



# LITTLE EGG HARBOR TOWNSHIP

665 RADIO ROAD, LITTLE EGG HARBOR, NJ 08087

(609) 296-7241  
Fax (609) 296-5352  
<http://www.leht.com>

November 30, 2017

Mr. Jeff Epstein  
Citizen's Media TV

**RE: OPRA Request Permits PRSD 2012-2016**

**ID#: 2017-272**

To whom it concerns:

This letter serves as my written response to your OPRA request received by Little Egg Harbor Township on November 29, 2017.

The attached information has been provided to fulfill your request.

I hope this information satisfies your request.

Sincerely,

*Diana K. McCracken, RMC - 4305*

Diana K. McCracken, RMC



# 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 264 Lot 6 Qualification Code \_\_\_\_\_

Work Site Location

540 NEWBURN TOWN RD. TUCKERTON N.J.

Owner in Fee PINELANDS REGIONAL SCHOOL DISTRICT

Address 4756 HARTBROOK N.J. 08087

Tel (609) 296-3106

Contractor PAULSON & SONS INC.

Address 7700 PARK AVE. PHILADELPHIA PA.

Tel (610) 665-4026 FAX (610) 665-4026

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

Fire Alarm Contractor No. \_\_\_\_\_

Federal Emp. No. 22-2536447

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Const. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Heating System: ☒ New or ☒ Existing ☒ HVAC

Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar

Location: \_\_\_\_\_

Fuel Storage Tank: \_\_\_\_\_

Fuel Type: ☐ Flammable or ☒ Combustible Capacity \_\_\_\_\_

Total Cost of Fire Protection Work \$ 160000.00

| JOB SUMMARY (Office Use Only)                                                        |                     | INSPECTIONS |         |          |         |
|--------------------------------------------------------------------------------------|---------------------|-------------|---------|----------|---------|
| PLAN REVIEW                                                                          | Type:               | Failure     | Failure | Approval | Initial |
| <input type="checkbox"/> No Plans Required                                           | Alarm System        |             |         |          |         |
| Joint Plan Review Required:                                                          | Suppression Sys.    |             |         |          |         |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing                  | Standpipe           |             |         |          |         |
| <input type="checkbox"/> Electric <input type="checkbox"/> Elevator                  | Fire Pump           |             |         |          |         |
| <input type="checkbox"/> Fire Plans Approved                                         | Pre-Eng. System     |             |         |          |         |
| Date: <u>8/13/14</u>                                                                 | Mechanical          |             |         |          |         |
| Approved by: <u>[Signature]</u>                                                      | Smoke Control       |             |         |          |         |
| SUBCODE APPROVAL                                                                     | TCO                 |             |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | Flam/Combust. Tanks |             |         |          |         |
| Date: _____                                                                          | Fireplace Venting   |             |         |          |         |
| Approved by: _____                                                                   | 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.

Applicant's Signature/Contractor's Signature \_\_\_\_\_

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL FIRE DEVICES IN 1ST FLOOR HALLWAY

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, waterflow)

Supervisory Devices (i.e., lamps, 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<sub>2</sub> 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 Fire Damages

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ 160000.00

Date Received 8-19-14  
Control # 14-1022  
Date Issued  
Permit #





# BUILDING 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 264

Lot 6

Qualification Code

Work Site Location 590 Manhattan 20<sup>th</sup> ST

Owner in Fee PLAZA EIGHTH SCHOOL DISTRICT

Address 320 NUGTOWN RD

City ELIZABETH, NJ 08087

Tel. (609) 296-3106

Contractor LENNY HIL CO. CONTRACTORS

Address 7705 1<sup>st</sup> AVE

City ELIZABETH, NJ 08087

Tel. (852) 665-4026

Contractor License No. or Builder Registration No. 103191

Federal Emp. No. 22-2536947

Job Summary (Office Use Only)

