CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 4/14/2021

Tracking Number: OPRA-Req-21-0483

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Jake Miller

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: 615 HARVARD AVE N

-All letters mailed to 615 N Harvard Ave, Cherry Hill, NJ from February 1, 2021 till April 14, 2021 from Cherry Hill Twp.

-All permits filed in 2021 for the above address.

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

Block 233.01 Lot 11 Qualification Code _____ Address (Site) 615 HARVARD AVE N Permit No. 20210329

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 615 HARVARD AVE N CHERRY HILL TOWNSHIP NJ 08002
2. Name of Owner in Fee: STAATS, WILLIAM A JR & CHRISTINE M Tel. [redacted]
   Address 615 HARVARD AVE N CHERRY HILL NJ 08002
3. Ownership in Fee: ☐ Public ☑ Private Email [redacted]
4. Principal Contractor: ALLIANCE SERVICE PROFESSIONALS Tel. [redacted]
   Address 682 MONMOUTH RD WRIGHTSTOWN NJ 08562
   Email [redacted]
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. [redacted] Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	60		
7. Less 20% for State Plan Review			
8. Subtotal	60		
9. State Permit Surcharge Fee	3		
10. Subtotal	63		
11. Cert of Occupancy			
12. Other			
13. TOTAL	63		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 1300

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units:

	All Units	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group: R-5
3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: TYPE VB

III. PLAN REVIEW (optional)

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

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	9/7/2020
Date Issued	2/11/2021
Control #	121575
Permit #	20210329

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 233.01 Lot: 11 Qualifier _____ Use Group R-5

Work Site Location: 615 HARVARD AVE N CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: STAATS, WILLIAM A JR & CHRISTINE M

Address: 615 HARVARD AVE N CHERRY HILL NJ 08002

Telephone: [redacted]

Contractor: ALLIANCE SERVICE PROFESSIONALS

Address: 682 MONMOUTH RD WRIGHTSTOWN NJ 08562

Telephone: [redacted]

Lic. No. or Bldrs. Reg. No. 9814 9814 9814 9814

Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACE GAS WATER HEATER

Note: If constuction 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 $1,300

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)

035	Building	
039	Electrical	
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	$60
046	DCA Training Fee	$3
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$63

Check No.	
Check	$0
Cash	$0
Credit	$63
Collected By	Aishe Metkov-Spor

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 9/7/2020
Control # 121575
Date Issued 2/11/2021
Permit # 20210329

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

Block 233.01 Lot 11 Qualification Code

Work Site Location: 615 HARVARD AVE N CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: STAATS, WILLIAM A JR & CHRISTINE M

Address 615 HARVARD AVE N CHERRY HILL NJ 08002

Email [redacted]

Tel. [redacted]

Contractor: ALLIANCE SERVICE PROFESSIONALS

Address 682 MONMOUTH RD WRIGHTSTOWN NJ 08562

Email [redacted]

Tel. [redacted] Fax.

Contractor License No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. [redacted]

B. MECHANICAL CHARACTERISTICS

Use Group Present Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☑ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☑ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $1,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial
☑ No Plan Required 9/9/2020 JPL
☐ MECHANICAL PLANS APPROVED
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator
☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CA ☐ CCO
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE GAS WATER HEATER,

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	
	Administrative Surcharge	
	Minimum Fee	$60
	State Permit Surcharge Fee	$2
	TOTAL FEE	$62

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

BLOCK 233.01 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 2041201

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 615 N. Harvard Avenue, Cherry Hill, NJ 08002
2. Name of Owner in Fee: Michele L. Mancini Tel. ([redacted]
   Address 615 N. Harvard Avenue (street) Cherry Hill (municipality) NJ 08002 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Self Tel. (—) —
   Address same as above
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer Self Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Self
   Tel. ( ) _____ FAX ( ) _____

4/12/04
5/13/04
6/11/04
9/10/04

RECEIVED
MAR 11 2004
BUILDING INSPECTIONS
SD

Bedroom/Bath Rms
498 sq. ft. Addition

V. FEE SUMMARY (for office use only)

		$	Update	Update
1.	Building	148.—	72.	11.
2.	Electrical	36.		
3.	Plumbing	94.		
4.	Fire Protection	23.		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 17.—	5.	2.
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy	90.—		
12.	Other			
13.	TOTAL	$ 428.—	77.	13

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☒ Addition	15,000.—				3/16/04	AFS			
4.	☐ Alteration									
5.	☒ Fire Protection	20.—				3/19/04				
6.	☒ Plumbing	2000.—				4/1/04	SD			
7.	☒ Electrical	1000.—				3/29/04				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	18,20.—								

FOLDED PLANS

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: R-5
2. Use Group:
3. Change in Use Group, Indicate Former:

CALL BEFORE YOU DIG
1-800-272-1000
FOR UTILITY LOCATIONS.

LDS CH-B 10607776

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

X Signature Michael Mancini Date 1/16/04

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

20411488

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE

Date Issued: 06/26/2006
Control #: 46902
Permit #: 20041201

IDENTIFICATION

Block: 233.01 Lot : 11 Qualification Code:

Work Site Location: 615 HARVARD AVE. N.
CHERRY HILL

Owner in Fee: MICHELE L. MANCINI
Address: 615 HARVARD AVE. N.
CHERRY HILL NJ 08002
Telephone: [redacted]

Agent/Contractor: MICHELE L. MANCINI
Address: 615 HARVARD AVE. N.
CHERRY HILL NJ 08002
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [X] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____

Description of Work/Use:

ADDITION, 498 SQ.FT., BEDRM/BATHRM

[X] **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 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

Anthony Saccomanno Construction Official

Fees: $90.00
Paid[X]Check No.: 113
Collected by: sd

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE

Date Issued: 06/26/2006
Control #: 47675
Permit #: 20041488

IDENTIFICATION

Block: 233.01 Lot : 11 Qualification Code:

Work Site Location: 615 N. HARVARD AVE.
CHERRY HILL

Owner in Fee: MICHELE L. MANCINI
Address: 615 N. HARVARD AVE.
CHERRY HILL NJ 08002
Telephone: [redacted]

Agent/Contractor: MICHELE L. MANCINI
Address: 615 N. HARVARD AVE.
CHERRY HILL NJ 08002
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____

Description of Work/Use:

Update, full basement

[ ] **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.

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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[ ] 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

Anthony Saccomanno Construction Official

Fees: $0.00
Paid[X]Check No.: 119
Collected by: SD

U.C.C.260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Control Number: 51943
Application Date: 07/06/05

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 233.01 Lot : 11 Qualifier :

Work site Location: 615 N. HARVARD AVE CHERRY HILL

Owner In Fee: MICHELE L. MANCINI

Address: 615 N. HARVARD AVE
CHERRY HILL, NJ 08002

Telephone: [redacted]

Use Group(s): R-5

Contractor: GPS PLUMBING & HEATING INC.

Address: 133 HADDON AVENUE
BERLIN TWP. NJ 08091

Telephone: [redacted]

Lic. No./Bldrs. Reg. No.: 9317

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ] BUILDING
[ ] ELECTRICAL
[ ] ELEVATOR DEVICES
[ ] LEAD HAZARD ABATEMENT
[ ] ASBESTOS ABATEMENT
(Subchapter 8 only)

[X] PLUMBING
[ ] FIRE PROTECTION
[ ] MECHANICAL
[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:

Update to 2004-1201, gas piping

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$1,000.00
Cost of Demolition:	$0.00
Total Cost:	$1,000.00

PAYMENTS (Office Use Only)

[70-43]	Building	
[70-48]	Electrical	
[70-36]	Plumbing	$11.00
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$2.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	**$ 13.00**

All Fees Waived No

Amount to be Paid: $ 13.00

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

Anthony Saccomanno

7/6/05
Date

Contruction Official

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

Note:

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

PAID JUN 14 2004

Permit Number: 20041488
Permit Date: 06/14/2004
Update Number:
Control Number: 47675
Application Date: 06/10/04

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 233.01 Lot : 11 Qualifier :

Work site Location:	615 N. HARVARD AVE. CHERRY HILL	Contractor:	MICHELE L. MANCINI
Owner In Fee:	MICHELE L. MANCINI	Address:	615 N. HARVARD AVE.
Address:	615 N. HARVARD AVE.		CHERRY HILL NJ 08002
	CHERRY HILL NJ 08002	Telephone:	[redacted]
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Update, full basement

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$3,000.00
Cost of Demolition:	$0.00
Total Cost:	$3,000.00

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

Anthony Saccomanno
Contruction Official

6/16/04
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.

Note:

PAYMENTS (Office Use Only)

[70-43]	Building	$72.00
[70-48]	Electrical	
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$5.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	

Check Number: **Total :** **$ 77.00** 119
Check amount: All Fees Waived No $77.00
Amount to be Paid: **$ 77.00**

Collected by:	SD
Total Cash Amount	
Total Check Amount	$77.00
Total CC Amount	
Grand Total	$77.00

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL NJ 08002
856 - 488-7855

Permit Number: 20041301
Permit Date: 05/20/2004
Update Number:
Control Number: 46962
Application Date: 04/08/04

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 233.01 Lot : 11 Qualifier :

Work site Location:	615 HARVARD AVE. N. CHERRY HILL	Contractor:	MICHELE L. MANCINI
Owner In Fee:	MICHELE L. MANCINI	Address:	615 HARVARD AVE. N.
Address:	615 HARVARD AVE. N.		CHERRY HILL NJ 08002
	CHERRY HILL NJ 08002	Telephone:	[redacted]
Telephone:	[redacted]	Lic. No / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

ADDITION, 498 SQ FT., BEDRM/BATHRM

ESTIMATED COST OF WORK:

Cost of Construction:	$18,200.00
Cost of Alteration:	$0.00
Cost of Demolition:	$0.00
Total Cost:	$18,200.00

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

Anthony Saccomanno
Construction Official

4/8/04
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.

