Sadie Smith

From: OPRARequest
Sent: Monday, May 15, 2023 11:05 AM
To: Sadie Smith; Diana Rivera; James Rizzo; Shana Mosby; Wanda Harvey
Cc: Business Administrator; Gabriel Camacho
Subject: RE: OPRA REQUEST VICKI KOCH 5/12/23

Good morning,

Per the requestor: "*I am looking for any applications or building permits for the Campbell Soup Company Expansion within the last year.*"

Thank you

Open Public Records Act

Office of the Municipal Clerk
City Hall, Suite 105 P.O. Box 95120
Camden, NJ 08101
Tele: 856-757-7223 Fax: 856-757-7220
(website) http://www.ci.camden.nj.us/

From: Sadie Smith
Sent: Monday, May 15, 2023 10:15 AM
To: OPRARequest <OPRARequest@ci.camden.nj.us>; Diana Rivera <DIRivera@ci.camden.nj.us>; James Rizzo <JaRizzo@ci.camden.nj.us>; Shana Mosby <ShMosby@ci.camden.nj.us>; Wanda Harvey <WaHarvey@ci.camden.nj.us>
Cc: Business Administrator <CamdenBA@ci.camden.nj.us>; Gabriel Camacho <GaCamach@ci.camden.nj.us>
Subject: RE: OPRA REQUEST VICKI KOCH 5/12/23

Good morning. Could you ask the requester if the Expansion and Improvements the project name at Campbells or if they can give a time frame. Thank you.

From: OPRARequest
Sent: Friday, May 12, 2023 12:09 PM
To: Diana Rivera <DiRivera@ci.camden.nj.us>; James Rizzo <JaRizzo@ci.camden.nj.us>; Sadie Smith <SaSmith@ci.camden.nj.us>; Shana Mosby <ShMosby@ci.camden.nj.us>; Wanda Harvey <WaHarvey@ci.camden.nj.us>
Cc: Business Administrator <CamdenBA@ci.camden.nj.us>; Gabriel Camacho <GaCamach@ci.camden.nj.us>
Subject: OPRA REQUEST VICKI KOCH 5/12/23

Good afternoon,

Please review the attached OPRA request and provide a response.
Thankyou

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
Phone: (856)757-7032
Fax: (856) 757-7259

Permit Number: **23-CP-0671**
Update Number:
Control Number: **2023-1407**
Application Date: **4/25/2023**
Permit Date: **5/10/2023**

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: **1460** Lot: **15.01** Qualifier:

Work Site Location	**ONE CAMPBELL PLACE** **CAMDEN NJ**	Contractor Telephone	**TORCON INC** **(215)271-1449**
Owner in Fee Telephone Address	**CAMPBELL'S SOUP COMPANY** **1 CAMPBELL PLACE** **CAMDEN NJ 08103**	Address	**ONE CRESCENT DRIVE-SUITE 302** **PHILDELPHIA PA 19112**
Use Group(s): B		Lic. No. / Bldrs. Reg. No Federal Emp. No.	[redacted]

Is hereby granted permission to perform the following work:

[X] Building

DESCRIPTION OF WORK:
REHAB

ESTIMATED COST OF WORK:

Cost of Construction:	**$0.00**
Cost of Alteration:	**$1,412,279.00**
Cost of Demolition:	**$0.00**
Total Cost:	**$1,412,279.00**

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void

Date: **5/18/2023**

James Rizzo
Construction Official

:: Failure to obtain all required inspections may result in administrative action
:: Final inspections are required before final payment is to be made to contractor
:: An approved set of plans must be kept at the worksite at all times

PAYMENTS (Office Use Only)

Building	**$29,060.00**
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	**$2,683.00**
DCA Minimum Fee	
Other Fees	
CO Fee	**$37.00**
CCO Fee	
Minimum Fee	
Total	**$31,780.00**
No Fees Waived	

