



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Closed

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	9/10/2012
Control Number	908726
Permit Number	20120319
Permit Issue Date	5/9/2012
Certificate Number	20120319

Identification

Block: 613 Lot: 5 Qual: _____
Work Site Location: 204 APACHE TR BROWNS MILLS, NJ

Owner in Fee: MINDY JOBES
Owner Address: 204 APACHE TR BROWNS MILLS NJ 08015
Telephone: _____

Contractor: 7-OIL COMPANY INC
Address: 1708 UNION LANDING RD CINNAMINSON NJ 08077
Telephone: (856) 786-0707 Fax: _____

License Number or Builders Registration Number: _____
Federal Emp. Number: _____

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: U

Maximum Occupancy Load: _____ Maximum Live Load: _____

Description of Work/Use:
TANK DEMO

Certificate Comments:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official _____ U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____
Collected By: _____

Date Printed: 10/2/2025

Page 1

CONSTRUCTION PERMIT

Date Issued 5/9/2012
Control # 908726
Permit # 20120319

IDENTIFICATION Block: 613 Lot: 5 Qualifier _____
Work Site Location: 204 APACHE TR BROWNS MILLS, NJ Contractor 7-OIL COMPANY INC
Owner in Fee MINDY JOBES Address 1708 UNION LANDING RD CINNAMINSON NJ 08077
204 APACHE TR BROWNS MILLS NJ 08015 Telephone: (856) 786-0707
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-3772233

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TANK DEMO

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 \$1,200

PAYMENTS (Office Use Only)

Building	\$45
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$14
Total	\$59
Check No.	
Cash	\$59
Credit	\$0
Collected By	

Construction Official _____

5/9/2012
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

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 the work installed conforms with 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 granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

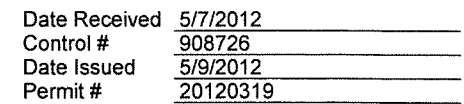
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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



Work Site Location: 204 APACHE TR BROWNS MILLS, NJ

Owner in Fee: MINDY JOBES

Address 204 APACHE TR BROWNS MILLS NJ 08015

Tel. _____ Email _____

Contractor: 7-OIL COMPANY INC

Address 1708 UNION LANDING RD CINNAMINSON NJ 08077

Email

Tel. (856) 786-0707 Fax. (856) 829-2785

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

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

Federal Emp. ID No. 22-3772233

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

Signature _____

Print Name Here: _____

DESCRIPTION OF WORK
TANK DEMO

☐ New Building

☐ Addition

☐ Rehabilitation

☐ 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

\$65

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Struct/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: _____

Use Group Present U Proposed _____ If Industrial Building:

Constr. Class	Present	Proposed	State Approved
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Number of Stories	HUD
1	1
2	1
3	1
4	1
5	1
6	1
7	1
8	1
9	1
10	1
11	1
12	1
13	1
14	1
15	1
16	1
17	1
18	1
19	1
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93	1
94	1
95	1
96	1
97	1
98	1
99	1
100	1

Number of Stones	Height of Structure	Height of Structure	Height of Structure
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
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90	90	90	90
91	91	91	91
92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

Height of Structure _____ Ft. Est. Cost of Bldg. Work: _____

Area - Largest Floor _____ Sq. Ft. 1. New Bldg. _____

New Bldg. Area / All Floors _____ Sq. Ft. 2. Rehabilitation \$1,200

Volume of New Structure	Cu. Ft.	3 Total (1+2)
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	Sq. Ft.	% Total (1+2)
Total Land Area Disturbed	Sq. Ft.	U.S.G.S.

Total Land Area Disturbed _____ Sq. Ft. _____ U.C.C.F.