Note:

PAYMENTS (Office Use Only)

[70-43]	Building	$168.00
[70-48]	Electrical	$36.00
[70-36]	Plumbing	$94.00
[70-37]	Fire Protection	$23.00
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	$17.00
[70-91]	AltFee (DCA)	
[70-50]	CO Fee	$90.00
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	

Check Number: Total : $ 428.00
Check amount: All Fees Waived
Amount to be Paid: $ 428.00

Collected by:

Total Cash Amount	
Total Check Amount	$428.00
Total CC Amount	
Grand Total	$428.00

Update 2004-1201

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 6-14-04
Permit # 2004-1488

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

Block 233.01 Lot 11 Qualification Code
Work Site Location 615 N. Harvard Ave.

Owner in Fee Michele L. Mancini
Address Same as above

Tel. [redacted]
Contractor self
Address

Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Michele B. Mancini
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

498.5 sq ft ADDITION
w/ FULL BASEMENT
SEE NOTES!
(✓) CALL FOR INSPECTIONS AS NOTED
HAVE "FIELD" PLANS ONSITE

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All Revised	6/8/04	JES
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6.26.06
Approved by: JES

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing (✓)			7/20/04	JLL
Footing Bonding				
Foundation (✓)			7.30.04	JES
Slab (✓)			7.30.04	JLL
Frame (✓)				
Truss Sys./Bracing				
Barrier-Free				
Insulation (✓)				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final (✓)			6/22/06	
Barrier-Free			No entry	

TYPE OF WORK:
[ ] New Building
[X] ~~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)

$	~~$74.00~~
	72.
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

B. BUILDING CHARACTERISTICS

Use Group	Present R5	Proposed R5	
Constr. Class	Present VB	Proposed VB	
No. of Stories			
Height of Structure		Ft.	
Area — Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors	498	Sq. Ft.	
Volume of New Structure	6225 + (2,739)	Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	

Est. Cost of Bldg. Work: ~~$8000.00~~ 3800.
1. New Bldg. $ ~~8000.00~~
2. Rehabilitation $
3. Total (1+ 2) $

NOTE: Additional Volume Computations
* .027 = # 74.00

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

* NOTE: 36(24plk) = # 72.00 ALTERATION

Update 2004-1201

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 6-14-04
Permit # 2004-1488

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

Block 232.01 Lot 11 Qualification Code
Work Site Location 131 N. Harvard Ave.

Owner in Fee Michele I Mancini
Address same as above

Tel. [redacted]
Contractor Self
Address

Tel. ( ) FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

499 sq ft ADDITION
w/ FULL BASEMENT
SEE NOTES!
(✓) CALL FOR INSPECTIONS AS NOTED
HAVE "APPROVED" PLANS ON SITE

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All Revised	6/30/04	JHE
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

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

TYPE OF WORK:
[ ] New Building
[X] ~~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)
$ ~~74.00~~
7.1
7x.

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

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class Present VB Proposed VB
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors 499 Sq. Ft.
Volume of New Structure 2275± (2,779) Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work: 30,000
1. New Bldg. $ ~~72,000.00~~
2. Rehabilitation $
3. Total (1+ 2) $

* NOTE Additional Volume Computation
× .027 = # 74.00

* NOTE 36(24pk) = # 72.00 ALTERATION

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

Up Date 2004-1201

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 6-11-04
Permit # 2004-1458

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

Block ______ Lot ______ Qualification Code ______
Work Site Location ______
Owner in Fee ______
Address ______
Tel ( ) ______
Contractor ______
Address ______
Tel ( ) ______ FAX ( ) ______
Contractor License No or Builder Registration No ______
Federal Emp No ______

C CERTIFICATION IN LIEU OF OATH

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

Signature ______

D TECHNICAL SITE DATA

DESCRIPTION OF WORK

SLAB 498 sq ft ADDITION w/ FULL BASEMENT
SEE NOTES!

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date 6 26,06
Approved by ______

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing ✓			7/20/04	
Footing Bonding				
Foundation ✓			7 30 04	
Slab ✓			7 30,04	
Frame ✓				
Truss Sys /Bracing				
Barrier Free				
Insulation ✓				
Finishes Base Layer				
Finishes Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓	6/22/06			
Barrier Free	No			

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

FEE (Office Use Only)
$ ______

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

B BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr Class Present VB Proposed VB
No of Stories ______
Height of Structure ______ Ft
Area — Largest Floor ______ Sq Ft
New Bldg Area/All Floors 498 Sq Ft
Volume of New Structure ______ Cu Ft
Total Land Area Disturbed ______ Sq Ft

Est Cost of Bldg Work
1 New Bldg $ ~~14,000.00~~
2 Rehabilitation $ ______
3 Total (1 2) $ ______

7400

UCC F110 (re 07/03)

FRAMING CHECK LIST

A. Basement or Crawl Space

1. Anchorage:

Bolts
- ☐ Spacing
- ☐ Size

Straps
- ☐ Spacing (per manufacturer's specs
- ☐ Size

2. Sill Plates:
- ☐ Size
- ☐ Grade, Species
- ☐ Treatment
- ☐ Laps
- ☐ Sill Sealer
- ☐ Proper Treatment over Foundation Openings (bearing of joist)
- ☐ Termite Protection

3. Beam Pockets:
- ☐ Bearing / Shims
- ☐ Termite Protection or Clearance

4. Columns:
- ☐ Sized per Plan
- ☐ Attachment / Plates
- ☐ Spacing / Location
- ☐ Paint / Coating

B. Floor Framing and Flooring

1. Box or Rim Joist, or Perimeter Band Joist:

1st 2nd 3rd Floor
- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Grade, Species
- ☐ ☐ ☐ Single or Double
- ☐ ☐ ☐ Pre-Engineered per Manuf's Specs
- ☐ ☐ ☐ Cantilevers as per Design

5. Stair Attachment

1st 2nd 3rd Floor
- ☐ ☐ ☐ Bearing
- ☐ ☐ ☐ Nailing

2. Girders and Beams:
- ☐ Sized per plan
- ☐ Type
- ☐ Grade, Species
- ☐ Location and Relation to the Plan
- ☐ Nailing
- ☐ Attachment Schedule
- ☐ Bearing
- ☐ Lapping

3. Floor Joist

1st 2nd 3rd Floor
- ☐ ☐ ☐ Sized per Plan
- ☐ ☐ ☐ Grade, Species
- ☐ ☐ ☐ Pre-Engineered Components Specified
- ☐ ☐ ☐ Bearing
- ☐ ☐ ☐ Nailing
- ☐ ☐ ☐ Bridging
- ☐ ☐ ☐ Cutting and Notching (as per code)
- ☐ ☐ ☐ Point Loads - Supported as per Plan
- ☐ ☐ ☐ Span Headers
- ☐ ☐ ☐ Headers
- ☐ ☐ ☐ Framed Openings

4. Flooring, Sheathing., or Decking

1st 2nd 3rd Floor

Material
- ☐ ☐ ☐ Panel Span, Thickness

Special Requirements
- ☐ ☐ ☐ Edge Blocking (if required)
- ☐ ☐ ☐ Gapping
- ☐ ☐ ☐ Layout

5. Stair Attachment:

1st 2nd 3rd Floor
- ☐ ☐ ☐ Bearing
- ☐ ☐ ☐ Nailing

C. Wall Framing

1. Exterior Wall Frame

1st 2nd 3rd Floor
- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Space
- ☐ ☐ ☐ Species and Grade
- ☐ ☐ ☐ Cutting, Notching, and Boring
- ☐ ☐ ☐ Header Sizes
- ☐ ☐ ☐ Jack Stud Bearing

Top Plates
- ☐ ☐ ☐ Nailing
- ☐ ☐ ☐ Laps
- ☐ ☐ ☐ Rafter Ties
- ☐ ☐ ☐ Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1st 2nd 3rd Floor
- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Space
- ☐ ☐ ☐ Layout-Support Below per Code
- ☐ ☐ ☐ Species and Grade
- ☐ ☐ ☐ Cutting, Notching, and Boring
- ☐ ☐ ☐ Fire Blocking
- ☐ ☐ ☐ Header Sizes
- ☐ ☐ ☐ Jack Stud Bearing

Top Plates
- ☐ ☐ ☐ Nailing
- ☐ ☐ ☐ Laps
- ☐ ☐ ☐ Straps

3. Interior Non-Load-Bearing Walls

1st 2nd 3rd Floor
- ☐ ☐ ☐ Size
- ☐ ☐ ☐ Space
- ☐ ☐ ☐ Species and Grade
- ☐ ☐ ☐ Cutting, Notching, and Boring
- ☐ ☐ ☐ Fire Blocking
- ☐ ☐ ☐ Header Sizes
- ☐ ☐ ☐ Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which show
- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers / Roof Structures on Manufacturer's Drawing
- ☐ Equipment / Appliances on Manufacturer's Drawings

- ☐ Location as per Layout
  - ☐ Alignment
- ☐ Bearing
- ☐ Spacing
- ☐ Connections to Bearing Points
- ☐ No Connection to Non-Bearing Points
- ☐ Damage and Defects
  - ☐ Engineered Method of Repair

2. Permanent Truss-To-Truss Bracing (as per design)
- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e. cross) Bracing

3. Gable End Bracing (as per Design)
- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Terminating

4. Solid Sawn Roof Framing
- ☐ Size
- ☐ Grades, Species

Layout
- ☐ Spacing
- ☐ Span

- ☐ Bearing
- ☐ Fastening
  - ☐ Damage Caused by Fasteners (rafters not slit by toenails)
- ☐ Cutting, Notching, and Boring
- ☐ Bridging
- ☐ Ridge Size
- ☐ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing - Exterior Walls:

Material
- ☐ Panel Span, Thickness

Special Requirements
- ☐ Gapping
- ☐ Layout
- ☐ Corner Bracing (if required)

2. Sheathing - Roof:

Material
- ☐ Panel Span, Thickness

Special Requirements
- ☐ Blocking, Edge (if required)
- ☐ Clips (if required)
- ☐ Gapping
- ☐ Layout

Sheathing, FRT - Roof
- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

BUILDING SUBCODE TECHNICAL SECTION

(1.04) Lot 7 Block 233.01 Lot 11

Date Received
Date Issued 5/20/04/66/21
Control # 20
Permit # 0504-1R.01

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

Block 233.01 Lot 11
Work Site Location 1015 N. Harvard Avenue
Cherry Hill NJ 08002
Owner in Fee Michele L. Mancini
Address same as above
Tele. ([redacted]
Contractor Self
Address –
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
[x] All — 3/16/04 — JCS
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6.26.06
Approved by: JRCS

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing ✓				
Foundation ✓				
Slab ✓				
Frame ✓				
Barrier-Free				
Insulation ✓				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed
Constr. Class Present VB Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors 498 Sq. Ft.
Volume of New Structure 6225 Cu. Ft. x .027 = 168.08
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ $15,000.00
2. Alteration $
3. Total (1+2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1,17

SITE NOTES:

✓ ONLY FOR INSPECTIONS AS NOTED
HAVE TWO PLANS ON SITE

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

FEE (Office Use Only)

$
#168.00

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

U.C.C. F110 (rev. 3/96)

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

FRAMING CHECK LIST

A. Basement or Crawl Space

1. Anchorage:
Bolts
- ☐ Spacing
- ☐ Size

Straps
- ☐ Spacing (per manufacturer's specs
- ☐ Size

2. Sill Plates:
- ☐ Size
- ☐ Grade, Species
- ☐ Treatment
- ☐ Laps
- ☐ Sill Sealer
- ☐ Proper Treatment over Foundation Openings (bearing of joist)
- ☐ Termite Protection

3. Beam Pockets:
- ☐ Bearing / Shims
- ☐ Termite Protection or Clearance

4. Columns:
- ☐ Sized per Plan
- ☐ Attachment / Plates
- ☐ Spacing / Location
- ☐ Paint / Coating

B. Floor Framing and Flooring

1. Box or Rim Joist, or Perimeter Band Joist:
1st	2nd	3rd Floor
☐	☐	☐ Size
☐	☐	☐ Grade, Species
☐	☐	☐ Single or Double
☐	☐	☐ Pre-Engineered per Manuf's Specs
☐	☐	☐ Cantilevers as per Design

5. Stair Attachment
1st	2nd	3rd Floor
☐	☐	☐ Bearing
☐	☐	☐ Nailing

2. Girders and Beams:
- ☐ Sized per plan
- ☐ Type
- ☐ Grade, Species
- ☐ Location and Relation to the Plan
- ☐ Nailing
- ☐ Attachment Schedule
- ☐ Bearing
- ☐ Lapping

3. Floor Joist
1st	2nd	3rd Floor
☐	☐	☐ Sized per Plan
☐	☐	☐ Grade, Species
☐	☐	☐ *Pre-Engineered Components Specified*
☐	☐	☐ Bearing
☐	☐	☐ Nailing
☐	☐	☐ Bridging
☐	☐	☐ Cutting and Notching (as per code)
☐	☐	☐ Point Loads - Supported as per Plan
☐	☐	☐ Span Headers
☐	☐	☐ Headers
☐	☐	☐ Framed Openings

4. Flooring, Sheathing., or Decking
1st	2nd	3rd Floor
		Material
☐	☐	☐ Panel Span, Thickness
		Special Requirements
☐	☐	☐ Edge Blocking (if required)
☐	☐	☐ Gapping
☐	☐	☐ Layout

5. Stair Attachment:
1st	2nd	3rd Floor
☐	☐	☐ Bearing
☐	☐	☐ Nailing

C. Wall Framing

1. Exterior Wall Frame
1st	2nd	3rd Floor
☐	☐	☐ Size
☐	☐	☐ Space
☐	☐	☐ Species and Grade
☐	☐	☐ Cutting, Notching, and Boring
☐	☐	☐ Header Sizes
☐	☐	☐ Jack Stud Bearing

Top Plates

☐	☐	☐ Nailing
☐	☐	☐ Laps
☐	☐	☐ Rafter Ties
☐	☐	☐ Hurricane Straps (as required)

2. Interior Load-Bearing Walls:
1st	2nd	3rd Floor
☐	☐	☐ Size
☐	☐	☐ Space
☐	☐	☐ Layout-Support Below per Code
☐	☐	☐ Species and Grade
☐	☐	☐ Cutting, Notching, and Boring
☐	☐	☐ Fire Blocking
☐	☐	☐ Header Sizes
☐	☐	☐ Jack Stud Bearing

Top Plates

☐	☐	☐ Nailing
☐	☐	☐ Laps
☐	☐	☐ Straps

3. Interior Non-Load-Bearing Walls
1st	2nd	3rd Floor
☐	☐	☐ Size
☐	☐	☐ Space
☐	☐	☐ Species and Grade
☐	☐	☐ Cutting, Notching, and Boring
☐	☐	☐ Fire Blocking
☐	☐	☐ Header Sizes
☐	☐	☐ Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):
Approved Documents which show
- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers / Roof Structures on Manufacturer's Drawing
- ☐ Equipment / Appliances on Manufacturer's Drawings

- ☐ Location as per Layout
  - ☐ Alignment
- ☐ Bearing
- ☐ Spacing
- ☐ Connections to Bearing Points
- ☐ No Connection to Non-Bearing Points
- ☐ Damage and Defects
  - ☐ Engineered Method of Repair

2. Permanent Truss-To-Truss Bracing (as per design)
- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e. cross) Bracing

3. Gable End Bracing (as per Design)
- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Terminating

4. Solid Sawn Roof Framing
- ☐ Size
- ☐ Grades, Species

Layout
- ☐ Spacing
- ☐ Span
- ☐ Bearing
- ☐ Fastening
  - ☐ Damage Caused by Fasteners (rafters not slit by toenails)
- ☐ Cutting, Notching, and Boring
- ☐ Bridging
- ☐ Ridge Size
- ☐ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing - Exterior Walls:
Material
- ☐ Panel Span, Thickness

Special Requirements
- ☐ Gapping
- ☐ Layout
- ☐ Corner Bracing (if required)

2. Sheathing - Roof:
Material
- ☐ Panel Span, Thickness

Special Requirements
- ☐ Blocking, Edge (if required)
- ☐ Clips (if required)
- ☐ Gapping
- ☐ Layout

Sheathing, FRT - Roof
- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

CHANGE IN CONTRACTOR ONLY

Maple to N. Union, Rt onto end of N. Harvard

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/18/05
Control #
Date Issued 5-19-05
Permit # 2004-1201

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

Block 233.01 Lot 11 Qualification Code
Work Site Location 615 North Harvard Avenue
Cherry Hill, NJ 08002
Owner in Fee Michele L. Mancini
Address Same As
Above
Tel. [redacted]
Contractor Premier Builders and Remodeling, Inc.
Address 239 Thomas Avenue
Williamstown NJ 08094
Tel. [redacted] FAX (856) 875-4720
Contractor License No. or Builder Registration No
Federal Emp. No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Change of Contractor

Homeowner unable to Complete the work they started

498 $\frac{1}{2}$ 200'N w/Full Bsmnt

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	3.16.04	YES
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 6.26.06
Approved by: YES

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing ✓				
Footing Bonding				
Foundation ✓				
Slab ✓				
Frame ✓*			6/27/06	VH
Truss Sys./Bracing				
Barrier-Free				
Insulation ✓			7/19/06	VH
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓	12/22/05	6/26/06	6/26/06	SNK
Barrier-Free		No entry		

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	12-5	12-5
Constr. Class	5B	5B
No. of Stories	2	
Height of Structure	20 Ft.	
Area — Largest Floor	Sq. Ft.	
New Bldg. Area/All Floors	498 Sq. Ft.	
Volume of New Structure	Cu. Ft.	
Total Land Area Disturbed	498 Sq. Ft.	

* Wood Screening - See Back

Est. Cost of Bldg. Work:
1. New Bldg. $ 20,000
2. Rehabilitation $
3. Total (1+ 2) $ 20,000

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

SNK 12/22/05 Final (foil)
Provide handrails at basement steps. R315

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. [redacted]

Contractor _____

Address _____

Tel. [redacted] FAX ( ) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation			7/19/05	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

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

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

FRAMING CHECK LIST

A. Basement or Crawl Space

1. Anchorage:

Bolts
- ☑ Spacing
- ☑ Size

Straps
- ☐ Spacing (per manufacturer's specs
- ☐ Size

2. Sill Plates:
- ☑ Size
- ☑ Grade, Species
- ☑ Treatment
- ☑ Laps
- ☐ Sill Sealer
- ☐ Proper Treatment over Foundation Openings (bearing of joist)
- ☐ Termite Protection

3. Beam Pockets:
- ☐ Bearing / Shims
- ☐ Termite Protection or Clearance

4. Columns:
- ☑ Sized per Plan
- ☑ Attachment / Plates
- ☐ Spacing / Location
- ☐ Paint / Coating

B. Floor Framing and Flooring

1. Box or Rim Joist, or Perimeter Band Joist:

1st	2nd	3rd Floor	
☐	☐	☐	Size
☐	☐	☐	Grade, Species
☐	☐	☐	Single or Double
☐	☐	☐	Pre-Engineered per Manuf's Specs
☐	☐	☐	Cantilevers as per Design

