CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued: 1-10-08

Permit # 07-122

IDENTIFICATION Block 4 Lot 1 Qualification Code

Work Site Location 100 NEW JERSEY AVE

Owner in Fee VITO & LEAN MANGAMAN

Address 100 NEW JERSEY AVE NATIONAL PARK NJ 08063

Tel. (856) 547-6637

Contractor KEVIN WEIKEL CMH

Address 365 NOTTINGHAM RD WEST WESTERN, NJ 08096

Tel. (609) 224-6137

Lic. No. or Bldrs. Reg. No. ~~13VH~~ 13VH02255200

Is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✓] ELECTRICAL [✓] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

INTERIOR WORK

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 9000

Construction Official

1/11/08

Date

PAYMENTS (Office Use Only)

Building

Electrical 53

Plumbing 105

Fire Protection 138

Elevator Devices

Other

DCA State Permit Fee 13

Cert. of Occupancy

Other

Total 339.00

Check No. # 883

Cash

Collected by DL

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued: 10-22-07

Permit # 07-122

IDENTIFICATION Block 4 Lot 1 Qualification Code

Work Site Location 100 NEW JERSEY AVE

Owner in Fee VITO & LEAN MANGAMAN

Address 100 NEW JERSEY AVE NATIONAL PARK NJ 08063

Tel. (856) 547-6637

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

2ND FLOOR ADDITION SINGLE ONLY

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 14,000

Construction Official

10/11/07

Date

PAYMENTS (Office Use Only)

Building 113

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 11

Cert. of Occupancy 30

Other

Total 154

Check No. # 820 10-19-07

Cash

Collected by DL

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10-22-07
Date Issued
Control # 07-122
Permit # BL. 10-19-07
CL #820 86.

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

Block 4 Lot 1 Qualification Code

Work Site Location 100 New Jersey Ave
National Park NJ

Owner in Fee Vito & Leah Mangarano

Address SAME

Tel. (856) 848-6637

Contractor Kevin Weikel Construction LLC

Address 368 Nottingham Rd
West Deptford NJ

Tel. (609) 221 6137 FAX (856) 845 8018

Contractor License No. or Builder Registration No. 13VH02255200

Federal Emp. No 202571137

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2nd Story Addition

Master Bed & Bath

Shell Only!

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/17	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 3/17/08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			1/15/08	
Truss Sys./Bracing	11/13		11/15	
Barrier-Free	6/Cert			
Insulation			1/17/08	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other			3/17/08	
Final				
Barrier-Free				

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

FEE (Office Use Only)
$ 113.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 113.00

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-5
Constr. Class	Present	Proposed	VB
No. of Stories			
Height of Structure	25	Ft.	
Area — Largest Floor	432 520	Sq. Ft.	
New Bldg. Area/All Floors	432	Sq. Ft.	
Volume of New Structure	3456 4111	Cu. Ft.	20.027/cuft = 113.00
Total Land Area Disturbed	0	Sq. Ft.	

DCA: 4160 cuft x 0.0026 = 11.00

Est. Cost of Bldg. Work:
1. New Bldg. $ 40,000
2. Rehabilitation $
3. Total (1+ 2) $ 40,000

UCC/F-110 (REV. 7/03)
Professional Printing
(856) 468-7933

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office copy 4. White Tag- Office copy

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit # 07.122
Date Issued
- or -
Control #
Certificate Issued Date: APRIL 4, 2008

IDENTIFICATION

Block 4 Lot 1 Qualification Code

Work Site Location 100 NEW JERSEY AVE

Owner in Fee VITO AND LEAH MANGANARO

Address 100 NEW JERSEY AVE
NATIONAL PARK NJ 08063

Tel. (856) 848-6637

Contractor KEVIN WEIKEL CONST.

Address 368 NOTTINGHAM RD
WEST DEPTFORD NJ 08096

Tel. (609) 221-6137 FAX ( )

Lic. No. or Bldrs. Reg. No. 13VH02255200

Federal Employer No.

