Evesham Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Date Received: 6/16/2025

Tracking Number: OPRA-Req-25-0448

Important Notice

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

Requestor Information - Please Print

Name: FRANESCA MATASSA

Address: OPRA MACHINE REQUEST

City: _____ State: NJ Zip: _____

Telephone: _____ Fax: _____

Email: opra+request77579-bcc166e8@requests.opramachine.com

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Insp ☐ Fax ☑ E-Mail

Under penalty of N.J.S.A. 2C:28-3, I certify that

1. I ☐ HAVE / ☑ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
2. I, or another person, ☐ WILL/ ☑ WILL NOT use the requested government records for a commercial purpose;
3. I ☐ AM/ ☑ AM NOT seeking records in connection with a legal proceeding

Signature: _____ Date: _____

Payment Information

Maximum Authorized Cost 0

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

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

Location: **6 COUNTRY SQUIRE LANE**

6 COUNTRY SQUIRE LANE
ALL OPEN AND CLOSED CONSTRUCTION/ZONING RELATED PERMITS INCLUDING SURVEY

REPLY TO EMAIL:
opra+request77579-bcc166e8@requests.opramachine.com

AGENCY USE ONLY:

Est. Document Cost: _____

Est. Delivery Cost: _____

Est. Extras Cost: _____

Total Est. Cost: _____

Deposit Amount: _____

Estimated Balance: _____

Deposit Date: _____

AGENCY USE ONLY:

Disposition Notes:

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY:

Tracking Information:

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost:

Total _____

Deposit _____

Bal. Due _____

Bal. Paid _____

Records Provided:

_____ _____

Custodian Signature: **Date:**

Evesham Township
Township of Evesham
Construction Permits & Inspections
984 Tuckerton Road
Marlton, NJ 08053

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 11/29/2021
Control Number C-21-2174
Permit Number 20211969
Permit Issue Date 10/28/2021
Certificate Number

Identification

Block: 38.08 Lot: 3 Qual:

Work Site Location: 6 COUNTRY SQUIRE LANE MARLTON, NJ 08053

Owner in Fee: LIPPERT, MICHAEL & CAROL
Owner Address: 6 COUNTRY SQUIRE LANE MARLTON NJ 08053
Telephone:

Contractor BOB'S HEATING & AIR CONDITIONING
Address 1879 OLD CUTHBERT RD, UNIT 22 CHERRY HILL NJ 08003
Telephone: (856) 427-9334 Fax: (856) 427-9334
License Number or Builders Registration Number:
Federal Emp. Number: 30-0082001

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
A/C UNIT REPLACEMENT

Certificate Comments:

☐ **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:

☐ **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

Fee: $0.00

Check Number:
Collected By:

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

Date Printed: 11/28/2021

BLOCK 38.08 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 6 Country Squire Ln PERMIT NO. 2021-1964

CONSTRUCTION PERMIT APPLICATION C-21-2174

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

I. IDENTIFICATION

1. Proposed Work Site at: 6 Country Squire Lane
2. Name of Owner in Fee: Michael + Carol Lippert
   Tel. ([redacted]) e-mail _____
   Address same (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Bob's Heating + Air Tel. (856) 427-9334
   Address 1879 Old Cuthbert Rd. #22 e-mail michele@bobs heatingandac.com
   Cherry Hill, NJ 08034
   License No. OR, if new home, Builder Reg. No. 19HC00308500 Exp. Date 6/30/22
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 300 082 001 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Bob Henry
   Tel. (856) 427-9334 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 105		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. ~~Subtotal~~ Mechanical	105		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	6		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 136		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

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CK 1846 10-27-2021

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☑ ~~Building~~	2800.00				8-30-21	DB			
☑ Electrical	300.00				8-30-21	AJ			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

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

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

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

OH 2800 + 300 = 3100

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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 Bob's Heating & Air Conditioning

Address 1879 Old Cuthbert Rd Unit 22
Cherry Hill, NJ 08034
Phone/Fax: (856) 427-9334

Telephone _____

Signature Bob Henry

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED: _____

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

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AUG 26 2021
BY:

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

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

X. CERTIFICATES ISSUED (office use only)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/27/2021
Date Issued 10/28/2021
Control # C-21-2174
Permit # 20211989

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

Block 38.08 Lot 3 Qualification Code

Work Site Location: 6 COUNTRY SQUIRE LANE MARLTON, NJ 08053

Owner in Fee: LIPPERT, MICHAEL & CAROL

Address 6 COUNTRY SQUIRE LANE MARLTON NJ 08053

Email

Tel.

Contractor: JJL ELECTRIC LLC

Address 31 HARPER BOULEVARD DELRAN NJ 08075

Email

Tel. (856) 498-0383 Fax.

Lic No. 34EI01486600 Exp. Date 3/31/2024

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

Federal Employee No. 26-0084010

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $300

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☑ CA

Date: 11-18-21

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-18-21	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

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 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
A/C UNIT REPLACEMENT.

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	
1	5	KW Central A/C Unit	$15
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge

Minimum Fee $65

State Permit Surcharge Fee $1

TOTAL FEE $66

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 38.08 Lot 3 Qualification Code

Work Site Location 6 Country Squire Lane
Marlton, NJ 08053

Owner in Fee: Michael + Carol Lippert

Tel. [redacted] e-mail

Address 6 Country Squire Ln. Marlton NJ 08053
street municipality zip code

Contractor: JJL Electric LLC Tel. (856) 498-0383

Address 31 Harper Blvd. e-mail
Delran, NJ 08075

Contractor License No. 14866 Exp. Date 03/20/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 260084010 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwellings Utility Co. PSE&G

Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8.30.21
Approved by: AK

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

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

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

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 sign/Contractor sign and seal here:

Print name here: Joseph Leusner

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: AC Disconnect

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

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

U.C.C. F120 (rev. 11/08)
Internet version

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

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 8/27/2021
Control # C-21-2174
Date Issued 10/28/2021
Permit # 20211969

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

Block 38.08 Lot 3 Qualification Code

Work Site Location: 6 COUNTRY SQUIRE LANE MARLTON, NJ 08053

Owner in Fee: LIPPERT, MICHAEL & CAROL

Address 6 COUNTRY SQUIRE LANE MARLTON NJ 08053

Email

Tel.

Contractor: BOB'S HEATING & AIR CONDITIONING

Address 1879 OLD CUTHBERT RD, UNIT 22 CHERRY HILL NJ 08003

Email bobsheating@comcast.net

Tel. (856) 427-9334 Fax. (856) 427-9334

Contractor License No. 19HC00308500 Expiration Date: 6/30/2022

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

Federal Emp. ID No. 30-0082001

B. MECHANICAL CHARACTERISTICS

Use Group Present R-5 Proposed

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

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $2,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☑ CCO

Date: 11-18-21

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC			11-18-21	✓
Generator				
Fireplace				
Chimney Cert.				
Other				
Final			11-18-21	✓

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

A/C UNIT REPLACEMENT.

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other Air Conditioner	
	Administrative Surcharge	
	Minimum Fee	$65
	State Permit Surcharge Fee	$5
	TOTAL FEE	$70

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 38.08 Lot 3 Qualification Code

Work Site Location 6 Country Square Lane
Marlton, NJ 08053

Owner In Fee: Michael & Carol Lippert

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: Bob's Heating & Air Conditioning Tel. (856) 427-9334

Address 1879 Old Cuthbert Rd, Unit 22 e-mail bobsheating@comcast.net
Cherry Hill, NJ 08034

Contractor License No. 19HC00308500 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 300082001 FAX: (856) 427-9334

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [X] Other AC

Estimated Cost of Mechanical Work $ 2800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Mechanical Plans Approved
Date 8-30-21 Approved by: DB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8-30-21
Approved by: DB
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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 sign/Contractor sign and seal here: Bob Henry

Print name here: Bob Henry

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
AC Replacement

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

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

CONSTRUCTION PERMIT

Date Issued 10/28/2021
Control # C-21-2174
Permit # 20211969

IDENTIFICATION Block: 38.08 Lot: 3 Qualifier
Work Site Location: 6 COUNTRY SQUIRE LANE MARLTON, NJ 08053

Owner in Fee: LIPPERT MICHAEL & CAROL
6 COUNTRY SQUIRE LANE MARLTON NJ 08053

Telephone:

Contractor: BOB'S HEATING & AIR CONDITIONING
Address: 1879 OLD CUTHBERT RD, UNIT 22 CHERRY HILL NJ 08003
Telephone: (856) 427-9334
Lic. No. or Bldrs. Reg. No. 19HC00308500
Federal Employee. No. 30-0082001

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:
A/C UNIT REPLACEMENT

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 $3,100

Construction Official

10-29-2021
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$65
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$65.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$136
Check No.	11846
Cash	$0
Credit	$0
Collected By	Dorotea Rafanelli

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 any manner which will preclude the inspection until it has been made and approval granted.

SEE ATTACHED INSPECTION CHECKLIST

☐ Required inspections for all subcodes of construction, other than one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except in the 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 backfilling.
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.

Re-Roof

BLOCK 38.08 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 6 Country Squire PERMIT NO. 2014 2010

CONSTRUCTION PERMIT APPLICATION 56619

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

I. IDENTIFICATION

1. Proposed Work Site at: 6 Country Squire Lane
2. Name of Owner in Fee: Michael & Carol Lippert
   Tel. ([redacted] e-mail _____
   Address 6 Country Squire Lane, Marlton, N.J. 08053 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Fortified Roofing Tel. (732) 256-9741
   Address 5144 W. Hurley Pond Road e-mail _____
   Farmingdale, N.J. 07727
   License No. OR, if new home, Builder Reg. No. 13-VH00087700 Exp. Date 12/31/2014
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3835102 FAX: (732) 256-9740
5. Architect or Engineer N/A Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun John or Shirley
   Tel. (732) 256-9741 FAX: (732) 256-9740

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$65		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			CK 2544
6. Subtotal			
7. Less 20% for State Plan Review	$		R40347
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 71.00		

RECEIVED NOV 17 2014

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply) Roof

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	$5,885.00				11/24/14				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$5,885.00								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

U.C.C. F100-1 (rev. 12/07)

11-10-14 F

11-7

IFICATION IN LIEU OF OATH

)WNER SECTION (to be completed if the applicant is the owner in fee)

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

the following applicable boxes:

) 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.

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

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

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

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

) 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.

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

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

ıture _____ Date _____

\GENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

Check if contractor.

t Name Redlines Enterprises LLC. dba: Fortified Roofing
ɛss 5144 W. Hurley Pond Road
Farmingdale, N.J. 07727
hone (732) 256-9741
ıture Shirley J.

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

U.C.C. F100-2 (rev. 5/2007)

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									RECEIVED NOV 07 2014 BY:
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

U.C.C. F100-3 (rev. 12/07)

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856-9832914

CERTIFICATE
IDENTIFICATION

Date Issued: 12/08/2014
Control #: 56619
Permit #: 20142010

Block: 38.08 Lot :3 Qual: _____

Work Site Location: 6 COUNTRY SQUIRE LANE
EVESHAM

Owner in Fee: LIPPERT, MICHAEL & CAROL

Address: 6 COUNTRY SQUIRE LANE
MARLTON NJ 08053

Telephone: [redacted]

Agent/Contractor: FORTIFIED ROOFING

Address: 5144 W. HARLEY POND ROAD
FARMINGDALE NJ 07727

Telephone: 732 256-9741

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

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
RE-ROOF

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

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

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Construction Official

Fees: $0.00
Paid[X]Check No.: 2544
Collected by: DLC

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

Evesham

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 11/07/2014 Control #: 56619

Date Issued: 11/17/2014 Permit #: 20142010

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

Block: 38.08 Lot: 3 Qualification Code:

Work Site Location: 6 COUNTRY SQUIRE LANE

Owner Details

Name: LIPPERT, MICHAEL & CAROL

Address: 6 COUNTRY SQUIRE LANE
MARLTON NJ 08053

Telephone: [redacted]

E-mail:

Contractor Details

Contractor: FORTIFIED ROOFING
ATTN:

Address: 5144 W. HARLEY POND ROAD
FARMINGDALE NJ 07727

Telephone: (732) 256-9741 Fax: (732) 256-9740

E-mail:

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 13VH00087700

B. BUILDING CHARACTERISTICS

Use Group	Present: U	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories		If Industrialized Building	
Height of Structure		Ft.	State Approved _____ HUD_____
Area - Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	**Est. Cost of Bldg. work:**
Volume of New Structure		Cu. Ft.	1. New Building 0.00
Total Land Area Disturbed		Sq. Ft.	2. Rehabilitation 5,885.00
Max. Live Load			3. Demolition 0.00
Max. Occupancy Load			4. Total (1+2+3) $5,885.00

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

RE-ROOF OVER EXISTING LAYER OF SHINGLES WITH NEW GAF TIMBERLINE HD LIFETIME DIMENSIONAL SHINGLES PER MANUFACTERS INSTRUCTIONS.

Black

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12/5/14

Approved by: _____

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final			12/5/14	
Barrier-Free				

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	
[X] Roofing	
[ ] Siding	
[ ] Fence_____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[X] Other 1: ROOFING	$65.00
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$11.00
TOTAL FEE	$76.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 38.08 Lot 3 Qualification Code

Work Site Location 6 Country Squire Lane
Marlton, N.J. 08053

Owner in Fee: Michael & Carol Lippert

Tel. ([redacted]) e-mail

Address 6 Country Squire Lane, Marlton, N.J. 08053
(street, municipality, zip code)

Contractor: Redline Enterprises L.L.C. Tel. (732) 256-9741

Address dba: Fortified Roofing e-mail
5144 W. Hurley Pond Road, Farmingdale, N.J. 07727

Contractor License No. or Builder Registration No. 13-VH00087700 Exp. Date 12/31/2014

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

Federal Emp. ID No. 22-3835102 FAX: (732) 256-9740

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

B. BUILDING CHARACTERISTICS

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

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 5,885.00
3. Total (1+ 2) $ 5,885.00

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 Shirley J. Shirley J.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Re-Roof (R/R) Adding a Second (2 ND) layer of Shingles to the existing roof (approx. 29 SQ.), Installing GAF: Timberline HD "Lifetime" Dimensional Shingles.

ASTM-D3462 - 6 Nails - Wind warranty 110 mph

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

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 12/07)
Internet version

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

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856 - 9832914

Permit Number: 20142010
Update Number:
Control Number: 56619
Application Date: 11/07/2014
Permit Date: 11/17/2014

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 38.08 Lot: 3 Qualification Code:
Work Site Location: 6 COUNTRY SQUIRE LANE EVESHAM

Owner In Fee: LIPPERT, MICHAEL & CAROL
Address: 6 COUNTRY SQUIRE LANE
MARLTON NJ 08053

Telephone: [redacted]

Use Group(s): U

Contractor: FORTIFIED ROOFING
Address: 5144 W. HARLEY POND ROAD
FARMINGDALE NJ 07727

Telephone: (732) 256-9741

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
RE-ROOF OVER EXISTING LAYER OF SHINGLES WITH NEW GAF TIMBERLINE HD LIFETIME DIMENSIONAL SHINGLES PER MANUFACTERS INSTRUCTIONS.

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,885.00
Cost of Demolition:	0.00
Total Cost:	$5,885.00

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.

