Township of Medford
49 Union St.
Medford, NJ 08055
609 6542608

Permit Number: 20191117
Update Number:
Control Number: 48363
Application Date: 10/16/19
Permit Date: 11/13/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 4702 Lot : 6 Qualifier :
Work Site Location: 581 TABERNACLE ROAD MEDFORD

Owner In Fee: MCGINTY, CLANCY F & JOSEPH R
Address: 581 TABERNACLE ROAD
MEDFORD NJ, 08055
Telephone: ()
Use Group(s): R-5

Contractor: MCGINTY, CLANCY F & JOSEPH R
Address: 581 TABERNACLE ROAD
MEDFORD NJ, 08055
Telephone: ()
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[X] BUILDING [X] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [X] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [X] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

ADDITION TO 2ND FLOOR OF GARAGE FOR LIVING SPACE

ESTIMATED COST OF WORK:

Cost of Construction:	$23,000.00
Cost of Alteration:	$0.00
Cost of Demolition:	$0.00
Total Cost:	$23,000.00

OPEN

PAYMENTS	(Office Use Only)
Building	$352.00
Electrical	$85.00
Plumbing	$255.00
Fire Protection	$69.00
Elevator Devices	
Mechanical	$90.00
VolFee (DCA)	$33.00
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$100.00
CCO Fee	
Minimum Fee	
Total	$984.00
All Fees Waived	No

Amount to be Paid:	**$984.00**
Check Number:	1623
Check amount:	$984.00

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.

Richard Falasco 11/13/19
Richard Falasco Date
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.

Collected by:	PR
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$984.00
Total CC Amount:	
Grand Total:	$984.00

Note:

Township of Medford

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 10/16/2019
Control #: 48363

Date Issued: 11/13/2019
Permit #: 20191117

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

Block: 4702 Lot: 6 Qualification Code:
Work Site Location: 581 TABERNACLE ROAD

Owner Details
Name: MCGINTY, CLANCY F & JOSEPH R
Address: 581 TABERNACLE ROAD
MEDFORD, NJ 08055
Telephone: ()
E-mail:

Contractor Details
Contractor: MCGINTY, CLANCY F & JOSEPH R
Address: 581 TABERNACLE ROAD
MEDFORD NJ 08055
Telephone: () Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure		Ft.	
Area - Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors	648	Sq. Ft.	
Volume of New Structure	8800	Cu. Ft	
Total Land Area Disturbed		Sq. Ft	
Max. Live Load			
Max. Occupancy Load			

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building.	15,000.00
2. Alteration	0.00
3. Demolition	0.00
4. Total (1+2+3)	$15,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing/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: _____
Approved by: _____

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

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:
ADDITION TO 2ND FLOOR OF GARAGE FOR LIVING SPACE

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Rehabilitation
[ ] 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
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

	$352.00

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$33.00
Total Fee	$385.00

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

Township of Medford

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 10/16/2019
Control #: 48363

Date Issued: 11/13/2019
Permit #: 20191117

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

Block: 4702 Lot: 6 Qualification Code:

Work Site Location: 581 TABERNACLE ROAD

Owner in Fee: MCGINTY, CLANCY F & JOSEPH R

581TABERNACLE ROAD
MEDFORD, NJ 08055

E-mail:

Telephone: ()

Contractor: TNT ELECTRIC

ATTN:

Address: 35 EAYRESTOWN ROAD
MEDFORD NJ 08055

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No. [redacted] Exp. Date: 3/31/2021

Federal Emp. No. [redacted]

DESCRIPTION OF WORK:
ADDITION TO 2ND FLOOR OF GARAGE FOR LIVING SPACE

Telephone: [redacted]
Fax: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____

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

Building Occupied as _____ Utility Co. _____

1. New Building: $2,500.00
2. Rehabilitation: $0.00
3. Demolition: $0.00
Est.Cost of Elec.Work (1+2+3): $2,500.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electrical 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: _____
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 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)
21		Lighting Fixtures	
23		Receptacles	
14		Switches	
4		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 62	$85.00
		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 Htr./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	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$85.00

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

Township of Medford

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 10/16/2019 Date Issued: 11/13/2019
Control #: 48363 Permit #: 20191117