PLAN REVIEW Date Initial Type: INSPECTIONS

☐ No Plans Required

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

Use Group Present Proposed

Const. Class Present Proposed

No. of Stories

Height of Structure

Area — Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Rehabilitation \$

3. Total (1+2) \$

U.C.C. F110

(rev. 07/03)

1 White = Inspector Copy

2 Green = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

Date Received  
Control #  
Date Issued  
Permit #  
8-19-14  
14-1022

C. CERTIFICATION IN LIEU OF OATH  
I hereby certify that I am the (agent) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1050ML (12) Flat Panels in 1st Floor hallway

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

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Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



# 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 264 Lot 5 & 6 Qualification Code           

Work Site Location Pinehills Regional H. L. School

Owner in Fee: Woodlands Regional School District

Tel. (609) 346-7163 e-mail rmueler@ssd.nj.org

Address 305 Magnolia Rd. Tuckerton NJ 08087

Contractor: City of Tuckerton Tel. (609) 353-1166

Address 305 Magnolia Rd. Tuckerton NJ 08087

City Tuckerton State NJ Zip Code 08087

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            Fuel Storage Tank:           

Constr. Class: Present            Proposed            Fuel Type:            or            Combustible

Heating System:            New or            Modification to Existing            Fire Alarm System:            New or            Existing

Fuel Type:            Gas            Oil            Electric            Solar            Fire Suppression/Standpipe System:           

Location:            Other            Location of Panel:           

Total Cost of Fire Protection Work \$            Location of Main Control Valve:           

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

☐ No Plans Required

☐ Partial Under-slab Utilities Approved

Date: 11/27/16 Approved by:           

Joint Plan Review Required:           

SUBCODE APPROVAL FOR PERMIT

Date: 11/27/16

Approved by:           

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:           

Approved by:           

### INSPECTIONS

Type:            Failure            Approval            Initial           

Alarm System           

Suppression Sys.           

Standpipe           

Fire Pump           

Pre-Eng. System           

Mechanical           

Smoke Control           

TCO           

Flam/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.

Applicant sign/Contractor sign and seal here:           

Print name here:           

D. TECHNICAL SITE DATA ☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:           

Water Supply Source           

Method of Alarm/Suppression System Supervision           

Flammable/Combustible Tanks           

Alarm Systems           

☐ System           

☐ 110v interconnected           

☐ CO Detectors/110v           

Alarm Devices (i.e., smoke, heat, pull, waterflow)           

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

Signaling Devices (i.e., horns/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<sub>2</sub> Suppression           

Foam Suppression           

FM200 Suppression           

Other           

Other Systems           

Kitchen Hood Exhaust System           

Smoke Control System           

Fuel-Fired Appliances            Gas            Oil            Solid           

Fireplace Venting/Metal Chimney           

Other           

Administrative Surcharge \$           

Minimum Fee \$           

State Permit Surcharge Fee \$           

TOTAL FEE \$           

Date Received           

Control #           

Date Issued           

Permit #           

16-1343

11-29-16



# PLUMBING SUBCODE TECHNICAL SECTION



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

Block 264 Lot 546 Qualification Code 05057

Work Site Location Pinelands Regional High School

590 Nantuxton Rd Tuckerton NJ 08057

Owner in Fee: Pinelands Regional School District

Tel. (609) 946-7163 e-mail CAUeller@P.R.Schools.org

Address 365 N. Grafton Rd Tuckerton NJ 08057 Zip code 08057

Contractor Directly Held Services of NJ LLC Tel. (856) 495-1160

Address 365 Thomas Ave Suite 201 e-mail francis@directlyheld.com

City/State/Zip Camden NJ 08094

Contractor License No. 5598 Exp. Date 6/1/17

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

Federal Emp. ID No. 902-751-7066 FAX: (856) 495-1170

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 \$ 140,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

☐ Plumbing Plans Approved

Date: 11/1/16 Approved by: \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 11/1/16

