OPRARequest

From: Concerned Residents of Cooper Grant <opra+request-10132-4419c6c1@requests.opramachine.com>
Sent: Sunday, March 1, 2020 8:01 AM
To: OPRARequest
Subject: OPRA request - Copy of certificate of occupancy (last one on file)

Dear Camden City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

I am requesting a copy of the certificate of occupancy (last one on file) for the following addresses in Camden:

- 102 Linden Street
- 113 Linden Street
- 115 Linden Street
- 123 Linden Street no record
- 405 N. 2nd Street
- 414 N. 2nd Street
- 516 N. 2nd Street

RECEIVED
2020 MAR -1 A 8:45
MUNICIPAL CLERK OFFICE
CAMDEN, N.J.

Yours faithfully,

Concerned Residents of Cooper Grant

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-10132-4419c6c1@requests.opramachine.com

Is OPRArequest@ci.camden.nj.us the wrong address for OPRA requests to Camden City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=camden_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/copy_of_certificate_of_occupancy

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

City of Camden
P.O. Box 95120
Camden, NJ 08101
856 - 7577032

Permit Number: 20190117
Update Number:
Control Number: 50629
Application Date: 01/19/2019
Permit Date: 02/04/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 62 Lot: 2 Qualification Code:
Work Site Location: 102 LINDEN ST A/B Camden City

Owner In Fee: DELAWARE RIVER INVESTMENT
Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043

Telephone: (856) 669-4264

Use Group(s): R-5

Contractor: LIFETIME HANDYMAN LLC
Address: 243 HEATHER DRIVE
MANTUA NJ

Telephone: (856) 236-5719

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [X]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:
TWO (2) 100 AMP SERVICES, ALARM DEVICES

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	9,950.00
Cost of Demolition:	0.00
Total Cost:	$9,950.00

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.

James Rizzo
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	
Electrical	$122.00
Plumbing	
Fire Protection	$61.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$19.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$202.00**
All Fees Waived:	No

Amount to be Paid: **$202.00**

CC amount:	$202.00
CC Type:	VISA
Collected by:	IJH
Receipt No:	606280
Total Cash Amount:	
Total Check Amount:	
Total CC Amount:	$202.00
Grand Total:	$202.00

Note:

City of Camden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 01/19/2019
Control #: 50629

Date Issued: 02/04/2019
Permit #: 20190117

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

Block: 62 Lot: 2 Qualification Code:

Work Site Location: 102 LINDEN ST A/B

Owner in Fee: DELAWARE RIVER INVESTMENT

Address: 1000WHITE HORSE PIKE
VOORHEES NJ 08043

E-mail:

Telephone: (856) 669-4264

Contractor: J M ELECTRIC
ATTN: JOE McDERMOTT

Address: 3144 W IRONSIDE ROAD
CAMDEN NJ 08104

E-mail: joem@jmelectricllc.org

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 17787 Exp Date: 3/31/2021

Federal Emp. No.:

DESCRIPTION OF WORK:
TWO (2) 100 AMP SERVICES, ALARM DEVICES

Telephone: (856) 831-8790

Fax:

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 $9,500.00
3. Demolition $0.00
Est.Cost of Elec.Work (1+2+3) $9,500.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric 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	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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	
2	100.00	AMP Service	$122.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$18.00
TOTAL FEE	$140.00

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

City of Camden

FIRE SUBCODE TECHNICAL SECTION

Date Received 01/19/2019 Date Issued 02/04/2019
Control # 50629 Permit # 20190117

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

Block: 62 Lot: 2 Qualification Code:

Work Site Location : 102 LINDEN ST A/B

Owner Details

Owner in Fee: DELAWARE RIVER INVESTMENT
Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043
Telephone: (856) 669-4264
E-mail:

Contractor Details

Contractor: LIFETIME HANDYMAN LLC
ATTN: LIFETIME HANDYMAN LLC
Address: 243 HEATHER DRIVE
MANTUA NJ
Telephone: (856) 236-5719 Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.: Federal Emp. No.:
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety 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. Rehabilitation: $450.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $450.00

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.