Amount to be Paid: **$0.00**

Check Amount:	$31,780.00
Payment Date:	5/10/2023
Collected By:	Diana Rivera
Reference No:	270430
Total Check Amount	**$31,780.00**
Grand Total:	**$31,780.00**

Notes:

CITY OF CAMDEN

BUILDING SUBCODE
TECHNICAL SECTION #1

Date Received 4/25/2023
Control # 2023-1407
Date Issued 5/10/2023
Permit # 23-CP-0671

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

Block 1460 Lot 15.01 Qualification Code

Work Site Location ONE CAMPBELL PLACE

Owner in Fee CAMPBELL'S SOUP COMPANY

Telephone e-mail JSCHUNDER@CAMPBELLS.COM

Address 1 CAMPBELL PLACE, CAMDEN NJ 08103

Contractor TORCON INC

Telephone (215)271-1449 e-mail JMCGEEHAN@TORCON.COM

Address ONE CRESCENT DRIVE-SUITE 302, PHILDELPHIA PA 19112

Contractor License No. or Builder Registration Number Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] 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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REHAB

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[x] All	05/01/2023	
[ ] Footings/ Foundations		
[ ] Structural/ Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 05/01/2023

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[x] 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 B 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 Distributed sq. ft.

Max. Live Load Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved [ ] HUD [ ]

Est. Cost of Bldg. Work:

1. New Building
2. Rehabilitation $ 1,412,279.00
3. Demolition
4. Total (1+2+3) $ 1,412,279.00

TYPE OF WORK:	FEE (Office Use Only)
[ ] NewBuilding	
[ ] Addition	
[X] Rehabilitation	$ 29,060.00
[ ] Roofing	
[ ] Siding	
[ ] Fence Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool (above ground)	
[ ] Pool (below ground)	
[ ] Retaining Wall Sq. ft.	
[ ] Asbestos Abatement subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1	
[ ] Other 2	
[ ] Other 3	
[ ] Other 4	
[ ] Other 5	
[ ] Other 6	
[ ] Demolition	
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee (Volume)	
State Permit Surcharge Fee (Alterations)	$ 2,683.00
TOTAL FEE	$ 31,743.00

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

U.C.C. F110 (rev. 11/09)

Date Issued: 5/10/2023

Permit #: 23-CP-0671

CONSTRUCTION PERMIT NOTICE

Block: 1460 Lot: 15.01 Qualification Code: _____

Work Site Location: ONE CAMPBELL PLACE

AUTHORIZED FOR:

- [X] **BUILDING**
- [ ] **PLUMBING**
- [ ] **ELEVATOR DEVICES**
- [ ] **OTHER** _____
- [ ] **ELECTRICAL**
- [ ] **FIRE PROTECTION**
- [ ] **MECHANICAL**
- [ ] **DEMOLITION**

Description of Work:

REHAB

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate. UCC Form F-180

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 ensure that work installed conforms with the requirements of the Uniform Construction Code.

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

☐ 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 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. Utility services, including septic.
4. 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.

☐ 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.

U.C.C. F-170-2

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
Phone: (856)757-7032
Fax: (856) 757-7259
E-mail:

May 18, 2023

CAMPBELL'S SOUP COMPANY
ONE CAMPBELL PLACE
CAMDEN, NJ

Block/Lot/Qual: 1460 15.01
Permit: 23-CP-0671

The CITY OF CAMDEN hereby issues a RECEIPT to TORCON, INC. regarding: Construction Permit.

Fees Due:

	State Permit Surcharge (Bldg)	2,683.00
	Building Permit Fee	29,060.00
	Certificate Fee	37.00
Total Fees:		31,780.00

Adjustments:

Amount of Payment Applied: **$31,780.00**

Balance Due:

Payment Information: Payment - Permit

Remit Type:	Check	Payment Amount:	$31,780.00
Receipt ID:	2023-EN-001288	Reference Date:	5/10/2023
Reference:	270430		
Recorded By:	Diana Rivera	Recorded Date:	5/10/2023

Reference ID: 2023-1407

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
Phone: (856)757-7032
Fax: (856) 757-7259
E-mail:

May 18, 2023

CAMPBELL'S SOUP COMPANY
ONE CAMPBELL PLACE
CAMDEN, NJ

Block/Lot/Qual: 1460 15.01
Permit: 23-CP-0671

The CITY OF CAMDEN hereby issues a RECEIPT to TORCON, INC. regarding: Construction Permit.