Construction Official

Date 11/17/14

PAYMENTS (Office Use Only)	
Building	$65.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$11.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$76.00**
All Fees Waived:	No

Amount to be Paid:	**$76.00**
Check Number:	2544
Check amount:	$76.00

Collected by:	DLC
Receipt No:	40347
Total Cash Amount:	
Total Check Amount:	$76.00
Total CC Amount:	
Grand Total:	$76.00

Note:

BLOCK 38.08 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 6 Country Squire Lane PERMIT NO. 20150286

CONSTRUCTION PERMIT APPLICATION 57234

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

I. IDENTIFICATION

1. Proposed Work Site at: 6 Country Squire Lane
2. Name of Owner in Fee: Mike Lippert
   Tel. ([redacted]) e-mail _____
   Address 6 Country Squire Ln (street) Marlton (municipality) 08053 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ~~Bob's Heating & Air Conditioning~~ Tel. ( ) _____
   Address ~~1879 Old Cuthbert Rd Unit 22~~ e-mail _____
   ~~Cherry Hill, NJ 08034~~
   ~~Phone/Fax: (856) 427-4334~~
   License No. OR, if new home, Builder Reg. No. ~~13VH01362400~~ Exp. Date 12-31-14
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 300082001 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Bob Henry
   Tel. (856) 427 9334 FAX: ( ) _____

2245 called cont

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	65		c - 8190
3. Plumbing	65		r - 550606
4. Fire Protection	65		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	10		MAR 06 2015
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 205		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	150.00				2/20/15	JW			
☒ Plumbing	1500.00				2/20/15	R			
☒ Fire Protection	3800.00				2/24/15	M			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

☐ Check if contractor.

Agent Name Bob's Heating & Air Conditioning Bob Henry

Address 1879 Old Cuthbert Rd Unit 22
Cherry Hill, NJ 08034
Phone/Fax: (856) 427-9334

Telephone ( ) _____

Signature _____

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

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			X	X	X	X	X	X	RECEIVED FEB 19 2015 BY:
☐ Planning Board									
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority									
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X			
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X							
☐ N.J. Department of Transportation	X	X			X	X			
☐ N.J. Department of Environmental Protection	X	X			X	X	X	X	
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856-9832914

CERTIFICATE
IDENTIFICATION

Date Issued: 04/15/2015
Control #: 57234
Permit #: 20150286

Block: 38.08 Lot :3 Qual: _____

Work Site Location: 6 COUNTRY SQUIRE LANE
EVESHAM

Owner in Fee: LIPPERT, MICHAEL & CAROL

Address: 6 COUNTRY SQUIRE LANE
MARLTON NJ 08053

Telephone: [redacted]

Agent/Contractor: BOB'S HEATING & AIR CONDITIONING

Address: 1879 OLD CUTHBERT RD UNIT 22
CHERRY HILL NJ 08003

Telephone: 856 427-9334

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

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
REPLACED GAS FURNACE AND WATER HEATER

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

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

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Construction Official

Fees: $0.00
Paid[X]Check No.: 8190
Collected by: JAN

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

Evesham

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 02/19/2015 Control #: 57234

Date Issued: 03/06/2015 Permit #: 20150286

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

Block: 38.08 Lot: 3 Qualification Code:

Work Site Location: 6 COUNTRY SQUIRE LANE

Owner in Fee: LIPPERT, MICHAEL & CAROL

Address: 6COUNTRY SQUIRE LANE
MARLTON NJ 08053

E-mail:

Telephone: [redacted]

Contractor: BOB'S HEATING & AIR CONDITIONING
ATTN:

Address: 1879 OLD CUTHBERT RD UNIT 22
CHERRY HILL NJ 08003

E-mail:

DESCRIPTION OF WORK:
GAS FURNACE AND WATER HEATER REPLACEMENT

Telephone: (856) 427-9334
Fax: (856) 427-9334

Home Improvement Registration No. or Exemption Reason: 13VH01362400

Contractor License No.: Exp Date: Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present U Proposed R-5

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $150.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $150.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4-14-16
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final		4/14/16		
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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 Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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	
1	1.00	HP/KW Space Htr./Air Handler	$15.00
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$65.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 6 Country Squire Lane

Owner in Fee: Mike Lippert

Tel. [redacted] e-mail _____

Address 6 Country Squire Ln (street) Marlton (municipality) 08053 (zip code)

Contractor: Bob's Heating & Air Conditioning Tel. (_____) _____

Address 1879 Old Cuthbert Rd Unit 22 e-mail _____
Cherry Hill, NJ 08034

Contractor License No. 13VH01362400 Exp. Date 12-31-15
Phone/Fax: (856) 427-9334

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

Federal Emp. ID No. 300882001 FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed _____

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

Building Occupied as Dwelling Utility Co. PSE&G

Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

[ ] Electric Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for ~~PERMIT~~
Date: 2-20-15
Approved by: _____

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

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

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

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 sign/Contractor sign and seal here: Bob

Print name here: Bob Henry

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reconnect Existing Electric to Replacement Heater

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1	3/4	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	

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

Evesham

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 02/19/2015 Date Issued: 03/06/2015

Control #: 57234 Permit #: 20150286

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

Block: 38.08 Lot: 3 Qualification Code:

Work Site Location: 6 COUNTRY SQUIRE LANE

Owner in Fee : LIPPERT, MICHAEL & CAROL

Address : 6 COUNTRY SQUIRE LANE
MARLTON NJ 08053

Email:

Telephone: [redacted]

Contractor: BRADFORD CROUCH
ATTN:

Address: P O BOX 1606
CHERRY HILL NJ 08034

Telephone: (856) 616-8190
Fax: (856) 616-8191

E-mail:

Contractor License No.: 10899 Expiration Date: 6/30/2015 Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: U Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $1,600.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $1,600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 4-14-15

Approved by: [signature]

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			4-14-15	[signature]
Chimney Cert.				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
GAS FURNACE AND WATER HEATER REPLACEMENT

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	
1	Water Heater	$15.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$3.00
TOTAL FEE	$68.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 6 Country Squire Ln

Owner in Fee: Mike Liggert

Tel. [redacted] e-mail _____

Address 6 Country Squire Ln (street) Mar Hen (municipality) 08053 (zip code)

Contractor: Bradford Crouch Tel. (856) 616-8191

Address PO Box 1606 e-mail bcrouchplumb@com

Cherry Hill, NJ 08034

Contractor License No. 10899 Exp. Date 06/30/2015

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223677526 FAX: 856 616-8191

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____

Building Sewer Size _____ Public Sewer X Private Septic _____

Water Service Size _____ Public Water X Private Well _____

Est. Cost of Plumbing Work $ 1,600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 2-20-15 M
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by:_____
[ ] Plumbing Plans Approved
Date:_____ Approved by:_____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

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 sign/Contractor sign and seal here: Brad Crouch

Print name here: Bradford Crouch

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
GAS WATER HEATER REPLACEMENTS

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

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

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

Eveshara

Date Received 02/19/2015 Date Issued 03/06/2015

FIRE SUBCODE TECHNICAL SECTION

Control # 57234 Permit # 20150286

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

Block: 38.08 Lot: 3 Qualification Code:

Work Site Location : 6 COUNTRY SQUIRE LANE

Owner Details

Owner in Fee: LIPPERT, MICHAEL & CAROL
Address: 6 COUNTRY SQUIRE LANE
MARLTON NJ 08053
Telephone: [redacted]
E-mail:

Contractor Details

Contractor: BOB'S HEATING & AIR CONDITIONINC
ATTN:
Address: 1879 OLD CUTHBERT RD UNIT 22
CHERRY HILL NJ 08003
Telephone: (856) 427-9334 Fax: (856) 427-9334
E-mail:

Home Improvement Registration No. or Exemption Reason: 13VH01362400
Fire/Security Alarm Contractor No.: Federal Emp. No.:
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present U Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

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

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity Fuel
1. New: $0.00 2. Rehabilitation: $3,800.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $3,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4/6/15
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____ Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
GAS FURNACE AND WATER HEATER REPLACEMENT

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)		
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices: CO2 DETECTOR	1	
TOTAL	1	
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		
Fuel-Fired Appliances [X]Gas [ ]Oil [ ] Solid	1	$58.00
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Mininimum Fee	
State Permit Surcharge Fee	$7.00
TOTAL FEE	$72.00

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY

Date Received
Date Issued
Control #
Permit #

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

Block ______ Lot ______

Work Site Location: 6 Country Squire Ln

Owner in Fee: Mike Lippert

Address: 6 Country Squire Ln Marlton 08053

Tele. [redacted]

Contractor: Bob's Heating & Air Conditioning

Address: 1879 Old Cuthbert Rd Unit 22 Cherry Hill, NJ 08034

Tele. ( ) Phone/Fax: (856) 427-9334 Fax ( )

Lic. No. 13VH01362400

Federal Emp. No. 300082001

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ______
Location: Basement
Total Cost of Fire Protection Work $ 3800.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 2/24/15
Approved by: [signature]
SUBCODE APPROVAL
[ ] 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				
Final				
Other				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: GAS Heater Replacement
D.V. 100k

Water Supply Source ______
Method of Alarm/Suppression System Supervision ______

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ___ Fuel ___

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., 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		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	1	
Other		

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

U.C.C. F140
(rev 3/98)

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856 - 9832914

Permit Number: 20150286
Update Number:
Control Number: 57234
Application Date: 02/19/2015
Permit Date: 03/06/2015

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 38.08 Lot: 3 Qualification Code:
Work Site Location: 6 COUNTRY SQUIRE LANE EVESHAM

Owner In Fee: LIPPERT, MICHAEL & CAROL
Address: 6 COUNTRY SQUIRE LANE
MARLTON NJ 08053

Telephone: [redacted]

Use Group(s): U

Contractor: BOB'S HEATING & AIR CONDITIO
Address: 1879 OLD CUTHBERT RD UNIT 22
CHERRY HILL NJ 08003

Telephone: (856) 427-9334

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
GAS FURNACE AND WATER HEATER REPLACEMENT

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,550.00
Cost of Demolition:	0.00
Total Cost:	$5,550.00

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.

Construction Official

Date 3/9/15

PAYMENTS (Office Use Only)	
Building	
Electrical	$65.00
Plumbing	$65.00
Fire Protection	$65.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$10.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$205.00**
All Fees Waived:	No

Amount to be Paid:	**$205.00**
Check Number:	8190
Check amount:	$205.00

Collected by:	JAN
Receipt No:	55066
Total Cash Amount:	
Total Check Amount:	$205.00
Total CC Amount:	
Grand Total:	$205.00

Note:

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE_____ PERMIT # _____

WORK SITE ADDRESS _____

Owner in Fee Mike Lippert

Verifying Individual Bob Henry Company Bob's Heating & Air Conditioning

1879 Old Cuthbert Rd Unit 22
Cherry Hill, NJ 08034
Phone/Fax: (856) 427-9334

Address 6 Country Squire Lane
Street City State Zip Code

Tel [redacted] Fax: (____) _____

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney: **Size** 6"

[X] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Forced Air	Oil / (Gas) / Other:	160,000
Appliance 2:	Water Heater	Oil / (Gas) / Other:	40,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer:_____ Model:_____ UL Listing:_____

Material of Liner: Stainless Steel_____ Aluminum _____

Size of Appliance Vent:_____ Size of Liner: _____ Height of Chimney: _____

Length of Connector:_____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other:_____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Bob H 02/16/2015
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

BLOCK 38.08 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 6 Country Squire Ln PERMIT NO. 2021-1964

CONSTRUCTION PERMIT APPLICATION C-21-2174

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

I. IDENTIFICATION

1. Proposed Work Site at: 6 Country Squire Lane
2. Name of Owner in Fee: Michael + Carol Lippert
   Tel. [redacted] e-mail _____
   Address same (street)
3. Ownership in Fee: Public _____ Private ✓ (municipality) (zip code)
4. Principal Contractor: Bob's Heating + Air Tel. (856) 427-9334
   Address 1879 Old Cuthbert Rd. #22 e-mail michele@bobs
   Cherry Hill, NJ 08034 heatingandac.com
   License No. OR, if new home, Builder Reg. No. 19HC00308500 Exp. Date 6/30/22
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 300 082 001 FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Bob Henry
   Tel. (856) 427-9334 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	105		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. ~~Subtotal~~ Mechanical	105		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	6		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 136		

VI. BUILDING/SITE CHARACTERISTICS

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

RECEIVED
OCT 28 2021
CK-11846
8-27-2021

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Reabmission Dates Approval	Reabmission Dates Rejection	Re-viewer
☑ ~~Building~~	2800.00				8/30/21	ADB			
☑ Electrical	300.00				8-30-21	AJ			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

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

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

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

8/26

OF Roof Over

Evesham Township

(Building Dept.)

Permits without a Jacket

TOWNSHIP
OF
EVESHAM

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/22/93
Date Issued 19069
Control # 93-1613
Permit #

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

Block 38.08 Lot 3
Work Site Location 6 COUNTRY SQUIRE LANE
MARLTON, NJ 08053
Owner in Fee MICHAEL HOLLINGSWORTH
Address 6 COUNTRY SQUIRE LANE
MARLTON, N.J. 08053
Tele. (856) [redacted]
Contractor MICHAEL HOLLINGSWORTH
Address 6 COUNTRY SQUIRE LANE
MARLTON, N.J.
Tele. (____)
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 1,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required.
[ ] Bldg [ ] Elec
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-28-93
Approved by

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: Never Called for Inspection

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
X	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
X	Other UNDER GROUND LAWN SPRINKLERS	

Administrative Surcharge $ _____
Paid [X] Check # 2354 Minimum Fee $ 25
LMS DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

UCC Form F-130B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BLOCK 38.08 LOT 3 ADDRESS (SITE) 6 Country Squire PERMIT NO. 93-1613

TOWNSHIP OF EVESHAM

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 6 Country Squire Lane
2. Name of Owner in Fee: M. Hollingsworth Tel. ([redacted]
   Address 6 Country Squire, Marlton 08053 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor Michael Hollingsworth Tel. ([redacted]
   Address 6 Country Squire Lane, Marlton
   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 Michael Hollingsworth Tel. ([redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		(100)	
3. Plumbing		25	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		1	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL 10/31/93	$	126	CK 1904

CK # 2354

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	

II. PROPOSED WORK

	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	1,400.00
8. ☒ Electrical	100.00
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	1,500.00

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
			10-28-93	AH			
			11-26-93				

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:

LDS EVE-B 10101577

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. (X) 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. (X) Electrical C.4. (X) Plumbing

D. (X) 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 10·19·93

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 _____

OFFICE DATE RECEIVED: _____

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

RECEIVED
OCT 12 1993

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.				

TOWNSHIP
OF
EVESHAM

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/22/93
Date Issued 19069
Control # 93-1613
Permit # 93-1613

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

Block 38.08 Lot 3
Work Site Location 6 Country Squire Land
Marlton N.J. 08053
Owner in Fee Michael Hollingsworth
Address 6 Country Squire Land
Marlton N.J. 08053
Tele. ( ) [redacted]
Contractor Michael Hollingsworth
Address 6 Country Squire Land
Marlton, N.J.
Tele. ( )
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10-26-93
Approved by:

SUBCODE APPROVAL
[ ] Other [ ] CCO [ ] CA
Date:
Approved By:

Permit Abandoned
10 yr. UCC Statute of Repose
Date: 1-9-07 Initials: JM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Michael Hollingsworth
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 · 2 · 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1	X	Other RAIN CHECK FOR LAWN SPRINKLER SYSTEM	

Administrative Surcharge $ _____
Paid [X] Check # 2354 Minimum Fee $ _____
LMS DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

UCC Form F-1208 1 White Inspector Copy 2 Canary Office Copy
3 Pink Office Copy 4 Gold - Applicant Copy

TOWNSHIP
OF
EVESHAM

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/22/93
Date Issued 19069
Control # 93-1613
Permit #

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

Block 38.08 Lot 3
Work Site Location 6 COUNTRY SQUIRE LANE
MARLTON, NJ 08053
Owner in Fee MICHAEL HOLLINGSWORTH
Address 6 COUNTRY SQUIRE LANE
MARLTON, N.J. 08053
Tele. (609) [redacted]
Contractor MICHAEL HOLLINGSWORTH
Address 6 COUNTRY SQUIRE LANE
MARLTON, N.J.
Tele. (609)
Lic. No.
Federal Emp. No. / or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 1,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-28-93
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO
Approved By:
Date:

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

Permit Abandoned
10 yr. UCC Statue of Repose
Date: 1-16-07 Initials

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.