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

Block: 4702 Lot: 6 Qualification Code:
Work Site Location: 581 TABERNACLE ROAD
Owner in Fee: MCGINTY, CLANCY F & JOSEPH R
Address: 581 TABERNACLE ROAD
MEDFORD, NJ 08055
Telephone: () - Email:
Contractor: MCGINTY, CLANCY F & JOSEPH R

Address: 581 TABERNACLE ROAD
MEDFORD NJ 08055
Telephone: () Fax: Email:
License No.: Exp Date: Federal Emp. No.:
Home Improvement Registration No. or Exemption Reason:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R3, R4 or R5 (circle one) Proposed: R3, R4 or R5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ] Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:
Type: [ ] Hydronic [ ] Hot Air
1. New Building: $3,000.00 2. Rehabilitation: $0.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $3,000.00

JOB SUMMARY (Office Use Only)

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

PLANS APPROVED
Date: _____
Approved by: _____

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
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.

_____ Signature

_____ Print Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ADDITION TO 2ND FLOOR OF GARAGE FOR LIVING SPACE

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
0	Water Heater	
0	Fuel Oil Piping	
0	Gas Piping	
0	Steam Boiler	
0	Hot Water Boiler	
1	Hot Air Furnace	$75.00
0	Oil Tank	
0	LPG Tank	
0	Fireplace	
1	Other 1: AC	$15.00
0	Other 2:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$90.00

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

Township of Medford

Date Received: 10/16/2019 Date Issued: 11/13/2019

PLUMBING SUBCODE TECHNICAL SECTION Control #: 48363 Permit #: 20191117

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

Block: 4702 Lot: 6 Qualification Code:

Work Site Location: 581 TABERNACLE ROAD

Owner in Fee: MCGINTY, CLANCY F & JOSEPH R
Address: 581TABERNACLE ROAD
MEDFORD, NJ 08055

E-mail:

Telephone: ()

Contractor: MCGINTY, CLANCY F & JOSEPH R

Address: 581 TABERNACLE ROAD
MEDFORD NJ 08055

Telephone: ()
Fax:

E-mail:

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

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $2,000.00 2. Alteration: $0.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilites 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: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
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 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:
ADDITION TO 2ND FLOOR OF GARAGE FOR LIVING SPACE

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$45.00
0	Urinal/Bidet	
1	Bath Tub	$15.00
5	Lavatory	$75.00
1	Shower	$15.00
0	Floor Drain	
0	Sink	
0	Dishwasher	
0	Drinking Fountain	
0	Washing Machine	
1	Hose Bibb	$15.00
1	Water Heater	$15.00
0	Fuel Oil Piping	
1	Gas Piping	$75.00
	LPGas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
0	Sewer Pump	
0	Interceptors/Seperators	
0	Backflow Preventer : Residential	
0	Backflow Preventer : Commercial	
0	Greasetrap	
0	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
0	Stacks	
0	Other 1:	
0	Other 2:	
0	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$255.00

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

Township of Medford

FIRE SUBCODE TECHNICAL SECTION

Date Received: 10/16/2019 Date Issued: 11/13/2019
Control #: 48363 Permit #: 20191117

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

Block: 4702 Lot: 6 Qualification Code:
Work Site Location: 581 TABERNACLE ROAD

Owner Details
Owner in Fee: MCGINTY, CLANCY F & JOSEPH R
Address: 581 TABERNACLE ROAD
MEDFORD, NJ 08055
Telephone: ()
E-mail:

Contractor Details
Contractor: MCGINTY, CLANCY F & JOSEPH R
Address: 581 TABERNACLE ROAD
MEDFORD NJ 08055
Telephone: () Fax:
E-mail:

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present: R-5 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: $500.00 2. Alteration: $0.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work : 500.00

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: _____
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.