5. Stair Attachment

1st	2nd	3rd Floor	
☐	☐	☐	Bearing
☐	☐	☐	Nailing

2. Girders and Beams:
- ☑ Sized per plan
- ☑ Type
- ☑ Grade, Species
- ☑ Location and Relation to the Plan
- ☐ Nailing
- ☑ Attachment Schedule
- ☑ Bearing
- ☑ Lapping

× NGSD Bridging

3. Floor Joist

1st	2nd	3rd Floor	
☑	☐	☐	Sized per Plan
☑	☐	☐	Grade, Species
☑	☐	☐	Pre-Engineered Components Specified
☑	☐	☐	Bearing
☑	☐	☐	Nailing
☐	☐	☐	Bridging
☐	☐	☐	Cutting and Notching (as per code)
☐	☐	☐	Point Loads - Supported as per Plan
☑	☐	☐	Span Headers
☑	☐	☐	Headers
☑	☐	☐	Framed Openings

4. Flooring, Sheathing., or Decking

1st	2nd	3rd Floor	
			Material
☑	☐	☐	Panel Span, Thickness
			Special Requirements
☐	☐	☐	Edge Blocking (if required)
☑	☐	☐	Gapping
☑	☐	☐	Layout

5. Stair Attachment:

1st	2nd	3rd Floor	
☐	☐	☐	Bearing
☐	☐	☐	Nailing

C. Wall Framing

1. Exterior Wall Frame

1st	2nd	3rd Floor	
☑	☐	☐	Size
☑	☐	☐	Space
☑	☐	☐	Species and Grade
☑	☐	☐	Cutting, Notching, and Boring
☑	☐	☐	Header Sizes
☑	☐	☐	Jack Stud Bearing

Top Plates

☑	☐	☐	Nailing
☑	☐	☐	Laps
☑	☐	☐	Rafter Ties
☑	☐	☐	Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1st	2nd	3rd Floor	
☑	☐	☐	Size
☑	☐	☐	Space
☑	☐	☐	Layout-Support Below per Code
☑	☐	☐	Species and Grade
☑	☐	☐	Cutting, Notching, and Boring
☑	☐	☐	Fire Blocking
☑	☐	☐	Header Sizes
☑	☐	☐	Jack Stud Bearing

Top Plates

☑	☐	☐	Nailing
☑	☐	☐	Laps
☑	☐	☐	Straps

3. Interior Non-Load-Bearing Walls

1st	2nd	3rd Floor	
☑	☐	☐	Size
☑	☐	☐	Space
☑	☐	☐	Species and Grade
☑	☐	☐	Cutting, Notching, and Boring
☑	☐	☐	Fire Blocking
☑	☐	☐	Header Sizes
☑	☐	☐	Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which show
- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers / Roof Structures on Manufacturer's Drawing
- ☐ Equipment / Appliances on Manufacturer's Drawings

- ☐ Location as per Layout
  - ☐ Alignment
- ☐ Bearing
- ☐ Spacing
- ☐ Connections to Bearing Points
- ☐ No Connection to Non-Bearing Points
- ☐ Damage and Defects
  - ☐ Engineered Method of Repair

2. Permanent Truss-To-Truss Bracing (as per design)
- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e. cross) Bracing

3. Gable End Bracing (as per Design)
- ☑ Layout
- ☑ Size
- ☐ Type
- ☐ Nailing
- ☑ Overlap
- ☐ Terminating

4. Solid Sawn Roof Framing
- ☐ Size
- ☐ Grades, Species

Layout
- ☐ Spacing
- ☐ Span
- ☐ Bearing
- ☐ Fastening
  - ☐ Damage Caused by Fasteners (rafters not slit by toenails)
- ☐ Cutting, Notching, and Boring
- ☐ Bridging
- ☐ Ridge Size
- ☐ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing - Exterior Walls:

Material
- ☑ Panel Span, Thickness

Special Requirements
- ☐ Gapping
- ☐ Layout
- ☑ Corner Bracing (if required)

2. Sheathing - Roof:

Material
- ☑ Panel Span, Thickness

Special Requirements
- ☐ Blocking, Edge (if required)
- ☐ Clips (if required)
- ☐ Gapping
- ☐ Layout

Sheathing, FRT - Roof
- ☐ Four Feet from Firewall
- ☐ Noncorrosive Fasteners

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/20/04
Control #
Permit # 2004-1201

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

Block 233.01 Lot 11
Work Site Location 615 N. Harvard Avenue
Cherry Hill, NJ 08002
Owner in Fee Michele L. Mancini
Address same as above
Tele. ([redacted]
Contractor — self
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Michele L. Mancini
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

498 sq. ft. addition
SEE NOTES!
✓ CALL FOR INSPECTIONS AS NOTED
HAVE "FIELD" PLANS ON SITE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/16/04	RES
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6.26.06
Approved by: RES

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

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

[ ] Demolition

FEE (Office Use Only)
$ _____
$ 168.00

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R3	
Constr. Class	VB	
No. of Stories		
Height of Structure		Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors	498	Sq. Ft.
Volume of New Structure	6225	Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~$15,000.00~~
2. Alteration $
3. Total (1+ 2) $

6225 × .027 = $168.00

U.C.C. F110 (rev. 3/96)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/20/04
Date Issued
Control #
Permit # 2004-1201

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

Block 233.01 Lot 11
Work Site Location 1015 N. Harvard Avenue Cherry Hill NJ 08002
Owner in Fee Michele L. Mancini
Address Same as above
Tele. ([redacted]
Contractor Self
Address –
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SEE NOTES!

(✓) CALL FOR INSPECTIONS AS NOTED
HAVE "FIELD" PLANS ON SITE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	3/16/04	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing ✓				
Foundation ✓				
Slab ✓				
Frame ✓				
Barrier-Free				
Insulation ✓				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓				
Barrier-Free				

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

FEE (Office Use Only)
$
$168.00

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

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed
Constr. Class Present VB Proposed
No. of Stories
Height of Structure ______ Ft.
Area — Largest Floor ______ Sq. Ft.
New Bldg. Area/All Floors 498 Sq. Ft.
Volume of New Structure 6225 Cu. Ft. × .027 = $168.00
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 315,000.00
2. Alteration $/
3. Total (1+2) $

U.C.C. F110 (rev. 3/96)

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

CHANGE IN CONTRACTOR ONLY

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/1/05
Control #

Date Issued 5/9/05
Permit # 2004-1201

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

Block 23.01 Lot 11 Qualification Code

Work Site Location 615 North Harvard Avenue
Cherry Hill, NJ 08002

Owner in Fee Michele L. Mancini

Address 5 Aine Ais
Aisle

Tel. [redacted]

Contractor Premier Builders and Remodelers, Inc.

Address 739 Thomas Avenue
Williamstown NJ 08094

Tel. ([redacted] FAX (856) 875-4720

Contractor License No. or Builder Registration No.

Federal Emp. No [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3.1.04	GK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing ✓				
Footing Bonding				
Foundation ✓				
Slab ✓				
Frame ✓				
Truss Sys./Bracing				
Barrier-Free				
Insulation ✓				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present 12-5 Proposed 12-5
Constr. Class Present 5B Proposed 5B
No. of Stories 2
Height of Structure 20 Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors 498 Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed 498 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 20,000
2. Rehabilitation $
3. *Total* (1+ 2) $ 20,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Change of Contractor

Homeowner unable to Complete the work they started

4 Family unit

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

FEE (Office Use Only)
$

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

Change of Contractor

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/28/05
Control #
Date Issued 12-1-05
Permit # 2004-1201

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

Block 233.01 Lot 11 Qualification Code
Work Site Location 615 N. Harvard Avenue
Cherry Hill NJ 08002
Owner in Fee: Michele L. Mancini
Tel. [redacted] e-mail [redacted]
Address Same as above
street municipality zip code
Contractor: HIGHLIGHTING Tel. [redacted]
Address 2831 Birch Ave Williamstown e-mail
Contractor License No. 10640A Exp. Date
Federal Employee No. [redacted] FAX: (856) 875-8870

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1000.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $
Minimum Fee $ N/C
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 11/29/05
Approved by: GM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/22/05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-22-05	TBE
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

Change of Contractor

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/28/05
Control #
Date Issued 12.1.05
Permit # 2004-1201

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

Block 6.01 Lot 11 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel [redacted] e-mail [redacted]

Address [illegible]
street municipality zip code

Contractor: HM Lighting Tel. [redacted]

Address 2831 Birch Ave Williamstown e-mail

Contractor License No. 10610A Exp. Date

Federal Employee No. [redacted] FAX: (856) 875-8870

B. ELECTRICAL CHARACTERISTICS

Use Group Present R Proposed R

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $
Minimum Fee $ N/C
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 12/1/05

Approved by: ATV

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3/20/04
Control #
Permit # 2004-1201

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

Block 233.01 Lot 11
Work Site Location 615 N. Harvard Avenue
Cherry Hill, NJ 08002
Owner in Fee/Occupant Michele L. Mancini
Address Same as above
[redacted]
Tele
Contractor Self
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ X $1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3/22/04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/22/05
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			6/27/0	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/22/05	

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.

Michele L. Mancini
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
9		Receptacles	
7		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
22		TOTAL NUMBERS	$ 31.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$ 5.00
Minimum Fee	$ 31.00
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 3/96)

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

04/05/05 CALLED CLEAT MESSG.