Approved by: \_\_\_\_\_

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

INSPECTIONS

Type: \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Slab \_\_\_\_\_

Rough \_\_\_\_\_

Water \_\_\_\_\_

Sewer \_\_\_\_\_

Fixtures \_\_\_\_\_

Gas Equipment \_\_\_\_\_

Gas Piping \_\_\_\_\_

LP Gas 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 Francis Safir

sign and seal here: Francis Safir

Print name here: Francis Safir

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY. \_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_ LP Gas Tank \_\_\_\_\_

\_\_\_\_\_ Steam Boiler \_\_\_\_\_

\_\_\_\_\_ Hot Water Boiler \_\_\_\_\_

\_\_\_\_\_ Sewer Pump \_\_\_\_\_

\_\_\_\_\_ Interceptor/Separator \_\_\_\_\_

\_\_\_\_\_ Backflow Preventer \_\_\_\_\_

\_\_\_\_\_ Greasetrap \_\_\_\_\_

\_\_\_\_\_ Sewer Connection \_\_\_\_\_

\_\_\_\_\_ Water Service Connection \_\_\_\_\_

\_\_\_\_\_ Slacks \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Administrative Surcharge \$ 45.00

Minimum Fee \$ 45.00

State Permit Surcharge Fee \$ 45.00

TOTAL FEE \$ 135.00

Recorder call: (732) 834-3000





# ELECTRICAL 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 264 Lot 5+6 Qualification Code \_\_\_\_\_

Work Site Location Pinelands Regional High School

590 Nugentown Road, Tuckerton, NJ 08087

Owner In Fee: \_\_\_\_\_

Tel ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address Chammings Electric, Inc. Tel ( 856 ) 691-0653

Vineyard, NJ 08360 e-mail wjkepatane@chammingselectric.com

Contractor License No. 11203 Exp. Date 03/31/18

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

Federal Emp. ID No. 22-1822237 FAX: ( 856 ) 691-6225

B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 19,000.00

| JOB SUMMARY (Office Use Only)              |                                             | INSPECTIONS |         | Dates (Month/Day) |         |
|--------------------------------------------|---------------------------------------------|-------------|---------|-------------------|---------|
| PLAN REVIEW                                | Type:                                       | Failure     | Failure | Approval          | Initial |
| [ ] No Plans Required                      | Rough                                       |             |         |                   |         |
| [ ] Partial - Underslab Utilities Approved | Barrier-Free                                |             |         |                   |         |
| Date: _____                                | Trench                                      |             |         |                   |         |
| [ ] Electrical Plans Approved              | Temp. Srv.                                  |             |         |                   |         |
| Date: <u>11/23/16</u> Approved by: _____   | Const. Serv.                                |             |         |                   |         |
| Joint Plan Review Required:                | TCO                                         |             |         |                   |         |
| [ ] Bldg. [ ] Pub. [ ] Fire [ ] Elev.      | Other                                       |             |         |                   |         |
| SUBCODE APPROVAL for PERMIT                | Service                                     |             |         |                   |         |
| Date: <u>11/23/16</u>                      | Final                                       |             |         |                   |         |
| Approved by: _____                         | Barrier-Free                                |             |         |                   |         |
| SUBCODE APPROVAL for CERTIFICATE           | Temp. Cut-In-Card Date Issued               |             |         |                   |         |
| [ ] CO [ ] CCO [ ] CA                      | Final Cut-In-Card Date Issued               |             |         |                   |         |
| Date: _____                                | Annual Pool Inspection                      |             |         |                   |         |
| Approved by: _____                         | Date of Grounding and Bonding Certification |             |         |                   |         |

**NOTAR PUBLIC**  
Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued 11-29-16  
Permit # 16-13413  
I hereby certify that the agent of owner of record and am authorized to make this application and perform the work listed on this application.  
Applicant's Signature: Michael Petane  
sign and seal here: \_\_\_\_\_