Sign here: _____ Print name here: _____
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
TWO (2) 100 AMP SERVICES, ALARM DEVICES

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	5	$47.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	5	$47.00
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		
CO2 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	
Mininimum Fee	$61.00
State Permit Surcharge Fee	$1.00
TOTAL FEE	$62.00

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

City of Camden
P.O. Box 95120
Camden, NJ 08101
856-7577032

CERTIFICATE
IDENTIFICATION

Date Issued: 06/19/2019
Control #: 50629
Permit #: 20190117

Block: 62 Lot :2

Work Site Location: 102 LINDEN ST A/B
Camden City

Owner in Fee: DELAWARE RIVER INVESTMENT
Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043

Telephone: 856 669-4264

Agent/Contractor: LIFETIME HANDYMAN LLC
Address: 243 HEATHER DRIVE
MANTUA NJ

Telephone: 856 236-5719

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

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:
TWO (2) 100 AMP SERVICES, ALARM DEVICES

Update Desc. of Wk/Use:
REHAB/ RENOVATE DUE TO FIRE DAMAGE 2ND & 3RD FLOOR REAR

[ ] **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 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

Fees: $0.00
Paid[X]Check No.: _____
Collected by: IJH

James Rizzo Construction Official

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Camden
P.O. Box 95120
Camden, NJ 08101
856 - 7577032

Permit Number: 20190117
Update Number: 1
Control Number: 50776
Application Date: 02/04/2019
Permit Date: 02/05/2019

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 62 Lot: 2 Qualification Code:
Work Site Location: 102 LINDEN ST A/B Camden City

Owner In Fee: DELAWARE RIVER INVESTMENT
Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043

Telephone: (856) 669-4264

Use Group(s): R-5

Contractor: LIFETIME HANDYMAN LLC
Address: 243 HEATHER DRIVE
MANTUA NJ

Telephone: (856) 236-5719

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
REHAB/ RENOVATE DUE TO FIRE DAMAGE 2ND & 3RD FLOOR REAR

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	6,000.00
Cost of Demolition:	0.00
Total Cost:	$6,000.00

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.

James Rizzo
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	$192.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$11.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$203.00**
All Fees Waived:	No

Amount to be Paid: **$203.00**

CC amount:	$203.00
CC Type:	VISA
Collected by:	IJH
Receipt No:	606280
Total Cash Amount:	
Total Check Amount:	
Total CC Amount:	$203.00
Grand Total:	$203.00

Note:

City of Camden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 02/04/2019
Control #: 50776

Date Issued: 02/05/2019
Permit #: 20190117 - 1

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

Block: 62 Lot: 2 Qualification Code:

Work Site Location: 102 LINDEN ST A/B

Owner Details

Name: DELAWARE RIVER INVESTMENT

Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043

Telephone: (856) 669-4264

E-mail:

Contractor Details

Contractor: LIFETIME HANDYMAN LLC
ATTN: LIFETIME HANDYMAN LLC

Address: 243 HEATHER DRIVE
MANTUA NJ

Telephone: (856) 236-5719 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		Sq. Ft.	
Volume of New Structure		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	0.00
2. Rehabilitation	6,000.00
3. Demolition	0.00
4. Total (1+2+3)	$6,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/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				
Finishes - 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:
REHAB/ RENOVATE DUE TO FIRE DAMAGE 2ND & 3RD FLOOR REAR

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] 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)

$192.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$11.00
TOTAL FEE	$203.00

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

City of Camden
P.O. Box 95120
Camden, NJ 08101
856 - 7577032

CCO Number: 20180715
Control Number: 50363
Application Date: 12/17/2018
CCO Date: 12/17/2018

