BLOCK 613 LOT 5 ADDRESS (SITE) _____ PERMIT NO. 93-2446

6-24-93 Called NJ 8 6/29 called permit ready -

TOWNSHIP OF PEMBERTON
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-7932

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 204 APACHE TRAIL
2. Name of Owner in Fee: RICHARD + Judith CAMPBELL Tel. [redacted]
   Address 204 APACHE TRAIL (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: NONE Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	15.00		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		1.00		
10. Subtotal	$			
11. Cert. of Occupancy		26.00		
12. Other				
13. TOTAL	$	42.00		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

00149_049996 2759 SF 4161

II. PROPOSED WORK

shed

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	$695.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
		6-23-93	6-23-93	BLS			
BLS	6/24/93						

III. DO YOU WANT: (optional)

1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

U.C.C. Form F-100B

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.

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 New Jersey 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 _____ Date _____

TOWNSHIP OF PEMBERTON
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-7932

CONSTRUCTION PERMIT

Date Issued 6/29/93
Control #
Permit # 93-2446

IDENTIFICATION Block 613 Lot 5

Work Site Location 204 Apache Tr. Browns Mills NJ

Owner in Fee Richard Campbell

Address same

Tele. (____) ____

Contractor Self

Address ____

Tele. (____) ____

Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____

Federal Emp. No. ____

or Social Security No. ____

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER ____

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Shed

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

Estimated Cost of Work $ 695.-

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	15.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occ.	26.00
Other	
Total	42.00
Check No.	
Cash	
Collected By:	Cashier

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

TOWNSHIP OF PEMBERTON
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-7932

CONSTRUCTION PERMIT

Date Issued 6/29/93
Control #
Permit # 93-2446

IDENTIFICATION Block 613 Lot 5

Work Site Location 204 Apache Tr.
(Tansmission)
Owner in Fee Richard Campbell
Same
Address
Tele. ( )

Contractor Self
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Shed

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

Estimated Cost of Work $ 695—

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**	
Building	15.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occ.	26.00
Other	
Total	42.00
Check No.	
Cash	
Collected By:	Cashier

(see reverse side)

U.C.C. Form F-170C 1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–OFFICE 4 GOLD–APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

TOWNSHIP OF PEMBERTON
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-7932

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6/29/93
Control #
Permit # 93-2446

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

Block 613 Lot 5
Work Site Location 204 APACHE TRAIL
BROWNS MILLS NJ 08015
Owner in Fee RICHARD & Judith CAMPBELL
Address 204 APACHE TRAIL
BROWNS MILLS NJ 08015
Tele. ([redacted]
Contractor NONE
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	6-23-93	[illegible]	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 695.00
2. Alteration $
3. Total (1+2) $ 695.00

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.

Richard L Campbell
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacing wind blown down shed in existing site with new shed
Must be ANCHORED

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other Shed
[ ] Demolition
[ ] Miscellaneous
[ ] Fence ____ Height
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other DCA

(Office Use Only)
FEE
$
15.00
CA
26.00
1.00

Administrative Surcharge $
Paid [ ] Check # ____ Minimum Fee $
Collected by: ____ TOTAL FEE $ 42.00

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

TOWNSHIP OF PEMBERTON
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-7932

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/29/93
Date Issued
Control #
Permit # 93-2446

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

Block 613 Lot 5
Work Site Location 204 APACHE TRAIL BROWNS MILLS NJ 08015
Owner in Fee RICHARD + Judith CAMPBELL
Address 204 APACHE TRAIL BROWNS MILLS NJ 08015
Tele. ([redacted]
Contractor NONE
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.	6-29-93	CJP					
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 695.00
2. Alteration $
3. Total (1+2) $ 695.00

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.

Richard F Campbell
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacing wind blown down shed in existing site with new shed
Must be ANCHORED