Fees Due:

	State Permit Surcharge (Bldg)	2,683.00
	Building Permit Fee	29,060.00
	Certificate Fee	37.00
Total Fees:		31,780.00

Adjustments:

Amount of Payment Applied: **$31,780.00**

Balance Due:

Payment Information: Payment - Permit

Remit Type:	Check	Payment Amount:	$31,780.00
Receipt ID:	2023-EN-001288	Reference Date:	5/10/2023
Reference:	270430		
Recorded By:	Diana Rivera	Recorded Date:	5/10/2023

Reference ID: 2023-1407

23.1006

Date Received
Control # 2023-1432

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 1460 Lot 15.01 Qualification Code

Work Site Location 1 Campbell Pl
Camden, NJ 08103

Owner In Fee: Campbell Soup Company

Tel. (800) 257-8443 e-mail josh_fisher@campbellsoup.com

Address 1 Campbell Pl Camden, NJ 08103
(street) (municipality) (zip code)

Contractor: Bowe and Gant Electrical Services LLC Tel. (609) 820-1334

Address 137 Blackwood-Barnsboro Rd e-mail mflamini@bowegant.com
Sewell, NJ 08080

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

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

Fire Alarm Contractor No. 17713 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: (856) 768-1101

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 0

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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. [ ] Plumb. [ ] 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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 02/11) Internet version

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

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/Contractor sign here:

Print name here: Vincent Bowe

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Maintain Existing System

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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	0	
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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Maintain Existing Sy		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 2023-1432
Date Issued
Permit #

23.1006

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

Block 1460 Lot 15.01 Qualification Code

Work Site Location 1 Campbell Pl
Camden, NJ 08103

Owner in Fee: Campbell Soup Company

Tel. (800) 257-8443 e-mail josh_fisher@campbellsoup.com

Address 1 Campbell Pl (street) Camden, NJ (municipality) 08103 (zip code)

Contractor: Bowe and Gant Electrical Services LLC Tel. (609) 820-1334

Address 137 Blackwood-Barnsboro Rd e-mail mflamini@bowegant.com
Sewell, NJ 08080

Contractor License No. 17713 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: (856) 768-1101

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 230,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: 5/2/23 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/2/23
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:

Print name here: Vincent Bowe

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Ceiling Replacement

QTY.	SIZE	ITEMS	FEE (Office Use Only)
64		Lighting Fixtures	
		Receptacles	
3		Switches	
3		Detectors	
		Light Poles	
		Motors—Fract. HP	
7		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		Light Inverters	
81		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 $

U.C.C. F120 (rev. 11/09)
Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 2023-1432

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 1460 Lot 15.01 Qualification Code

Work Site Location 1 Campbell Pl
Camden, NJ 08103

Owner In Fee: Campbell Soup Company

Tel. (800) 257-8443 e-mail josh_fisher@campbellsoup.com

Address 1 Campbell Pl (street) Camden (municipality) 08103 (zip code)

Contractor: P. Agnes Inc Tel. (215) 755-6900

Address 2101 Penrose Ave e-mail tjoyce@pagnes.com
Philadelphia, PA 19145

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: 5/22/23
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 B Proposed B
No. of Stories 2
Height of Structure 22 ft.
Area — Largest Floor 6,350 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 $ 137,300
3. Total (1+ 2) $ 137,300

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: Thomas Joyce

Print name here: Thomas Joyce

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replacement of existing acoustical ceilings and grid, minor GWB patch, and paint.

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

FEE (Office Use Only)
$

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.

CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

INVOICE

Reference: 2023-1434

Invoice Date: 5/18/2023

Name:	CAMPBELL URBAN RENEWAL CORPORATION	Block/Lot:	1460 15.01
Address:	1 CAMPBELL PLACE		
	CAMDEN NJ 08103	Site Address:	ONE CAMPBELL PLACE
			CAMDEN, NJ

The charges below for the application referenced are due. Failure to pay for and obtain Permit/Update/CCO prior to performing work may result in a Violation and/or Penalty.

Charge	Description	Date	Amount of Charge	Payments or Adjustments	Balance Due
State Permit Surcharge (Fire)		4/27/2023	51.00	0.00	51.00
Fire Permit Fee		4/27/2023	158.00	0.00	158.00

Total Amount Due: **$209.00**

You may send in a check or money order made out to the CITY OF CAMDEN to the address below. Please include the reference number: Application2023-1434 on your payment. Please do not send cash through the mail, cash payments must be made in person.

REMIT PAYMENT TO: CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

CODE: EG

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 2023-1434
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 1460 Lot 15.01 Qualification Code:

Work Site Location 1 Campbell Pl
Camden, NJ 08103

Owner in Fee: Campbell Soup Company

Tel. (800) 257-8443 e-mail josh_fisher@campbellsoup.com

Address 1 Campbell Pl Camden 08103
(street) (municipality) (zip code)

Contractor: Independence Fire Sprinkler Company Tel. (484) 494-7724

Address PO Box 94 1205 4th Avenue e-mail lauran@indpfire.com

Lester, PA 19029

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P01303

Fire Protection Equipment, NJ Div of Fire Safety Installer No. P01303

Fire Alarm Contractor No. N/A Exp. Date 04/30/2023

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: (484) 494-7734

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present IIB Proposed IIB

Constr. Class: Present ____ Proposed ____

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

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

Location:

Total Cost of Fire Protection Work $ 26,650

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [X] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing

Location of Main Control Valve: Existing

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/Contractor sign here: Laura Nardone

Print name here: Laura Nardone

D. TECHNICAL SITE DATA [✓] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Relocate 72 Heads
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	72	
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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
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
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/10/23
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 02/11) Internet version

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

CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

INVOICE

Reference: 2023-1485

Invoice Date: 5/10/2023

Name:	CAMPBELL'S SOUP COMPANY	Block/Lot:	1460 15.01
Address:	1 CAMPBELL PLACE		
	CAMDEN NEW JERSEY 08103	Site Address:	ONE CAMPBELL PLACE-WHQ OFFICE-PHASE 1 CAMDEN, NJ

The charges below for the application referenced are due. Failure to pay for and obtain Permit/Update/CCO prior to performing work may result in a Violation and/or Penalty.

Charge	Description	Date	Amount of Charge	Payments or Adjustments	Balance Due
State Permit Surcharge (Bldg)		5/3/2023	2,683.00	0.00	2,683.00
Building Permit Fee		5/3/2023	29,060.00	0.00	29,060.00
Certificate Fee		5/10/2023	37.00	0.00	37.00

Total Amount Due: **$31,780.00**

You may send in a check or money order made out to the CITY OF CAMDEN to the address below. Please include the reference number: Application2023-1485 on your payment. Please do not send cash through the mail, cash payments must be made in person.

REMIT PAYMENT TO: CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

CODE:EG

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 1460 Lot 15 Qualification Code

Work Site Location 1 Campbell Pl.

Owner in Fee: Campbell's Soup Company

Tel. (856) 342-4743 e-mail jschunder@campbells.com

Address 1 Campbell Pl. Camden, NJ 08103
(street) (municipality) (zip code)

Contractor: Torcon, Inc. Tel. (215) 558-8439

Address One Crescent Dr. Suite 302 e-mail jmcgeehan@torcon.com

Philadelphia, PA 19112

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: 5/10/2012
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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. $ 0
2. Rehabilitation $ 1,412,279
3. Total (1+ 2) $ 1,412,279

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: Jaime McGeehan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Campbell's - WHQ Office Renovation Phase 1

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

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 11/09)
Internet version

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