REQUEST FOR CERTIFICATE OF CONTINUED OCCUPANCY

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 62 Lot: 2 Qualification Code:
Work Site Location: 102 LINDEN ST A/B Camden City

Owner In Fee: ANDRE & MICHELLE NIEVES (SELLER)
Address: 74 UNION ST
MEDFORD NJ 08055
Telephone: (856) 831-2248
Use Group(s): R-5

Contractor: DELAWARE RIVER INVESTMENT
Address: 1000 WHITE HORSE HORSE RD #40
VOORHEES NJ 08043
Telephone: () 669-4264
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:
CHANGE IN TENANT AND/OR OCCUPANCY-RESALE DUPLEX -NEW BUYER

ESTIMATED COST OF WORK:

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

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	$200.00
Minimum Fee	
Total	**$200.00**
All Fees Waived:	No

Amount to be Paid:	**$200.00**
Check Number:	101
Check amount:	$200.00

James Rizzo
Construction Official

Date

Collected by:	ijh
Receipt No:	605984
Total Cash Amount:	
Total Check Amount:	$200.00
Total CC Amount:	
Grand Total:	$200.00

Note:

City of Camden
P.O. Box 95120
Camden, NJ 08101
856-7577032

CERTIFICATE
IDENTIFICATION

Date Issued: 06/19/2019
Control #: 50363
CCO #: 20180715

Block: 62 Lot :2

Work Site Location: 102 LINDEN ST A/B
Camden City

Owner in Fee: ANDRE & MICHELLE NIEVES (SELLER)

Address: 74 UNION ST
MEDFORD NJ 08055

Telephone: 856 831-2248

Agent/Contractor: DELAWARE RIVER INVESTMENTS (BUYER)

Address: 1000 WHITE HORSE HORSE RD #404
VOORHEES NJ 08043

Telephone: 669-4264

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

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:
CHANGE IN TENANT AND/OR OCCUPANCY-RESALE DUPLEX -NEW BUYER

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.

[ ] **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 will be subject to fine or order to vacate:

James Rizzo Construction Official

[ ] **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

[X] **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

Fees: $200.00
Paid[X]Check No.: 101
Collected by: ijh

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

City of Camden
P.O. Box 95120
Camden, NJ 08101
856 - 7577032

Permit Number: 20171212
Update Number:
Control Number: 46435
Application Date: 07/19/2017
Permit Date: 10/27/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 52 Lot: 117 Qualification Code:
Work Site Location: 113 LINDEN ST Camden City

Owner In Fee: LINDEN WATER FRONT LLC
Address: 113 LINDEN STREET
CAMDEN NJ 08102

Telephone: (856) 986-0087

Use Group(s): R-5

Contractor: DRP CUSTOM DESIGN LLC
Address: 25 SAWOOD DRIVE
SICKLERVILLE NJ 08081

Telephone: (609) 820-9683

Lic. No. / Bldrs. Reg. No.: 13VH05466500

Federal Emp. No.: 2-6465330

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
REHAB-RECEPTACLE, SWITCH, DETECTOR, WATER CLOSET, URINAL, BATH TUB, SHOWER, SINK, DISHWASHER, WASHING MACHINE, HOSE BIBB, WATER HEATER, HOT AIR FURNACE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	63,000.00
Cost of Demolition:	0.00
Total Cost:	$63,000.00

PAYMENTS (Office Use Only)	
Building	$1,600.00
Electrical	$61.00
Plumbing	$242.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$120.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$37.00
CCO Fee	
Minimum Fee	
Total	**$2,060.00**
All Fees Waived:	No

Amount to be Paid:	**$2,060.00**
Check Number:	117
Check amount:	$2,060.00

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.