6/21/05 - MOVED UP GROUND JOISTS IN BORDS
PERMIT UPDATE FOR HYDRO MASSAGE TUB, SUBPANEL
BOARD HYDRO MASSAGE TUB
ADD SMOKE DETECTOR WIRING TO EXISTING BED ROOMS

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3/20/04
Control #
Permit # 2004-1201

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

Block 233.01 Lot 11
Work Site Location 615 N. Harvard Avenue
Cherry Hill NJ 08002
Owner in Fee/Occupant Michele L. Mancini
Address Same as above

Tele. [redacted]
Contractor Self
Address

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ X $1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3/22/04
Approved by: BJV

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Michele L. Mancini
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
9		Receptacles	
7		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
22		TOTAL NUMBERS	$ 31.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	5.00
Minimum Fee	$	31.00
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 5/20/04
Control #
Permit # 2004.1201

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

Block 233.01 Lot 11
Work Site Location 615 N. Harvard Avenue
Cherry Hill NJ 08002
Owner in Fee Michael Mancini
Address Same as above
Tele. [redacted]
Contractor Self
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed V.B
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 200.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved N/A
Date: 3/11/04
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

X Michael R. Mancini
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Addition (Bedroom) > 25?
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [✓] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	6	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	2	
Other Devices CO/Alarm		
TOTAL	8	25*
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 25*
TOTAL FEE	$

U.C.C F140
(rev. 3/96)

Change of Name - contractor

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6-30-05
Control #
Date Issued 7-1-05
Permit # 2004-1201

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

Block 233.01 Lot 11 Qualification Code
Work Site Location 615 North Harvard ave Cherry Hill NJ
Owner in Fee Premier Builders
Address 239 Thomas Ave Williamstown NJ
Tel. [redacted]
Contractor GPS Plumbing & Heating, Inc.
Address 133 Haddon Avenue
Berlin Township, New Jersey 08091
Tel. [redacted] FAX (856) 768-0926
Contractor License No. 9317
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7/1/05
Approved by: SDP

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/22/05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water		SEE	07/26/05	
Sewer				
Fixtures			12/22/05	MR
Gas Equipment				
Gas Piping				
LPGas Tank				
Fule Oil Piping				
Solar				
TCO				
Final			12/22/05	

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 appliation

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fule Oil piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$ 2
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 11

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 5/20/04
Control #
Permit # 2004-1201

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

Block 233.01 Lot 11
Work Site Location 1615 N. Harvard Avenue
Cherry Hill, NJ 08002
Owner in Fee Michele L. Mancini
Address same as above

Tele. [redacted]
Contractor Self
Address

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

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ ~~$2,000.00~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/5/04
Approved by: SDA

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/22/04
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	4/11/05		4/27/05	SDA
Water				
Sewer				
Fixtures			12/22/04	MC
Gas Equipment				
Gas Piping				
Solar				
TCO			12/29/04	

Not Rough Need test & Copper done.

1.03.04

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.

Michele L. Mancini
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$ 18
	Urinal/Bidet	
1	Bath Tub	9
3	Lavatory	27
1	Shower	9
	Floor Drain	
3	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
2	Stacks	18
	Other	
	Other	
	Other	

Administrative Surcharge	$	13
Minimum Fee	$	81
DCA Training Fee	$	
TOTAL FEE	$	94

U.C.C. F130 (rev. 3/96)

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/20/04
Control #
Permit # 2004-1201

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

Block 233.01 Lot 11
Work Site Location 1015 N. Harvard Avenue
Cherry Hill, NJ 08002
Owner in Fee Michele Mancini
Address Same as above
Tele. [redacted]
Contractor Self
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 9/8/04
Approved by: SDA

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

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

C. CERTIFICATION IN LIEU OF OATH

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

X Michele D. Mancini
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$ 18
	Urinal/Bidet	
1	Bath Tub	9
3	Lavatory	27
1	Shower	9
	Floor Drain	
8	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
2	Stacks	18
	Other	
	Other	
	Other	

Administrative Surcharge	$	13
Minimum Fee	$	81
DCA Training Fee	$	0
TOTAL FEE	$	44

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Change of owner - no work

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6-30-05
Control #
Date Issued 7-1-05
Permit # 2004-1201

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

Block 233.01 Lot 11 Qualification Code
Work Site Location 615 North Harwood Drive
Cherry Hill, NJ
Owner in Fee [redacted]
Address 236 Thomas Drive
Voorhees, NJ
Tel. [redacted]
Contractor GPS Plumbing & Heating, Inc.
Address 133 Haddon Avenue
Berlin Township, New Jersey 08091
Tel. ([redacted] FAX (856) 768-0926
Contractor License No. 9317
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 10000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7/1/05
Approved by: SOA

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fule Oil piping	
1	Gas Piping	9
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $	35
Minimum Fee $	50
State Permit Surcharge Fee $	4
TOTAL FEE $	89

U.C.C. F130 (rev. 1/04)

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

- Change of Name - contractor

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 6-30-05

Date Issued Permit # 7-1-05

2004-1201

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

Block 233.01 Lot 11 Qualification Code

Work Site Location 615 North Harvard Ave Cherry Hill NJ

Owner in Fee Premier Builders

Address 239 Thomas Ave Williamstown NJ

Tel. [redacted]

Contractor GPS Plumbing & Heating, Inc.

Address 133 Haddon Avenue Berlin Township, New Jersey 08091

Tel. [redacted] FAX (856) 768-0926

Contractor License No. 9317

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 10000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 7/1/05

Approved by: SOA

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge $	2
Minimum Fee $	9
State Permit Surcharge Fee $	X
TOTAL FEE $	11

U.C.C. F130 (rev. 1/04)

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

ZONING APPROVAL APPLICATION

TOWNSHIP OF CHERRY HILL

820 Mercer Street
Cherry Hill, NJ 08002
(856) 488-7870

ZONING APPROVAL No. 3429

☒ Building Permit ☐ Certificate of Occupancy

Block 233.01 Lot 11 Zone R-3

Property Owner Michelle L. Mancini

Address of Property 615 N. Harvard Ave., Cherry Hill, NJ 08002

Address of Owner Same Phone No. [redacted]

Existing Use Single family home Proposed Use Same

Type of Structure Proposed addition + bedroom + 1½ bath 21'8" x 22'3"

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all application laws of this jurisdiction.

Michelle L. Mancini — Signature
615 N. Harvard Ave. — Address
[redacted] — Telephone

**** DO NOT COMPLETE BELOW THIS LINE ****

SETBACKS: ☐ Corner Lot ☒ Inside Lot

Front ~~35'~~ Rear 115.71' Smallest side ~~[illegible]~~ ± 37' Aggregate ~~[illegible]~~ ± 79.68' Second front _____

Sq. Ground Floor _____ Height _____ Gross Floor Area _____

For swimming pool only:

Distance of pool from the foundation wall _____ Front _____ Rear _____ Side _____

ZONING BOARD ACTION	P.O.A. _____	Date Granted _____
PLANNING BOARD ACTION	P.B.C. _____	Date Granted _____

THIS APPROVAL IS BASED ON THE INFORMATION ON THIS FORM AND THE ATTACHED PLAN(S).

COMMENTS: Addition approved as shown. Must comply w/ all UCC regulations.

OTHER PAYMENTS AND FEES:

Taxes Paid: OK

Contributions-In-Aid:

Road Improv. $ _____

Sewer Improv. $ _____

Other ZA $ 10

Housing Impact Fee:

(a) Estimated equalized value of the improvements $_____

(b) Fee calculation:

1) Residential use - 0.5% of (a) $_____

2) Non-Residential use - 1.0% of (a) $_____

[signature] — Name
Planner — Title
3/1/04 — Date

PPCo

CHERRY HILL TOWNSHIP
DEPARTMENT OF CODE ENFORCEMENT AND INSPECTIONS
820 MERCER STREET, ROOM 205
CHERRY HILL, NJ 08002
ANTHONY SACCOMANNO, DIRECTOR
PHONE 856-488-7855 FAX 856-486-4575

PLAN REVIEW LIST

Applicant: MANCINI **Phone #:** [redacted]

Address of Job: 615 N. HARVARD AVE **Block #:**

Date Received: 5/20/04 (Revision) **Date Reviewed:** 5/26/04

Contact Date: 5/26/04

Subcodes:
Building BLDG
Plumbing _____
Electrical _____
Fire _____

Check all that apply:

2000 International Building Code, N.J. _____
2000 International Residential Code, N.J. ✓
N.J. Rehabilitation Subcode ✓
ICC/ANSI Code- A117- 1998 _____
National Electrical Code 2002 _____
National Standard Plumbing Code 2000 _____

Use Group R5
Construction Type VB

Comments:

1. Spoke w/ Mrs. Mancini @ 9:45 AM
2. NEED: Bldg. Tech Section filled out for an
3. update - increase of volume - additional
4. fee is needed to be collected.
5. as per N.J.A.C. 5:23-2.28
6.
7.
8. SUBMITTED NEW TECH 6/7/04.
9.
10.