Home Warranty No. NA

Type of Warranty Plan: [ ] State [ ] Private

Use Group R-3

Maximum Live Load

Construction Classification V-B

Maximum Occupancy Load

Description of Work/Use:

2ND FLOOR BEDROOM ADDITION

☑ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been construced 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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

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

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

BW C [illegible] APRIL 4, 2008

CONSTRUCTION OFFICIAL DATE

Fee $

Paid [ ] Check No. N/A

Collected by:

UCC/ F-260 (REV 5/03)
Professional Printing
(856) 468-7933

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 1-10-08
Control #
Permit # 07-122

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

Block 4 Lot 1 Qualification Code

Work Site Location 100 New Jersey Ave
National Pk. New Jersey

Owner in Fee Vito & Leah Manganaro

Address same

Tel (856) 848-6657

Contractor Mill C Zinder Elec Const LLC

Address 103 EVANS RD
Marlton NJ 08053

Tel (856) 985-8357 FAX (856) 985-8408

Contractor License No. 10055A

Federal Emp. No. 223679076

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5000.00

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
11		Receptacles	
8		Switches - Each Bedroom	
7-6		Detectors - Each + New	
		Light Poles	
		Motors—Fract. HP 1/ Floor	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 36.00
		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 Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	60	AMP Subpanels	46.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $ 82.00

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 12/20/07

Approved by: jhe

SUBCODE APPROVAL

[✓] CO [ ] CCO [ ] CA

Date: 3/25/08

Approved by:

INSPECTIONS 1-14-08 Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			1/15/08	jhe
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final NR 1/24/08				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1-10-08
Date Issued
Control #
Permit # U-07-122

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

Block 4 Lot 1
Work Site Location 100 New Jersey Ave
National P/L.
Owner in Fee Vito & Leah Manganaro
Address SAME
Tele. (___) 848-6637
Contractor KBT ENTERPRISES L.L.C.
Address PLUMBING/HTG/COOLING
PLUMBING LICENSE #9812
9 ORCHARD AVE.
Tele. (___) BLACKWOOD, NJ 08012
Lic. No. PHONE 856-627-1938
Federal Emp. No. 210600339 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ___ Proposed ___
Building Sewer Size 4" Public Sewer ✓ Private Septic ___
Water Service Size 3/4" Public Water ✓ Private Well ___
Estimated Cost of Plumbing Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved ~~Rough~~ GAS O.K.
Date: 12-27-07
Approved by: 1-7-08

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By:
Date 3-26-08

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			1-14-08	
Water				
Sewer				
Fixtures				
Gas Equipment			3/26/08	
Gas Piping	1-14-08	1-17-08	2-5-08	ISPSI
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10.00
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	20.00
1	Shower	10.00
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	10.00
	Fuel Oil Piping	
1	Gas Piping	~~10.00~~ 6.5
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ ___
Paid [✓] Check # 883 Minimum Fee $ ~~96.00~~
DCA Training Fee $ ___
Collected by: TL TOTAL $ 10.5

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 1-10-08
Control #
Permit # 07-122

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

Block 4 Lot 1
Work Site Location 100 New Jersey Ave National Park New Jersey
Owner in Fee Vito & Leah Manganaro
Address SAME
Tele. (856) 848-6637
Contractor Kevin Weikel Const. LLC
Address 368 Nottingham Rd West Dept Pard NJ 08096
Tele. (609) 221-6137
Lic. No. 13VH02255200
Federal Emp. No. 202257157 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class. Present Proposed IIIB
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[✓] Fire Plans Approved
Date: 12/20/07 12/20/07
Approved by:

SUBCODE APPROVAL:
[ ] TCO [ ] CCO [ ] CA
Date: 3/28/08
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other FINAL			3/27/08	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work adding 1 gas water heater
adding 1 gas Fireplace
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	6	
Heat Detectors	6	46
TOTAL CALC		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
(Gas) or Oil Fired Appliance	2	92
OTHER		

Paid [✓] Check # 885 Administrative Surcharge $
Collected by Minimum Fee $ 138
TOTAL FEE $

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

CONSTRUCTION PERMIT

Date Issued 6-2-00
Control #
Permit # 00-54

IDENTIFICATION Block 4 Lot 1

Work Site Location 100 New Jersey Ave
N P.
Owner in Fee Judith Wagner
Address Same

Tele. (____) ____

Contractor John Cosacco
Address
Woodbury Hts

Tele. (____) ____
Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. ____
or Social Security No. ____

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: Shower

PAYMENTS **(Office Use Only)**	
Building	
Electrical	
Plumbing	46 —
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1 —
Cert. of Occ.	
Other	
Total	47 —
Check No.	
Cash	47 —
Collected By:	

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 500.00

CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

General Inspection Services, Inc.
(609) 848-5525

CUT-IN-CARD

MUNICIPALITY National Park

LOCATION 106 N.J. Ave UTILITY CO PSE+G

BLK 41 LOT 1

OWNER WAGNER OCCUPANT

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

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 150A OH MECH

INSTALLED BY Art Todd Elec LICENSE NO 6687

DATE 10-20-94 PERMIT # 94-125 INSPECTOR

Lic. No: 004710

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 54

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

Block _____ Lot _____
Work Site Location 100 NEW JERSEY AVE

Owner in Fee JUDITH WAGNER
Address 100 NEW JERSEY AVE
NATIONAL PARK, NJ 08063
Tele. (856) 848-6637
Contractor JOHN W. CUSACK JR.
Address 432 TEMPLE AVE
WOODBURY HTS, NJ 08097
Tele. (856) 853-9407
Lic. No. 10857
Federal Emp. No. _____ or Social Security No. 195-52-0761