James Rizzo
Construction Official

Date

Collected by:	WC
Receipt No:	586742
Total Cash Amount:	
Total Check Amount:	$2,060.00
Total CC Amount:	
Grand Total:	$2,060.00

Note:

City of Camden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 07/19/2017
Control #: 46435

Date Issued: 10/27/2017
Permit #: 20171212

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

Block: 52 Lot: 117 Qualification Code:

Work Site Location: 113 LINDEN ST

Owner Details

Name: LINDEN WATER FRONT LLC
Address: 113 LINDEN STREET
CAMDEN NJ 08102
Telephone: (856) 986-0087
E-mail: hongzhang1716@yahoo.com

Contractor Details

Contractor: DRP CUSTOM DESIGN LLC
ATTN:
Address: 25 SAWOOD DRIVE
SICKLERVILLE NJ 08081
Telephone: (609) 820-9683 Fax: (856) 344-2060
E-mail: drpcustomdesign@gmail.com
Federal Emp. No: 26-465330
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		2		
Height of Structure		32	Ft.	
Area - Largest Floor		80519	Sq. Ft.	
New Bldg. Area/All Floors			Sq. Ft.	
Volume of New Structure			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	0.00
2. Rehabilitation	50,000.00
3. Demolition	0.00
4. Total (1+2+3)	$50,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/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				
Finishes - 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:
REHAB-RECEPTACLE, SWITCH, DETECTOR, WATER CLOSET, URINAL, BATH TUB, SHOWER, SINK, DISHWASHER, WASHING MACHINE, HOSE BIBB, WATER HEATER, HOT AIR FURNACE

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	$1,600.00
[ ] 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	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$95.00
TOTAL FEE	$1,695.00

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

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

City of Camden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 07/19/2017
Control #: 46435

Date Issued: 10/27/2017
Permit #: 20171212

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

Block: 52 Lot: 117 Qualification Code:

Work Site Location: 113 LINDEN ST

Owner in Fee: LINDEN WATER FRONT LLC

Address: 113LINDEN STREET
CAMDEN NJ 08102
E-mail: hongzhang1716@yahoo.com
Telephone: (856) 986-0087
Contractor: GENE OLSON ELECTRICAL CONTRACTORS LL
ATTN:
Address: 1 WINDSOR ROAD
GIBBSBORO NJ 08026
E-mail: geneoelect@msn.com

DESCRIPTION OF WORK:
REHAB-RECEPTACLE, SWITCH, DETECTOR, WATER CLOSET, URINAL, BATH TUB, SHOWER, SINK, DISHWASHER, WASHING MACHINE, HOSE BIBB, WATER HEATER, HOT AIR FURNACE

Telephone: (856) 782-0077
Fax: (856) 782-7255

Home Improvement Registration No. or Exemption Reason:
Contractor License No.: 13794B Exp Date: 3/31/2018 Federal Emp. No.: 813355517

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 $2,000.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $2,000.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Electric 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
		Lighting Fixtures
30		Receptacles
10		Switches
7		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
TOTAL NUMBER 47		
		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
		KW Photovoltaic Systems
		Other 3:
		Other 4:
		Other 5:
		Other 6:
		Other 7:
		Other 8:
		Other 9:

FEE (Office Use Only)

$61.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4.00
TOTAL FEE	$65.00

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

City of Camden

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 07/19/2017 Date Issued: 10/27/2017

Control #: 46435 Permit #: 20171212

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

Block: 52 Lot: 117 Qualification Code:

Work Site Location: 113 LINDEN ST

Owner in Fee : LINDEN WATER FRONT LLC

Address : 113 LINDEN STREET
CAMDEN NJ 08102

Email: hongzhang1716@yahoo.com

Telephone: (856) 986-0087

Contractor: R NICDOBA PLUMBING LLC
ATTN:

Address: 440 FIRST STREET
ATCO NJ 08004

Telephone: (609) 315-8964
Fax: (856) 767-0515

E-mail:

Contractor License No.: 7184 Expiration Date: 7/31/2018 Federal Emp. No.: 138-524343