Signature—Contractor Seal

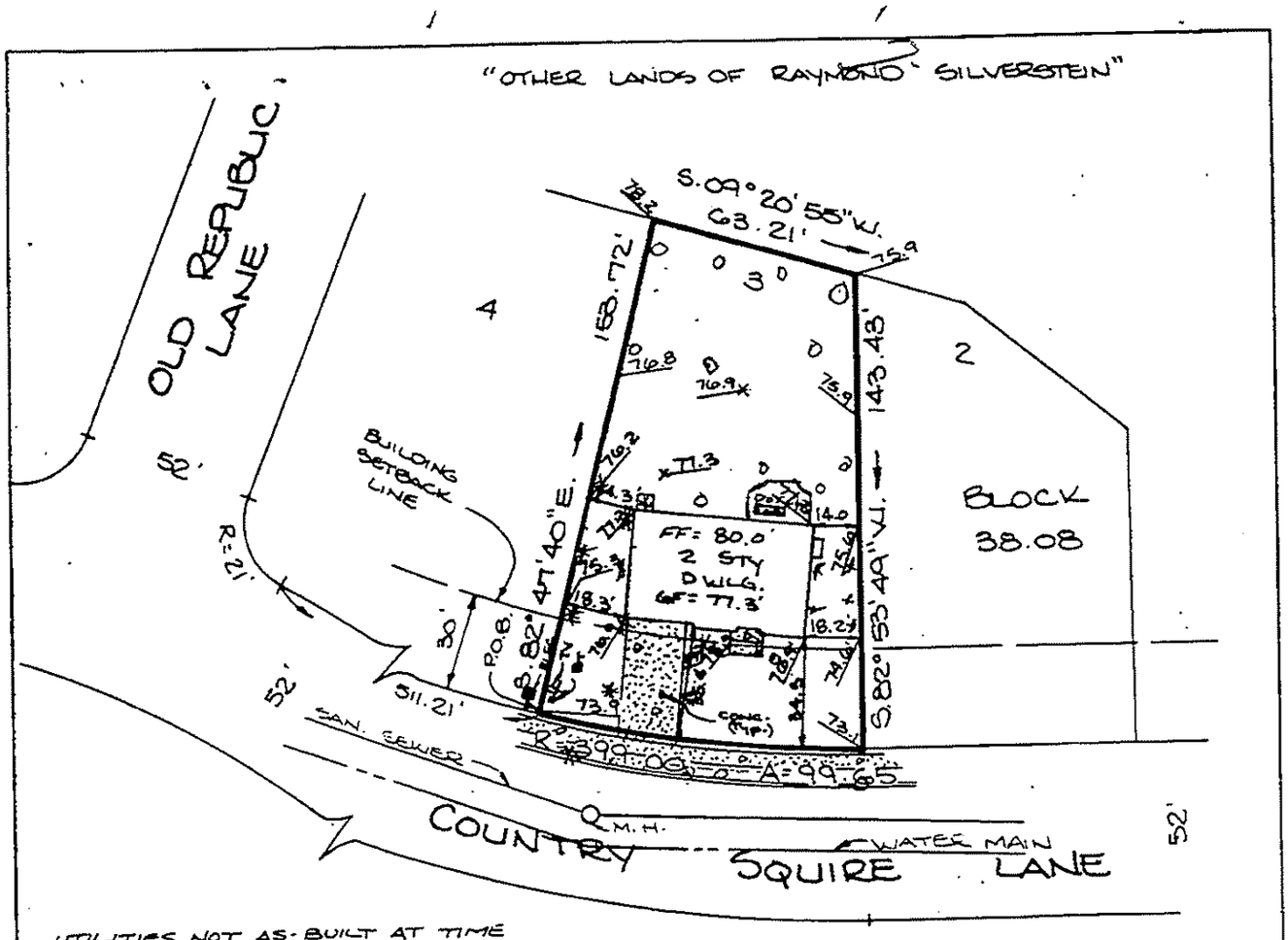
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	1
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
X	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
X	Other UNDERGROUND LAWN SPRINKLERS	

Administrative Surcharge $
Paid [X] Check # 2354 Minimum Fee $ 25
LMS DCA Training Fee $
Collected by: TOTAL $

U.C.C. Form F-130B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy



UTILITIES NOT AS-BUILT AT TIME OF SURVEY.

1/29/92

N.J.P.C.S.

"DEED DESCRIPTION"
BEING KNOWN AND DESIGNATED AS LOT 3
BLOCK 38.08 AS SHOWN
AND SET FORTH ON A CERTAIN MAP
ENTITLED "BRIARWOOD
SECTION 3" PREPARED BY TAYLOR,
WISEMAN AND TAYLOR AND DATED OCT. '87
AND FILED IN THE BURLINGTON
COUNTY CLERKS OFFICE ON 5-1-90
AS MAP NO. 05130.

*TO: MICHAEL & NANCY L HOLLINGSWORTH (H/W) AND CONTINENTAL TITLE INS. CO.

NOTES:
1.) THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE REPORT.
2.) PROPERTY CORNERS TO BE SET AFTER FINAL GRADING.

REV. 7-8-92 (FINAL)
REV. 5-29-92 (FNDTN)

*IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND IN MY PROFESSIONAL OPINION THIS SURVEY IS ACCURATE (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.

N.J. LAND SURVEYOR LICENSE NO 27494

EDWARD A. BARNES

BRIARWOOD

SURVEY OF LOT 3 BLOCK 38.08 SECTION 3

EVESHAM TOWNSHIP

BURLINGTON COUNTY , NEW JERSEY

TAYLOR • WISEMAN & TAYLOR

CONSULTING ENGINEERS • SURVEYORS
PLANNERS • LANDSCAPE ARCHITECTS

306 FELLOWSHIP ROAD. MOUNT LAUREL. NJ 08054

DATE	SCALE	DRAWING #
4-13-92	1" = 50'	16277

BW 141

BLOCK 3808 LOT 3 QUALIFICATION CODE C-90178 ADDRESS (SITE) 6 Country Squire PERMIT NO. 09-0167

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 6 Country Squire Lane
2. Name of Owner in Fee: NANCY HOLLINGSWORTH ([redacted])
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: M+ LAUREL HEATING Tel. (856) 722 7003
   Address 23 Oregon Ave MT LAUREL
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____ Contact ____
6. Responsible Person in Charge once Work has Begun NANCY HOLLINGSWORTH
   Tel. ([redacted]) FAX: ( ) SAME

5-17-09 received

House settles 2/24/09

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		33	
3. Plumbing		33	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		CK 4118
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee		3	P26528
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	93	

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☑ Minor Work	~~$500~~								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☑ Plumbing	1800				2-17-09	BBC			
7. ☑ Electrical	1700				2-27-09	MV			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3,600								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

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

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS EVE-B 10317201

U.C.C. F100-1 (rev. 12/03)

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 Nancy Hollingsworth Date 2-13-09

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	Received
☐ Planning Board							X	X	FEB 13 2009
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	Department of Community Development
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 02/20/09
Control #
Permit # 09-0167

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 38.08 Lot 3 Qual
Work Site Location 6 COUNTRY SQUIRE

Owner in Fee/Occupant HOLLINGSWORTH, MICHAEL & NANCY
Address 6 COUNTRY SQUIRE
MARLTON, NJ 08053-
Telephone [redacted]
Contractor H O M E O W N E R
Address
( ) -
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

A/C UNIT REPLACEMENT.

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Construction Official

U.C.C. P260 (rev. 3/[illegible])

Fee $ 0
Paid [X] Check No. 4118
Collected by: PAS

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 02/17/09
Control #
Permit # 09-0167

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 38.08 Lot 3 Qual

Work Site Location 6 COUNTRY SQUIRE

Owner in Fee HOLLINGSWORTH, MICHAEL & NANCY
Address 6 COUNTRY SQUIRE
MARLTON, NJ 08053-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL REPLACEMENT A/C UNIT.
CONDITION: UNLESS ONE EXISTS, INSTALL CO DETECTOR IN DWELLING PER NJAC 5:23-6.

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 $ 2,600

Construction Official

02/17/09
Date

U.C.C. #170 (rev. 3/06)

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	73
Check No.	4118
Cash	
Collected By	PAS

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 02/17/09
Control #
Permit # 09-0167

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

Block 38.08 Lot 3 Qual

Work Site Location 6 COUNTRY SQUIRE

Owner in Fee HOLLINGSWORTH, MICHAEL & NANCY

Address 6 COUNTRY SQUIRE
MARLTON, NJ 08053-

Tel [redacted]

Contractor HOMEOWNER

Address

Telo.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-5 Proposed U

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 1,734

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-18-09
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			2/18/09	

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	15
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 4118 Minimum Fee $ 20
Collected by: PAS TOTAL FEE $ 35
DCA State Permit Fee $ 2

U.C.C. P120 (rev. 3/96)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 6 COUNTRY SQUIRE LANE MARLTON

Owner in Fee: NANCY HOLLINGSWORTH

Tel. ([redacted] e-mail [redacted]

Address SAME

Contractor H.D. [illegible] Tel. (856 722 7003

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ ~~5600.00~~ 1734

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
AIR CONDITIONING UNIT INSTALLED 5/15/07 (REPLACED) 3½ TON $2600.00 (TOTAL COST)

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 2-13-09
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] OA
Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Const. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cert'n Card Date Issued				
Final Cert'n Card Date Issued				
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.

Nancy Hollingsworth 2-13-09
Applicant's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 10/06)

TOWNSHIP OF EVESHAM
934 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 02/17/09
Control #
Permit # 09-0167

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

Block 38.08 Lot 3 Qual

Work Site Location 6 COUNTRY SQUIRE

Owner in Fee HOLLINGSWORTH, MICHAEL & NANCY

Address 6 COUNTRY SQUIRE
MARLTON, NJ 08053-

Tele [redacted]

Contractor HOMEOWNER

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

B. PLUMBING CHARACTERISTICS

Use Group - Present R-5 Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 866

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By: 2-19-09
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				
COND. DRAIN			2-19-09	

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bibb	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C DRAIN ✓	12
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # 4110 Minimum Fee $ 23
Collected by: PAS TOTAL FEE $ 35
DCA State Permit Fee $ 1

2-18-09 NOT HOME

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 12 COUNTRY SQUIRE LANE
MARLTON

Owner In Fee: NANCY HOLLINGSWORTH

Tel. ([redacted] e-mail [redacted]

Address SAME

Contractor: H.D. MILLMAN HEATING & COOLING Tel. (856) 797-7003

Address 23 DRETON AVE MEDFORD e-mail

Contractor License No. _____ Exp. Date _____

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

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

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer ✓ Private Septic _____

Water Service Size _____ Public Water ✓ Private Well _____

Est. Cost of Plumbing Work $ 566.40

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2-17-09
Approved by: MG

SUBCODE APPROVAL
[ ] CO [ ] COO [ ] GA
Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Nancy Hollingsworth 2-13-09
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CENTRAL AIR CONDITIONING UNIT
REPLACED 8/15/07 3½ TON
$2,600.00 (TOTAL)

QTY.	FIXTURE/EQUIPMENT
____	Water Closet
____	Urinal/Bidet
____	Bath Tub
____	Lavatory
____	Shower
____	Floor Drain
____	Sink
____	Dishwasher
____	Drinking Fountain
____	Washing Machine
____	Hose Bibb
____	Water Heater
____	Fuel Oil Piping
____	Gas Piping
____	LPGas Tank
____	Steam Boiler
____	Hot Water Boiler
____	Sewer Pump
____	Interceptor/Separator
____	Backflow Preventer
____	Greaseirap
____	Sewer Connection
____	Water Service Connection
____	Stacks _____
____	Other _____
____	Other _____

FEE (Office Use Only)
$

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

U.C.C. F130 (rev. 10/00)

BLOCK 38.08 LOT 3 QUALIFICATION CODE C.90168 ADDRESS (SITE) 6 Country Square LA PERMIT NO. 09-0187

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 6 Country Square Lane
2. Name of Owner in Fee: Nancy Hollingsworth Tel. [redacted]
   Address 6 Country Square Lane (street) Hamilton (municipality) 08753 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: tbd Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (____) _____ FAX: (____) _____

House settled 2/24/09

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 41		
2.	Electrical	36		
3.	Plumbing			
4.	Fire Protection	35		
5.	Elevator Devices			
6.	Subtotal	$		CK #4026
7.	Less 20% for State Plan Review			
8.	Subtotal	$ 3		
9.	State Permit Surcharge Fee	1		#3655 2/18
10.	Subtotal	$		
11.	Certificate of Occupancy	50		
12.	Other	FEB 19 2009		
13.	TOTAL	$ 165		

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☑ Minor Work	1700				2/13/09	LW			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection	30				2-17-09	DK			
6. ☐ Plumbing									
7. ☑ Electrical	300			2-17-09		DK	3/9/09		MC
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	2030								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS EVE-B 10317200

U.C.C. F100-1 (rev. 12/03)

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 Nancy Hollenbeck Date 2-11-09

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer	3 copies of CM 2/12/09								Received FEB 11 2009 Department of Community Development
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									FEB 12 2009 BY:
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 02/23/09
Control #
Permit # 09-0187

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 38.08 Lot 3 Qual
Work Site Location 6 COUNTRY SQUIRE

Owner in Fee/Occupant HOLLINGSWORTH, NANCY
Address 6 COUNTRY SQUIRE
MARLTON, NJ 08053-
Telephone [redacted]
Contractor H O M E O W N E R
Address
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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

PARTIALLY FINISH BASEMENT TO BE USED FOR RECREATION AND OFFICE.

[ ] CERTIFICATE OF OCCUPANCY

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

[ ] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[X] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

Construction Official

Fee $ 50
Paid [X] Check No. 4126
Collected by: DLC

U.C.C. F260 (Rev. 3/04)

APPLICATION FOR CERTIFICATE

Permit #
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 6 COUNTRY SQUIRE CT Block 38.08 Lot 3 Qualification Code _____

Owner in Fee NANCY HOLLINGSWORTH
Address 6 COUNTRY SQUIRE CT
HAMILTON
Tel. ([redacted]

Contractor N/A
Address _____
License No. _____ Tel. (___) _____
Federal Employee No. _____

ACTION

- ☑ CERTIFICATE OF OCCUPANCY
- ☑ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 20000.00

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
FINISH BASEMENT USING SHEETROCK ON WALLS & CEILING - STEEL FRAME & WOOD WOOD DOORS. ELECTRICAL OUTLETS, RECESSED LIGHTING FOR RECREATIONAL USE & HOME OFFICE SPACE.