Est. Cost of Bldg. Work:

1. New Bldg.

2	Rehabilitation	\$1,200
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2. Total (1+2) \$1,200



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 20120319

Permit Number

20120319

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner	Work Type	Work Description	Inspection Comments
					Location			
05/16/2012	Final	Building Underwriters	Building	Fail	MINDY JOBES	Demolition		Inspection: Inspection Type 1: Final Date Requested: 5/16/2012 Date Inspected: 5/16/2012 Requested by: Requested by Phone: Inspector: BUB Entered By: Admin Special Instructions: Comments:
09/05/2012	Final	Building Underwriters	Building	Pass	204 APACHE TR MINDY JOBES	Demolition		Inspection: Inspection Type 1: Final Date Requested: 9/5/2012 Date Inspected: 9/5/2012 Requested by: Requested by Phone: Inspector: BUB Entered By: Admin Special Instructions: Comments:
					204 APACHE TR			



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Closed

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 6/10/2010
Control Number 906124
Permit Number 20100212
Permit Issue Date 4/13/2010
Certificate Number 20100212

Identification

Block: 613 Lot: 5 Qual: _____
Work Site Location: 204 APACHE TR BROWNS MILLS, NJ

Owner in Fee: RICHARD JABOBS
Owner Address: 204 APACHE TR BROWNS MILLS NJ 08015
Telephone: [REDACTED]

Contractor JOST, DAVID
Address 10 SIMONTOWN ROAD PEMBERTON NJ 08068
Telephone: [REDACTED] Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: _____

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: R-5

Maximum Occupancy Load: _____ Maximum Live Load: _____

Description of Work/Use: _____

SIDING

Certificate Comments:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 10/2/2025

Page 1



CONSTRUCTION PERMIT

Date Issued 4/13/2010
Control # 906124
Permit # 20100212

IDENTIFICATION Block: 613 Lot: 5 Qualifier _____
Work Site Location: 204 APACHE TR BROWNS MILLS, NJ Contractor JOST, DAVID
Address 10 SIMONTOWN ROAD PEMBERTON NJ 08068
Owner in Fee RICHARD JABOBS
204 APACHE TR BROWNS MILLS NJ 08015 Telephone: _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SIDING

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 \$6,000

PAYMENTS (Office Use Only)

Building	\$46
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$10
CO Fee	
Other	\$0
Total	\$56
Check No.	
Cash	\$56
Credit	\$0
Collected By	

Construction Official

4/13/2010
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

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 the work installed conforms with 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 granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

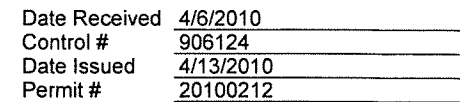
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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



C. CERTIFICATION IN LIEU OF OATH

Signature _____

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIDING

TYPE OF WORK

☐ New Building
☐ Addition
☒ Rehabilitation
☐ 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)

[illegible]**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial
-------------	------	---------

- | | | |
|---|-------|-------|
| ☐ No Plan Required | _____ | _____ |
| ☐ All | _____ | _____ |
| ☐ Footing/Foundation | _____ | _____ |
| ☐ Struct/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: _____

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed _____ If Industrial Building: _____

Constr. Class	Present	Proposed	State Approved
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Number of Stories _____ HUD

Height of Structure _____ Ft. Est. Cost of Bldg. Work: _____

Area - Largest Floor _____ Sq. Ft. 1. New Bldg.

New Bldg. Area / All Floors	Sq. Ft.	2. Rehabilitation	\$6,000
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Volume of New Structure	Cu. Ft.	3. Total (1+2)
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Total Land Area Disturbed	Sq. Ft.	U.C.C.F1
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If Industrial Building:

State Approved

HUD

Est. Cost of Bldg. Work:

1. New Bldg.

2. Rehabilitation \$6,000

3. Total (1+2)



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 20100212

Permit Number

20100212

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner		Work Type	Work Description	Inspection Comments
					Location				
06/10/2010	Final	Daniel Wassenaar InActive	Building	Pass	RICHARD JABOBS		Alteration		Inspection: Inspection Type 1: Final Date Requested: 6/10/2010 Date Inspected: 6/10/2010 Requested by: Requested by Phone: Inspector: IH Entered By: Admin Special Instructions: Comments:
204 APACHE TR									