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer YES Private Septic _____
Water Service Size 3/4" Public Water YES Private Well _____
Estimated Cost of Plumbing Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6-2-00
Approved by: [signature]

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

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

C. CERTIFICATION IN LIEU OF OATH

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

John W. Cusack Jr
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	4.00
1	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ 1.-
Collected by: [signature] TOTAL $ 47.-

U.C.C. Form F-130B

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

9-1-94 Price out and plan review

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10-17-94
Date Issued
Control #
Permit # 125-94

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

Block 4 Lot 1
Work Site Location 100 New Jersey Ave
NATIONAL PARK
Owner in Fee JUDY WAGNER
Address 106 N.J. AVE,
NATIONAL PARK
Tele. ( ) 348-6637
Contractor ARTHUR R. TODD ELECTRICAL CONTRACTOR
Address 128 CLEMENTS BRIDGE RD
DEPTFORD, N.J. 08096
Tele. (609) 224-3631
Lic. No. 6887
Federal Emp. No. 6887 22-2436097 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 9-1-94
Approved by: MEC

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 12-14-94
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10/19	JOC
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/19	JOC

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

C. CERTIFICATION IN LIEU OF OATH

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

Arthur R. Todd
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
11		Fixtures (1)	
30		Receptacles (2)	
12		Switches (3)	
53		Total 1 + 2 + 3	42.00
1	GAS	Range	
		Oven(s)	
		Surface Unit	
1	1	Dishwasher	10.00
1		Garbage Disposal	
1	GAS	Dryer	
1	2½	A/C Unit	
		Burglar Alarms	10.00
5		Intercoms Panels	
		Smoke Detectors	INC.
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
1	GAS	Water Heater(s)	
1	GAS	Central heat: oil, (gas) or elec.	10.00
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
1	150A	Service Entrance	46.00
		Other	

Administrative Surcharge $
Paid [✓] Check # Minimum Fee $ 118.00
Collected by: TOTAL FEE $

U.C.C. Form F-120A

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

NJ Department of Community Affairs
Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
CN 805
Trenton, NJ 08625-0805

Certificate of Participation

in the New Home Warranty Security Fund

Owner ☐ Check if for Common Elements*

1 Ms. Judith Wagoner
Name of Owner who will be first resident. *When used for common elements, enter name of condominium development. See builder instruction sheet. A separate Certificate of Participation is required for each individual building in a condominium development.*

New Dwelling Location

3 100 New Jersey Ave.
Street Name and Number

Building Number: | Unit Number: | Total Number of Units in Building:
City: National Park | Zip Code: 08063
Block Number: 4 | Lot Number: 1
Municipality: National Park | County: Gloucester

Registered Builder-Warrantor**

2 Joe Eliasen
Name
640 Summit Ave.
Street and Number (Mailing Address)
Westville, | N.J. | 08093
City | State | Zip Code
Phone Number (609) 456-7127
NJ Builder Registration Number 03402
Print Builder Name Joseph F. Eliasen
Registered Builder's Signature

***Where title is transferred, the seller must be the registered builder and warrantor.*

Commencement Date of Warranty

4 Commencement Date*** 12 (Month) 19 (Day) 94 (Year)
****The date of closing or first occupancy, whichever occurs first. ANY CHANGE IN THE COMMENCEMENT DATE MUST BE REPORTED TO THE PROGRAM.*

Premium Payment

5 a.
Selling Price**** $ _____
Amount of Premium $ _____
(Rate _____ x Selling Price)
*****Any change in the selling price and premium must be reported to the Program along with supplemental payment if applicable. A premium payment is not required if this certificate is for common elements in a condominium development.*

b.
☑ Check if house is constructed on owner's lot. Then calculate warranty premium as follows:
Total Contract Price $ 90,000.00 | For Office Use Only: 112,500
Amount of Premium $ 281.25
(1.25 x Total Contract Price x Rate .0025)

FHA Mortgage

6 ☐ Check if FHA Mortgage
FHA Case Number ☐☐☐–☐☐☐☐☐☐
☐ Check if VA Mortgage
VA Case Number _____

Exclusions

7 ☐ Check if exclusion sheet is included.