Print name here: Michael Petane

[ ] Licensed Elec. Contractor [ ] Certifd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Power (3) New Boilers.

| 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 Permits/with UV 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                        |                       |
| <u>2</u>      | <u>20A</u> | <del>REPLACEMENT</del> <u>480V Pumps</u> |                       |
|               |            | KW Transformer/Generator                 |                       |
|               |            | AMP Service                              |                       |
|               |            | AMP Subpanels                            |                       |
|               |            | AMP Motor Control Center                 |                       |
|               |            | KW Elec. Sign/Outline Light              |                       |
| <u>3</u>      | <u>15A</u> | <u>480V Boilers</u>                      |                       |

|                               |              |
|-------------------------------|--------------|
| Administrative Surcharge \$   | <u>125-</u>  |
| Minimum Fee \$                | <u>112-</u>  |
| State Permit Surcharge Fee \$ | <u>1237-</u> |
| TOTAL FEE \$                  |              |





PLUMBING  
SUBCODE  
TECHNICAL SECTION



Little Egg Harbor Township

Date Received 12-9-16  
Date Issued  
Control #  
Permit # 16-1343

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

Block 264 Lot 546  
Work Site Location: PINE AVE H.S.  
Owner in Fee: PINE AVE RD. TOWNSHIP NJ 08087  
Telephone: (609) 296-7163 e-mail: RAYMUNDO@PINEAVE.NJ.GOV  
Address: Street Municipality Zip Code

Contractor: SURETY MECHANICAL OF NJ LLC Tele: (856) 875-1160  
Address: 300 THOMAS AVE (SUITE 201) e-mail: FRANK@SURETYMECHANICAL.COM  
MUNICIPALITY: NJ 08094  
Contractor License No. 5578 Exp. Date 6/17  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable)  
Federal Emp. ID No. 202-701-710/202 FAX: (856) 875-1170

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed  
Building Sewer Size Public Sewer Private Sewer  
Water Service Size Public Water Private Well  
Estimated Cost of Plumbing Work \$ 140,000

JOB SUMMARY (Office Use Only)

| PLAN REVIEW:                                                                                                                  |  | INSPECTIONS:    |                          |
|-------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--------------------------|
|                                                                                                                               |  | Type:           | Dates (Month/Day)        |
|                                                                                                                               |  | Failure         | Failure Approval Initial |
| <input type="checkbox"/> No Plans Required                                                                                    |  | Slab            |                          |
| <input type="checkbox"/> Partial - Underslab Utilities Approved:                                                              |  | Rough           |                          |
| Date: Approved By:                                                                                                            |  | Water           |                          |
| <input type="checkbox"/> Plumbing Plans Approved                                                                              |  | Fixtures        |                          |
| Date: 7-6-16 Approved By: [Signature]                                                                                         |  | Sewer           |                          |
| Joint Plan Review Required:                                                                                                   |  | Gas Equipment   |                          |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |  | Gas Piping      |                          |
| SUBCODE APPROVAL for PERMIT:                                                                                                  |  | LP Gas Tank     |                          |
| Date: 12-6-16                                                                                                                 |  | Fuel Oil Piping |                          |
| Approved By: [Signature]                                                                                                      |  | Solar           |                          |
| SUBCODE APPROVAL for CERTIFICATE:                                                                                             |  | TCO             |                          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO                                                                      |  | Final           |                          |
| Approved By: [Signature]                                                                                                      |  |                 |                          |

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 the application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor | ☐ Exempt Applicant