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: $0.00 2. Rehabilitation: $11,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $11,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities 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 listed 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:
REHAB-RECEPTACLE, SWITCH, DETECTOR, WATER CLOSET, URINAL, BATH TUB, SHOWER, SINK, DISHWASHER, WASHING MACHINE, HOSE BIBB, WATER HEATER, HOT AIR FURNACE

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$39.00
	Urinal/Bidet	
1	Bath Tub	$13.00
3	Lavatory	$39.00
1	Shower	$13.00
	Floor Drain	
1	Sink	$13.00
1	Dishwasher	$13.00
	Drinking Fountain	
1	Washing Machine	$13.00
	Hose Bibb	
1	Water Heater	$13.00
	Fuel Oil Piping	
1	Gas Piping	$86.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$21.00
TOTAL FEE	$263.00

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.

City of Camden
P.O. Box 95120
Camden, NJ 08101
856 - 7577032

Permit Number: 20190879
Update Number:
Control Number: 52508
Application Date: 08/27/2019
Permit Date: 08/30/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 52 Lot: 116 Qualification Code:
Work Site Location: 115 LINDEN ST Camden City

Owner In Fee: DELAWARE RIVER INVESTMENT
Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043

Telephone: (856) 669-4264

Use Group(s): R-5

Contractor: FIGUEROA HOME IMPROVEMENT
Address: 1746 42ND ST
PENNSUAKEN NJ 08110

Telephone: (856) 426-1903

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
MINOR REHAB SFD

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	38,500.00
Cost of Demolition:	0.00
Total Cost:	$38,500.00

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.

James Rizzo
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	$1,232.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$73.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$37.00
CCO Fee	
Minimum Fee	
Total	**$1,342.00**
All Fees Waived:	No

Amount to be Paid: **$1,342.00**

CC amount:	$1,342.00
CC Type:	VISA
Collected by:	IJH
Receipt No:	655332
Total Cash Amount:	
Total Check Amount:	
Total CC Amount:	$1,342.00
Grand Total:	$1,342.00

Note:

City of Camden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 08/27/2019
Control #: 52508

Date Issued: 08/30/2019
Permit #: 20190879

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

Block: 52 Lot: 116 Qualification Code:

Work Site Location: 115 LINDEN ST

Owner Details

Name: DELAWARE RIVER INVESTMENT

Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043

Telephone: (856) 669-4264

E-mail:

Contractor Details

Contractor: FIGUEROA HOME IMPROVEMENT
ATTN: MONICO FIGUEROA

Address: 1746 42ND ST
PENNSUAKEN NJ 08110

Telephone: (856) 426-1903 Fax:

E-mail: monicofigueroa02@gmail.com

Federal Emp. No:

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: 13HV07569700

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		Sq. Ft.	
Volume of New Structure		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	0.00
2. Rehabilitation	38,500.00
3. Demolition	0.00
4. Total (1+2+3)	$38,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/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				
Finishes - 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:
MINOR REHAB SFD

TYPE OF WORK:

	FEE (Office Use Only)
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	$1,232.00
[ ] 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	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$73.00
TOTAL FEE	$1,305.00

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

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

City of Camden
P.O. Box 95120
Camden, NJ 08101
856 - 7577032

Permit Number: 20190879
Update Number: 1
Control Number: 52745
Application Date: 09/25/2019
Permit Date: 10/03/2019

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 52 Lot: 116 Qualification Code:
Work Site Location: 115 LINDEN ST Camden City

Owner In Fee: DELAWARE RIVER INVESTMENT
Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043
Telephone: (856) 669-4264
Use Group(s): R-5

Contractor: FIGUEROA HOME IMPROVEMENT
Address: 1746 42ND ST
PENNSUAKEN NJ 08110
Telephone: (856) 426-1903
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:
NEW AIR DUCT SYSTEM,REPLACE SERVICE,HVAC,INTERIOR RENOVATION,NEW GAS PIPING, ALARM DEVICES, REMODEL BATHROOM & KITCHEN,WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	27,110.00
Cost of Demolition:	0.00
Total Cost:	$27,110.00

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.