CONSTRUCTION PERMIT

Date Issued 8/27/2008
Control # 903584
Permit # 20080807

IDENTIFICATION Block: 613 Lot: 5 Qualifier
Work Site Location: 204 APACHE TR PEMBERTON, NJ Contractor AFFORDABLE HEATING & COOLING
Owner in Fee RICHARD JOBES Address 423 STATE STREET CHERRY HILL NJ 08002
204 APACHE TR BROWNS MILLS NJ 08015 Telephone: (856) 910-7522
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 42-1584191

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

CHANGE OIL TO GAS HOT AIR FURNACE

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 \$3,900

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$37
Plumbing	\$7
Fire Protection	\$46
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$11
Total	\$106
Check No.	
Cash	\$106
Credit	\$0
Collected By	

Construction Official

8/27/2008
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

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 the work installed conforms with 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 granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

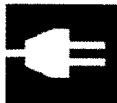
☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 8/22/2008
Date Issued 8/27/2008
Control # 903584
Permit # 20080807

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 Qualification Code _____

Work Site Location: 204 APACHE TR PEMBERTON, NJ

Owner in Fee: RICHARD JOBES

Address 204 APACHE TR BROWNS MILLS NJ 08015

Email _____

Tel. _____

Contractor: AFFORDABLE HEATING & COOLING

Address 423 STATE STREET CHERRY HILL NJ 08002

Email _____

Tel. (856) 910-7522

Fax. _____

Lic No. _____ Exp. Date _____

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

Federal Employee No. 42-1584191

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$125

JOB SUMMARY (Office Use Only)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE OIL TO GAS HOT AIR FURNACE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
<u>1</u>		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
<u>1</u>		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
<u>1</u>	<u>2</u>	HP/KW Space Heater/Air Hand	<u>\$10</u>
		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 \$9

Minimum Fee _____

State Permit Surcharge Fee \$5

TOTAL FEE \$51



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 613 Lot 5 Qualification Code _____

Work Site Location: 204 APACHE TR PEMBERTON, NJ

Owner in Fee: RICHARD JOBES

Address 204 APACHE TR BROWNS MILLS NJ 08015

Email _____

Tel. _____

Contractor: AFFORDABLE HEATING & COOLING

Address 423 STATE STREET CHERRY HILL NJ 08002

Email _____

Tel. (856) 910-7522 Fax _____

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

Contractor License No. _____ Expiration Date: _____

Federal Employee No. 42-1584191

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$300

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: _____ by: _____

☐ Plumbing Plans Approved
Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

Truss Sys./Bracing

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
LPGas Tank	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Final	_____	_____	_____	_____
Other	_____	_____	_____	_____

Date Received 8/22/2008
Control # 903584
Date Issued 8/27/2008
Permit # 20080807

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CHANGE OIL TO GAS HOT AIR FURNACE

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	_____
_____	Fuel Oil Piping	_____
<u>1</u>	Gas Piping	<u>\$10</u>
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____

☐ Private Septic

☐ Private Well

Administrative Surcharge \$2

Minimum Fee _____

State Permit Surcharge Fee \$5

TOTAL FEE \$14

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



FIRE SUBCODE TECHNICAL SECTION



Date Received 8/22/2008
Control # 903584
Date Issued 8/27/2008
Permit # 20080807

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 Qualification Code _____

Work Site Location: 204 APACHE TR PEMBERTON, NJ

Owner in Fee: RICHARD JOBES

Address 204 APACHE TR BROWNS MILLS NJ 08015 Email _____

Tel. _____

Contractor: AFFORDABLE HEATING & COOLING Tel. (856) 910-7522

Address 423 STATE STREET CHERRY HILL NJ 08002 Email _____

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

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

Fire Alarm Contractor No. _____ Expiration Date: _____

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

Federal Employee No. 42-1584191 Fax. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-5 Fuel Type ☐ Flammable or ☐ Combustible

Constr. Class Present _____ Proposed _____ Capacity _____

Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$3,475

Fuel Storage Tank:

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CHANGE OIL TO GAS HOT AIR FURNACE

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____

Alarm Systems

☐ System
☐ 110v Interconnected
☐ CO Detectors/110v

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

Supervisory Devices (tamper, low/high air) _____

Signaling Devices (horn/strobes, bells) _____

Other Devices _____

TOTAL

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 _____

Fire Appliances ☒ Gas ☐ Oil ☐ Solid 1 \$46

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$5

TOTAL FEE \$51

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plan Required

☐ Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Fire Protection Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Cumbust Tank _____

Fireplace Venting _____

Final _____

Other _____



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 20080807

Permit Number

20080807

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
09/02/2008		Plumbing Underwriters	Plumbing	Pass	RICHARD JOBES	Alteration		Inspection: Inspection Type 1: Pressure Date Requested: 8/29/2008 Date Inspected: 9/2/2008 Requested by: Requested by Phone: Inspector: BUP Entered By: Admin Special Instructions: Comments:
02/11/2009	Final	Electrical Underwriters	Electrical	Fail	204 APACHE TR RICHARD JOBES	Alteration		Inspection: Inspection Type 1: Final Date Requested: 2/11/2009 Date Inspected: 2/11/2009 Requested by: Requested by Phone: Inspector: BUE Entered By: Admin Special Instructions: no entry Comments:
05/27/2009	Final	Electrical Underwriters	Electrical	Pass	204 APACHE TR RICHARD JOBES	Alteration		Inspection: Inspection Type 1: Final Date Requested: 5/27/2009 Date Inspected: 5/27/2009 Requested by: Requested by Phone: Inspector: BUE Entered By: Admin Special Instructions: Comments:
					204 APACHE TR			



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 20080807

20080807

08/29/2013

Final

Plumbing
Underwriters

Plumbing

Pass

RICHARD JOBES

Alteration

Inspection: Inspection Type 1: Final
Date Requested:
8/29/2013

Date Inspected: 8/29/2013

Requested by:

Requested by Phone:

Inspector: BUP

Entered By: Admin

Special Instructions:

Comments:

204 APACHE TR



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Chase

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 7/28/2008
Control Number 903386
Permit Number 20080645
Permit Issue Date 7/15/2008

Certificate Number 20080645

Identification

Block: 613 Lot: 5 Qual: _____
Work Site Location: 204 APACHE TR PEMBERTON, NJ

Owner in Fee: RICHARD JOBES
Owner Address: 204 APACHE TR BROWNS MILLS NJ 08015
Telephone: _____

Contractor: RICHARD JOBES
Address: 204 APACHE TR BROWNS MILLS NJ 08015
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: _____

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: R-5

Maximum Occupancy Load: _____ Maximum Live Load: _____

Description of Work/Use:
NEW OWNER NEEDS ELECTRIC INSPECTED BEFORE BEING TURNED ON
DR#317958626

Certificate Comments:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official _____ U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____
Collected By: _____

Date Printed: 10/2/2025



CONSTRUCTION PERMIT

Date Issued 7/15/2008
Control # 903386
Permit # 20080645

IDENTIFICATION Block: 613 Lot: 5 Qualifier _____
Work Site Location: 204 APACHE TR PEMBERTON, NJ Contractor RICHARD JOBES
Owner in Fee RICHARD JOBES Address 204 APACHE TR BROWNS MILLS NJ 08015
204 APACHE TR BROWNS MILLS NJ 08015 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW OWNER NEEDS ELECTRIC INSPECTED BEFORE BEING TURNED ON
DR#317958626

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 \$100

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$37
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$9
Total	\$46
Check No.	
Cash	\$46
Credit	\$0
Collected By	

Construction Official _____

7/15/2008
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

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 the work installed conforms with 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 granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

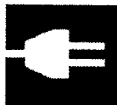
- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 7/15/2008
Date Issued 7/15/2008
Control # 903386
Permit # 20080645

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 Qualification Code _____

Work Site Location: 204 APACHE TR PEMBERTON, NJ

Owner in Fee: RICHARD JOBES

Address 204 APACHE TR BROWNS MILLS NJ 08015

Email _____

Tel. _____

Contractor: TRI-CURRENT ELECTRIC

Address 830 DAWN CT. WILLIAMSTOWN NJ 08094

Email _____

Tel. (856) 227-7338 Fax. (856) 262-1818

Lic No. 12517A Exp. Date _____

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

Federal Employee No. 22-3356186

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$100

JOB SUMMARY (Office Use Only)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NEW OWNER NEEDS ELECTRIC INSPECTED BEFORE BEING TURNED ON
DR#317958626

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	\$46
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$9

Minimum Fee _____

State Permit Surcharge Fee _____

TOTAL FEE \$46



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 20080645

Permit Number

20080645

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner		Work Type	Work Description	Inspection Comments
					Location				
07/18/2008	SERVICE	Electrical Underwriters	Electrical	Fail	RICHARD JOBES		Alteration		Inspection: Inspection Type 1: Service Date Requested: 7/18/2008 Date Inspected: 7/18/2008 Requested by: Requested by Phone: Inspector: BUE Entered By: Admin Special Instructions: Comments:
07/21/2008	SERVICE	Electrical Underwriters	Electrical	Fail	204 APACHE TR RICHARD JOBES		Alteration		Inspection: Inspection Type 1: Service Date Requested: 7/21/2008 Date Inspected: 7/21/2008 Requested by: Requested by Phone: Inspector: BUE Entered By: Admin Special Instructions: LK BX OCN Comments:
07/23/2008	SERVICE	Electrical Underwriters	Electrical	Fail	204 APACHE TR RICHARD JOBES		Alteration		Inspection: Inspection Type 1: Service Date Requested: 7/23/2008 Date Inspected: 7/23/2008 Requested by: Requested by Phone: Inspector: BUE Entered By: Admin Special Instructions: Comments:
					204 APACHE TR				



Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 20080645

20080645

07/28/2008

SERVICE

Electrical
Underwriters

Electrical

Pass

RICHARD JOBES

Alteration

Inspection: Inspection Type 1:
Service

Date Requested:
7/28/2008

Date Inspected: 7/28/2008

Requested by:

Requested by Phone:

Inspector: BUE

Entered By: Admin

Special Instructions:

Comments:

204 APACHE TR



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 204 Apache Trail
2. Owner Name: Richard Campbell Tel. [REDACTED]
Address 204 Apache TR
3. Principal Contractor: State Wide Builders Inc Tel. 609, 428-3368
Address 300 W. Marlton PK
Lic. No. or Builder Reg. No. 08452 Federal Emp. No. 205-22-5703
4. Architect or Engineer: _____ Tel. () _____
Address _____
5. Responsible Person in Charge of Work Vincent Caplanedo Tel. 609 428-3368

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: _____

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	<u>\$6000</u>

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a)
- If new construction, enter no. of dwelling units _____
- If other than new construction, enter no. of dwelling units: _____
- Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmarys (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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

Vincent Carabundo

TEL.

609 428-3368

ADDRESS

300 W. Norton Pl

C. Kennedy H. H. NJ 08005

SIGNATURE

Vincent Carabundo



CERTIFICATE

Date Issued 3/1/91
Control #
Permit # 7466

IDENTIFICATION

Block 613 Lot 5
Work Site Location 204 Apache St
Brown Mills NJ
Owner in Fee Richard Campbell
Address Same
Tele. () 3
Contractor St Wide Builders
Address 300 W Marlton Pike
Cherry Hill, NJ 08002
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group R-1
Maximum Live Load
Description of Work/Use:

Siding

Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

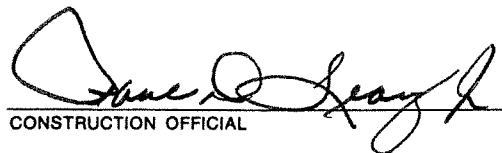
This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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


CONSTRUCTION OFFICIAL

Fee \$ 90.00
Paid [] Check No.
Collected by: Cashier

12/6/88

NEW JERSEY
UNIFORM CONSTRUCTION CODE

Block _____ Lot _____
Subdivision _____

When changing contractors, notify this office

Federal Emp. No. _____

AGENT SIGNATURE

 See Plans

☐ Partial Releases ☐ Prototype Processing

[illegible]**JOB CONDITION/COMMENTS**

Maximum Occupancy Load:

PLAN REVIEW			INSPECTIONS				
	Date	Initials	Type	Failure Dates			Approval Date
☐ No Plans Required	_____	_____	☐ Footing/Foundation	_____	_____	_____	_____
☐ All	_____	_____	☐ Slab	_____	_____	_____	_____
☐ Footing/Foundation	_____	_____	☐ Frame	_____	_____	_____	_____
☐ Frame	_____	_____	☐ Architectural	_____	_____	_____	_____
☐ Architectural	_____	_____	☐ Insulation	_____	_____	_____	_____
☐ Other _____	_____	_____	☐ Finishes	_____	_____	_____	_____
INSPECTIONS FINAL			☐ Energy	_____	_____	_____	_____
☐ CO ☐ CCO ☒ CA			☐ Mechanical	_____	_____	_____	_____
Date: <u>3-1-91</u>			☐ TCO	_____	_____	_____	_____
Inspected By: <u>[Signature]</u>			☐ Other _____	_____	_____	_____	_____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

TOWNSHIP OF PEMBERTON
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-8201



CONSTRUCTION PERMIT

PERMIT NO.	7466		
DATE ISSUED	12-6-88		
Block	613	Lot	5
Subdivision	B.M.		

A. IDENTIFICATION

Owner	Richard Campbell	Agent	State Wide Builders
Address	204 Apache Tr. R.M.	Address	300 N. Marlton Pk. Cherry Hill, NJ
Tel. ()	[REDACTED]	Tel. ()	428-3368
Work Site Address	Same	Lic. No.	68452
		Federal Emp. No.	205-22-5703

PAYMENTS

Permit Fee	\$	90.00
Fees Remitted	\$	0
☐ Check No.		
☐ Cash		
☐ Other		
Collected By:	Cashier	
Date:	12-6-88	

is hereby granted permission
to perform the following work:

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

Description of work:

Siding

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: \$ 6,000.00

CONSTRUCTION OFFICIAL

CERTIFICATION IN LIEU OF OATH:

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

When changing contractors, notify this office

Contractor State Wide Paving Inc.

Address 500 Cantonment PK

CHERRY HILL NJ 08002

Tel (909) 428-3315

Lic. No. 2845-2

Federal Emp. No. 205-22-5703

ons, etc.

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

Fee Basis	Fee
	\$
	70.00
SUBTOTAL	\$ 70.00
Minimum Building (applicable)	\$
Building Fee	\$
or of Minimum (total)	\$ 70.00

☐ Partial Releases ☐ Prototype Processing



DISTRIBUTORS OF

CERTAINTED SOLID VINYL SIDING
MASTIC CORP. SOLID VINYL SIDING

All Other Major Materials Available

MANUFACTURERS OF

VINYL DOUBLE THERMOPANED WINDOWS
AND TRIPLE THERMOPANED WINDOWS

All Labor and Materials Furnished By

Statewide Builders, Inc.

Home Remodeling Center, Inc.
MAIN OFFICE & WAREHOUSE
300 MARLTON PIKE WEST
CHERRY HILL, NJ 08002

(609) 428-3368

NJ License No. 68452

HOME IMPROVEMENT AGREEMENT
FOR INSTALLATION & SERVICEDate May 20 19 97

No one is authorized on behalf of Statewide Builders, Inc. to represent this job to be "A SAMPLE HOME OR A FREE JOB."