CHERRY HILL TOWNSHIP
DEPARTMENT OF CODE ENFORCEMENT AND INSPECTIONS
820 MERCER STREET, ROOM 205
CHERRY HILL, NJ 08002
ANTHONY SACCOMANNO, DIRECTOR
PHONE 856-488-7855 FAX 856-486-4575

PLAN REVIEW LIST

Applicant: Michele MANCINI Phone #: [redacted]

Address of Job: 615 N. HARVARD Ave Block #: 23301 11

Date Received: Date Reviewed:

Contact Date: Subcodes:

Building ____
Plumbing SDA
Electrical ____
Fire (circled)

Check all that apply:

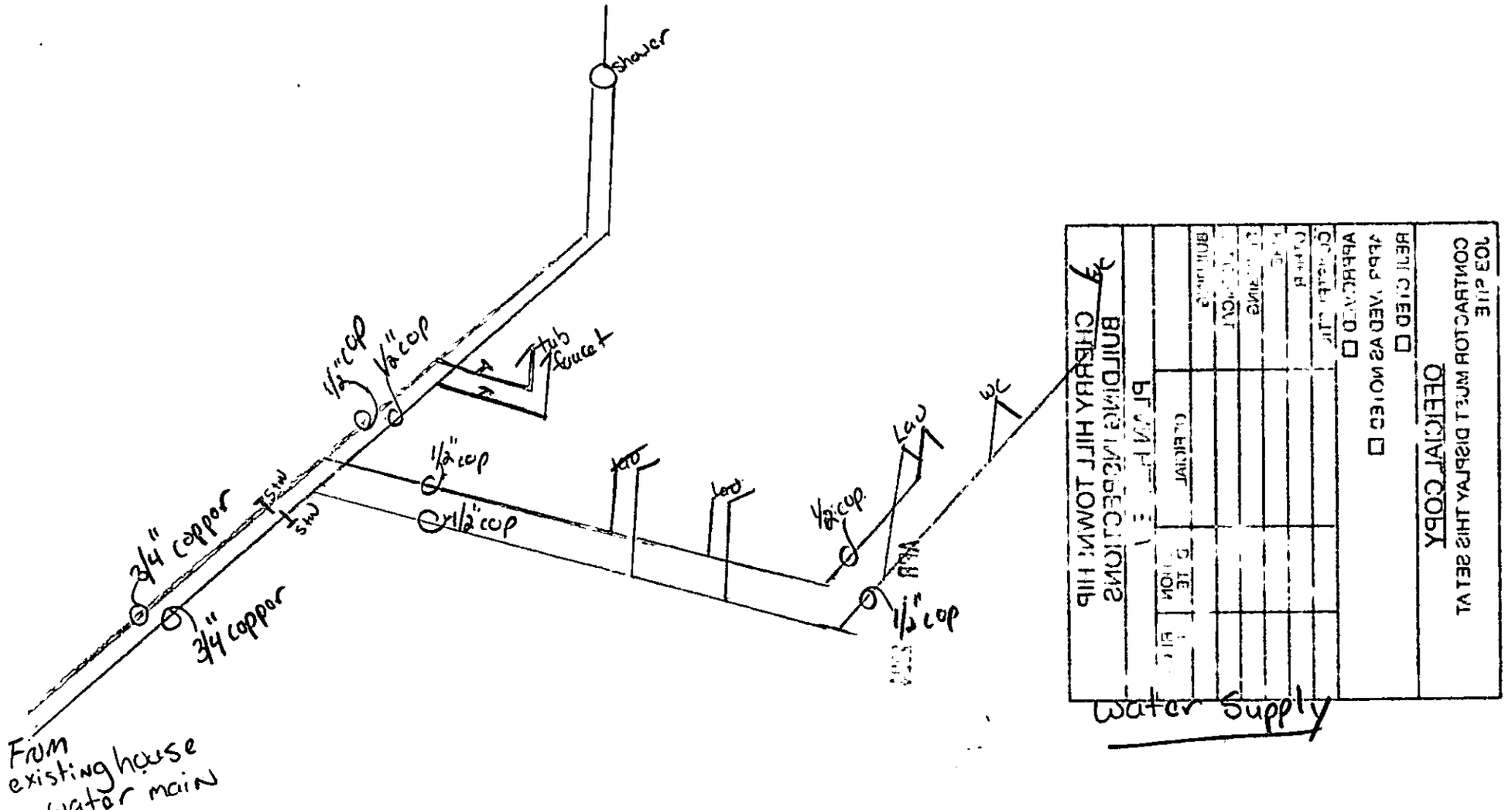
2000 International Building Code, N.J. ____ Use Group ____
2000 International Residential Code, N.J. ____ Construction Type ____
N.J. Rehabilitation Subcode ____
ICC/ANSI Code- A117- 1998 ____
National Electrical Code 2002 ____
National Standard Plumbing Code 2000 ✓

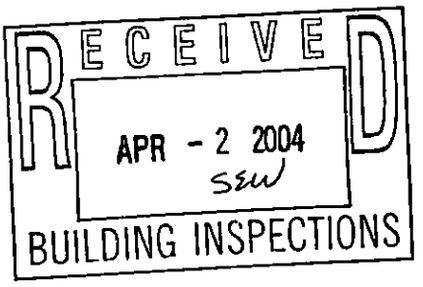
Comments:

1. RISER DIAGRAMS - Required For DWV/Water Pipe
2. Rcd on 4/12/04
3.
4.
5.
6.
7.
8.
9.
10.

Called LEFT MESSAGE

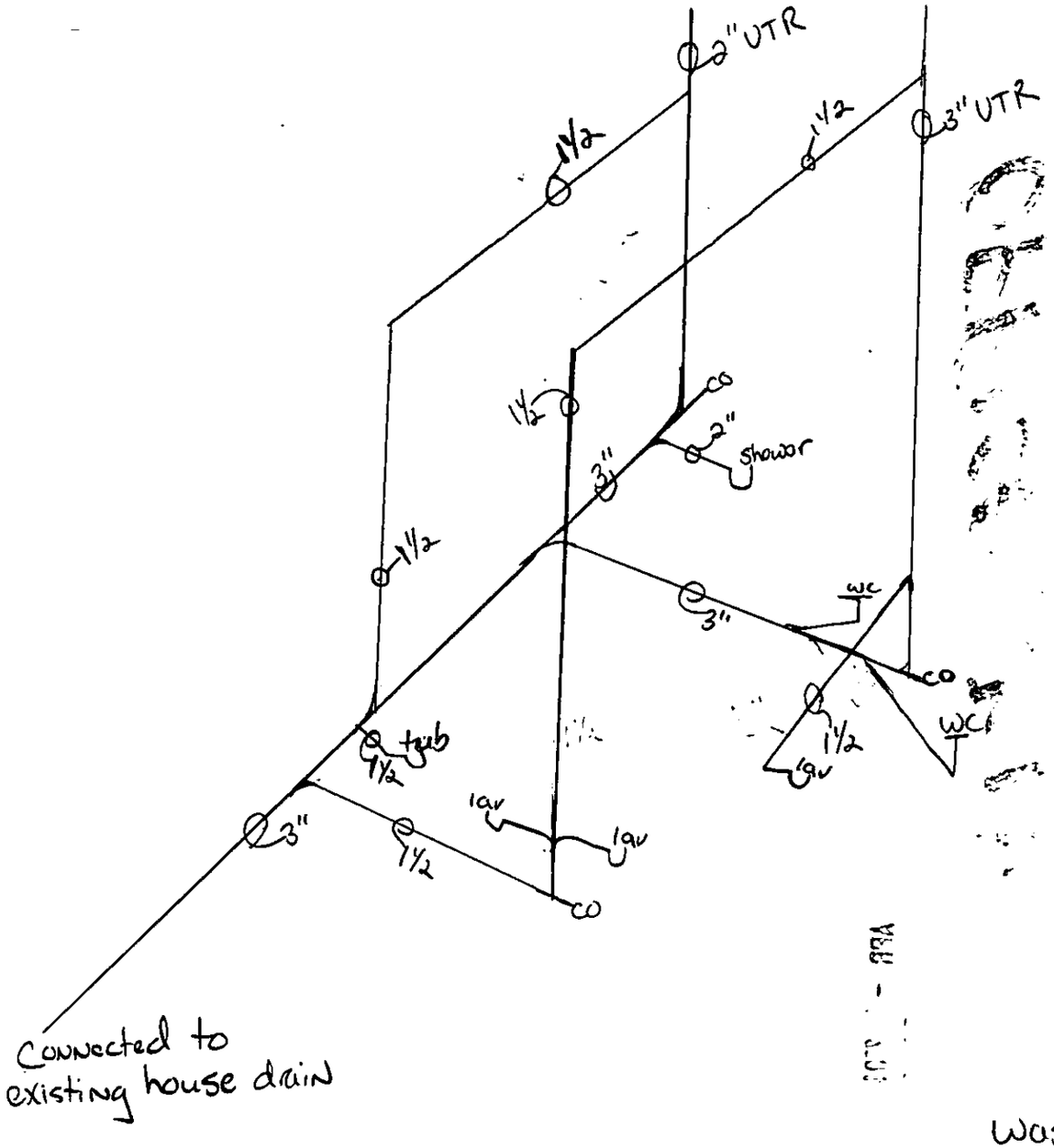
615 N. Harvard Avenue
Block 233.01/Lot 11
Michele L. Mancini
#
C





CHERRY HILL TOWNSHIP BUILDING INSPECTIONS			
PLAN REVIEW			
	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			
APPROVED ☐ APPROVED AS NOTED ☐ REJECTED ☐			
OFFICIAL COPY CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.			

615 N. Harvard Avenue
Block 233.01 / Lot 11
Michele L. Mancini
H [redacted]
C



Waste + vents

RECEIVED
APR - 2 2004
BUILDING INSPECTIONS

OFFICE COPY

CHERRY HILL TOWNSHIP BUILDING INSPECTIONS			
PLAN REVIEW			
	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING	DJD	4/5/04	
FIRE			
OTHER			
CONSTRUCTION			
APPROVED ☐ APPROVED AS NOTED ☐ REJECTED ☐			
OFFICIAL COPY CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.			