James Rizzo
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	$61.00
Electrical	$172.00
Plumbing	$255.00
Fire Protection	$61.00
Elevator Devices	
Mechanical	$160.00
VolFee (DCA)	
AltFee (DCA)	$52.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$761.00**
All Fees Waived:	No

Amount to be Paid: **$761.00**

CC amount:	$761.00
CC Type:	VISA
Collected by:	IJH
Receipt No:	655641
Total Cash Amount:	
Total Check Amount:	
Total CC Amount:	$761.00
Grand Total:	$761.00

Note:

City of Camden

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 09/25/2019
Control #: 52745

Date Issued: 10/03/2019
Permit #: 20190879 - 1

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

Block: 52 Lot: 116 Qualification Code:

Work Site Location: 115 LINDEN ST

Owner Details

Name: DELAWARE RIVER INVESTMENT

Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043

Telephone: (856) 669-4264

E-mail:

Contractor Details

Contractor: AB HOME IMPROVEMENT
ATTN:

Address: 2556 BURNING TREE ROAD
PENNSAUKEN NJ 08109

Telephone: (856) 308-7744 Fax:

E-mail:

Federal Emp. No: 815165512

Lic No. or Bldrs Reg. No.: 13VH06925800 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	5		
Height of Structure	17	Ft.	
Area - Largest Floor	750	Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		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	0.00
2. Rehabilitation	1,200.00
3. Demolition	0.00
4. Total (1+2+3)	$1,200.00

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:
NEW AIR DUCT SYSTEM,REPLACE SERVICE,HVAC,INTERIOR RENOVATION,NEW GAS PIPING, ALARM DEVICES, REMODEL BATHROOM & KITCHEN,WATER HEATER

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] 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)

$38.00

Administrative Surcharge	
Minimum Fee	$61.00
State Permit Surcharge Fee	$2.00
TOTAL FEE	$63.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/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				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

City of Camden

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 09/25/2019 Control #: 52745

Date Issued: 10/03/2019 Permit #: 20190879 - 1

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

Block: 52 Lot: 116 Qualification Code:

Work Site Location: 115 LINDEN ST

Owner in Fee: DELAWARE RIVER INVESTMENT

Address: 1000WHITE HORSE PIKE
VOORHEES NJ 08043

E-mail:

Telephone: (856) 669-4264

Contractor: SAVVION ELECTRIC CO
ATTN: A WEISS

Address: 120 CHESTNUT STREET
CHERRY HILL NJ 08002 1814

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 6686 Exp Date:

DESCRIPTION OF WORK:
NEW AIR DUCT SYSTEM,REPLACE SERVICE,HVAC,INTERIOR RENOVATION,NEW GAS PIPING, ALARM DEVICES, REMODEL BATHROOM & KITCHEN,WATER HEATER

Telephone: (856) 667-0451

Fax: (856) 557-2484

Federal Emp. No.: 22-2576012

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 $8,520.00
3. Demolition $0.00
Est.Cost of Elec.Work (1+2+3) $8,520.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric 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)
32		Lighting Fixtures	
38		Receptacles	
29		Switches	
9		Detectors	
		Light Poles	
3		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
111		TOTAL NUMBER	$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	
1	7.00	KW Central A/C Unit	$13.00
1	1.00	HP/KW Space Htr./Air Handler	$13.00
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	100.00	AMP Service	$61.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$16.00
TOTAL FEE	$188.00

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

City of Camden

FIRE SUBCODE TECHNICAL SECTION

Date Received 09/25/2019 Date Issued 10/03/2019
Control # 52745 Permit # 20190879 - 1

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

Block: 52 Lot: 116 Qualification Code:

Work Site Location : 115 LINDEN ST

Owner Details

Owner in Fee: DELAWARE RIVER INVESTMENT
Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043
Telephone: (856) 669-4264
E-mail:

Contractor Details

Contractor: SAVVION ELECTRIC CO
ATTN: A WEISS
Address: 120 CHESTNUT STREET
CHERRY HILL NJ 08002 1814
Telephone: (856) 667-0451 Fax: (856) 557-2484
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.:
Fire Protection Equipment, NJ Div of Fire Safety Installer No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.:

Federal Emp. No.: 22-2576012
License No.: 6686
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. Rehabilitation: $910.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $910.00

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.

