Southampton Township
5 Retreat Road
Southampton, NJ 08088
(609)859-2786 FAX *(609)388-5532*

Permit No. **201700030**
Control No. **88011648**
Block/Lot 3407/1
Date 6/09/17

Certificate of Approval

IDENTIFICATION

Block/Lot 3407/1
Work Site Location 600 AVENUE D

Owner in Fee/Occupant COLLINS, CHARLES P JR & WENDY
Address 600 AVENUE D
SOUTHAMPTON, NJ 08088

Telephone
Contractor AMIANO & SON CONSTRUCTION LLC
Address 1529 ROUTE 206 - SUITE 1
TABERNACLE, NJ 08088-

Telephone (609)268-5923 FAX
Lic. No. or Bldrs. Reg. No. 13VH00863100- / /
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

whole houe rehab

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 to fine or order to vacate:

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

cEd Toussaint, Construction Official

Permit Fee $ 829
Paid [ ] Check No. 3017
Collected by: SH

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

SOUTHAMPTON TOWNSHIP
CODE ENFORCEMENT DEPT
SOUTHAMPTON, NJ 08088

Date Issued 05/08/15
Control #
Permit # 15-081

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 3407 Lot 1 Qual 999
Work Site Location 600 AVENUE D

Owner in Fee/Occupant WENDY COLLINS
Address 600 AVENUE D REPL OIL FRN
SOUTHAMPTON, NJ 08088-
Telephone (609) 859-0344
Contractor LOGANAIRE MECHANICAL
Address 50 HOLLY BOULEVARD
SOUTHAMPTON, NJ 08088-
Telephone (609)859-0920 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH06785700
Federal Emp. No.

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

EMERGENCY REPLACEMENT OF OIL FURNACE

[ ] **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.

[X] **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:

[ ] **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 _____, ____.

Construction Official

Fee $ 0
Paid [X] Check No. 2971
Collected by: DH

N.J.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 9/4/06

Date Issued
Permit # 06-453

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

Block 3407 Lot 1 Qualification Code _____

Work Site Location 600 Ave D
Southampton N.J. 08088

Owner in Fee Charles Collins

Address 600 Ave D Southampton N.J. 08088

Tel. (609) 859-0344

Contractor Self

Address _____

Tel. (_____) _____ FAX (_____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/6/06
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	Visual		11/6	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 2,500.00
3. Total (1+ 2) $ 2,500.00

C. CERTIFICATION IN LIEU OF OATH

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

Charles Collins
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Reside House over wood. With Vinyl Siding

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

FEE (Office Use Only)
$ _____
40

Administrative Surcharge $ _____
Minimum Fee $ 3
State Permit Surcharge Fee $ _____
TOTAL FEE $ 43 —

U.C.C. F110
(rev. 07/03)

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