BLOCK 233.01 LOT 11 QUALIFICATION CODE ADDITION (SITE) PERMIT NO 2011 0844

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 615 N. Harvard Ave. Cherry Hill, NJ 08002
2. Name of Owner in Fee: Staats
   Tel. ( ) e-mail
   Address 615 N. Harvard Ave. Cherry Hill NJ. 08002 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Skill Exteriors Tel. [redacted]
   Address 611 Fries Mill Rd. e-mail
   Williamstown NJ. 08094
   License No. OR, if new home, Builder Reg. No 13VH04548400 Exp. Date 12/31/2011
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun T. Skill
   Tel. [redacted] FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 58		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 12		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	10		
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

RECEIVED APR 19 2011 BUILDING SUBCODE SECTIONS

IIa: PROPOSED WORK

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

FOR OFFICE USE ONLY (Optional)

(Check all that apply)	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Stell Exteriors

Address 611 Fries Mill Rd
Williamstown, NJ. 08094

Telephone ([redacted])

Signature T. Stell

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill NJ 08002
856-488-7855

CERTIFICATE
IDENTIFICATION

Date Issued: 05/02/2014
Control #: 75728
Permit #: 20110844

Block: 233.01 Lot : 11 Qualification Code:

Work Site Location: 615 HARVARD AVE. N.
CHERRY HILL

Owner in Fee: Staats

Address: 615 HARVARD AVE. N.
CHERRY HILL NJ 08002

Telephone:

Agent/Contractor: Stell Exteriors

Address: 611 Fries Mill Rd
Williamstown NJ 08094

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

Re-roof

[ ] **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 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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 1392
Collected by: kcm

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4-19-11
Control #
Date Issued
Permit # 2011-0844

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

Block 233.01 Lot 11 Qualification Code

Work Site Location 615 N. Harvard Ave
Cherry Hill NJ. 08002

Owner in Fee: Staats

Tel. ( ) e-mail

Address 615 N. Harvard Ave. Cherry Hill NJ 08002
street municipality zip code

Contractor: Stell Exteriors Tel. [redacted]

Address 611 Fries Mill Rd e-mail
Williamstown, NJ 08094

Contractor License No. or Builder Registration No 13VH05548400 Exp. Date 12/31/2011

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

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: T. Stell

Print name here: T. Stell

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove existing roof material.
Install new, Ice + Water, Drip Edge, Pro Starter, GAF Deck Armor, GAF Lifetime Shingles.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5/2/14
Approved by: JES

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/2/14	JV
Barrier-Free				

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

FEE (Office Use Only)

$	58
	12
Administrative Surcharge $	
Minimum Fee $	70
State Permit Surcharge Fee $	
TOTAL FEE $	

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ 6800
2. Rehabilitation $
3. Total (1+ 2) $

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

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

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20110844
Update Number:
Control Number: 75728
Application Date: 04/19/11
Permit Date: 4/19/2011

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 233.01 Lot : 11 Qualifier :

Work site Location: 615 HARVARD AVE. N. CHERRY HILL

Owner In Fee: Staats

Address: 615 HARVARD AVE. N.
CHERRY HILL NJ 08002

Telephone: () -

Use Group(s): R-5

Contractor: Stell Exteriors

Address: 611 Fries Mill Rd
Williamstown NJ 08094

Telephone: [redacted]

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Re-roof

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$6,800.00
Cost of Demolition:	$0.00
Total Cost:	$6,800.00

PAYMENTS (Office Use Only)

[70-43]	Building	$58.00
[70-48]	Electrical	
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$12.00
[70-91]	DCA Minimum Fee	$0.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Document Imaging	
[70-67]	Zoning	
[73-83]	Street Open. Escrow	
	Total :	**$ 70.00**

All Fees Waived No

Amount to be Paid: $ 70.00

Check Number: 1392
Check amount: $70.00

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

G E Seneski per cm — 4-19-11

Gerald E. Seneski — Date

Contruction Official

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

Note:

RECEIVED
APR 19 2011
TAX COLLECTOR

Collected by: kcm
Total Cash Amount:
Total Check Amount: $70.00
Total CC Amount:
Grand Total: $70.00

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4-19-11
Control #
Date Issued
Permit # 2011-0844

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

Block 233.01 Lot 11 Qualification Code ______

Work Site Location 615 N Harvard Ave
Cherry Hill NJ 08002

Owner in Fee: Starts

Tel. (____) ______ e-mail ______

Address 615 N. Harvard Ave - Cherry Hill NJ 08002
street / municipality / zip code

Contractor: Stoll Exteriors Tel. [redacted]

Address 611 Fries Mill Rd. e-mail ______
Williamstown NJ 08094

Contractor License No. or Builder Registration No. 13VH0454 8400 Exp. Date 12/31/2?

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

Federal Emp. ID No. ______ FAX: (____) ______

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: T. Stoll

Print name here: T. Stoll

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove existing roof material.
Install new Ice shield, Drip Edge, Pro Start, GAF Deck Armor. GAF Lifetime Shingles

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

(Dates (Month/Day))

TYPE OF WORK:

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	58
[ ] Rehabilitation	
[X] Roofing	
[ ] Siding	
[ ] Fence ______ Height (exceeds 6')	
[ ] Sign ______ Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall ______ Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other ______	12
[ ] Demolition	
Administrative Surcharge	$
Minimum Fee	$ 70
State Permit Surcharge Fee	$
TOTAL FEE	$ 70

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors ______ sq. ft.
Volume of New Structure ______ cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 6400
2. Rehabilitation $ ______
3. Total (1+2) $ ______

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Internet version

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

OFFICE DATE RECEIVED: _____

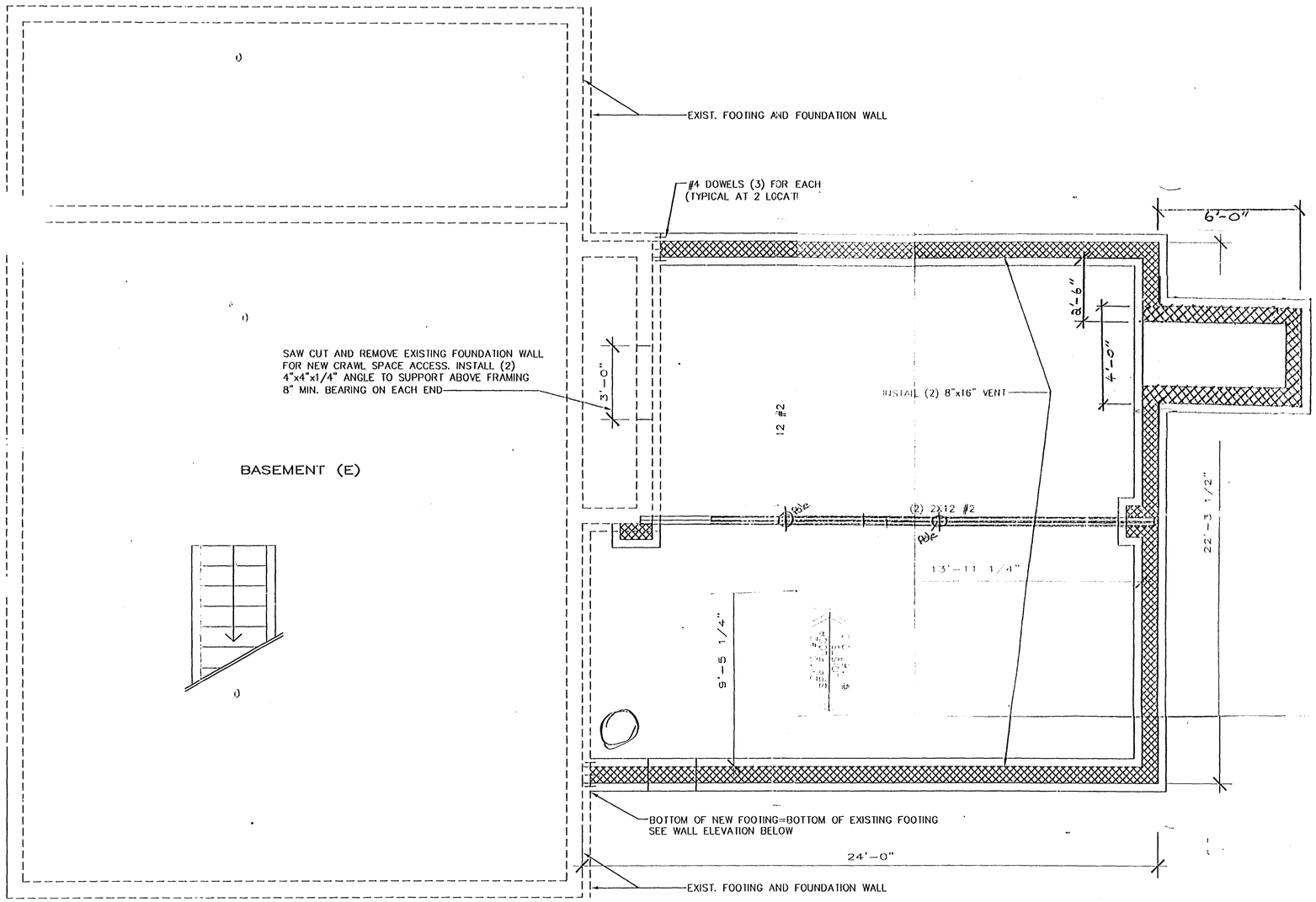
VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

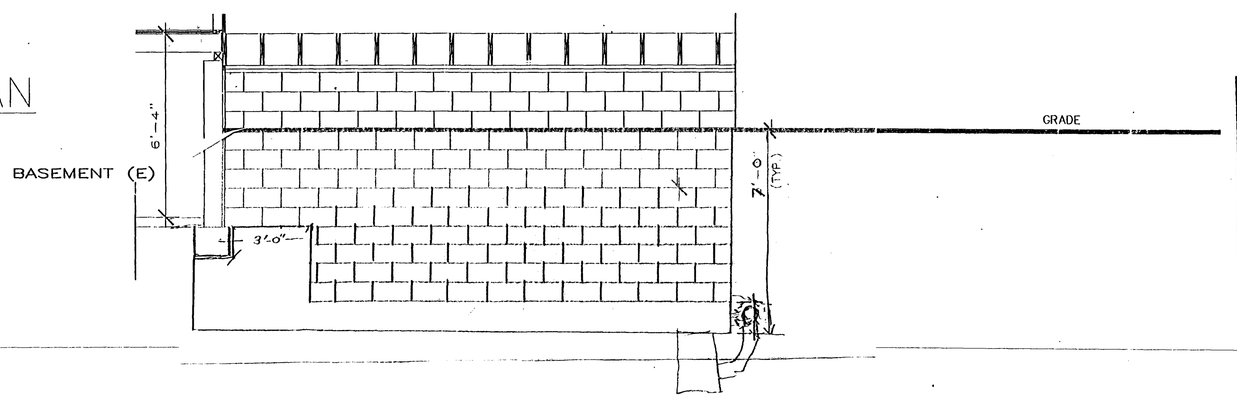
		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				



