2703 Certifications
As panel supply fluctuates, responsive panel certification is increasingly important. As a certified testing partner lab of TÜV Rheinland Group, our list of UL 2703 certified panels is extensive and growing. Your inspection process will go smoothly and quickly.



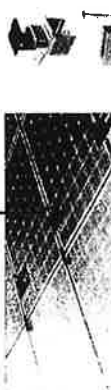
EcoLibrium Solar
Contact: 740.249.1877 | sales@ecolibrumsolar.com | www.ecolibrumsolar.com

The Power of EcoX Universal

6 Simple Parts. Unsurpassed Speed. Beautiful Results.

EcoX Universal Includes Core Components that fit any module thickness - Base, Flashing, Coupling, Clamp and Skirt. Only the small, inexpensive Skirt Spacer is specific to module thickness. Design couldn't be easier. Simply design your array in EcoX Estimator and the number of components for your specific project are calculated for you.

Easily Secure to Any Roof



Universal Clamp
One size, preassembled. Secures panels to Base and provides integrated bonding with row-to-row bonding clips.

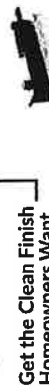
Base with Lag

Base with Lag
Composition shown. Attachments available for all roof types.

Flashing

Flashing
Composition shown. Attachments available for all roof types.

Join Panels without Cumbersome Rails



Coupling

Coupling
One size, preassembled coupling joins panels, creating continuous structure and integrated bonding.



Skirt

Skirt
One size fits all. Covers downhill edge of array, creating clean look.

Hassle Free from Start to Finish

Need to change panels after ordering? No problem.

Keep your project on track and on budget with EcoX Universal. When you switch modules, all that's needed is a new set of Skirt Spacers to match your new module thickness. Small, lightweight, inexpensive part is the key to installation flexibility and the simplest storage and shipping available.



Simple, powerful, and versatile.
EcoX Universal is the only rail-less solar mounting system that fits every module thickness.

Contact: 740.249.1877 | sales@ecolibrumsolar.com | www.ecolibrumsolar.com

SUNNYMAC
SUNNYMAC LLC
411 8th AVE.
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PHONE: (302) 777-5494
LIC#: 13VH0576110
DaveG@SunnyMacSolar.com
www.sunnymacsolar.com

REVISIONS	DATE	REV
DESCRIPTION		

Signature with Title

PROJECT NAME

FRANK WASHINGTON
5 APPLETREE LN., SEWELL,
NJ 08080

EQUIPMENT
SPECIFICATION

SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-9

Design Your Array As Easy as 1, 2, 3

1. Layout Your Array & Get an Estimate in a Few Clicks with EcoX Estimator



2. EcoX Estimator Selects Base & Attachment to Suit Your Roof Type

EcoX Universal provides attachments for common roof types and is compatible with most third-party attachments. Contact us for your specific roof type.

Composition 	Tile 	Metal 	Low Slope
Use Comp Shingle Base and Flashing. 	Use 9" Base and EcoX Tile Hook. Optional Flashing reduces grinding. 	Use 5" Base and specific metal mount for your metal roof type. 	Use 5" Base and Flat Roof Mount or other low-slope attachments.

3. Get Bill of Materials & Permit Package

BOM includes Universal Clamp, Coupling and Shirt, Skirt Support, Attachment, and the optional components you select.

Installer's System of Choice

Over 500MW Installed

- Install panels with one person using patented Clamp and Coupling Hold-Open
- Eliminate cumbersome rails and rough inspections
- Pass plan review and inspection first time with complete permitting package

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Contact 740.249.1877 | sales@ecolibrumsolar.com

Get Everything You Need To Save the Day

Options to Keep Your Job Running Smoothly

Get Best-of-Class Wire Management

Power Accessory Bracket
Easily attach micro-inverters and power optimizers to module frames.



PV Cable Clips
All clips aren't created equal. These easy-to-use clips hold 1-4 PV cables and quickly snap onto module frame or racking.

Master Any Roof with Installer-Centric Solutions

When you're on the roof, stuff happens. We've been there, so we offer purpose-built and best-in-class options for everything you need, whatever the roof throws at you.

Deck Mount Hardware Kit

Attach EcoX Comp Shingle Base to roof decking. Perfect for T1 and flat roofs, odd framing, SIPs, lookouts, seams, and to fix excessive cantilever.

North Row Extension
Properly flash and reach peak of roof. Extends clamp location as much as 10" from leg.

Get Power Off the Roof with Ease

Junction Box Bracket

Mount junction box to EcoX Universal Base with ease.

Base Conduit Mount

Supports conduit within an array. Mounts to EcoX Universal Base.

Flash Conduit Mount

Supports conduit outside of an array. Used with EcoX Universal Comp Shingle Flashing.

Don't Install Without It!

In the competitive business of solar energy, you need every advantage. That's why you should use EcoX Universal on every project. Call, email or log on to EcoX Estimator today.

Contact 740.249.1877 | sales@ecolibrumsolar.com

FRANK WASHINGTON
5 APPLETREE LN., SEWELL,
NJ 08080

PROJECT NAME

REVISIONS	DATE	REV
DESCRIPTION		

Signature with Seal

SUNNYMAC
SUNNYMAC LLC
413 8th AVE.
WILMINGTON, DE 19805
PHONE: (302) 777-5494
LIC#: 13VH0576110
Dave@SunnyMacSolar.com
www.sunnymacsolar.com

EQUIPMENT
SPECIFICATION

SHEET SIZE
ANSI B
11" X 17"

SHEET NUMBER
PV-10

How Does EcoX Rail-Less Work?

The Panel is the Rail. Bonding is Fully Integrated.

EcoX Universal Clamps and Couplings join panels together, creating a continuous structure and integrated electrical bonding. The bonding is fully integrated with the panel, eliminating the need for separate bonding wires or straps.

Technical Specifications

Materials: Aluminum & Stainless Steel
Validation: UL2703 Certified for ground faulting, roof penetration, Fire Class Rating: Type 1 & 2, Flashing: ICC-ES AC208.6 (UL-41) Rain Test
Warranty: 15 years

www.ecolibrumsolar.com