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Nancy Hollingsworth
OWNER/AGENT

☑ OWNER ☐ AGENT

U.C.C. F270
(rev. 5/2003)

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 02/19/09
Control #
Permit # 09-0187

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 38.08 Lot 3 Qual

Work Site Location 6 COUNTRY SQUIRE

Owner in Fee HOLLINGSWORTH, NANCY
Address 6 COUNTRY SQUIRE
MARLTON, NJ 08053-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
PARTIALLY FINISH BASEMENT TO BE USED FOR RECREATION AND OFFICE.
CONDITION: UNLESS ONE EXISTS, INSTALL CO DETECTOR IN DWELLING PER NJAC 5:23-6. WORK DONE W/O PERMITS.

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 $ 2,230

Construction Official

02/19/09
Date

U.C.C. #170 (Rev. 3/96)

PAYMENTS (Office Use Only)

Building	41
Electrical	36
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	50
Other	
Total	165
Check No.	4126
Cash	
Collected By	DLC

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
BUILDING SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 02/19/09
Control #
Permit # 09-0187

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

Block 30.08 Lot 3 Qual

Work Site Location 6 COUNTRY SQUIRE

Owner in Fee HOLLINGSWORTH, NANCY

Address 6 COUNTRY SQUIRE

MARLTON, NJ 08053-

Telo. [redacted]

Contractor HOMEOWNER

Address

Telo. ( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. NO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PARTIALLY FINISH BASEMENT TO BE USED FOR RECREATION AND OFFICE. CONDITION: UNLESS ONE EXISTS, INSTALL CO DETECTOR IN DWELLING PER NJAC 5:23-6. WORK DONE W/O PERMITS.

C.C.O - work done with out Permit

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire

SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

INSPECTIONS		Dates (Month/Day)		
Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed U

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ 0
2. Alteration $ 1,700
3. Total (1+2) $ 1,700

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	41
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool - Above Ground	0
[ ] Pool - In Ground	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [X] Check # 4126 Minimum Fee	$ 0
Collected by: DLC TOTAL FEE	$ 41
DCA State Permit Fee	$ 2

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 38.08 Lot 3 Qualification Code _____

Work Site Location 6 COUNTRY SQUIRE LANE
HARLTON

Owner in Fee: NANCY HOLLINGSWORTH

Tel. ([redacted] e-mail [redacted]

Address SAME
street municipality zip code

Contractor: A.O. Tel. ( ) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FINISH BASEMENT - SHEETROCK, ELECTRICAL OUTLETS, SWITCHES, RECESSED LIGHTING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
( ) No Plans Required		
( ) All		
( ) Footing		
( ) Foundation		
( ) Frame		
(✓) Other	3/5/07	
Joint Plan Review Required		
( ) Elec ( ) Plumb ( ) Fire ( ) Elevator		

SUBCODE APPROVAL
( ) CO ( ) CCO ( ) CA
Date: _____
Approved by: _____

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 17078
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

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 FINISH BASEMENT
[ ] Demolition

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 7/06)

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 02/19/09
Control #
Permit # 09-0187

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

Block 38.08 Lot 3 Qual
Work Site Location 6 COUNTRY SQUIRE

Owner in Fee HOLLINGSWORTH, NANCY
Address 6 COUNTRY SQUIRE
MARLTON, NJ 08053-
Tele. [redacted]
Contractor RAC ELECTRICAL CONTRACTOR
Address 517 DENISE CT.
WILLIAMSTOWN, NJ 08094-
Tele. (856) 262-7800 Fax (856) 262-7800
Lic. No. or Bldrs. Reg. No. 13467
Federal Emp. No. -

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-3 Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-23-09
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			2-27-09	JL

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
13		Lighting Fixtures	
22		Receptacles	
5		Switches	
1		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
41		TOTAL NUMBERS	36
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 4126 Minimum Fee $ 0
Collected by: DLC TOTAL FEE $ 36
DCA State Permit Fee $ 1

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 38.08 Lot 3 Qualification Code

Work Site Location 6 COUNTRY SQUIRE LANE

Owner In Fee: NANCY HULLINGSWORTH

Tel. ( ) e-mail

Address SAME

Contractor: RAC ELECTRIC Tel. (856) 262-7800

Address 517 DENISE CT. e-mail

Contractor License No. 13467 Exp. Date 3/09

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

Federal Emp. ID No. 84-1622816 FAX: (856) 262-7806

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 2-19-09

Approved by:

SUBCODE APPROVAL

[ ] TCO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough				
Barrier Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier Free				
Temp. Cut-In Card Date Issued				
Final Cut-In Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

U.C.C. F120 (rev. 10/05)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CERTIFY EXISTING ELECTRIC IN FINISHED BASEMENT ONLY

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

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 02/19/09
Control #
Permit # 09-0187

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

Block 38.08 Lot 3 Qual
Work Site Location 6 COUNTRY SQUIRE

Owner in Fee HOLLINGSWORTH, NANCY
Address 6 COUNTRY SQUIRE
MARLTON, NJ 08053-
Tele. [redacted]
Contractor HOMEOWNER
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present R-3 Proposed U
Constr Class - Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[X] Other
Location: FINISH BASEMENT
Total Est Cost of Fire Prot Work $ 30

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [✓] CCO [ ] CA
Date: 2/20/09
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			2/20/09	JBS
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices (smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0
Other		0
Administrative Surcharge $		0
Minimum Fee $		35
TOTAL FEE $		35
DCA State Permit Fee $		0

Paid [X] Check # 4126
Collected by: DLC

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

Date Received
Control #

Date Issued
Permit #

FIRE PROTECTION 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 38.08 Lot 3 Qualification Code

Work Site Location 6 COUNTY SQUIRE LANE MARLTON

Owner In Fee: NANCY HOUSING SOUTH

Tel. ([redacted] e-mail [redacted]

Address STATE (street) (municipality) (zip code)

Contractor: N.A.C. Tel. ( )

Address e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New or [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable or [ ] Combustible Capacity

Total Cost of Fire Protection Work $20.00

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 Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Existing Smoke (1)

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	1	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., 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		
CO_2 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 $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approval

Date: 2/11/20

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
CO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F149 (rev. 10/08)

Township of Evesham
984 Tuckerton Road
Evesham, NJ 08053

Date Issued 02/11/09
Application # Z0043-0
Permit # Z0043-09

Z O N I N G P E R M I T

Site Location 6 COUNTRY SQUIRE LANE

Block 38.08 Lot 3 Qual

Owner HOLLINGSWORTH, MICHAEL & NANCY
Address 6 COUNTRY SQUIRE LANE
MARLTON, NJ 08053-

Applicant HOLLINGSWORTH, NANCY
Address 6 COUNTRY SQUIRE LANE
MARLTON, NJ 08053-

APPROVED: 02/11/09

Zoning District

Application Date 02/11/09
Fee $ 35

This certifies that an application for the issuance of a Zoning Permit has been examined.
Use is: PARTIALLY FINISH BASEMENT TO BE USED FOR RECREATION & OFFICE
Nonconforming Use is:

Upon review it was determined that:
[X] Use is permitted by Ordinance
[ ] Use is permitted by Variance approved on: / /
[ ] Valid Nonconforming Use is established by
[ ] Zoning Board of Adjustment
[ ] Zoning Officer

AUTHORIZED SIGNATURE, 02/11/09

2 SET PLANS
$ 35.00

ZONING PERMIT APPLICATION

(IMPORTANT: READ INSTRUCTIONS ON REVERSE SIDE BEFORE FILLING IN APPLICATION)

Received
FEB 11 2009
Department of Community Development

TOWNSHIP OF EVESHAM
Department of Community Development
984 Tuckerton Road
Marlton, NJ 08053 Phone: (856) 983-2914 Fax: (856) 983-6709

1) BLOCK 38.08 LOT 3 HISTORIC PROPERTY _____

2) APPLICANT'S NAME: *(Evesham Business or Resident having work done. Not for Contractor Information.)*
NANCY HOLLINGSWORTH
ADDRESS *(Location of Work)*: 6 COUNTRY SQUIRE LANE
PHONE: [redacted] FAX: SAME
New ✓ Change of Use _____ Improvement _____
PROPOSED USE & SPECIFIC TYPE OF BUSINESS: PARTIALLY FINISH BASEMENT
DESCRIPTION OF WORK
TO BE USED FOR RECREATION + OFFICE

3) PROPERTY OWNER'S NAME: NANCY HOLLINGSWORTH
(Entity or Person who owns Evesham property listed above.)
ADDRESS: 6 COUNTRY SQUIRE LANE
PHONE: [redacted] FAX: SAME CONTACT PERSON: _____

4) CIRCLE ONE PLEASE: I am the Property Owner, Contractor, Tenant, Other (specify OWNER) making this application. I hereby certify that the owner of record authorizes the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.
Signature: Nancy Hollingsworth Print Name: NANCY HOLLINGSWORTH Date: 2-11-09

5) CONTRACTOR'S NAME: N. A. Contact Person: _____
ADDRESS: _____ Phone: _____ Fax: _____

6) SETBACKS: Front Line _____ Rear Line _____ Right Side Line _____ Left Side Line _____
Fences: Height (front yard) _____ (side yard) _____ (rear yard) _____ Will fence enclose a pool? Yes ____ No ____

FOR OFFICE USE ONLY

Proposed Project was approved by: Zoning Board _____ Planning Board _____ Other (specify) _____
Approval Date _____ Approval # _____

Application Approved: _____ Date: _____
Permitted by Ordinance _____ Non-conforming use as defined by Zoning Ordinance _____ MUA Approval _____

Application Denied: _____ Date: _____ Reason(s): Application Incomplete _____ Use Variance Required ____ Bulk Variance Required ____
Work requires prior approvals ____ Other _____

Cash _____ Check # 4115 Receipt # 19985 Zoning Permit # 200409 Initials: JK Date: 2-11-09

35.00 _____ 2/12/09
Authorized Signature Date

Revised January 08

TOWNSHIP OF EVESHAM

IMPORTANT INFORMATION FOR APPLICANT:

PLOT OR SITE PLANS

Site Plans (or surveys) submitted with the Zoning Permit Application must show all existing and proposed improvements. Proposed improvements must be specifically described in size and location from property lines and other structures must be indicated. For example, on a raised wood deck, size (by dimensions or square footage), distance from appropriate property lines and its intended use must be stated on the "Description of Work".

FENCES

Fences may be installed to a height of 6 feet in rear and side yards. In front yards, fences may not exceed 4 feet in height. On corner lots, any portion of the property adjacent to the street is defined as a front yard. Fences must not impede the flow of water drainage in swales.

SWIMMING POOLS

Anything related to the pool, including walks, filters, pool house, etc., are required to be a minimum 15'distance from any property line to the edge of concrete apron/decking. Applicants should contact this office (856-983-2914) for information on minimum requirements for setback distance. If the pool is near a building, we must know its location from the foundation of that building in order to insure the stability of the building foundation is not jeopardized.

BUSINESS SIGNS

Because the ordinance considers the size and location of all signs relative to the site, or specific business, applicants can expedite the approval process by providing the size, location, and type of **all existing and proposed signs** that are directly related to the business for which application is being made. The size of a sign mounted on a facade is predicated on the size (area) of that facade. Therefore, applications involving facade (or window) mounted, or painted signs must contain information concerning the area of the facade. If change of copy is made in conjunction with a CCO application, separate zoning permit application fee of $35 is not required.

CONSTRUCTION PERMITS

Architectural floor plans and structural details are to be submitted with a Construction Permit Application. The tolling of time for review of the Construction Permit Application begins once the Zoning Permit has been issued. You will not be notified of issuance of the Zoning Permit until the Construction Permit is approved or denied.

ZONING PERMIT APPLICATION FILING FEE (NON-REFUNDABLE)

[a] Each lot containing a new 1 or 2 family dwelling unit.	$100
[b] Additions or rehabilitation of fences, pools, sheds, or any improvements requiring issuance of a zoning permit.	$ 35
[c] Each new multiple dwelling building.	$200
[d] Non-residential development authorized by site plan approval.	$200
[e] Non-residential development not requiring site plan approval.	$100
[f] Change of copy to existing sign.	$ 35

CERTIFICATE OF CONTINUED OCCUPANCY

As required in Chapter 94 of the Evesham Township Land Use Legislation for change of occupancy or ownership of non-residential uses.	$ 50

DENIAL OF PERMIT

Date Issued: 02-17-09
Control #:

IDENTIFICATION

Block 38.08 Lo: 3 Qualification Code

Work Site Location 6 COUNTRY SQUIRE LANE Agent/Contractor

Owner in Fee NANCY MACLIN SMART Address

Address 6 COUNTRY SQUIRE LANE

MARLTON Tele. ( )

Tele. ( ) Contractor License No.

On 2-17-09 we received an application for a construction permit for the project/work located at the above address. This project/work involves the following:

FINISH BASEMENT

2-19-09

This application is denied for the following reason(s):

NEED NEW JERSEY LICENSED ELECTRICAL CONTRACTOR TO FILL OUT ELECTRICAL TECHNICAL FOR WORK DONE FOR BASEMENT.

If you wish to contest this action, you may request a h the
of , with
N.J.A.C. 5:23A-2.1. The Application to the Construction Boa

Your application for appeal must be in writing, setting forth te in
question, the control number, the specific sections of the Reg ance
on them. You may include a brief statement setting forth your also
append any documents that you consider useful.