_____ Signature
_____ Print Name
[ ] Certified Contractor
[ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ADDITION TO 2ND FLOOR OF GARAGE FOR LIVING SPACE

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[X] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	4	$65.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:	0	
TOTAL	4	$65.00
Suppression Systems		
Fire Pump GPM Type _		
Dry Pipe/Alarm Valves		$0.00
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:	0	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel - Fired Appliances [ ] Gas or [ ] Oil or Solid [ ]	0	
Fireplace Venting/Metal Chimney		
Other:	0	

Administrative Surcharge	
Minimum Fee	$69.00
State Permit Surcharge Fee	
TOTAL FEE	$69.00

U.C.C.F140 (rev. 11/09)

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

Township of Medford
17 North Main Street
Medford, NJ 08055
609-6542608

CERTIFICATE

Date Issued: 07/03/2018
Control #: 45833
Permit #: 20180598

IDENTIFICATION

Block: 4702 Lot: 6 Qual:
Work Site Location: 581 TABERNACLE ROAD
MEDFORD
Owner in Fee: MCGINITY, CLANCY F & JOSEPH R
Address: 581 TABERNACLE ROAD
MEDFORD NJ 08055
Telephone:
Agent/Contractor: MCGINTY PLUMBING, LLC
Address: 36 WICKLOW DRIVE
TABERNACLE NJ 08088
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: [redacted] Federal Emp. No: [redacted]
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
INSTALL GASLINE TO DRYER AND FUTURE MANIFOLD

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 the owner will be subject to fine or order to vacate.

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

This serves notice that based on a 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

Richard Falasco, Construction Official

Fees: $0.00
Paid [X] Check No: 1561
Collected by: PR

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20180598
Update Number:
Control Number: 45833
Application Date: 04/05/18
Permit Date: 6/19/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 4702 Lot : 6 Qualifier :
Work Site Location: 581 TABERNACLE ROAD MEDFORD

Owner In Fee: MCGINITY, CLANCY F & JOSEPH R
Address: 581 TABERNACLE ROAD
MEDFORD NJ, 08055
Telephone: ()
Use Group(s): R-5

Contractor: MCGINTY PLUMBING, LLC
Address: 36 WICKLOW DRIVE
TABERNACLE NJ, 08088
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ] BUILDING [X] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL GASLINE TO DRYER AND FUTURE MANIFOLD

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$0.00
Cost of Demolition:	$0.00
Total Cost:	$0.00

PAYMENTS	(Office Use Only)
Building	
Electrical	
Plumbing	$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$76.00
All Fees Waived	No

Amount to be Paid: **$76.00**
Check Number: 1560
Check amount: $76.00

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.

Richard Falasco PR 6-19-18
Richard Falasco Date
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.

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

Note:

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 6-19-18

Date Issued
Permit # 2018-0598

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

Block 4702 Lot 6 Qualification Code

Work Site Location 581 Tabernacle Rd Medford NJ 08055

Owner in Fee: Joseph R McGinty

Tel. [redacted] e-mail mcgintyplumbing@yahoo.com

Address 581 Tabernacle Rd Medford NJ 08055 (street / municipality)

Contractor: McGinty Plumbing LLC Tel. [redacted]

Address 36 Wicklow Dr e-mail

Tabernacle, NJ

Contractor License No. [redacted] Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

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 $ Free

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 6-19-18 Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [✓] CCO [ ] CA
Date: 6-20-18
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			6-20-18	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6-20-18	

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: [signature]

Print name here: J. Ryan McGinty

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Gas line to dryer and future manifold

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	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	75
	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.

Township of Medford

Date Received: 04/05/2018 Date Issued: 06/19/2018

PLUMBING SUBCODE TECHNICAL SECTION Control #: 45833 Permit #: 20180598

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

Block: 4702 Lot: 6 Qualification Code:

Work Site Location: 581 TABERNACLE ROAD

Owner in Fee: MCGINITY, CLANCY F & JOSEPH R
Address: 581TABERNACLE ROAD
MEDFORD, NJ 08055

E-mail:

Telephone: ()

Contractor: MCGINTY PLUMBING, LLC
ATTN:

Address: 36 WICKLOW DRIVE
TABERNACLE NJ 08088

Telephone: [redacted]
Fax:

E-mail:

Contractor License No.: [redacted] Expiration Date: 6/30/2019

Federal Emp. No. [redacted]

Home Improvement Registration No. or Exemption Reason [redacted]

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Alteration: $0.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilites 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: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
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 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:
INSTALL GASLINE TO DRYER AND FUTURE MANIFOLD

