Mount Laurel Township
750 Centerton Rd.
Mount Laurel, NJ 08054
Phone: **(856) 234-9686**
Fax: **(856) 273-0106**

Permit Number: **23-CP-1659**
Update Number:
Control Number: **2023-001882**
Application Date: **8/2/2023**
Permit Date: **11/14/2023**

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: **1204** Lot: **4.03** Qualifier:

Work Site Location	**112 WEST PARK DR** **MT LAUREL NJ 08054**	Contractor	**MILLER AND SONS BUILDERS, INC.**
		Telephone	**(856)456-4600**
Owner in Fee	**WN2 PARTNERS LLC**	Address	**230 HARVARD AVE., PO BOX 302** **WESTVILLE NJ 08093**
Telephone	**201-528-9579**		
Address	**1800 WAZEE STREET; #500** **DENVER CO 80202**	Lic. No. / Bldrs. Reg. No	**13VH00956400**
Use Group(s):	**B**	Federal Emp. No.	**22-2263193**

is hereby granted permission to perform the following work:

[X] Asbestos Abatement **[X] Building**

DESCRIPTION OF WORK:
DEMO- REMOVE CEILING & FLOOR
ASBESTOS ABATEMENT

ESTIMATED COST OF WORK:

Cost of Construction:	**$0.00**
Cost of Alteration:	**$100,000.00**
Cost of Demolition:	**$0.00**
Total Cost:	**$100,000.00**

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: **2/9/2024**

Robert Gates
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

Notes:

PAYMENTS (Office Use Only)

Building	**$2,700.00**
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$2,700.00**
No Fees Waived	

Amount to be Paid: **$0.00**

Check Amount:	$2,700.00
Payment Date:	11/14/2023
Collected By:	Shameah Lay
Reference No:	30238
Total Check Amount	**$2,700.00**
Grand Total:	**$2,700.00**

Mount Laurel Township

BUILDING SUBCODE
TECHNICAL SECTION #2

Date Received **8/2/2023**
Control # **2023-001882**
Partial Issued **8/14/2023**
Permit # **23-CP-1659**

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

Block **1204** Lot **4.03** Qualification Code

Work Site Location **112 WEST PARK DR**

Owner in Fee **WN2 PARTNERS LLC**

Telephone **201-528-9579** e-mail

Address **1800 WAZEE STREET; #500, DENVER CO 80202**

Contractor **MILLER AND SONS BUILDERS, INC.**

Telephone **(856)456-4600** e-mail **xxxxx@xxxxxxxxxxxxxxxxxxxxx.xxx**

Address **230 HARVARD AVE., PO BOX 302, WESTVILLE NJ 08093**

Contractor License No. or Builder Registration Number Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason **13VH00956400**

Federal Emp. ID No. **22-2263193** Fax **(856)456-4650**

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: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [x] 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 **$ 100,000.00**
3. Demolition
4. Total (1+2+3) **$ 100,000.00**

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

DEMO- REMOVE CEILING & FLOOR
ASBESTOS ABATEMENT

TYPE OF WORK:	FEE (Office Use Only)
[ ] NewBuilding	
[ ] Addition	
[**X**] Rehabilitation	$ 2,700.00
[ ] 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)	
TOTAL FEE	$ 2,700.00

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