The fee for an appeal is $ and should be forwarded to the eals
Office located at:

Township of Evesham

Anthony Nicclosi, Jr.
Electrical Subcode Official

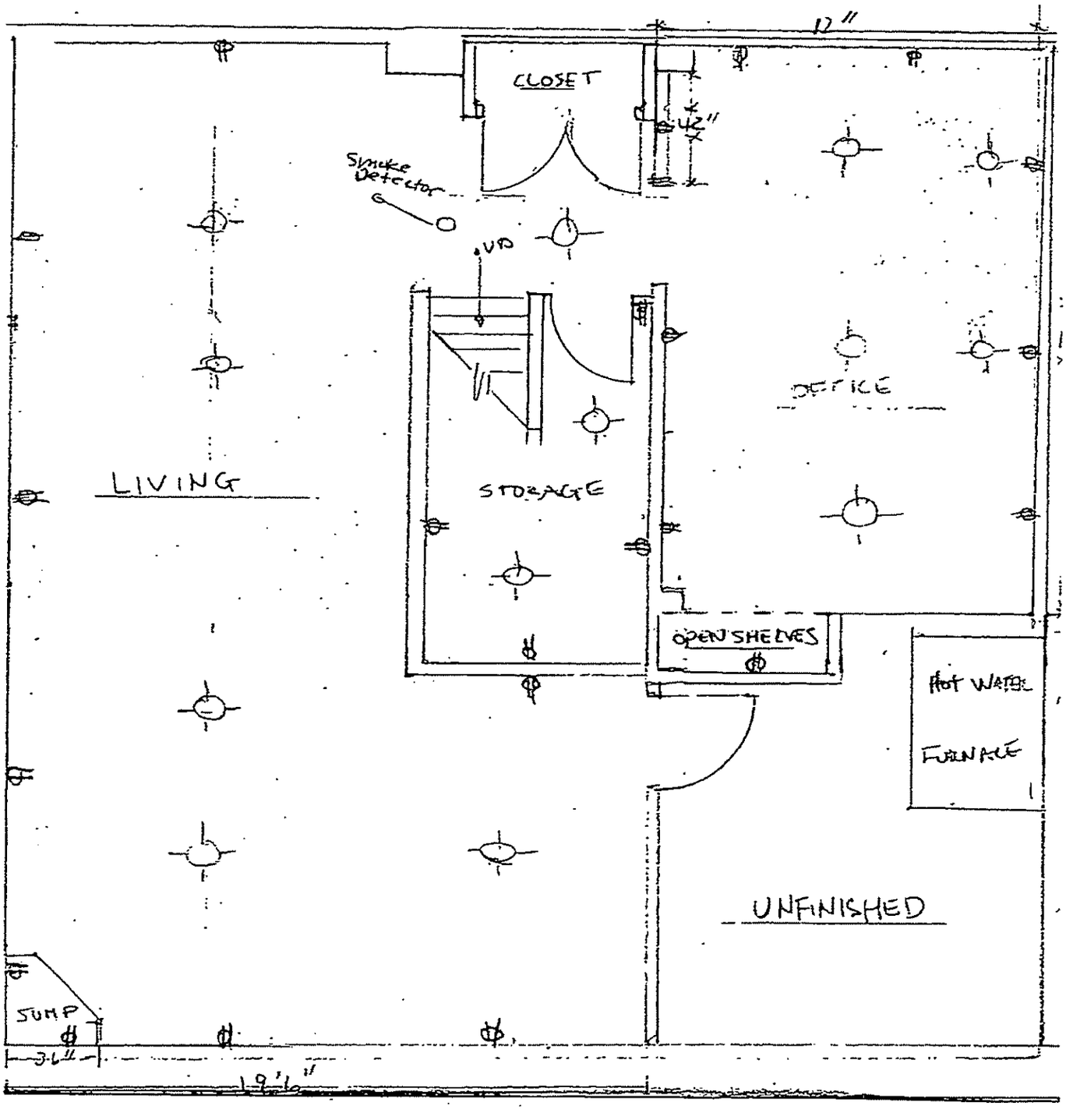
984 Tuckerton Road
Marlton, New Jersey 08053
Phone: (856) 983-2914
Fax: (856) 983-6709
E-mail: nicolost@evesham-nj.gov

If you have any questions concerning this matter, please call:

Construction Official: (Signature) Date: 02-17-09

U.C.C. F350
(rev. 4/2003)

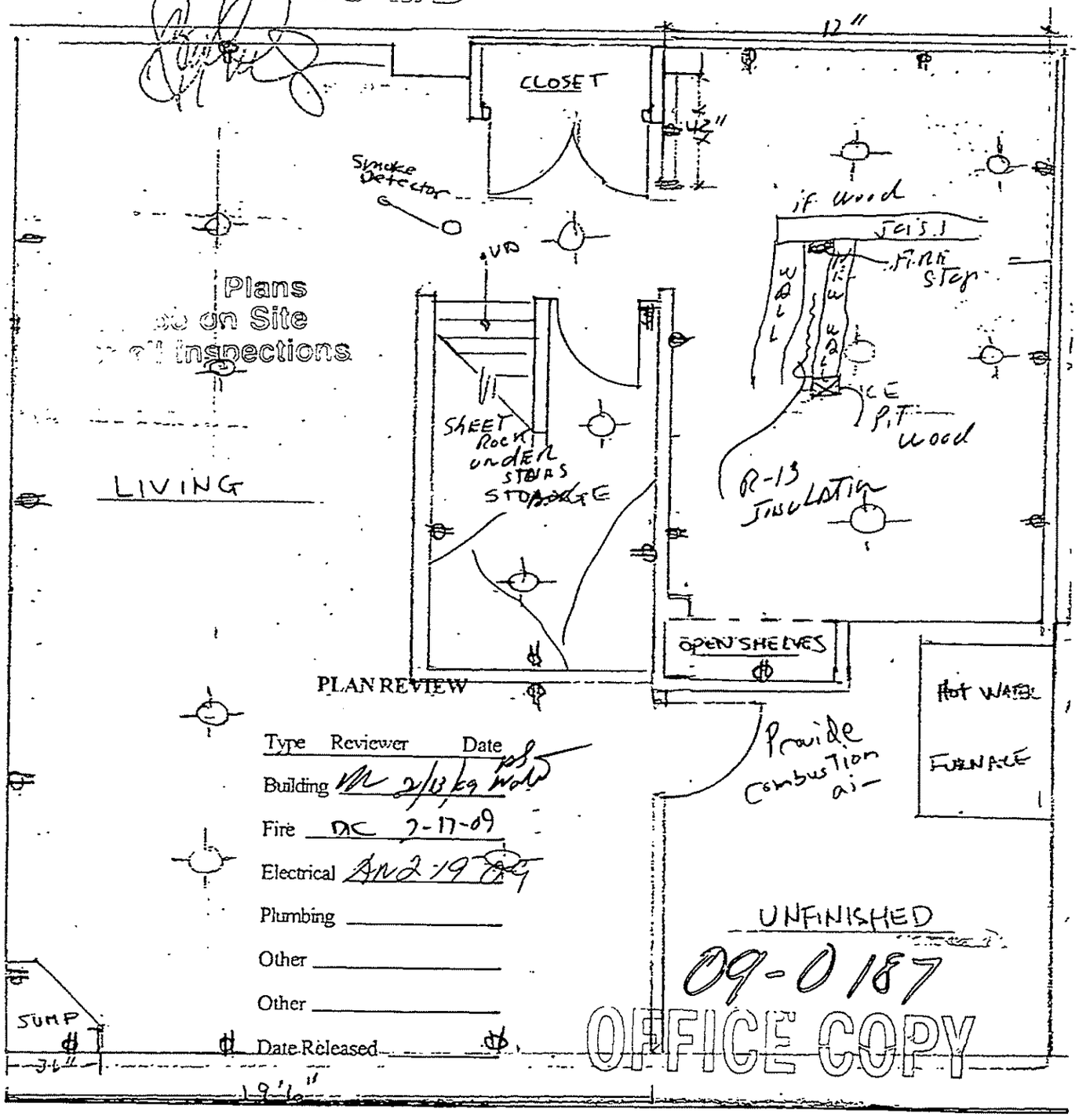
1 White - Applicant 2 Canary - Office



BASEMENT 6 COUNTRY SQUIRE LANE

Nancy Collings 2-11-09

RELEASED



Plans on Site for Inspections

09-0187

OFFICE COPY

BASEMENT 6 COUNTRY SQUIRE LANE

Nancy Hollingsworth 2-11-09

Deck 11'-0" East

BLOCK 38.08 LOT 3 ADDRESS (SITE) 6 Country Square PERMIT NO. 92-460

TOWNSHIP OF EVESHAM

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 6 Country Square Ln - Marlton NJ
2. Name of Owner in Fee: Seventy-Three Land Inc - Tel. ([redacted]
   Address Rt. 73 + Ardsley Dr. Marlton NJ
   (street) (municipality) (zip code)
3. Ownership In Fee: Public ____ Private X
4. Principal Contractor: Chiusano Inc. Tel. (____) ____
   Address SAME
   License No. OR. if new home, Builder Reg. No. 112374461 Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer Nick Piro. Tel. (____) ____
   Address 717 Chewsdarding Rd - Haddonfield, NJ
6. Responsible Person In Charge of Work Philip A. Chiusano Tel. (____) 983-8080

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	575	
2. Electrical		88	
3. Plumbing		175	
4. Fire Protection		31	
5. Other			
6. Subtotal	$	869	
7. Less 20% for State Plan Review			
8. Subtotal 42300	$	77	
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy		25	R 160.44
12. Other			C 370)
13. TOTAL 4/16/92	$	971	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	29 ft.	
3. Area—Largest Floor	1599 sq. ft.	
4. Building Area—All Floors	3179 sq. ft.	
5. Volume of Structure	40,248 cu. ft.	
6. Construction Classification	SFD	
7. Total Land Area Disturbed	1599 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	100,000
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	110
7. ☒ Plumbing	2,500
8. ☒ Electrical	2,400
9. ☐ Asbestos Abatement	
10. ☐ Demolition	210
TOTAL COSTS	104,920

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

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:

LDS EV 10406511

U.C.C. Form F-100A

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 Philip A. Chiusano

Address Rt. 73 & Ardsley Dr. - Marlton NJ

Telephone 983 8080

Signature _____ Date _____

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
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		

TOWNSHIP
OF
EVESHAM

CERTIFICATE

Date Issued July 30, 1992
Control # 16044
Permit # 92-460

IDENTIFICATION

Block 38.08 Lot 3
Work Site Location 6 Country Squire La.

Owner in Fee Michael & Nancy Hollingsworth
Address 6 Country Squire La.
Marlton, NJ 08053
Tele. ( ) [redacted]
Contractor Chiusano, Inc.
Address Rt 73 & Ardsley Dr.
Marlton, NJ 08053
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group R 3
Maximum Live Load 40 PSF
Description of Work/Use:

SF, type C, basement, fireplace, 2½ bath

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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:

Fee $ 971.
Paid [X] Check No. 3701
Collected by: LMS

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued 4/16/92
Control #
Permit # 92-460
Date Issued

IDENTIFICATION

Block 38.08 Lot 3
Work Site Location 6 Country Squire Lane
Marlton, New Jersey 08053
Owner in Fee Michael Hollingsworth
Address 750 RTE 73 South-Suite-501
Marlton, N.J. 08053
Tele. ([redacted])

Contractor Chiusano, Inc.
Address 750 RTE 73 South Suite 501
Marlton, N.J. 08053
Tele. (609) 983-8080
Lic. No. 000666
Federal Emp. No. 112374461
or Social Security No.

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

RECEIVED
JUL 28 1992

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____ OWNER/AGENT
☐ Owner Philip A. Chiusano, Sec.
☐ Agent

BW-92-141

TOWNSHIP
OF
EVESHAM

CONSTRUCTION PERMIT

Date Issued 4/16/92
Control # 16044
Permit # 92-460

IDENTIFICATION Block 38.08 Lot 3

Work Site Location 6 Country Squire La.
Owner in Fee Seventy Three Land,
Address Rt 73 & Ardsley Dr.
Marlton, NJ
Tele. ( ) [redacted]

Contractor Chiusano, Inc.
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:
[X] BUILDING [X] PLUMBING [ ] OTHER
[X] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

SF, basement, type C, fireplace
2½ bath

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 $ 100,000.

PAYMENTS (Office Use Only)

Building	575.
Plumbing	185
Electrical	88
Fire Protection	21.
Other	
Other	
DCA Training Fee	77.
Cert. of Occ.	25.
Other	
Total	971
Check No.	3701
Cash	
Collected By:	LMS

Carles Martinez LMS
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

(see reverse side)

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.

U.C.C. Form 170B

JOB 141-C-00

TOWNSHIP
OF
EVESHAM

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/16/92
Date Issued 16044
Control # 92-460
Permit # 92-460

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

Block 38.08 Lot 3
Work Site Location 6 Country Square La. - Marlton NJ

Owner in Fee Seventy-Three Land Inc.
Address Rt. 73 & Ardsley Dr. - Marlton NJ

Tele. ( ) 983-8080
Contractor Chimera Inc.
Address STATE

Tele. ( )
Lic. No. or Bldrs. Reg. No. 112374461
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing			4-22-92	
[ ] Footing			Foundation	4-20-92		5-1-92	
[ ] Foundation			Slab				
[ ] Frame			Frame			6-25-92	
[ ] Other			Insulation			7-1-92	
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 7-27-92			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 29 Ft.
Area—Largest Floor 1799 Sq. Ft.
Total Bldg. Area/All Floors 3179 Sq. Ft.
Volume of Structure 40.248 Cu. Ft.
Total Land Area Disturbed 1799 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $100,000
2. Alteration $ _____
3. Total (1+2) $100,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Type 'C' 2½ bath
wood frame
Basement
fireplace
2 story
.014 X 48300 = 676 X 85% = 575

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

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [X] Check # 3701 Minimum Fee $ _____
Collected by: LMS TOTAL FEE $ 575

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

JOB 141-C-PW

TOWNSHIP
OF
EVESHAM

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4/16/92
Control # 16044
Permit # 92-460

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

Block 38.08 Lot 3
Work Site Location 6 Country Squire Dr - Marlton NJ

Owner in Fee Seventy-Three Land Dev.
Address Rt. 73 & Ardsley Dr - Marlton NJ

Tele. ( ) 983-8080
Contractor Nolshire
Address 51 W. Cohawkin Rd.
Haddonfield NJ 08030

Tele. ( )
Lic. No. 1511-B
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [X] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. PSE+G
Est. Cost of Elec. Work $ 2,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 7-28-92
Approved by: _____

INSPECTIONS: Type:	Failure	Failure	Approval (Month/Day)	Initial
Rough			6-25-92	
Temporary				
Constr. Serv.				
TCO				
Other				
Service			6-3-92	
Final			7-28-92	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

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.

William Nolshire
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
28		Fixtures (1)	
70		Receptacles (2)	
36		Switches (3)	48
134		Total 1 + 2 + 3	
1	50 Amp	Range	7
		Oven(s)	
		Surface Unit	
1		Dishwasher	7
1		Garbage Disposal	7
1	30 amp	Dryer	7
1	40 amp 3½ ton	A/C Unit	7
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
1		Central heat:	
		oil, (gas) or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	200 amp	Service Entrance	20
		Other	

Administrative Surcharge $ 10.00
Paid [X] Check # 3701 Minimum Fee $ 85.00
Collected by: LMS TOTAL FEE $ 88

U.C.C. Form F-120A

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

JOB 141 - C - 00

TOWNSHIP
OF
EVESHAM

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4/16/92
Control # 16044
Permit # 92-460

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

Block 38.08 Lot 3
Work Site Location 6 Country Square Dr. Marlton NJ

Owner in Fee Seventy-Three Hard Inc
Address Rt. 73 S. & Ardsley Dr. - Marlton NJ

Tele. ( ) 983-8080
Contractor Holsue Inc.
Address 52 W. Chapkin Rd.
Clarksboro NJ 08020

Tele. ( )
Lic. No. 1511-B
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [V] New [ ] Existing
Type: [V] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 1101.— [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL:
[CFO [ ] CCO [ ] CA
Date: 7-29-92
Approved by: DAM

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test	7/27 PC			
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other Final	7/27 PC		7-29-92	DAM

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.

William Holsue
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	7	
Heat Detectors		
TOTAL	7	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	
OTHER		

Administrative Surcharge $ 25
Paid [X] Check # 3701 Minimum Fee $ 85 1/2
Collected by LMS TOTAL FEE $ 27

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

1st floor smoke not working properly

JOB-141- C
BW

TOWNSHIP
OF
EVESHAM

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4/16/92
Control # 16044
Permit # 92-460

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

Block 38.08 Lot 3
Work Site Location 6 Country Square Dr - Marlton NJ
Owner in Fee Serenity - Three Land Inc
Address Rt. 23 & Ardsley Dr. - Marlton
Tele. ( ) 983-8080
Contractor Harry Dobkin
Address P.O. Box 86
Tele. ( ) 665-3486
Lic. No. 8123
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ 2500 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] JA
Approved by: _____
Date: 7-25-92

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			6-22-92	DH
Rough				
Water	N/R 5-13-92		5-14-92	KB
Sewer				
Fixtures	Eyl			
Gas ~~Equipment~~			7-21-92	KB
Gas Final				
Solar				
TCO				
	N.R			
	REJECTED 7-24-92	7-25-92		

near gas meter + new vacuum breaker
leak in B Lavatory L-T

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.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	21
~~1~~	~~Urinal/Stool~~	~~WAIVED~~
2	Bath Tub	14
3	Lavatory	21
1	Shower	7
1	Floor Drain	7
5	Sink	35
1	Dishwasher	7
	Drinking Fountain	
1	Washing Machine	7
2	Hose Bibb	14
	Gas Piping	7
	Fuel Oil Piping	
1	Water Heater	7
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
1	Water Service Connection	25
1	Gas Service Connection	
	Active Solar System	
	Other	25

Administrative Surcharge $ 28
Paid [X] Check # 3701 Minimum Fee $ ~~85.00~~
Collected by: LMS TOTAL $ 185

U.C.C. Form F-130A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

CUT-IN-CARD

MUNICIPALITY BERSHAM TWP.