Sign here: _____ Print name here: _____
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
NEW AIR DUCT SYSTEM,REPLACE SERVICE,HVAC,INTERIOR RENOVATION,NEW GAS PIPING, ALARM DEVICES, REMODEL BATHROOM & KITCHEN,WATER HEATER

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)	9	$47.00
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL	9	$47.00
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		
CO2 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	
Mininimum Fee	$61.00
State Permit Surcharge Fee	$2.00
TOTAL FEE	$63.00

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

City of Camden

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 09/25/2019 Date Issued: 10/03/2019

Control #: 52745 Permit #: 20190879 - 1

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

Block: 52 Lot: 116 Qualification Code:

Work Site Location: 115 LINDEN ST

Owner in Fee : DELAWARE RIVER INVESTMENT

Address : 1000 WHITE HORSE PIKE
VOORHEES NJ 08043

Email:

Telephone: (856) 669-4264

Contractor: CREATIVE PLUMBING INC
ATTN: A WEISS

Address: 120 CHESTNUT STREET
CHERRY HILL NJ 08002

Telephone: (856) 667-0451
Fax: (856) 667-2484

E-mail:

Contractor License No.: 7873 Expiration Date:

Federal Emp. No.: 22-2875466

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: $0.00 2. Rehabilitation: $10,880.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $10,880.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities 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 listed 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:
NEW AIR DUCT SYSTEM,REPLACE SERVICE,HVAC,INTERIOR RENOVATION,NEW GAS PIPING, ALARM DEVICES, REMODEL BATHROOM & KITCHEN,WATER HEATER

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$39.00
	Urinal/Bidet	
2	Bath Tub	$26.00
3	Lavatory	$39.00
1	Shower	$13.00
	Floor Drain	
1	Sink	$13.00
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	$13.00
1	Hose Bibb	$13.00
1	Water Heater	$13.00
	Fuel Oil Piping	
1	Gas Piping	$86.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$21.00
TOTAL FEE	$276.00

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

City of Camden

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 09/25/2019 Date Issued: 10/03/2019
Control #: 52745 Permit #: 20190879 - 1

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

Block: 52 Lot: 116 Qualification Code:
Work Site Location: 115 LINDEN ST
Owner in Fee: DELAWARE RIVER INVESTMENT
Address: 1000 WHITE HORSE PIKE
VOORHEES, NJ 08043
Telephone: (856) 669-4264 Email:
Contractor: AB HOME IMPROVEMENT
ATTN:
Address: 2556 BURNING TREE ROAD
PENNSAUKEN NJ 08109 Fax:
Telephone: (856) 308-7744 Email:
License No.: 13VH06925800 Exp Date: Federal Emp. No.: 815165512
Home Improvement Registration No. or Exemption Reason:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3,R-4 or R-5 (circle one) Proposed: R-3,R-4 or R-5 (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: $0.00 2. Rehabilitaion: $5,600.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $5,600.00

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

INSPECTIONS	DATES			
Type:	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:
NEW AIR DUCT SYSTEM,REPLACE SERVICE,HVAC,INTERIOR RENOVATION,NEW GAS PIPING, ALARM DEVICES, REMODEL BATHROOM & KITCHEN,WATER HEATER

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	$108.00
	Oil Tank	
	LPG Tank	
	Fireplace	
4	Other 1: GAS LINES	$52.00
	Other 2:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$11.00
TOTAL FEE	$171.00