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	
0	Urinal/Bidet	
0	Bath Tub	
0	Lavatory	
0	Shower	
0	Floor Drain	
0	Sink	
0	Dishwasher	
0	Drinking Fountain	
0	Washing Machine	
0	Hose Bibb	
0	Water Heater	
0	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
0	Sewer Pump	
0	Interceptors/Seperators	
0	Backflow Preventer : Residential	
0	Backflow Preventer : Commercial	
0	Greasetrap	
0	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
0	Stacks	
0	Other 1:	
0	Other 2:	
0	Other 3:	

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE $75.00

U.C.C.F130(rev. 11/09)

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

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20131034
Update Number:
Control Number: 38326
Application Date: 10/18/13
Permit Date: 11/1/2013

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 4702 Lot : 6 Qualifier :
Work Site Location: 581 TABERNACLE ROAD MEDFORD

Owner In Fee: STOLLSTEIMER, JOHN J
Address: 581 TABERNACLE ROAD
MEDFORD NJ, 08055
Telephone: ()

Use Group(s): R-5

Contractor: DEFENDER SECURITY
Address: 295 ROUTE 46 SUITE 207
FAIRFIELD NJ, 07004
Telephone: [redacted]
Lic. No. / Bl[redacted]
Fe[redacted]mp. No.: [redacted]

VOID

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITI
[X] ELECTRICAL [X] FIRE PROTECTI N [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECH IC
[ ] ASBESTOS ABATEMENT [EA HAZARD ATEMEN

(Subchapter 8 only)

DESCRIPTION OF WORK:

SECURITY & FIRE ALARM

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$4,239.00
Cost of Demolition:	$0.00
Total Cost:	$4,239.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$69.00
Plumbing	
Fire Protection	$69.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$7.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$145.00
All Fees Waived	No

Amount to be Paid:	**$145.00**
Check Number:	244843
Check amount:	$145.00

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.

Richard Falasco 11-1-13

Richard Falasco — Date
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.

Collected by:	DS
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$145.00
Total CC Amount:	
Grand Total:	$145.00

Note:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 11-1-13

Date Issued Permit # Q2013-1034

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

Block 4102 Lot 6 Qualification Code

Work Site Location 581 Tabernacle Rd.

Owner in Fee: John Straistamer

Tel. 609 410.6029 e-mail njpermits@defenderdirect.com

Address 581 Tabernacle Rd. Medford 08055
street municipality zip code

Contractor: Defender Security Company Tel. [redacted]

Address 295 US 46 West, Suite 207 e-mail njpermits@defenderdirect.com

Fairfield, NJ 07004

Contractor License No [redacted] Exp. Date 01/31/2014

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

Federal Emp. ID No. [redacted] FAX: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3781.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 10-22-13 Approved by: JC

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 11-26-13

Approved by: JC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	11-21-13		11-26-13	JC
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

NO ACCESS

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: John D. Sorrell (34BA00037000 exp.8/31/2013)

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Low Voltage Burglar Alarm:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
23		Alarm Devices/F.A.C. Panel	
23		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.

Township of Medford

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 10/18/2013
Control #: 38326

Date Issued: 11/01/2013
Permit #: 20131034

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

Block: 4702 Lot: 6 Qualification Code:

Work Site Location: 581 TABERNACLE ROAD

DESCRIPTION OF WORK:
SECURITY & FIRE ALARM

Owner in Fee: STOLLSTEIMER, JOHN J

581TABERNACLE ROAD
MEDFORD, NJ 08055

E-mail:
Telephone: 0
Contractor: DEFENDER SECURITY
ATTN:
Address: 295 ROUTE 46 SUITE 207
FAIRFIELD NJ 07004

Telephone: [redacted]
Fa[redacted]

E-mail:
Home Improvement Registration No. or Exemption Reason:
Contractor License No. [redacted] Exp. Date: 1/31/2014 Federal Emp. No.: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building: $0.00
2. Rehabilitation: $3,781.00
3. Demolition: $0.00
Est.Cost of Elec.Work (1+2+3): $3,781.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Electrical 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:
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 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	
23		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 23	$54.00
		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 Htr./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	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	$69.00
State Permit Surcharge Fee	$6.00
TOTAL FEE	$75.00

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-1-13

Date Issued
Permit # 2013-1034

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

Block 4902 Lot 6 Qualification Code _____

Work Site Location 581 Tabernacle Rd.