Building Type (check one)

8
☒ Single family detached (101)
☐ Townhouse (102)
☐ Two Family (103)
☐ Side by Side
☐ Top/Bottom
☐ Condominium - *three or four units in each building* (104)
☐ Condominium - *five or more units in each building* (105)

Construction Type (check one)

9
☐ Premanufactured (industrial or modular) (M)
☑ Conventional Construction (C)

Stories

10 Number of stories 1½ (Split Level)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-1-94
Date Issued
Control #
Permit # 95-94

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

Block 4 Lot 1
Work Site Location NEW JERSEY AVE
NATIONAL PARK
Owner in Fee JODY WAGNER
Address 108 N.J. AVE
NATIONAL PARK
Tele. ( ) 853-6637
Contractor JOE ELLISEN
Address 640 SUMMER AVE
WESTVILLE NJ 08093
Tele. (609) 456-7127
Lic. No. or Bldrs. Reg. No. 13-102
Federal Emp. No. 222545113 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Joe Ellisen
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FRAME / Single Family Dwelling

JOB SUMMARY (Office Use Only)

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

Administrative Surcharge	$ 360.00
Minimum Fee	$
DCA TRAINING FEE	$
TOTAL FEE	$

Paid [ ] Check # 117
Collected by: RDoyle

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor 1152 Sq. Ft.
New Bldg. Area/All Floors 1152 Sq. Ft.
Volume of New Structure 10368 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 90,000.
2. Alteration $ _____
3. Total (1+2) $ 90,000.

U.C.C. Form F-110B

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

CERTIFICATE

Date Issued 12-15-94
Control #
Permit # 94-94

IDENTIFICATION

Block _____ Lot 1
Work Site Location 151 Des Jossey Avenue
National Park, NJ 08063
Owner in Fee Judith Danner
Address Same

Tele. (____) _____
Contractor Jack Gibson
Address 540 Sewell Avenue
Deptford, NJ 08096
Tele. (____) 456-7127
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 222545113
or Social Security No. _____

Home Warranty No. 121463 Exp. 1 1995
Use Group R3
Maximum Live Load _____
Description of Work/Use:

Single family Dwelling

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

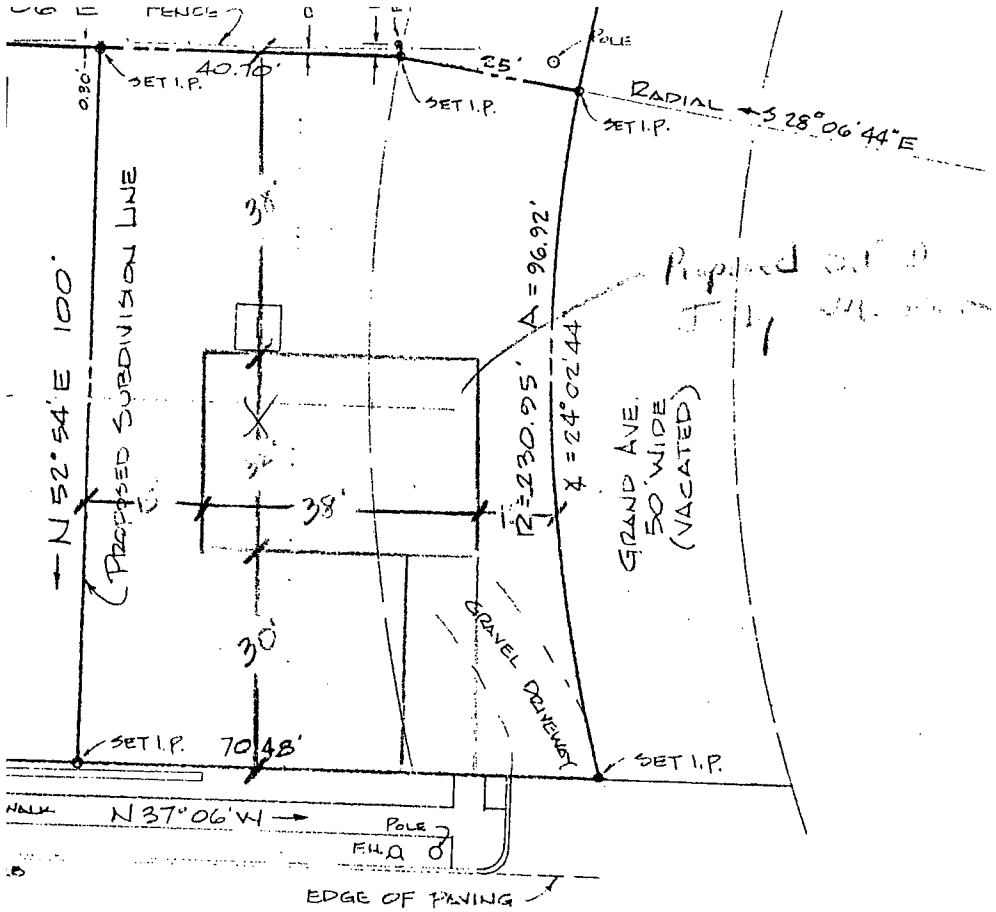
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Fee $ 25.00
Paid [ ] Check No. _____
Collected by: Paid with Permit