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

City of Camden
P.O. Box 95120
Camden, NJ 08101
856-7577032

CERTIFICATE
IDENTIFICATION

Date Issued: 01/30/2020
Control #: 51448
CCO #: 20190313

Block: 52 Lot :116

Work Site Location: 115 LINDEN ST
Camden City

Owner in Fee: FOXX CARRIE B(SELLER)

Address: 115 LINDEN ST
CAMDEN NJ 08102

Telephone:

Agent/Contractor: DELAWARE RIVER INVESTMENTS (BUYER)

Address: 1000 WHITE HORSE ROAD
VOORHEES NJ

Telephone: 856 669-4264

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

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:
CHANGE IN TENANT AND/OR OCCUPANCYRESALE PROPERTY INSPECTION AGREEMENT NOT TO OCCUPY

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.

[ ] **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 will be subject to fine or order to vacate:

James Rizzo Construction Official

[ ] **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

[X] **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

Fees: $200.00
Paid[X]Check No.: 142
Collected by: WC

City of Camden
P.O. Box 95120
Camden, NJ 08101
856-7577032

CERTIFICATE
IDENTIFICATION

Date Issued: 01/30/2020
Control #: 52508
Permit #: 20190879

Block: 52 Lot :116

Work Site Location: 115 LINDEN ST
Camden City

Owner in Fee: DELAWARE RIVER INVESTMENT

Address: 1000 WHITE HORSE PIKE
VOORHEES NJ 08043

Telephone: 856 669-4264

Agent/Contractor: FIGUEROA HOME IMPROVEMENT

Address: 1746 42ND ST
PENNSUAKEN NJ 08110

Telephone: 856 426-1903

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

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:
MINOR REHAB SFD

Update Desc. of Wk/Use:
NEW AIR DUCT SYSTEM,REPLACE SERVICE,HVAC,INTERIOR RENOVATION,NEW GAS PIPING, ALARM DEVICES, REMODEL BATHROOM & KITCHEN,WATER HEATER

[X] **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.

[ ] **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 will be subject to fine or order to vacate:

James Rizzo Construction Official

[ ] **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

Fees: $37.00
Paid[X]Check No.: _____
Collected by: IJH

City of Camden
P.O. Box 95120
Camden, NJ 08101
856 - 7577032

Permit Number: 20061498
Update Number:
Control Number: 18243
Application Date: 07/08/2006
Permit Date: 11/08/2006

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 57 Lot: 56 Qualification Code:
Work Site Location: 404 NO 2ND ST Camden City

Owner In Fee: RUTGERS THE STATE UNIVERSITY
Address: 82 STREET 1603
PISCATAWAY NJ 08854

Telephone: ()

Use Group(s): R-5

Contractor: DOMUS, Inc.
Address: 346 East Walnut Lane
Philadelphia PA 19144

Telephone: (215) 849-4444

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 23-2012691

is hereby granted permission to perform the following work :

[X]BUILDING [ ]PLUMBING [ ] DEMOLITION
[ ]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT
(Subchapter 8 only)

DESCRIPTION OF WORK:

NEW CONSTRUCTION

ESTIMATED COST OF WORK:

Cost of Construction:	160,789.00
Cost of Rehabilitation:	0.00
Cost of Demolition:	0.00
Total Cost:	$160,789.00

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.

James Rizzo
Construction Official

Date

PAYMENTS (Office Use Only)	
Building	$432.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	$42.00
AltFee (DCA)	
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$28.00
CCO Fee	
Minimum Fee	
Total	**$502.00**
All Fees Waived:	No

Amount to be Paid:	**$502.00**
Check Number:	10238
Check amount:	$502.00

Collected by:	rs
Receipt No:	196495
Total Cash Amount:	
Total Check Amount:	$502.00
Total CC Amount:	
Grand Total:	$502.00

Note: