BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/29/15
Control #
Date Issued 6-22-15
Permit # 15-309

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

Block 2709 Lot 21 Qualification Code ______

Work Site Location 200 Fairview Ave
Hammonton NJ 08037

Owner in Fee: Fraternity Medical Dev.

Tel. (609) 567-3175 e-mail

Address 200 Fairview Ave Hammonton NJ 08037
street municipality zip code

Contractor: GL Construction Tel. (856) 740-6725

Address 1340 B. Black Horse Pike e-mail GLconstruction16
Williamstown NJ 08094

Contractor License No. or Builder Registration No. 13VH01594000 Exp. Date 2/31/16

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

Federal Emp. ID No. 26-4622847 FAX: (856) 740-4438

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

Constructed a 36' x 16' Block addition 19 course high

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	6/2/15	FD
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8-21-15
Approved by: FD

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			6/25/15	FD
Footing Bonding				
Foundation				
Slab			7-24-15	FD
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/21/15	FD
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed S
No. of Stories ______
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors 576 sq. ft.
Volume of New Structure 7200 cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

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

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

FEE (Office Use Only)
$ ______
101

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/07/15
Control # 6-22-15
Date Issued
Permit # 15-209

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

Block 2709 Lot 21 Qualification Code

Work Site Location 360 Fairview Ave Hammonton NJ 08037

Owner in Fee: Integrity Medical Dev.

Tel. (609) 567-8775 e-mail hrodriguez@integritymedical.com

Address 360 Fairview Ave (street) Hammonton (municipality) NJ 08037 (zip code)

Contractor: JUST RITE CONTRACTORS Tel. (609) 577-2604

Address 52 MAIN St HAMMONTON NJ. 08037 e-mail JUSTRITECONTRACTORS@YAHOO.COM

Contractor License No. EL00116010 Exp. Date 3-18

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

Federal Emp. ID No. 46-0829026 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present COM Proposed DOR

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

Building Occupied as warehouse Utility Co. ATLANTIC

Est. Cost of Elec. Work $ 2200—

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[V] Electric Plans Approved

Date: 6/2/15 Approved by: WJE

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/2/15

Approved by: WJE

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6/20/15

Approved by: WJE

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/20/15	WJE
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
5		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit # 15-209
Date Issued 6-22-15
- or -
Control #
Certificate Issued Date: 8/21/15

IDENTIFICATION

Block 2709 Lot 21 Qualification Code
Work Site Location 360 Fairview Ave Hammonton NJ
Owner in Fee Integrity Medical Group Inc
Address
Tel. ( ) 561-8175
Contractor G.L. Construction
Address 13403 N. Blackhorse Pike Williamstown, NJ 08094
Tel. (856) 140-6565 FAX ( )
Lic. No. or Bldrs. Reg. No. 13VH01574400
Federal Employer No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B-S
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:
Addition 36' x 16'

☑ **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 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 _____.

Frank J Somers 8-21-15
CONSTRUCTION OFFICIAL DATE

Fee $ 203-
Paid [ ] Check No. 5919
Collected by: PSB.

U.C.C. F260
(rev. 8/05)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/11/14

Permit # 14-132

IDENTIFICATION Block 2709 Lot 21 Qualification Code

Work Site Location 36 d Fairview Ave Hammonton NJ

Owner in Fee Integrity Medical Same

Address

Tel. ( )

Contractor Just Right Contractors

Address 52 Main Rd Hammonton NJ 609 517 3604

Lic. No. or Bldrs. Reg. No. 11601

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK: 800 Amp Service

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 $ 20,000.00

Construction Official

Date 4/7/14

PAYMENTS (Office Use Only)

Building

Electrical 80.00

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 34.00

Cert. of Occupancy

Other

Total 114.00

Check No. 17746

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/11/14
Control #
Date Issued
Permit # 14-132

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

Block 4709 Lot 21 Qualification Code

Work Site Location 360 FAIR VIEW AVE
HAMMONTON N.J. 08037

Owner in Fee: INTEGRITY MED. DEVICES

Tel. ( ) e-mail

Address SAME

Contractor: JUST RITE CONTRACTORS (street, municipality) Tel. (609) 577-2604 (zip code)