Owner in Fee: John Strollstemer

Tel. [redacted] e-mail _____

Address 581 Tabernacle Rd. (street) Medford (municipality) 08055

Contractor: Defender Security Company Tel. [redacted]

Address 27 Horseneck Road, Suite 2 e-mail njpermits@defenderdirect.com

Fairfield, NJ 07004

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

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

Fire Alarm Contractor No. [redacted] Exp. Date 01/31/2014

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

Federal Emp. ID No [redacted] FAX: [redacted]

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 $** 458.00$

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 [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[X] Partial -Underslab Utilities Approved

Date: 11/13/13 Approved by: [signature]

[ ] 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	11/21/13	11/24/13		JF
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/Contractor sign here: [signature]

Print name here: John D. Sorrell - (34FA00032000 xp:8/31/2013)

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source Secondary smoke detector (battery operated)

Method of Alarm/Suppression System Supervision Central Station ADT

	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)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	2	
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 _____		

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.

Township of Medford

FIRE SUBCODE TECHNICAL SECTION

Date Received: 10/18/2013 Control #: 38326

Date Issued: 11/01/2013 Permit #: 20131034

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

Block: 4702 Lot: 6 Qualification Code:

Work Site Location: 581 TABERNACLE ROAD

Owner Details

Owner in Fee: STOLLSTEIMER, JOHN J

Address: 581 TABERNACLE ROAD
MEDFORD, NJ 08055

Telephone: ()

E-mail:

Contractor Details

Contractor: DEFENDER SECURITY
ATTN:

Address: 295 ROUTE 46 SUITE 207
FAIRFIELD NJ 07004

Telephone: [redacted] Fax [redacted]

E-mail:

Home Improvement Registration No. or Exemption Reason:

Fire Alarm Contractor No.: Federal Emp. No. [redacted]

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

Fire Protection Eqipment, NJ Div of Fire Saftey Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present: R-5 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. Alteration: $458.00 3. Demolition: $0.00

Total Cost of Fire Protection (1+2+3) Work : 458.00

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: _____
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.

_____ Signature

_____ Print Name

[ ] Certified Contractor
[ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
SECURITY & FIRE ALARM

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	2	$65.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:	0	
TOTAL	2	$65.00
Suppression Systems		
Fire Pump GPM Type _		
Dry Pipe/Alarm Valves		$0.00
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:	0	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel - Fired Appliances [ ] Gas or [ ] Oil or Solid [ ]	0	
Fireplace Venting/Metal Chimney		
Other:	0	

Administrative Surcharge	
Minimum Fee	$69.00
State Permit Surcharge Fee	$1.00
TOTAL FEE	$70.00

U.C.C.F140 (rev. 11/09)

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

DEPARTMENT OF PLANNING, ZONING & CODE ENFORCEMENT

49 Union Street · Medford · NJ 08055

· PHONE: 609/654-2608 x315 · FAX: 609/953-7720

April 18, 2022

Joseph & Clancy McGinty
581 Tabernacle Road
Medford, New Jersey 08055

Re: 581 Tabernacle Road, Medford, New Jersey (Block: 4702, Lot: 6)
Operation of Plumbing Business

Dear Mr. McGinty:

It had come to our attention by way of anonymous complaints that you are operating a plumbing business from this residential property, and parking numerous commercial vehicles associated with this business on the property.

The complainant alleges that numerous plumbing vehicles are being kept onsite after hours. Aerial imagery from the Pinelands Commission & Google Earth (enclosed) would seem to support the complaints made.

I understand that your business operates from Tabernacle, but in the past I had verbally requested that you clear the property of old, discarded hot water heaters and other plumbing materials and supplies. As you will recall from these prior discussions, dual use of this property (residential & commercial) would require both site plan approvals and use variances to be granted by the Zoning Board of Adjustment for having two uses on one property, including a commercial use on a residentially zoned parcel

Additionally, as a reminder, only one commercial vehicle may be parked on a residential property at any time per the Township's Land Development Ordinances.

The purpose of this letter is to request that a site inspection be undertaken to determine if the vehicles on the property are private or commercial; and that no storage of fixtures and materials related to the plumbing business is still taking place.

Please contact me within the next five (5) business days of receipt of this letter to schedule the site visit. I may be reached via email at bportocalis@medfordtownship.com or at (609) 654-2608 x324.

Thanking you for your anticipated cooperation in these matters.