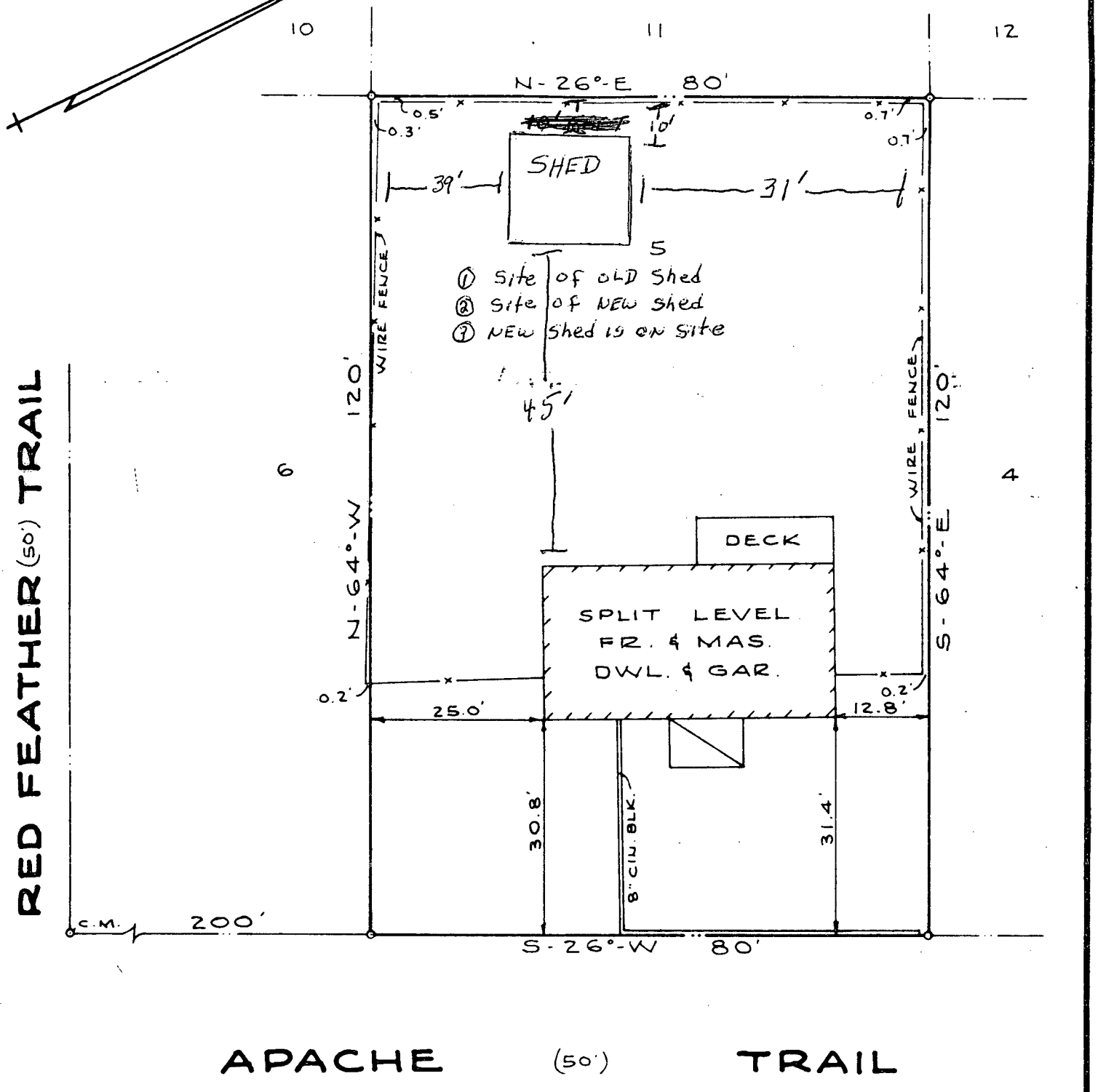
TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other Shed
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator CA
[ ] Asbestos Abatement
[ ] Other DCA

(Office Use Only)

FEE	
$	
	15.00
	26.00
	1.00
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$ 42.00

Paid [ ] Check #
Collected by:

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



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

James K. Newell
NEW JERSEY LAND SURVEYOR LICENSE No. 9873

OFFICE OF JAMES K. NEWELL, LAND SURVEYOR
FOSTERTOWN ROAD, R.D. #2, MOUNT HOLLY, N. J. 08060 TEL. 267-5055

LOT 5, BLK 103, COUNTRY LAKES SECT. 1
LOT 5, BLOCK 613, TAX MAP SHEET 47
PEMBERTON TWP., BURL. CO., N.J.

DRAWN BY: J.K.N. SCALE: 1" = 20'
DATE: JAN. 1974 PLAN NO.: 811 - ATQ

☒ NOTICE OF VIOLATION AND ORDER TO TERMINATE
☒ NOTICE AND ORDER OF PENALTY

Date Issued 6-15-93
Control #
Permit # N/A

IDENTIFICATION

Work Site Location 204 Apache Trail Block 613 Lot 5
Browns Mills, N.J.
Owner in Fee Richard & Judith Campbell Agent same as owner
Address 204 Apache Trail Address
Browns Mills N.J. 08015

ACTION

DATE OF NOTICE: 6-15-93 **COMPLIANCE DUE DATE:** 6-29-93 **DATE OF INSPECTION:** 6-12-93

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

UCC 5:23-2.14 Construction Permits Required
(shed)

You are hereby ordered to terminate the said violations on or before June 29, 1993.
No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☒ Failure to comply with this Order will subject you to a penalty of $ 250.00 per week.

☒ You are hereby ordered to pay a penalty in the amount of $ 250.00 for each violation for a total penalty of $ 250.00. Each week that any of the said violations remain outstanding after 6-29-93 shall result in an additional penalty of $ 250.00 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the County of Burlington, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 50.00 to be forwarded with your application to the Board of Appeals office at 49 Rancocas Rd. Mt. Holly, N.J. 08060.

If you have any questions concerning this matter, please call: (609) 894-7932

NOTICE OF VIOLATION AND ORDER TO TERMINATE: Duane D Geary Jr SCO **DATE:** 6-15-93

NOTICE AND ORDER OF PENALTY: Duane D Geary Jr CO **DATE:** 6-15-93

U.C.C. Form F-210A

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST **(office use only)**	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☑ Zoning Officer	CWT	6/23/93							Zoning Officer plan review 167-93 CWT 6/23/93
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ 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.				