Address 52 MAIN Rd. e-mail JUSTRITECONTRACTOLS 812
HAMMONTON N.J. 08037 @ YMAIL.COM

Contractor License No. ~~345~~ 11601 Exp. Date 3-15

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

Federal Emp. ID No. 46-0829026 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as INDUSTRY (STORAGE Utility Co. ATLANTIC ELEC

Est. Cost of Elec. Work $ 20,000

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	800	AMP Service 3φ	80
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 34
State Permit Surcharge Fee $
TOTAL FEE $ 114

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit # 14 152

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

Block 2709 Lot 27 Qualification Code

Work Site Location 36 Fairview Ave

Hammonton NJ. 08037

Owner in Fee: Integrity Mid Trades

Tel. ( ) e-mail

Address Submit
street municipality zip code

Contractor: JUST Fire CONTRACTORS Tel. (609) 617-2604

Address 52 Main Rd. e-mail

Hammonton NJ. 08037 owen.milk.com

Contractor License No. 34EC 11601 Exp. Date 3-15

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

Federal Emp. ID No. 46-0527026 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Residential Utility Co. Atlantic Elec

Est. Cost of Elec. Work $ 20 000

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/15/14
Approved by: [illegible]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.			4/24/14	[illegible]
Constr. Serv.				
TCO				
Other				
Service				
Final			5/15/14	[illegible]
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

COULD NOT POINT OF
NOT COMPLETE LABELING
CHECK UP 5/13/14

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.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	30
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

ATTACHMENT

Administrative Surcharge $
Minimum Fee $ 30
State Permit Surcharge Fee $
TOTAL FEE $ 119

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 3/12/14

Permit # 14-067

IDENTIFICATION Block 2709 Lot 21 Qualification Code

Work Site Location 320 Fairview Dr. Hammonton

Owner in Fee Integrity Medical Center

Address Same

Tel. ( )

Contractor Cole's Roofing

Address 101 Grandview Dr. Williamstown, NJ 08094

Tel. ( )

Lic. No. or Bldrs. Reg. No. 13VH03303400 145-34-9200

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Rubber Roof

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 $ 7400.00

Construction Official: Jack Domenico

Date: 3/12/14

PAYMENTS (Office Use Only)

Building	50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	149
Cert. of Occupancy	
Other	
Total	199
Check No.	2878
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

BUILDING SUBCODE
TECHNICAL SECTION

100 Grandview Avenue Hammonton, NJ 08037

Date Received
Control # 3/12/14
Date Issued
Permit # 14-067

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

Block 2709 Lot 21 Qualification Code

Work Site Location 360 Fairview Ave
Hammonton, NJ 08037

Owner in Fee: Integrity Medical Devices, Inc

Tel. (609) 567-8175 e-mail

Address 360 Fairview Ave, Hammonton, NJ 08037
street municipality zip code

Contractor: Cal's Roofing Tel. (856) 629-1576

Address 101 Grandview Ave e-mail
Williamstown, NJ 08094

Contractor License No. or Builder Registration No. 145-34-9200 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03303900

Federal Emp. ID No. FAX: (856) 875-7136

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: Calvin C. Lidy

Print name here: CALVIN CLIDY

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NEW RUBBER
200 x 60

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/27/14
Approved by: FD

INSPECTIONS Type:	Failure	Dates (Month/Day) 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			5.27.14 FD	
Barrier-Free				

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

FEE (Office Use Only)
$ 50

Administrative Surcharge $
Minimum Fee $ 49
State Permit Surcharge Fee $
TOTAL FEE $ 99

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ —
2. Rehabilitation $ 87,400.00
3. Total (1+ 2) $ 87,400.00

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 204 Lot 21 Qualification Code _____

Work Site Location 360 Fairview Ave
Hammonton, NJ 08037

Owner in Fee: Integrity Medical Devices, Inc

Tel. ( ) _____ e-mail _____

Address 360 Fairview Ave, Hammonton, NJ 08037
street municipality zip code

Contractor: Cal's Roofing Tel. (856) 629-1576

Address 101 Grandview Ave e-mail _____
Williamstown, NJ 08094

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

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

Federal Emp. ID No. _____ FAX: ( ) _____

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

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

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

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

FEE (Office Use Only)

$	
	50

Administrative Surcharge $	
Minimum Fee $	144
State Permit Surcharge Fee $	
TOTAL FEE $	144

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

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

TOWN OF HAMMONTON

CERTIFICATE OF CONTINUED OCCUPANCY

CERTIFICATE # 14-1005 DATE ISSUED: 1/24/14

BLOCK 2709 LOT 21 LOCATION OF PROPERTY 360 Fairview Ave.

NAME OF SELLER Semitech Inc. ADDRESS Same PHONE 567-1844
(OR LANDLORD IF COMMERCIAL)

NAME OF BUYER Integrity Medical ADDRESS _____ PHONE 567-8125
(OR TENANT IF COMMERCIAL)

TYPE AND/OR SPECIFIC USE OF BUILDING Warehouse

THIS SERVES NOTICE THAT, BASED ON A GENERAL INSPECTION OF THE VISIBLE PARTS OF THE BUILDING, THERE ARE NO IMPENDING VIOLATIONS AND THE PROPERTY IS APPROVED FOR CONTINUED OCCUPANY.

* *

SIGNATURE OF CODE OFFICIAL [signature] PAID $ 90 - CHECK # 7073 CASH _____

Transaction Report

Send
Transaction(s) completed

No.	TX Date/Time	Destination	Duration	P.#	Result	Mode
039	JAN-24 10:40	6095675538	0°00'10"	001	OK	N ECM

TOWN OF HAMMONTON

CERTIFICATE OF CONTINUED OCCUPANCY

CERTIFICATE # 14-1005 DATE ISSUED: 1/24/14

BLOCK 2709 LOT 21 LOCATION OF PROPERTY 360 Fairview Ave.

NAME OF SELLER Semitech Inc. ADDRESS Same PHONE 56
(OR LANDLORD IF COMMERCIAL)

NAME OF BUYER Integrity Medical ADDRESS _____ PHONE 56
(OR TENANT IF COMMERCIAL)

TYPE AND/OR SPECIFIC USE OF BUILDING Warehouse

**THIS SERVES NOTICE THAT, BASED ON A GENERAL INSPECTION OF THE VISIBLE PARTS OF THE BI
THERE ARE NO IMPENDING VIOLATIONS AND THE PROPERTY IS APPROVED FOR CONTINUED OCC**

* *

SIGNATURE OF CODE OFFICIAL [signature] PAID $ 90 - CHECK # 7073 CAS

TOWN OF HAMMONTON

CONSTRUCTION OFFICE

EXT. 108 & 111

APPLICATION FOR **COMMERCIAL** CERTIFICATE OF CONTINUED OCCUPANCY (CCO)

APPLICATION # 14-1005 (SEE ATTACHED)

PROPERTY LOCATION 360 FAIRVIEW AVE BLOCK 209 LOT 21

PLEASE CHECK ONE: X SALE _____ RENTAL

PRESENT OWNER OR LANDLORD SEMITECH INC. PHONE 609-567-1844

ADDRESS 360 FAIRVIEW AVE FAX 567-5538

PROPOSED OWNER OR TENANT INTEGRITY MEDICAL PHONE 567-8175

ADDRESS 360 FAIRVIEW AVE

CONTACT PERSON IN CASE OF EMERGENCY GEORGE KIMBER

PHONE 567-8175 ADDRESS 360 FAIRVIEW AVE

PRESENT USE OF PROPERTY WAREHOUSE

PROPOSED USE OF PROPERTY (BE SPECIFIC) WAREHOUSE

NO CCO WILL BE ISSUED WITHOUT A VALID BUSINESS REGISTRATON ISSUED BY THE TOWN CLERK'S OFFICE

I HEREBY CERTIFY THAT I AM THE OWNER OR AGENT FOR THE OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION. I ALSO AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE TOWN OF HAMMONTON.

APPLICANT'S SIGNATURE _____ DATE 1/22/14

PAID $ 90 CHECK # 7073 CASH _____ RCVD BY al

DATE OF RECEIPT 1/22/13

90.00

CCO INSPECTION: ALL VIOLATIONS MUST BE CORRECTED IN 14 DAYS. AN AUTOMATIC RE-INSPECTION WILL BE PERFORMED ON _____. NON-COMPLIANCE WILL RESULT IN SUMMONS BEING ISSUED.

NAME Semitech Inc

ADDRESS 360 Fairview Ave

BLOCK 2709 LOT 21

CCO# 14-1005

BUILDING ✓ PASSED/DATE 1/23/14
_____ FAILED/DATE _____

ELECTRIC ✓ PASSED/DATE 1/23/14
_____ FAILED/DATE _____

PLUMBING ✓ PASSED/DATE 1/23/14
_____ FAILED/DATE _____

FIRE ✓ PASSED/DATE 1/23/14
_____ FAILED/DATE _____

COMMENTS: _____

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1/28/11

Permit # 11-017

IDENTIFICATION Block 2709 Lot 21 Qualification Code

Work Site Location 360 Fairview Ave Hamm NJ

Owner in Fee Semitech

Address same

Tel. ( )

Contractor ADT Security Services

Address 7895 Browning Rd Pennsauken NJ 08109

Tel. (856) 910-4686

Lic. No. or Bldrs. Reg. No. P00451

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK: Fire Alarm System

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 $ 2500

Construction Official

Date 1/18/11

PAYMENTS (Office Use Only)

Building	
Electrical	50
Plumbing	
Fire Protection	50
Elevator Devices	
Other	
DCA State Permit Fee	4
Cert. of Occupancy	
Other	
Total	104
Check No.	334544
Cash	
Collected by	AL

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/2/11
Date Issued 11/23/11
Control #
Permit # 11-017

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

Block 2709 Lot 21 Qualification Code

Work Site Location 360 FAIRVIEW AVE HAMMONTON N.J. 08037

Owner in Fee: SEMITECH INC

Tel. ( ) e-mail

Address 360 FAIRVIEW AVE HAMMONTON N.J. 08037
street municipality zip code

Contractor: ADT SECURITY SERVICES Tel. (856) 910-4686

Address 7895 BROWNING ROAD PENNSAUKEN, NEW JERSEY 08109

Contractor License No. 34AL000017000 Exp. Date 1/31/11

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

Federal Emp. ID No. 581814102 FAX: (856) 661-4449

B.ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 1250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 11/3/11

Approved by: W. DE

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Lawrence J. Tuttle Jr.

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
16		Alarm Devices/F.A.C. Panel	50-
40		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
24		FIRE DEVICES	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/12/11
Date Issued 1/25/11
Control #
Permit # 11017

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

Block 2709 Lot 21 Qualification Code

Work Site Location 360 FAIRVIEW AVE HAMMONTON N.J. 08037

Owner in Fee: SEMITECH INC.

Tel. ( ) e-mail

Address 360 FAIRVIEW AVE HAMMONTON N.J. 08037
street municipality zip code

Contractor: ADT SECURITY SERVICES Tel. (856) 910-4686

Address 7695 BROWNING ROAD PENNSAUKEN, NEW JERSEY 08109

Contractor License No. 34AL00001700 Exp. Date 1/31/11

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

Federal Emp. ID No. 581814102 FAX: (856) 661-4449

B.ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 1250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 2/22/11

Approved by: w-J-k

INSPECTIONS — **Dates (Month/Day)**

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/22/11	w-J-k
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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
16		Alarm Devices/F.A.C. Panel	50 -
40		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
24		FIRE DEVICES	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

UCC/F-120
Professional Printing
(856) 468-7933

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/10/11
Date Issued 1/25/11
Control #
Permit # 11-017

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

Block 2709 Lot 21 Qualification Code

Work Site Location 360 FAIRVIEW AVE HAMMONTON N.J. 08037

Owner in Fee: SEMITECH INC.

Tel. ( ) e-mail

Address 360 FAIRVIEW AVE. HAMMONTON N.J. 08037
street municipality zip code

Contractor: ADT SECURITY SERVICES Tel. (856) 910-4686

Address 7895 BROWNING ROAD
PENNSAUKEN, NEW JERSEY 08109

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00451

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

Fire Alarm Contractor No. 34AL000017000 Exp. Date 1/31/11

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

Federal Emp. ID No. 581814102 FAX: (856) 661-4449

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New OR [ ] Modification to Existing
OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 1250.00

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

Fire Alarm System: [X] New OR [ ] Existing
Location of Panel: ELECT. RM

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Fire Protection Plans Approved
Date: 1-13-11 Approved by: FD
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____ Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application. Lawrence Hubbard Jr.
Applicant Signature/ Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK SCOPE OF WORK ATTACHED