LOCATION 6 Country Squire UTILITY CO PSE&G

MARLTON BLK 38.08 LOT 3

OWNER Seventy-Three Land OCCUPANT SFD

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 150 AMP

INSTALLED BY HOLLAND LICENSE NO 1511-B

DATE 6-3-92 PERMIT # 92-460 INSPECTOR [illegible]

Lic. No: 14395

U.C.C. Form F-350A 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

TOWNSHIP OF EVESHAM

Burlington County, New Jersey

№ 8619

ZONING PERMIT

Issued to: Seventy Three Land, Inc.

Address: 6 Country Squire La.

Block 38.08 Lot 3 Zoning Classification _____

This permit is issued in accordance with the application and drawings on file in this office, subject to the Evesham Township Zoning Code regulating the use and construction of property and buildings, and the following is a permitted use:

SF, basement, type C, fireplace, 2½ bath

Conditions, if any:

as per approved plans

FEE: $ 10.00 mst

THIS IS NOT A CERTIFICATE OF OCCUPANCY

Signed _____ APR 14 1992

Date 4/16/92

HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY
1000 Route 9
Woodbridge, N.J. 07095
800-982-5538

CERTIFICATION FORM

(Used to obtain Certificate of Occupancy)

JUN 23 1992

HOW Builder Approval No. 06735
(obtained by NJ HOW)

BUILDING FIRM NAME Birmingham Realty Corp

BUILDING FIRM ADDRESS P.O. Box 404 HOW CORP. OF N.J.
MARLTON NJ 08053

MUNICIPALITY EVESHAM

LOT NO. 3 BLOCK NO. 38.08

HOW BUILDER NO. 3100-10835

ADDRESS 6 Country Squire
MARLTON NJ 08053

NJ DCA BUILDER REGISTRATION NO. --666

ENROLLMENT # OR
NOTIFICATION OF STARTS# --72497

This is to certify that the above referenced premises has been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program.

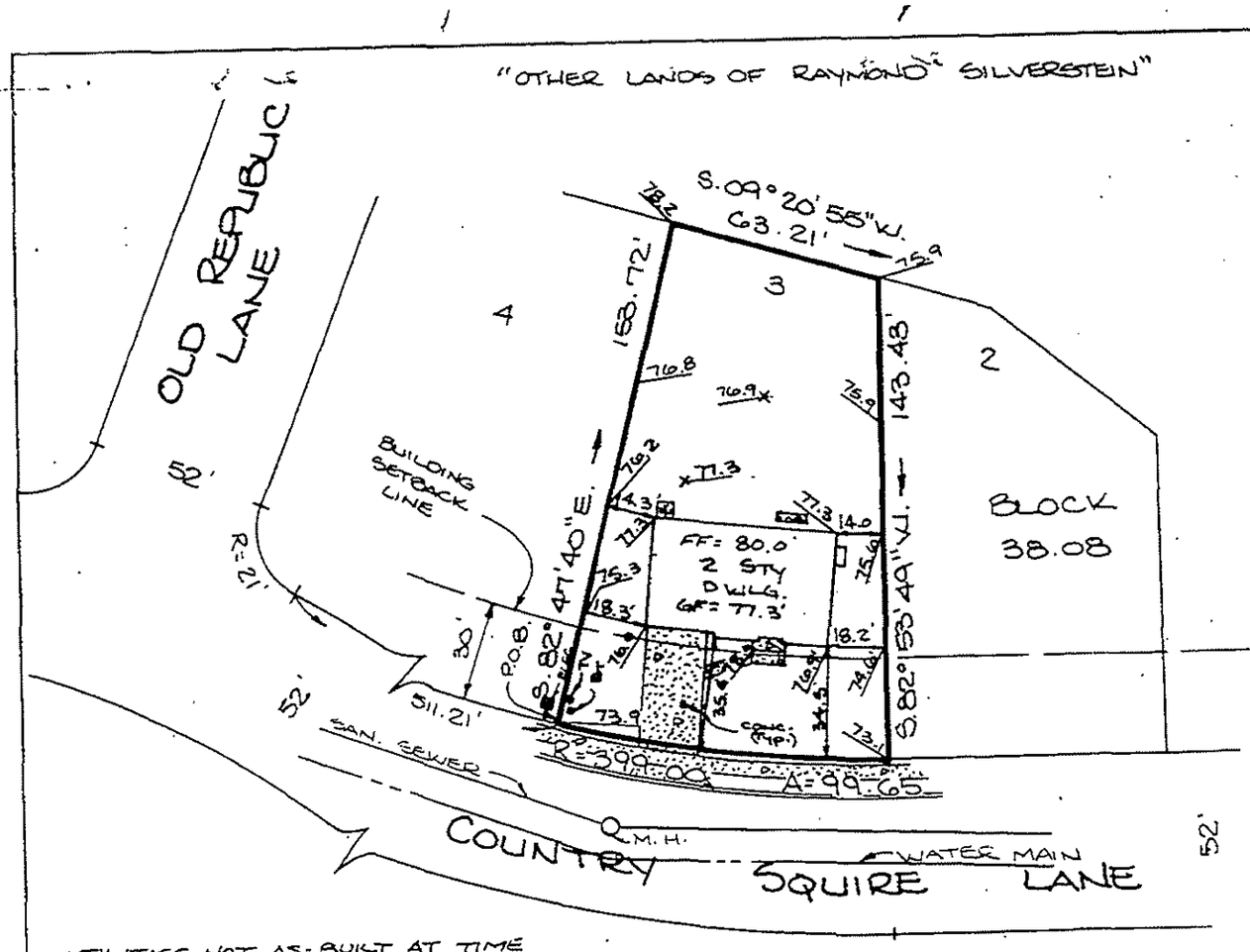
TO BE VALID, FORM MUST BE STAMPED AND DATED BY THE HOW CORP. OF NEW JERSEY NOT MORE THAN (20) TWENTY DAYS BEFORE C. OF O. IS ISSUED.

NOTE: BUILDERS WHO FAIL TO ENROLL HOMES WITH HOW ONCE THIS FORM IS VALIDATED, C. OF O. IS OBTAINED, AND CLOSING/SETTLEMENT OCCURS, FACE TERMINATION FROM THE HOW PROGRAM AND SUSPENSION OF THEIR NJ STATE BUILDER REGISTRATION BY THE DEPARTMENT OF COMMUNITY AFFAIRS (N.J.A.C. 5:25-2.5)

HHBW

MUNICIPALITY COPY

4098512-9



UTILITIES NOT AS-BUILT AT TIME OF SURVEY.

1/29/92

N.J.P.C.S.

"DEED DESCRIPTION"
BEING KNOWN AND DESIGNATED AS LOT 3 BLOCK 38.08 AS SHOWN AND SET FORTH ON A CERTAIN MAP ENTITLED "BRIARWOOD SECTION 3" PREPARED BY TAYLOR, WISEMAN AND TAYLOR AND DATED OCT. '87 AND FILED IN THE BURLINGTON COUNTY CLERKS OFFICE ON 5-1-90 AS MAP NO. 05150.

*TO: MICHAEL & NANCY L HOLLINGSWORTH (H/W) AND CONTINENTAL TITLE INS. CO.

NOTES:
1.) THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE REPORT.
2.) PROPERTY CORNERS TO BE SET AFTER FINAL GRADING.

REV. 7-8-92 (FINAL)
REV. 5-29-92 (FNDTN)

*IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND IN MY PROFESSIONAL OPINION THIS SURVEY IS ACCURATE (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.

LAND SURVEYOR LICENSE NO 27494

EDWARD A. BARNES

BRIARWOOD

SURVEY OF LOT 3 BLOCK 38.08 SECTION 3

EVESHAM TOWNSHIP

BURLINGTON COUNTY , NEW JERSEY

TAYLOR • WISEMAN & TAYLOR
CONSULTING ENGINEERS • SURVEYORS
PLANNERS • LANDSCAPE ARCHITECTS
306 FELLOWSHIP ROAD, MOUNT LAUREL, NJ 08054

DATE	SCALE	DRAWING
4-13-92	1" = 50'	16277

BW 141

BURLINGTON COUNTY SOIL CONSERVATION DISTRICT
Cramer Building, Route 38, Mount Holly, N.J. 08060
609-267-7410

CERTIFICATE OF COMPLIANCE

TO: Carlos Martinez MUNICIPALITY: Evesham

PROJECT: Brixwood 283

APPLICATION NO.: 25187-477

BLOCK NO. 38.08 LOT NO. (s) 2

Complete Compliance ☐ Partial Compliance ☒ Conditional ☒

BLOCK NO.	LOT NO.	CONDITIONS
		(1) Reseed lots as needed by 8-15-92 (2) Continue to maintain struts in lots clean

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Burlington County Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et seq.).

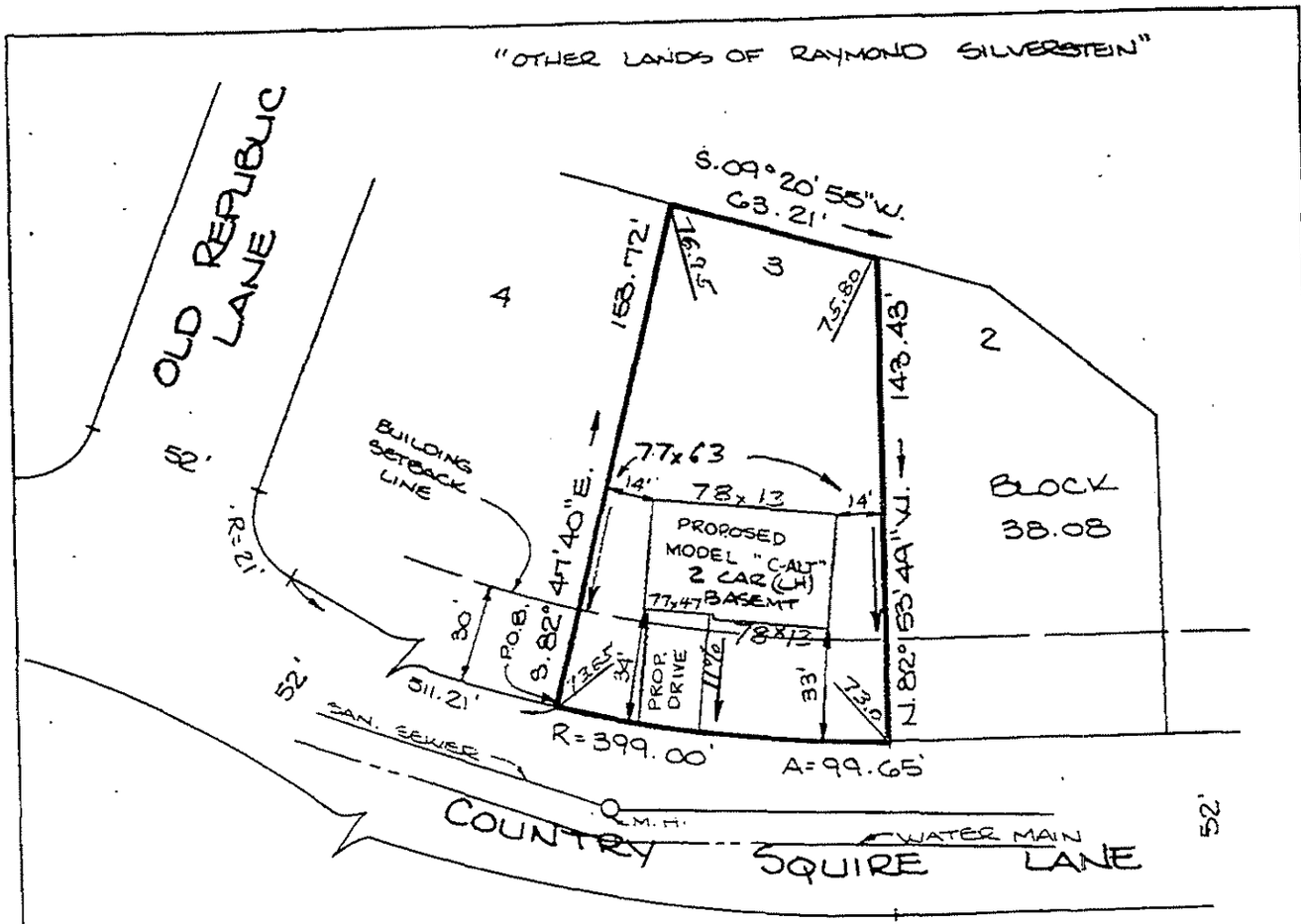
AGENT RESPONSIBLE FOR THE PROJECT – [signature]

AUTHORIZED DISTRICT SIGNATURE – Henry E. Kuzemski

DATE 7-16-92

A4138

DISTRIBUTION: White - Municipal Construction Official Canary - Developer Pink - District Goldenrod - Other



N.J.P.C.S.

"DEED DESCRIPTION"
BEING KNOWN AND DESIGNATED AS LOT 3
BLOCK 38.08 AS SHOWN
AND SET FORTH ON A CERTAIN MAP
ENTITLED "BRIARWOOD
SECTION 3 " PREPARED BY TAYLOR,
WISEMAN AND TAYLOR AND DATED OCT. '87
AND FILED IN THE BURLINGTON
COUNTY CLERKS OFFICE ON
AS MAP NO.

UTILITIES NOT AS-BUILT AT TIME OF SURVEY.

PERMIT PLAN

TOP OF BLOCK ELEVATION = 78.80

PROPOSED TOP OF BLOCK REPRESENTS T.O.B. ELEVATION FOR LOWEST LIVING SPACE OF DWELLING. TOP OF BLOCK ELEVATION MAY BE ADJUSTED TO MEET FIELD CONDITIONS, IF APPROVED BY THE DEVELOPER'S ENGINEER.