BLDG. NOTE:
- Provide foundation drainage as per 2000 IRC Section R406.4.2

MAY 20 2004

1 / A3 FOUNDATION PLAN
SCALE: 3/8"=1'-0"



CHERRY HILL TOWNSHIP BUILDING INSPECTIONS PLAN REVIEW			
	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING	yes	5.25.04	
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY
CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

PERMIT:
LDS CH B 10607776

FOUNDATION PLAN

DRAWN BY: D. GALLAGHER | START DATE: 11/26/2003
REVISION LEVEL:

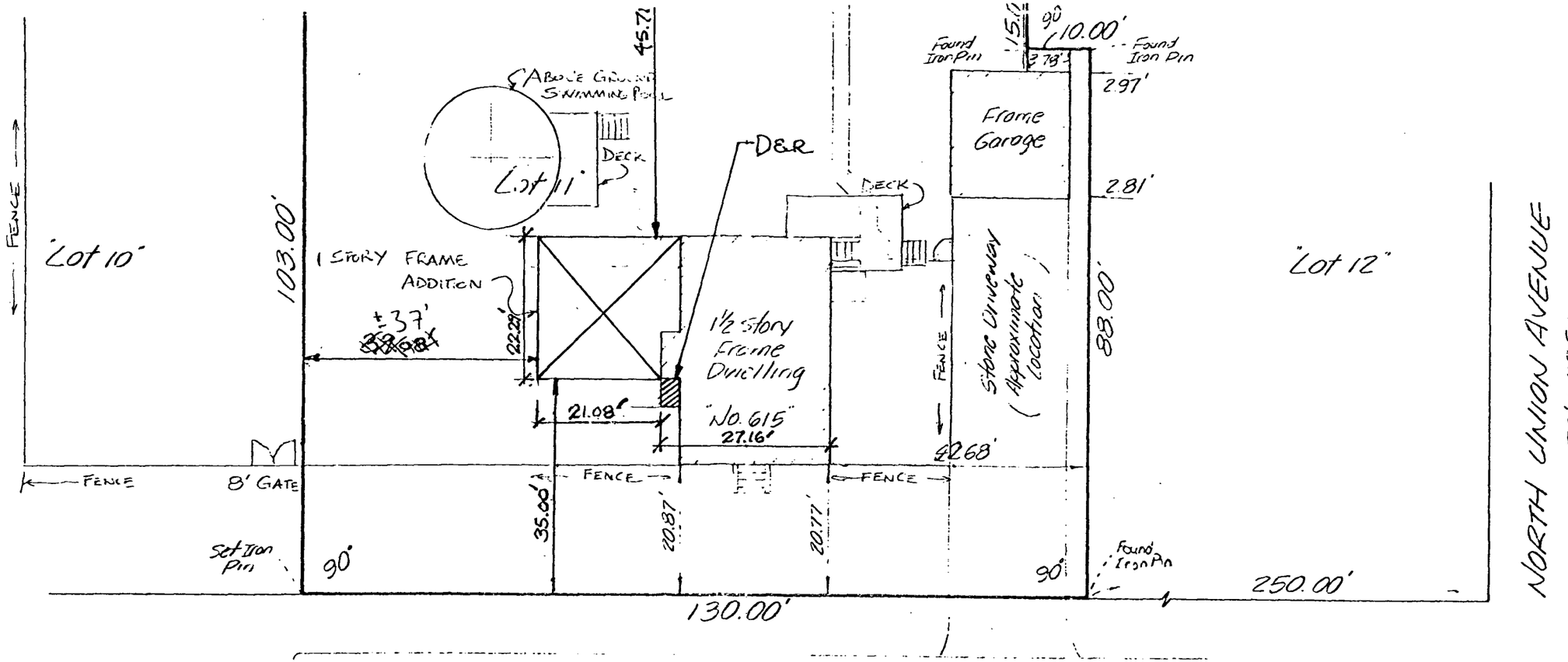
PROJECT NAME:
MICHELE M-NCINI & DARIN GALLAGHER RESIDENCY
MASTER BEDROOM ADDITION

615 NORTH HARVARD AVENUE
TOWNSHIP OF CHERRY HILL
COUNTY OF CAMDEN, N.J.

SCALE: AS NOTED

DWG. NO#. C3

OFFICE REVISIONS



CERTIFIED TO: Michelle Mancini
– Victorian Title Agency, Inc.

"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. The responsibility limited to the current matter and initial use for which it is being used."

THIS IS TO CERTIFY THAT ON January 6, 2001 I MADE A SURVEY OF THE LANDS AND PREMISES SHOWN HEREON, AND THAT THIS PLAT IS IN ACCORDANCE WITH THE FIELD NOTES OF SAID SURVEY.

BRUCE A. EWING
LAND SURVEYOR

23363

N.J. LICENSE NO. 35835

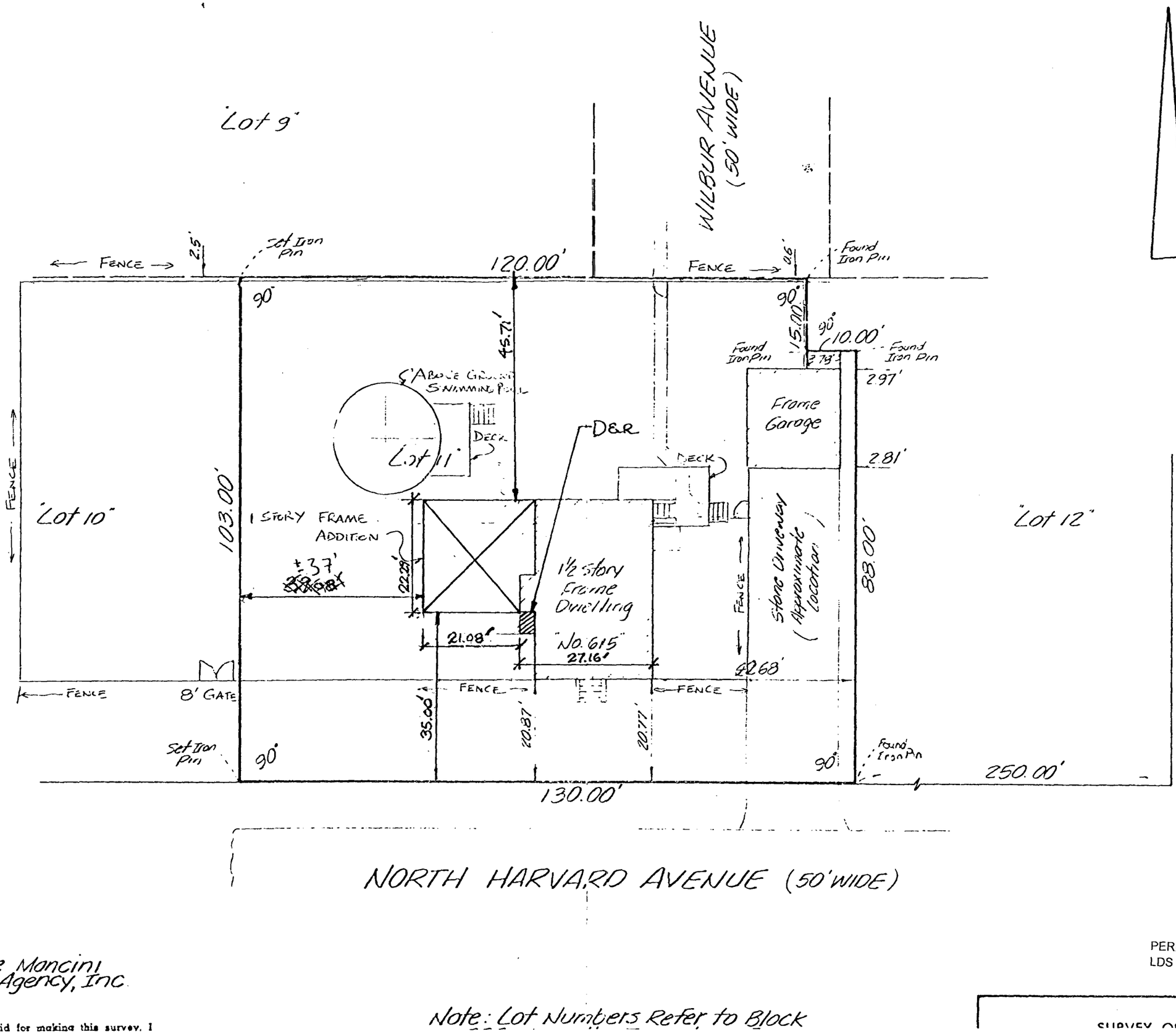
Note: Lot Numbers Refer to Block 233.01 on the Township of Cherry Hill Tax Maps. Also Refer to Revised Plan of Merchantville Grove, Section N.

SURVEY OF PREMISES
NO. 615 NORTH HARVARD AVE.
SITUATED IN
TOWNSHIP OF CHERRY HILL
COUNTY OF CAMDEN, N.J.

DRAWN BY: FDG DATE: 1/6/01 SCALE: 1" = 20'

EWING ASSOCIATES
LAND SURVEYORS
208 N. DELSEA DRIVE CLAYTON, N. J. 08312

PERMIT:
LDS CH B 10607776



CERTIFIED TO: Michelle Mancini
-Victorian Title Agency, Inc.

"In consideration of the fee paid for making this survey, I

Note: Lot Numbers Refer to Block

PERMIT:
LDS CH B 10607776

SURVEY OF PREMISES