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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



Kenneth K Bray

7/27/94

5) ZONING : RESIDENTIAL

6) MINIMUM AREA AND

1) MINIMUM LOT SIZE
2) MINIMUM LOT WIDTH
3) MINIMUM LOT DEPTH
4) MAXIMUM LOT COVERA
5) MINIMUM FRONT YARD
6) MINIMUM SIDE YARD
7) MINIMUM REAR YARD
8) MAXIMUM BUILDING HE

7) THE OWNERS WILL F
PARCEL TO BE CONVE
OF THE APPROVAL
PLAN

8) PROPOSED LOT AREA

1	6410.2 SF +/-
2	6000 S.F.
6/7	9650 S.F.
8	4000 SF TO BE LOTS 8 & 9

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
NEW HOME WARRANTY PROGRAM
This is to certify that

JOSEPH F ELIASEN

is a registered builder under the New Home Warranty and Builder Registration Act, (N.J.S.A. 46:3B-1 et seq.).

(This registration expires on the date stamped.)

REGISTERED BUILDER

William M. Connelly
Director

003402 OCT 31 95

DIB # 94350357

New Jersey Ave

New Hours

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 9-1-94
Control #
Permit # 9894

IDENTIFICATION Block 4 Lot 1

Work Site Location New Jersey Ave
National Park

Owner in Fee JUDY WAGNER
Address 100 NJ AVE.
National Park
Tele. (___) 848-6637

Contractor Joe Eliasen
Address 640 South 4th Ave.
Westville NJ 08093
Tele. (___) 456-7127
Lic. No. or Bldrs. Reg. No 03402 Exp. Date 10-95
Federal Emp. No. 222545113
or Social Security No. ___

Professional Printing (609) 468-7933

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER ___
[✓] ELECTRICAL [✓] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
FRAME/SINGLE FAMILY DWELLING

PAYMENTS (Office Use Only)	
Building	360.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other Mechan	96.00
DCA Training Fee	32.00
Cert. of Occ.	25.00
Other	
Total	509 —
Check No.	117
Cash	
Collected By:	RJ

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 40,000.

John A. Hoyman
CONSTRUCTION OFFICIAL

(see reverse side)

UCC FORM F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT **PRO 208 B**

P.O. Box 340, Thorofare, N.J. 08086

GCUA
THE GLOUCESTER COUNTY UTILITIES AUTHORITY

№ 17581

CONSTRUCTION EXPANSION FEE

Municipal Participant: National Park MUA Project Name: N/A

NJDEP Construction Permit: SC N/A Date Issued: ___

GCUA Resolution Allocating Capacity No. N/A Dated ___ No. Units/GPD: ___
(Not applicable on NJDEP Contruction Permits issued prior to 7/20/77)

Location:	Tax Block	Lot	Street Address
	4	1	New Jersey Avenue

Type of Dwelling (GCUA Code ___)

Residential X Commercial ___ Other ___

Fee Paid $ 1,200.00 Check # 108 Date 8/29/94

Payor Joseph F. Eliasen/Karen A. Eliasen

Approved: Robert F. Dixon Date 8/29/94
GCUA Executive Director

White—GCUA Copy - Canary—Municipal Participant Copy - Pink—Building Inspector Copy - Goldenrod—Applicant Copy

No. _____

Aug 29, 1994

THE NATIONAL PARK BOROUGH
MUNICIPAL UTILITIES AUTHORITY

~~SEWER~~ Water PERMIT

NAME Joe Eliasen ADDRESS N. J Ave

Permission is hereby granted to above

Block 4

Lot 1

Water permit

$ 400.00
# 109

Joan M Draska
Sewer Clerk

No. _____

Aug 29, 1994

THE NATIONAL PARK BOROUGH
MUNICIPAL UTILITIES AUTHORITY

SEWER PERMIT

NAME Joe Eliasen ADDRESS N J Ave

Permission is hereby granted to above

Block 4

Lot 1

New home

$ 400.00

Joan M Draska
Sewer Clerk