Sincerely,

Beth Portocalis,
Zoning Officer

Enc.
BP/KG
Beth/Letters/581 Tabernacle Road/Commercial activity 04.18.2022

581 Tabernacle Road

3/16/2022, 12:11:34 PM

Pinelands Lots with 2017 Tax Data(from the State of New Jersey)

New Jersey Pinelands Area

1:2,257

0 0.01 0.03 0.05 mi

0 0.02 0.04 0.09 km

State of New Jersey, Esri, HERE, Garmin, GeoTechnologies, Inc., USGS,

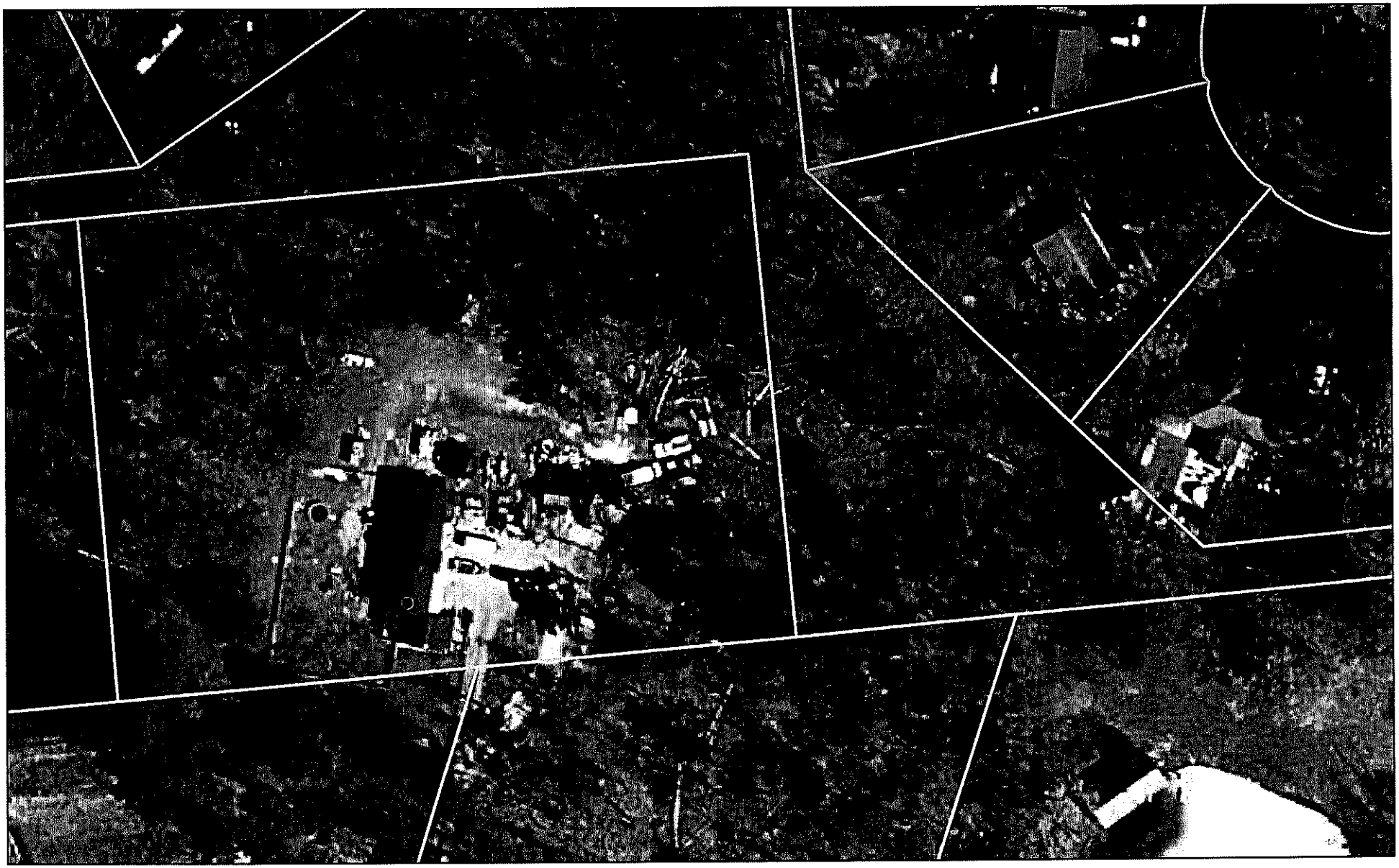
Pinelands Interactive Map

Map printed using the Pinelands Interactive Map Site


Google Earth Pro
File Edit View Tools Add Help
Search
581 Tabernacle Road, Medford, NJ
Search
Get Directions History
581 Tabernacle Rd
Places
My Places
Sightseeing Tour
Temporary Places
Layers
Primary Database
Announcements
Borders and Labels
Places
Photos
Roads
3D Buildings
Weather
Gallery
More
Terrain
581 Tabernacle Rd
Type here to search


581
587

581 Tabernacle Road



4/18/2022, 12:27:13 PM

Pinelands Lots with 2017 Tax Data(from the State of New Jersey)

New Jersey Pinelands Area

1:1,128

0 0.01 0.01 0.02 mi

0 0.01 0.02 0.04 km

Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri

Pinelands Interactive Map

Map printed using the Pinelands Interactive Map Site

4702.4 583 Tabernacle (Lot only)
4702.6 581 Tabernacle 4702.2 579 Tabernacle

Beth Portocalis

From: webmaster@qscend.com
Sent: Tuesday, March 8, 2022 5:43 PM
To: Beth Portocalis
Subject: A new Service Request has been created [Request ID #16948] (Illegally Parked Vehicles) - City of Medford, NJ

City of Medford, NJ

A new service request has been filed.

Service Request Details	
ID	16948
Date/Time	3/8/2022 5:43 PM
Type	Illegally Parked Vehicles
Address	581 Tabernacle Rd, Medford
Origin	Website
Comments	Running a business out of the home. Numerous plumbing vehicles kept onsite after hours. The yard is also a mess and I do not like looking at it through my backyard. They were cutting trees down and building some type of dirt track over the weekend also.
Submitter	Medford, NJ johndoe@annoymous.com

View in QAlert