I/we the owner(s) of the premises mentioned below, hereby contract with and authorize you as contractor, to furnish all necessary materials, labor and workmanship, to install, construct and place the improvements according to the following specifications, terms and conditions on premises below described:

Owner's Name Joe Brown & Ted J. Campbell Phone No. [REDACTED]Address 214 Quince Hall City Camden State NJ

Check Items Below:

- ☐ 1. Apply Aluminum Breather Foil
- ☐ 2. Apply Channel Molding around Windows & Doors - Color White
- ☐ 3. Caulk & Seal with Caulking Compound where Necessary
- ☐ 4. All Corners to be finished with Special Post Corners - Color White
- ☐ 5. All work to be done in a Workmanlike Manner
- ☐ 6. Contractor to carry all Applicable Liability Insurances
- ☐ 7. All Materials to Carry Manufacturers Guarantee Applicable
- ☐ 8. Apply First Grade Sidings to Exterior Walls as Follows:

NOTICE

NO OVERHANGS; FACIA BOARDS; SOFFITS; SILLS;
WINDOW FRAMES; DOOR FRAMES OR ANY OTHER
TRIM INCLUDED IN CONTRACT UNLESS CHECKED
BELOW OR SPECIFIED UNDER REMARKS.

Yes	No	Color
☐	☐	Case Out Window Frame <u>White</u>
☐	☐	Case Out Door Frame <u>White</u>
☐	☐	Case Out Garage Frame <u>White</u>
☐	☐	Case Out Sliding Door Frame <u>White</u>
☐	☐	Cover Facia Trim <u>White</u>
☐	☐	Cover Soffit Trim <u>White</u>

Remarks & Additional Work: See above for detailsApproximate Starting Date Dec 15 96 Completion Date Dec 15 97Cash price of job \$ 6000 Down Payment \$ 0 Balance \$ 6000Terms if Cash: 25% Down: Balance due 1/3 at Start \$ 2000 1/3 at Half \$ 2000 1/3 on Completion \$ 2000
or Company will arrange financing as follows:All of the above work payable \$ 2000 per month for 36 months. First payment is to be made thirty (30) days after completion of said work.

All papers, notes, etc. necessary for bank financing to be signed upon request of Statewide Builders, Inc.

CONTRACTOR warrants and represents that adequate Workmen's Compensation and Public Liability Coverage has been secured and that the policies covering such coverage are in force and are in good standing.

CONTRACTOR shall not be liable for delay due to causes beyond the control of the Contractor.

No work is to be done than that specified in this contract of the Contractor.

YOU MAY RESCIND THIS SALE PROVIDED THAT YOU NOTIFY THE HOME REPAIR CONTRACTOR OF YOUR INTENT TO DO SO BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, POST-MARKED NOT LATER THAN 5:00 O'CLOCK OF THE THIRD BUSINESS DAY FOLLOWING THE SALE.

Owner warrants that this contract is signed without any reliance upon any representations or promises of the Contractor or his agents except as is specifically written on the face of this contract, and that no such promises or representations have been offered as an inducement for signing, it being the intent and agreement of the parties that this contract constitutes the entire agreement and understanding of the parties.

This contract is accepted subject to approval of Contractor and Credit Approval. Contractor has right to reject the terms of this contract at their option at anytime prior to commencement of work.

The owner hereby acknowledges receipt of a copy of this agreement.

STATEWIDE BUILDERS, INC.
ContractorHandwritten signature of Contractor

(L.S.)

Handwritten signature of Owner (L.S.)

Owner

Handwritten signature of Owner (L.S.)

Owner

200 Ke 9

REQUEST FOR INSPECTION

613 BLOCK 7466 PERMIT

204 Opanda trail STREET ADDRESS

5 LOT sidino PROJECT

Type of Inspection: Final Adg

Date Received 3/1/07 Date Requested _____

Date Inspected _____

Results of Inspection

☒ Approved ☐ Approved with conditions

☐ Disapproved (State Reasons Below)

☐ Sticker Posted On Job


INSPECTORS INITIALS

Department _____