

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF PENNSAUKEN

Date Received: 08/09/2006

Control #: 34941

Date Issued: 09/12/2006

Permit #: 20061380

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block: 2709 Lot: 6 Qualification Code: 8315 COLLINS AVE
 Work Site Location: HARVEY, KATHLEEN E
 Owner in Fee: 8315 COLLINS AVE
 Address: PENNSAUKEN NJ 08109

Telephone: 0-

Contractor: G.E. Smith Electric, Inc

Address: 5407 Browning Road
Pennsauken NJ 08109

Telephone: (856) 665-6376

Fax:

Contractor License No.: 14300

Federal Emp. No.: 010736892

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5

Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Utility Co.

- Building Occupied as
 1. New Building \$2,200.00
 2. Rehabilitation \$0.00
 3. Demolition \$0.00
 Est. Cost of Elec. Work (1+2+3) \$2,200.00

Job Summary(Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates(Month/Day)
☐ No Plans Required		Type: Rough	Failure	Approval Initial
☐ Joint Plan Review Required		Barrier-Free		09/23 CAD
☐ Building ☐ Plumbing		Trench		
☐ Fire ☐ Elevator		Temp. Serv		
☐ Elec. Plans Approved		Constr. Serv		
Date: _____		TCO		
		Other		
Approved by: _____		Service		
		Final		2/9 CAM
SUBCODE APPROVAL		Barrier-Free		
☒ CO ☐ CCO ☐ CA		Temp Cut-in-Card Date Issued		
Date: 1/14/97		Final Cut-in-Card Date Issue		
Approved by: _____		Annual Pool Inspection		
		Date of Grounding and Bonding		
		Certification		

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's seal and Signature

☐ Licensed Electrical Contractor
☐ Certified Landscape Irrigation Contractor
☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
7		Lighting Fixtures
7		Receptacles
5		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
1		steam unit
		subject to field inspi
		TOTAL NUMBER 20
		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 Htr/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
		smoke detectors
		\$23.00
		\$10.00
		\$36.00

Administrative Surcharge \$21.00
 Minimum Fee
 State Permit Surcharge Fee
 TOTAL FEE \$69.00

00136_034742
8197 SF

TOWNSHIP OF PENNSAUKEN

FIRE SUBCODE TECHNICAL SECTION

Date Received 08/09/2006
Control # 34941Date Issued 09/12/2006
Permit # 20061380**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.Block: 2709 Lot: 6 Qualification Code:Work Site Location : 8315 COLLINS AVE**Owner Details**Owner in Fee: HARVEY, KATHLEEN E**Contractor Details**Contractor: G.E. Smith Electric, IncAddress: 8315 COLLINS AVEAddress: 5407 Browning RoadPENNSAUKEN NJ 08109Pennsauken NJ 08109Telephone: 0 -Telephone: (856) 665-6376

Fire Alarm Contractor No.:

Fax:

Fire Protection Equipment, NJ Div of Fire Safety Installer No.:

License No.: 14300

Fire Protection Equipment, NJ Div of Fire Safety Permit No.:

Federal Emp. No.: 010736892**B. FIRE PROTECTION CHARACTERISTICS**Use Group: Present R-5 ProposedFire Alarm System: ☐ New or ☐ ExistingConstr. Class: Present

Location of Panel:

Heating Systems: ☐ New ☐ Existing ☐ HVAC Fire Suppression/Standpipe System:Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ New or ☐ Existing☐ Other

Location of Main Control Valve:

Location:

Fuel Storage Tanks:Type: ☐ Flammable or ☐ Combustible ☐ LPG ☐ LNG Capacity Fuel

1. New: \$600.00

2. Rehabilitation: \$0.00

3. Demolition: \$0.00

Total Cost of Fire Protection (1+2+3) Work: 600.00.

JOB SUMMARY (Office Use Only)**PLAN REVIEW**☐ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Elec.☐ Plumbing ☐ Elevator☐ Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☒ X CO ☐ J CCO ☐ J CADate: 8-12-08Approved by: Paul M. Surpin**INSPECTIONS**

Type: Failure Failure Approval Date(Month/Day)

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flame/Combust Tanks

Fireplace Venting

Final

Other

D. TECHNICAL SITE DATA**DESCRIPTION OF WORK:**

Building 2nd floor addition bedroom and bath, same existing footprint.

Water Supply Source**Method of Alarm/Suppression System Supervision****NUMBER****Flammable/Combustible Tanks****Alarm Systems**☐ System☐ 110v Interconnected☐ CO Detectors/110v

Alarm Devices(i.e., smoke, heat, pull, water/flow)

2 \$40.00

Supervisory Devices(i.e., tamper, low/high air)

Signaling Devices(i.e., horns/strobes, bells)

Other Devices:

TOTAL

5 \$40.00**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

CO2 Suppression

Foam Suppression

FM200 Suppression

Other:

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances ☐ Gas or ☐ Oil

Fireplace Venting/Metal Chimney

Other:

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE\$50.00\$50.00**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.

Signature

☐ Certified Contractor
☐ Exempt Applicant

TOWNSHIP OF PENNSAUKEN
5605 N CRESCENT BLVD
PENNSAUKEN NJ 08110
856-665-1000

CERTIFICATE

Date Issued: 02/12/2007

Control #: 34941

Permit #: 20061380

IDENTIFICATION

Block: 2709 Lot: 6 Qualification Code:

Work Site Location: 8315 COLLINS AVE

PENNSAUKEN TWP

Owner in Fee: HARVEY, KATHLEEN E

Address: 8315 COLLINS AVE

PENNSAUKEN NJ 08109

Telephone:

Agent/Contractor: RE DESIGN CONTRACTORS

Address: 813 INDIAN TRAIL

DEPTFORD NJ 08096

Telephone: 858 227-2714

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: -174223

Social Security No.: 144-58-8250

☒ [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:

Home Warranty No:

Type of Warranty Plan:

Use Group:

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:

Building 2nd floor addition bedroom and bath, same existing footprint.

Update Desc. of Wk/Use:

☐ [] State ☒ [X] Private

R-5

40

5B

2

☐ [] 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 _____

GARY R. BURGIN
GARY R. BURGIN Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees: \$28.00

Paid[☒ X] Check No.: 12106

Collected by: sg