Edward P. Brady

EDWARD P. BRADY, P.E.
N.J. PROFESSIONAL ENGINEER NO. 32836

BRIARWOOD

GRADING LOT 3 BLOCK 38.08 SECTION 3

EVESHAM TOWNSHIP

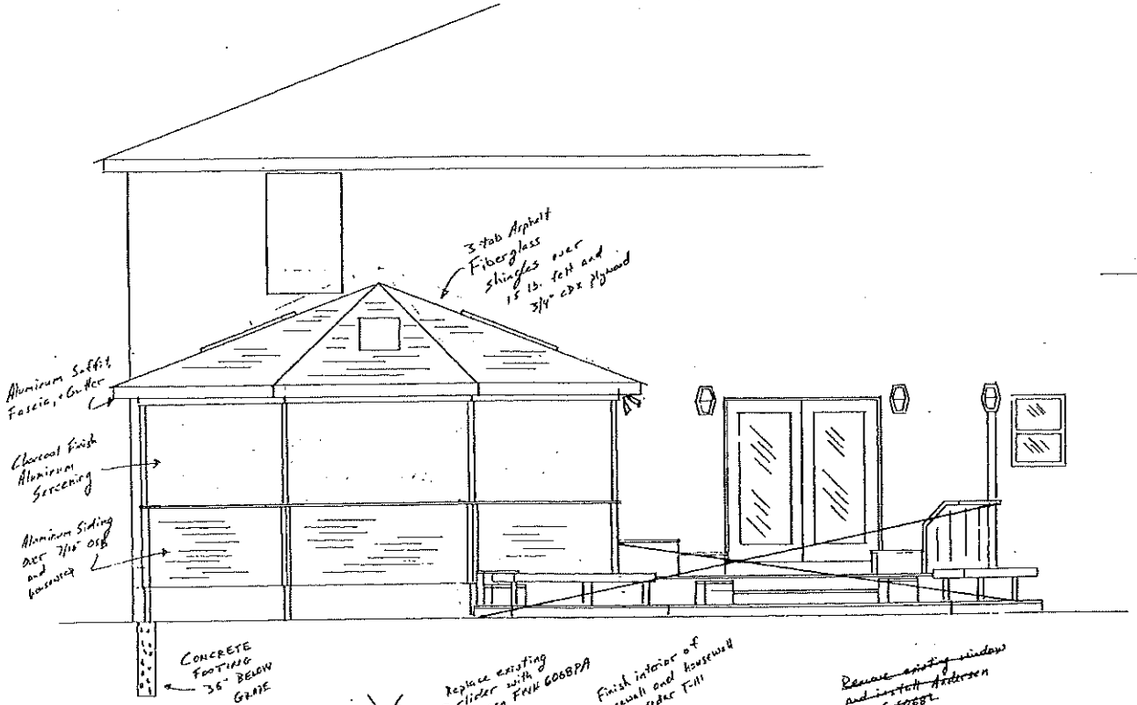
BURLINGTON COUNTY NEW JERSEY

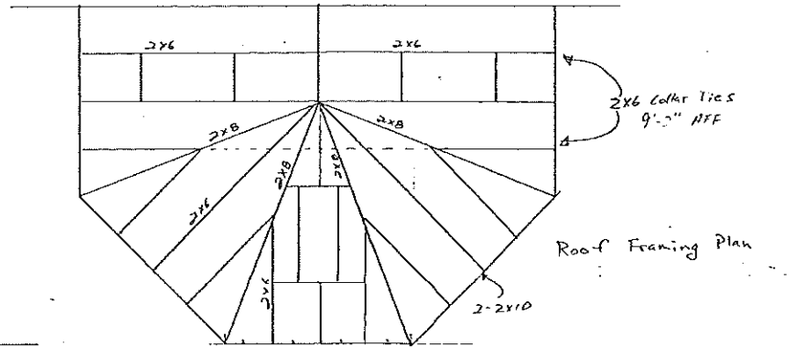
TAYLOR • WISEMAN & TAYLOR

CONSULTING ENGINEERS • SURVEYORS
PLANNERS • LANDSCAPE ARCHITECTS

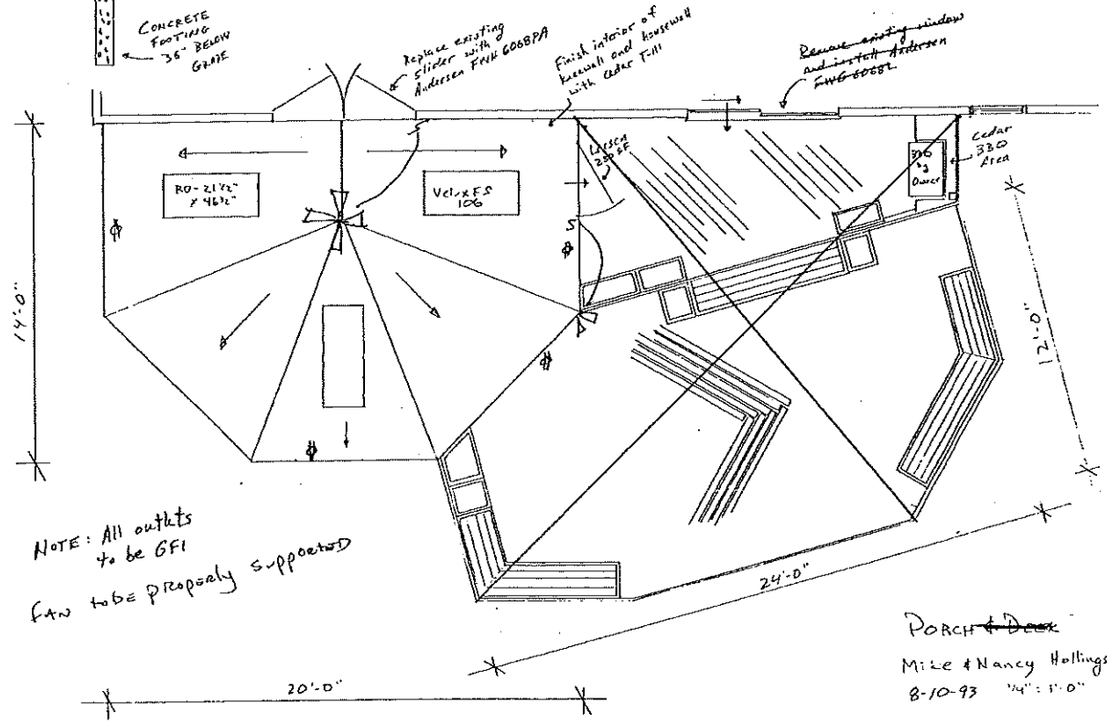
306 FELLOWSHIP ROAD, MOUNT LAUREL, N.J. 08054

DATE	SCALE	DRAWING NO.
4-13-92	1" = 50'	R8277



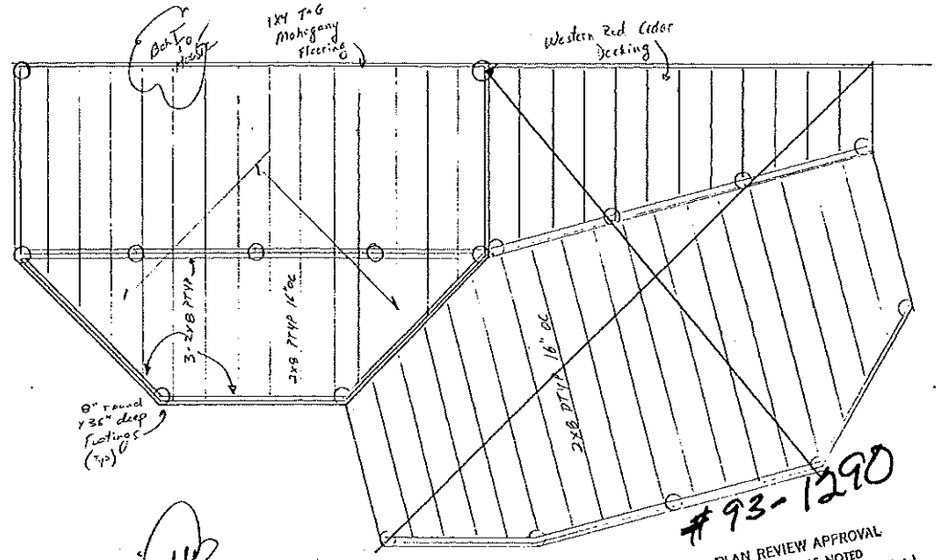


Roof Framing Plan



NOTE: All outlets to be GFI

Fan to be properly supported



PORCH ~~& Deck~~

Mike & Nancy Hollingsworth

8-10-93 1/4" = 1'-0"

Porch & ~~Deck~~ Framing Plan

#93-1290

PLAN REVIEW APPROVAL

*APPROVED	AS NOTED (Initials & Date)
☐ Footings & Fd'n	☐
☐ Structural	☒ AH 8/20/93
☐ Enclosures	☐
☐ Electrical	☐
☐ Plumbing	☐
☐ Mechanical	☐
☐ Fire Protection	☐

OK 10/24/96

BLOCK 38.08 LOT 3 ADDRESS (SITE) 6 Country Squire Lane PERMIT NO. 93-1290

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 6 Country Squire Lane Marlton, NJ
2. Name of Owner in Fee: Mike + Nancy Hollingsworth Tel. [redacted]
   Address 6 Country Squire Lane (street) Marlton (municipality) NJ 08033 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: D T Taylor + Son Const. Inc. Tel. (609) 268-3056
   Address 234 Stokes Rd Indian Mills, NJ 08088
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-2585005 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work Dave Taylor Tel. (___) 268-3056

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 36		
2. Electrical	25		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ 61		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	4		
10. Subtotal	$ 65	R 18701	
11. Cert. of Occupancy	15		
12. Other			
13. TOTAL 8/23/93	$ 80	pd 13469	

OK

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	14 ft.	
3. Area—Largest Floor	256 sq. ft.	
4. New Building Area	256 sq. ft.	
5. Volume of New Structure	2560 cu. ft.	
6. Construction Classification	5b	
7. Total Land Area Disturbed	256 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		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	12,400
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	500
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	12,900

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
				8/23/93	M			
				8.2393	JA			

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 1
After Construction 1
Net gain or loss 0

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

LDS EV 10406510

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 8-12-93

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 D T Taylor + Son Construction Inc.

Address 234 Stokes Rd.

Indian Mills, NJ 08088

Telephone (609) 268-3056

Signature David T. Taylor Pres Date 8-13-93

OFFICE DATE RECEIVED: _____

RECEIVED AUG 19 1985

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ 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.				

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

Date Issued 10/25/95
Control # 18701
Permit # 93-1290

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 38.08 Lot 3
Work Site Location 6 COUNTRY SQUIRE

Owner in Fee HOLLINGSWORTH, MIKE
Address 6 COUNTRY SQUIRE LANE
MARLTON, NJ 08053-
Telephone [redacted]
Contractor
Address

Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 60PSF
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

14 X 20 SCREENED IN PORCH

CERTIFICATE OF OCCUPANCY/APPROVAL

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed 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 the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

CONSTRUCTION OFFICIAL

Fee $ 15
Paid [X] Check No. 15142
Collected by: LMS

TOWNSHIP OF EVESHAM

CONSTRUCTION PERMIT

Date Issued 8/23/93
Control # 18701
Permit # 93-1290

IDENTIFICATION Block 38.08 Lot 3

Work Site Location 6 Country Squire Lane

Owner in Fee Mike & Nancy Hollingsworth
Address 6 Country Squire Lane
Marlton, NJ
Tele. (___) [redacted]

Contractor D. T. Taylor & Son
Address 234 Stokes Rd
Indian Mills, NJ
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:

XX) BUILDING [ ] PLUMBING [ ] OTHER ___
XX) ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

14 x 20 screened in porch

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 $ ~~12,400~~

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	36
Electrical	25
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4
Cert. of Occ.	15
Other	
Total	80
Check No.	15149
Cash	
Collected By:	LMS

(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.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8/23/93
Control # 15149
Permit # 93-1290

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

Block 38.08 Lot 3
Work Site Location 6 Country Squire Lane Marlton, NJ
Owner in Fee Mike + Nancy Hollingsworth
Address 6 Country Squire Lane Marlton, NJ
Tele. ([redacted]
Contractor D T Taylor + Son Const. Inc.
Address 234 Stokes Rd. Indian Mills, NJ 08088
Tele. (609) 268-3056
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2585005 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other	9/20/93	
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[✓] CCO [ ] CCO [ ] CA		
Date:	9/20/93	
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			8/24/93	2
Foundation				
Slab				
Frame			8/30/93	w
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class Present 5b Proposed 5b
No. of Stories 1
Height of Structure 14 Ft.
Area—Largest Floor 256 Sq. Ft.
New Bldg. Area/All Floors 256 Sq. Ft.
Volume of New Structure 2560 Cu. Ft.
Total Land Area Disturbed 256 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 12,400.-
3. Total (1+2) $ 12,400.-

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.

D and T Taylor
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

16x20 screen porch on wood deck. See plans. Note: open deck shown on plans not to be built at this time.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

	$
Administrative Surcharge	$ 36
Minimum Fee	$
DCA TRAINING FEE	$ 4
TOTAL FEE	$ 40.

Paid [X] Check # 15149
Collected by: LMS

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/23/93
Date Issued 15149
Control #
Permit # 93-1290

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

Block 38.08 Lot 3
Work Site Location 6 Country Squire Lane
Marlton, NJ
Owner in Fee Mike + Nancy Hollingsworth
Address 6 Country Squire Lane
Marlton, NJ
Tele. [redacted]
Contractor ED TRETINA ELECTRICAL CONTRACTOR INC.
Address 26 FOREST CT.
VINCENTOWN NJ 08088
Tele. (___) 268-0594
Lic. No. 5865
Federal Emp. No. 22-2708292 or Social Security No. ___

B. ELECTRICAL CHARACTERISTICS

Use Group *Present* ___ Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as ___ Utility Co. ___
Est. Cost of Elec. Work $ 500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8-23-93
Approved by: [signature]

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 10-14-93
Approved By: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			8-31-93	[signature]
Temporary				
Constr. Serv.				
TCO				
Other		Locked		
Service	Locked			
Final	9-16-93	9-13-93	10-14-93	[signature]

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

C. CERTIFICATION IN LIEU OF OATH

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

Edward R. Tretina
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
2		Fixtures (1)
4		Receptacles (2) (GFI)
2		Switches (3)
8		Total 1 + 2 + 3
___	___Kw	Range
___	___Kw	Oven(s)
___	___Kw	Surface Unit
___	___hp	Dishwasher
___	___hp	Garbage Disposal
___	___Kw	Dryer
___	___Kw	A/C Unit
___		Burglar Alarms
___		Intercoms Panels
___		Smoke Detectors
___	___hp	Whirlpool/spa
___		Pool Bonding
___	___hp	Pool Filter Motor
___		Pool Lights
___	___Kw	Water Heater(s)
___	___Kw	Central heat: oil, gas or elec.
___	___Kw	Baseboard Heat Units
___		Thermostats
___	___hp	Heat Pump
___	___hp	Pump(s)
___	___Amp	Motor Control Center/Sub Panels
___		Signs
___	___	Light Standards
___	___hp	Motors—Fractional H.P.
___	___hp	Motors—All Others
___	___Kw	Transformers
___	___Kw	Generators
___	___Amp	Service Entrance
___	___	Other

FEE (Office Use Only)

Administrative Surcharge $ ___
Paid [X] Check # 15149 Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: LMS TOTAL FEE $ 25

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF EVESHAM

Burlington County, New Jersey

№ 010117

ZONING PERMIT

Issued to: Mike & Nancy Hollingsworth

Address: 6 Country Squire La.

Block 38.08 Lot 3 Zoning Classification _____

This permit is issued in accordance with the application and drawings on file in this office, subject to the Evesham Township Zoning Code regulating the use and construction of property and buildings, and the following is a permitted use:

14 x 20 screened in porch

Conditions, if any:

as per approved plans

FEE: $ 10.00 AUG 18 1993

THIS IS NOT A CERTIFICATE OF OCCUPANCY

Signed _____

Date 8/23/93

TOWNSHIP OF EVESHAM
BURLINGTON COUNTY, NEW JERSEY

APPLICATION FOR ZONING PERMIT

BLOCK 38.08 LOT 3

OWNER Mike + Nancy Hollingsworth

ADDRESS 6 Country Squire Lane Marlton, NJ

PHONE [redacted] ZONING CLASSIFICATION _____

REQUESTED USE OF PROPERTY construction of 14x20 screen porch.