D. TECHNICAL SITE DATA

| DESCRIPTION OF WORK     |                 |
|-------------------------|-----------------|
| INSTALLING 3 NEW        | DISCHARGES TO 3 |
| NEW HOT WATER HEATERS & |                 |
| 2 NEW PUMPS             |                 |

| 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                |                       |
| 3    | Water Heater             | 42                    |
|      | Fuel Oil Piping          |                       |
|      | LP Gas Tank              |                       |
|      | Gas Piping               | 75                    |
|      | Steam Boiler             |                       |
|      | Hot Water Boiler         | 225                   |
|      | Sewer Pump               |                       |
|      | Interceptor/Separator    |                       |
|      | Backflow Preventer       | 75                    |
|      | Graesetrap               |                       |
|      | Water Cooled A/C         |                       |
|      | or Refrigeration Unit    |                       |
|      | Sewer Connection         |                       |
|      | Water Service Connection |                       |
|      | Active Solar System      |                       |
|      | Other                    |                       |

|                          |    |       |
|--------------------------|----|-------|
| Administrative Surcharge | \$ | 420   |
| Minimum Fee              | \$ |       |
| DCA Training Fee         | \$ |       |
| TOTAL                    | \$ | (175) |

DISPATCH

11/30/2017 11:18:32

File Home  
A: C:\  
C:\Users\j\Recent Places  
Caption

Find -  
Change  
Style -  
4 Select  
Find

NJ || PERMIT / CERTIFICATE DATA || UCCARS

A] Permit No: 13-1560 Block: 264 Qual Code:

Date Issued: 09/13/2013 Lot: 6

Name: PINELAND HIGH SCHOOL Use Group: B-

Addr: 565 Str: NUGENTDUM Census Item: 999

B] New Building 1] 0 sq ft House Units Gain: Sale 0 Rent 0

Addition 0 cu ft Lost: Sale 0 Rent 0

X Alteration Asbestos Lead Total Value of Constr: 100

Demolition Industrialized Bldg: State Approved

Underground Tank HUD

Public Ownership Work - Type: E Descr: LIGHTS

C] Fees - Building: 0 (Ins) 0 (Adm) DCA: 0 Tot: 0

Electric: 0 Certif: 0 Pd: 0

Plumbing: 0 Mechan: 0 Bal: 0

Fire: 0

Elevator: 0

D] Certif No: 13-1560 CC( 0) X CA TCC( 0) CCL( 0)

Date Issued: 10/09/2013 CC( 0) CCO TCC( 0) Fee: 0

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Permit No: 14-1243 Block: 264 Qual Code:  
Date Issued: 10/10/2014 Lot: 6  
Name: PINELAND HIGH SCHOOL Use Group: B-  
Addr: 565 Str: MUGENTUAM Census Item: 999

New Building ☐ sq ft Houseg Units Gain: Sale ☐ Rent ☐  
Addition ☐ cu ft Lost: Sale ☐ Rent ☐  
X Alteration Asbestos Lead Total Value of Constr: 100  
Demolition Industrialized Bldg: State Approved  
Underground Tank HUD  
Public Ownership Work - Type: E Descr: LIGHTING

Fees - Building: ☐ (Ins) ☐ (Adm) DCA: ☐ Tot: ☐  
Electric: ☐ Certif: ☐ Pd: ☐  
Plumbing: ☐ Mechan: ☐ Bal: ☐  
Fire: ☐  
Elevator: ☐

Certif No: 14-1243 CCB( ☐ ) X CA TCD( ☐ ) CCL( ☐ )  
Date Issued: 01/21/2015 CC( ☐ ) CCO TCC( ☐ ) Fee: ☐

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NJ PERMIT / CERTIFICATE DATA UCCARS

Permit No: 14-184 Block: 264 Qual Code:

Date Issued: 02/18/2014 Lot: 6 Use Group: R-3

Name: PINELAND HIGH SCHOOL Census Item: 999

Addr: 565 Str: NUGENTOWN

New Building Addition 0 sq ft Housing Units Gain: Sale 0 Rent 0

X Alteration Asbestos 0 cu ft Lost: Sale 0 Rent 0

Demolition Lead Total Value of Constr: 2000

Underground Tank Industrialized Bldg: State Approved

X Public Ownership Work - Type: E Descr: OUTLETS HUD

Fees - Building: 0 (Ins) 0 (Adm) DCA: 0 Tot: 0

Electric: 0 Certif: 0 Pd: 0

Plumbing: 0 Mechan: 0 Bal: 0

Fire: 0

Elevator: 0

Certif No: 14-184 CO(0) X CA TCO(0) CCL(0)