City of Medford, NJ

Medford Township
Zoning Permit

Application #:	6326	Permit No:	20190251.000	Issue Date:	08/01/2019
Construction Control Number :					
Block:	4702	Lot:	6	Qualifier:	
Work Site:	581 TABERNACLE ROAD			Zone:	Default
Owner:	MCGINITY, CLANCY F & JOSEPH R			Agent:	MCGINITY, CLANCY F & JOSEPH R
Address:	581 TABERNACLE ROAD			Address:	
City/State/Zip:	MEDFORD NJ 08055			City/State/Zip:	
Telephone:	[redacted]			Telephone:	___-____
Fax:	(___)-___-____			Fax:	(___)-___-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	0
Check #:	1610
Amount collected:	$50.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

INSTALLATION OF 4'H SPLIT RAIL FENCE WITH WIRE MESH IN PORTION OF REAR YARD AS SHOWN ON SURVEY SUBMITTED WITH APPLICATION. TOTAL 195 LINEAR FEET.

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[**X**] Other: ZONING PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUE.

Zoning Official

This is NOT a Construction Permit

Medford Township
Zoning Permit

Application #:	6431	Permit No:	20190357.000	Issue Date:	11/04/2019
Construction Control Number :					
Block:	4702	Lot:	6	Qualifier:	
Work Site:	581 TABERNACLE ROAD			Zone:	Default
Owner:	MCGINITY, CLANCY F & JOSEPH R			Agent:	MCGINITY, CLANCY F & JOSEPH R
Address:	581 TABERNACLE ROAD			Address:	
City/State/Zip:	MEDFORD NJ 08055			City/State/Zip:	
Telephone:	[redacted]			Telephone:	___-____
Fax:	(___)-___-____			Fax:	(___)-___-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	0
Check #:	1619
Amount collected:	$50.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

RENOVATIONS TO EXISTING RESIDENTIAL DWELLING BY CONSTRUCTION OF "BREEZEWAY" CONNECTING TO EXISTING GARAGE; AND CONSTRUCTION OF ADDITIONAL LIVING SPACE IN NEW 2ND STORY ADDITION TO GARAGE STRUCTURE PER LAYOUT PLANS & CONSTRUCTION PLANS FILED.

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[X] Other: ZONING PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUE.

Zoning Official

This is NOT a Construction Permit