APPLICANTS SIGNATURE Dwight Taylor for Mike Hollingsworth

Plot Plan showing existing buildings and proposed building including front, side and rear yard set-backs must be included.

This application has been examined and found to be in compliance with the Zoning requirements of Evesham Township and a Zoning Permit can be issued.

Zoning Officers Signature _____

This application is disapproved because of non-compliance with the following section of the Evesham Township Zoning code _____

VARIANCE APPROVED _____

AUG 18 1993

APPLICATION FEE: $10.00 (NON-REFUNDABLE)

RECEIVED: CASH ✓ Mail Permit 10/17

CHECK _____

RECEIVED AUG 13

PRIOR APPROVALS FOR PERMITS:

[ ] 1. Signed Plans (Local Board Approval)
[ ] 2. Soil Erosion Certification
[ ] 3. S-4 & W-4 EMUA (copy)
[ ] 4. Septic & Well (when applicable)
[ ] 5. Zoning Permit
[ ] 6. DEP Approvals
- -Wetlands Permits
- -Stream Encroachment Permits
- -Any other environmental approvals required prior to issuing a permit

[ ] 7. Pinelands Approval (if applicable)
[ ] 8. DOT Permits (Developments on State Highways)
[ ] 9. County Planning Board Approval
[ ]10. County Engineer's Approval (Developments on County Rd.)
[ ]11. Any other approval required by any other approval agency.
[ ]12. Historic Preservation Commission Approval (when applicable)
( ) 13.Conditions of Resolutions must be complied with.

A statement signed by the applicant that all required prior approvals have been applied for and obtained.

TOWNSHIP OF EVESHAM
APPLICATION
FOR SIGN PERMIT

NAME OF APPLICANT_____PHONE_____

ADDRESS_____

NAME OF PROPERTY OWNER_____PHONE_____

ADDRESS_____

ADDRESS WHERE SIGN(S) IS (ARE) TO BE ERECTED_____

_____BLOCK_____LOT_____ZONE_____

TYPE OF SIGN FS ( ) BF ( ) ATTACHED ( ) WALL( )_____

NAME OF CONTRACTOR TO ERECT SIGN (S):_____

ADDRESS_____

THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS APPLICATION:

( ) SKETCH OF SIGN(S) ( ) SKETCH OF BUILDING

( ) SKETCH OF LOT SHOWING LOCATION OF SIGN(S) TO BUILDING(S)

( ) WRITTEN STATEMENT OF PERMISSION TO ERECT SIGN

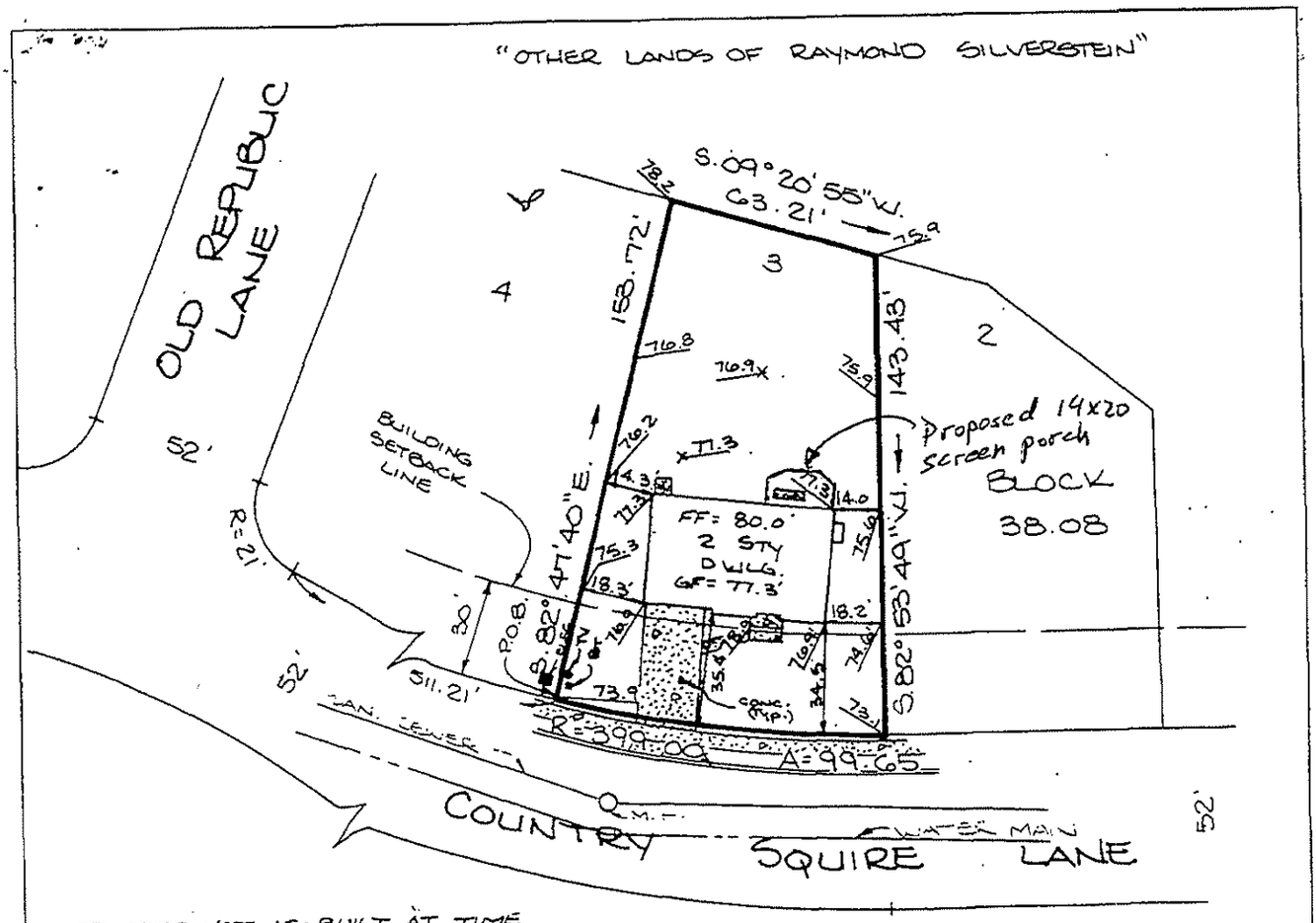
NOTE: ALL SKETCHES MUST INCLUDE DIMENSIONS RELEVANT TO SIZE AND LOCATION OF BUILDING (S)

AREA IN SQUARE FEET OF SIGN(S): (SPECIFY EACH SIGN)_____

_____NUMBER OF SIGN(S)

DISTANCE FROM STREET_____LEFT SIDE LINE_____RIGHT SIDE LINE_____

REAR _____HEIGHT OF SIGN(S)_____



UTILITIES NOT AS-BUILT AT TIME OF SURVEY.

N.J.P.C.S.

"DEED DESCRIPTION"
BEING KNOWN AND DESIGNATED AS LOT 3
BLOCK 38.08 AS SHOWN
AND SET FORTH ON A CERTAIN MAP
ENTITLED "BRIARWOOD
SECTION 3 " PREPARED BY TAYLOR,
WISEMAN AND TAYLOR AND DATED OCT. '87
AND FILED IN THE BURLINGTON
COUNTY CLERKS OFFICE ON 5-1-90
AS MAP NO. 05150.

* TO: MICHAEL & NANCY L HOLLINGSWORTH (H/W) AND CONTINENTAL TITLE INS. CO.

NOTES:
1.) THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE REPORT.
2.) PROPERTY CORNERS TO BE SET AFTER FINAL GRADING.

REV. 7-8-92 (FINAL)
REV. 5-29-92 (FNDTN)

*IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND IN MY PROFESSIONAL OPINION THIS SURVEY IS ACCURATE (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.

EDWARD A. BARNES, N.J. LICENSE NO 27494

BRIARWOOD

SURVEY OF LOT 3 BLOCK 38.08 SECTION 3

EVESHAM TOWNSHIP

BURLINGTON COUNTY , NEW JERSEY

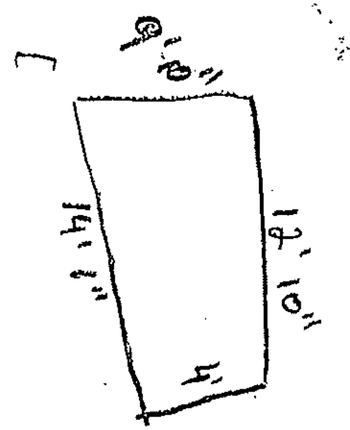
TAYLOR • WISEMAN & TAYLOR

CONSULTING ENGINEERS • SURVEYORS
PLANNERS • LANDSCAPE ARCHITECTS

305 FELLOWSHIP ROAD, MOUNT LAUREL, NJ 08054

DATE	SCALE	DRAWING
4-13-92	1" = 50'	16277

86-141


9'8"
14'1"
12'10"
4'

Evesham Township
Township of Evesham
Construction Permits & Inspections
984 Tuckerton Road
Marlton, NJ 08053

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 11/29/2021
Control Number C-21-2174
Permit Number 20211969
Permit Issue Date 10/28/2021
Certificate Number

Identification

Block: 38.08 Lot: 3 Qual:

Work Site Location: 6 COUNTRY SQUIRE LANE MARLTON, NJ 08053

Owner In Fee: LIPPERT, MICHAEL & CAROL
Owner Address: 6 COUNTRY SQUIRE LANE MARLTON NJ 08053
Telephone:

Contractor: BOB'S HEATING & AIR CONDITIONING
Address: 1879 OLD CUTHBERT RD, UNIT 22 CHERRY HILL NJ 08003
Telephone: (856) 427-9334 Fax: (856) 427-9334
License Number or Builders Registration Number:
Federal Emp. Number: 30-0082001

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
A/C UNIT REPLACEMENT

Certificate Comments:

☐ **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:

☐ **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

Fee: $0.00

Check Number:
Collected By:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/27/2021
Date Issued 10/28/2021
Control # C-21-2174
Permit # 20211969

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

Block 38.08 Lot 3 Qualification Code

Work Site Location: 6 COUNTRY SQUIRE LANE MARLTON, NJ 08053

Owner in Fee: LIPPERT, MICHAEL & CAROL

Address 6 COUNTRY SQUIRE LANE MARLTON NJ 08053

Email

Tel.

Contractor: JJL ELECTRIC LLC

Address 31 HARPER BOULEVARD DELRAN NJ 08075

Email

Tel. (856) 498-0383 Fax.

Lic No. 34EI01486600 Exp. Date 3/31/2024

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

Federal Employee No. 26-0084010

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $300

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☑ CA

Date: 11-18-21

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-18-21	N
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy 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
A/C UNIT REPLACEMENT,

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	
1	5	KW Central A/C Unit	$15
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	$1
TOTAL FEE	$66

U.C.C.F120 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 38.08 Lot 3 Qualification Code

Work Site Location 6 Country Squire Lane
Marlton, NJ 08053

Owner In Fee: Michael + Carol Lippert

Tel. [redacted] e-mail

Address 6 Country Squire Ln. Marlton, NJ 08053
street municipality zip code

Contractor: JJL Electric LLC Tel. (856) 498-0383

Address 31 Harper Blvd. e-mail
Delran, NJ 08075

Contractor License No. 14866 Exp. Date 03/20/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 260084010 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Dwelling Utility Co. PSE&G

Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Undersiab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8.30.21
Approved by: NB

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

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

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

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 sign/Contractor sign and seal here:

Print name here: Joseph Leusner

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: AC Disconnect

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

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

U.C.C. F120 (rev. 11/08)
Internet version

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

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 8/27/2021
Control # C-21-2174
Date Issued 10/28/2021
Permit # 20211969

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

Block 38.08 Lot 3 Qualification Code

Work Site Location: 6 COUNTRY SQUIRE LANE MARLTON, NJ 08053

Owner in Fee: LIPPERT, MICHAEL & CAROL

Address 6 COUNTRY SQUIRE LANE MARLTON NJ 08053

Email

Tel.

Contractor: BOB'S HEATING & AIR CONDITIONING

Address 1879 OLD CUTHBERT RD, UNIT 22 CHERRY HILL NJ 08003

Email bobsheating@comcast.net

Tel. (856) 427-9334 Fax. (856) 427-9334

Contractor License No. 19HC00308500 Expiration Date: 6/30/2022

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

Federal Emp. ID No. 30-0082001

B. MECHANICAL CHARACTERISTICS

Use Group Present R-5 Proposed

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

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $2,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☑ CCO

Date: 11-18-21

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC			11-18-21	
Generator				
Fireplace				
Chimney Cert.				
Other				
Final			11-18-21	

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

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

A/C UNIT REPLACEMENT,

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other Air Conditioner	
	Administrative Surcharge	
	Minimum Fee	$65
	State Permit Surcharge Fee	$5
	TOTAL FEE	$70

U.C.C F145 (rev. 11/09)

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 38.08 Lot 3 Qualification Code

Work Site Location 6 Country Square Lane
Marlton, NJ 08053

Owner In Fee: Michael & Carol Lippert

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: Bob's Heating & Air Conditioning Tel. (856) 427-9334

Address 1879 Old Cuthbert Rd, Unit 22 e-mail bobsheating@comcast.net
Cherry Hill, NJ 08034

Contractor License No. 19HC00308500 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 300082001 FAX: (856) 427-9334

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [X] Other AC

Estimated Cost of Mechanical Work $ 2800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Mechanical Plans Approved
Date 8-30-21 Approved by: DB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-30-21
Approved by: DB

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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 sign/Contractor sign and seal here: Bob Henry

Print name here: Bob Henry

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
AC Replacement

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other AC	

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

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

CONSTRUCTION PERMIT

Date Issued 10/28/2021
Control # C-21-2174
Permit # 20211969

IDENTIFICATION Block: 38.08 Lot: 3 Qualifier
Work Site Location: 6 COUNTRY SQUIRE LANE MARLTON, NJ 08053

Owner in Fee: LIPPERT, MICHAEL & CAROL
6 COUNTRY SQUIRE LANE MARLTON NJ 08053

Telephone:

Contractor: BOB'S HEATING & AIR CONDITIONING
Address: 1879 OLD CUTHBERT RD, UNIT 22 CHERRY HILL NJ 08003
Telephone: (856) 427-9334
Lic. No. or Bldrs. Reg. No. 19HC00308500
Federal Employee. No. 30-0082001

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:
A/C UNIT REPLACEMENT

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: $3,100

Construction Official

10-29-2021
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$65
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$65.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$136
Check No.	11846
Cash	$0
Credit	$0
Collected By	Dorotea Rafanelli

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 any manner which will preclude the inspection until it has been made and approval granted.

SEE ATTACHED INSPECTION CHECKLIST

☐ 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 backfilling.
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.

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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 **Bob's Heating & Air Conditioning**

Address **1879 Old Cuthbert Rd Unit 22**
Cherry Hill, NJ 08034
Phone/Fax: (856) 427-9334

Telephone _____

Signature Bob Henry

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board					X				
☐ Sewer Authority							X		
☐ Water Authority							X		RECEIVED AUG 26 2021
☐ Police Department							X		
☐ Health Department					X				By: mail
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X		X		X				
☐ N.J. Department of Transportation	X		X		X				
☐ N.J. Department of Environmental Protection	X		X		X		X		
☐ Utility Dig No.	X		X		X		X		
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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