Date Issued: 02/03/2016 CC(0) CCO TCC(0) Fee: 0

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[A] Permit No: 16-1442 Block: 264 Qual Code:  
Date Issued: 12/22/2016 Lot: 6 Use Group: E-  
Name: PINELAND HIGH SCHOOL Census Item: 999  
Addr: 565 Str: NUGENTIAN

[B] New Building ] [ 0 sq ft House Units Gain: Sale 0 Rent 0  
Addition 0 cu ft Lost: Sale 0 Rent 0  
X Alteration Asbestos Lead Total Value of Constr: 261342  
Demolition Industrialized Bldg: State Approved  
Underground Tank HUD  
X Public Ownership Work - Type: E Descr: FIXTURES

[C] Fees - Building: 0 (Ins) 0 (Adm) DCA: 0 Tot: 0  
Electric: 0  
Plumbing: 0 Certif: 0 Pd: 0  
Fire: 0 Mechan: 0 Bal: 0  
Elevator: 0

[D] Certif No: 16-1442 CO (0) X CA TC0 (0) CCL (0)  
Date Issued: 01/17/2017 CC (0) CC0 TCC (0) Fee: 0

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NJ || PERMIT / CERTIFICATE DATA || UCCARS

Permit No: 16-0825 Block: 264 Qual Code:  
 Date Issued: 07/21/2016 Lot: 6 Use Group: E-  
 Name: PINELAND HIGH SCHOOL Census Item: 999  
 Addr: 565 Str: NUGENTMAN

B New Building ] [ 0 sq ft Houssg Units Gain: Sale 0 Rent 0  
 Addition 0 cu ft Lost: Sale 0 Rent 0  
 X Alteration Asbestos Lead Total Value of Constr: 600  
 Demolition Industrialized Bldg: State Approved  
 Underground Tank HUD  
 X Public Ownership Work - Type: BE Descr: EXIT SIGNS

C Fees - Building: 0(Inns) 0(Adm) DCA: 0 Tot: 0  
 Electric: 0 Certif: 0 Pd: 0  
 Plumbing: 0 Mechan: 0 Bal: 0  
 Fire: 0  
 Elevator: 0

D Certif No: 16-0825 C0(0) X CA TCC(0) CCL(0)  
 Date Issued: 07/29/2016 CC(0) CC0 TCC(0) Fee: 0

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|| PERMIT / CERTIFICATE DATA || UCCARS

A Permit No: 16-0626 Block: 264 Qual Code:  
Date Issued: 06/08/2016 Lot: 6 Use Group: E-  
Name: PINELAND HIGH SCHOOL Census Item: 999  
Addr: 565 Str: NUGENTMAN

B New Building ] [ 0 sq ft Housg Units Gain: Sale 0 Rent 0  
Addition 0 cu ft Lost: Sale 0 Rent 0  
X Alteration Asbestos Lead Total Value of Constr: 3450  
Demolition Industrialized Bldg: State Approved  
Underground Tank HUD  
X Public Ownership Work - Type: BE Descr: EMERGENCY EXIT COMBO

C Fees - Building: 0(Ins) 0(Adm) DCA: 0 Tot: 0  
Electric: 0 Certif: 0 Pd: 0  
Plumbing: 0 Mechan: 0 Bal: 0  
Fire: 0  
Elevator: 0

D Certif No: 16-0626 CO( 0) X CA CCL( 0)  
Date Issued: 06/14/2016 CC( 0) CCO TCC( 0) Fee: 0

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