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water flow)	9	
Supervisory Devices (i.e., tampers, low/high air)	1	
Signaling Devices (i.e., horn/strobes, bells)	9	
Other Devices PANEL-KEYPAD	3	
TOTAL	24	50
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other POWER SUPPLY	1	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other BK.UP CELL	1	

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

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Professional Printing
(856) 468-7933

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/14/11
Date Issued 1/25/11
Control #
Permit # 11-017

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

Block 2789 Lot 21 Qualification Code

Work Site Location 360 FAIRVIEW AVE HAMMONTON N.J. 08037

Owner in Fee: SEMITECH INC.

Tel. ( ) e-mail

Address 360 FAIRVIEW AVE HAMMONTON N.J. 08037
street municipality zip code

Contractor: ADT SECURITY SERVICES Tel. (856) 910-4686

Address 7895 BROWNING ROAD PENNSAUKEN, NEW JERSEY 08109

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00451

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

Fire Alarm Contractor No. 34AL000017000 Exp. Date 1/31/11

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

Federal Emp. ID No. 581814102 FAX: (856) 661-4449

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 12,500.00

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

Fire Alarm System: [X] New OR [ ] Existing
Location of Panel: ELECT. RM

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Fire Protection Plans Approved _____
Date: _____ Approved by: _____
Joint Plan Review Required: _____
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-23-11
Approved by: FD

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppresion Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application. _____
Applicant Signature/ Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK SCOPE OF WORK ATTACHED

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Official Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	9	
Supervisory Devices (i.e., tampers, low/high air)	1	
Signaling Devices (i.e., horn/strobes, bells)	9	
Other Devices PANEL-KEYPAD	3	
TOTAL	24	50
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other POWER SUPPLY	1	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other BUZZER	1	
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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Professional Printing
(856) 468-7933

York Division
Unitary Products

Borg-Warner Corporation
970 Pulaski Drive
P. O. Box 427
King of Prussia, PA 19406
Telephone: 215/337-1900
Telex: 84-6479

BORG WARNER

July 21, 1981

Mr. Anthony M. Ranere
Town of Hammonton
Central Avenue, Town Hall
Hammonton, NJ 08037

Dear Mr. Ranere:

Thanks for the few minutes and opportunity for me to talk with you this morning.

I am attaching a sketch of property (368 Fairview Avenue) indicating the location of our sign on the site.

This sign will be electrically lite on two (2) sides, will be 26' from street curb of Fairview Avenue (at exsisting site of present sign), might be raised to 6' height to bottom of sign and distance of 5' South of driveway edge.

Any questions, please do not hesitate to call me.

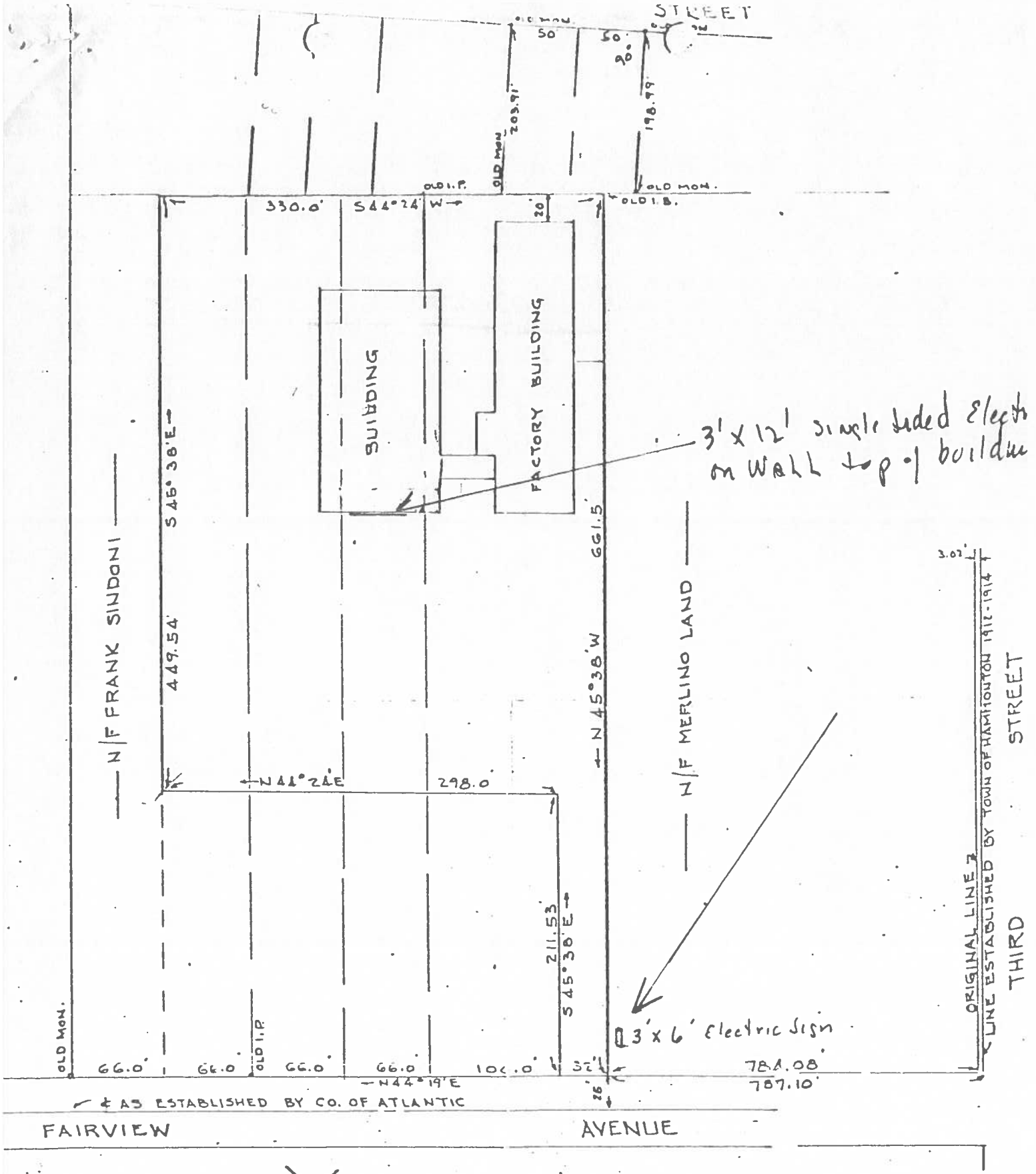
Sincerely,

YORK DIVISION, BORG-WARNER CORP.

George W. Andrews
Branch Manager

vml

Attachment



SURVEY OF
PROPERTY OF
LAKESIDE CLOTHING CO., INC.
HAMMONTON, N. J.

ADAMS & REHMANN
HAMMONTON, N.J. 1-11-65

OWNER/CONTRACTOR IS RESPONSIBLE TO CALL FOR FINAL INSPECTION BEFORE USE OR OCCUPANCY.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2-2-07

Permit # 07-056

IDENTIFICATION Block 2709 Lot 21

Work Site Location 360 Fairview Ave Harrison NJ

Owner in Fee Integrity Medical Center

Address [illegible]

Tel. ( ) 567-8815

Qualification Code

Contractor Bill Esposito Elec

Address 364 Harrison Ave FHR

Tel. ( ) 561-9012

Lic. No. or Bldrs. Reg. No. 4924

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK: A/C

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 $ 550

Construction Official

2-2-07

Date

PAYMENTS (Office Use Only)

Building

Electrical 50-45-

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 1-

Cert. of Occupancy

Other

Total 96

Check No. 9586

Cash

Collected by RB

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/26/07
Control #
Date Issued 2-2-07
Permit # 07-056

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel ( ) _____

Contractor _____

Address _____

Tel ( ) _____ FAX ( ) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 1-26-07

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 3-9-07

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service/Final			3-9-07	
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

_____

Applicant'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)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	
		_____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 51.00

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

OWNER/CONTRACTOR IS RESPONSIBLE TO CALL FOR FINAL INSPECTION BEFORE USE OR OCCUPANCY.

Date Received 1/26/07
Control # 2-2-07
Date Issued
Permit # 07-056

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

Block 2707 Lot 21 Qualification Code

Work Site Location 360 FAIRVIEW AV
HAMMONTON, N.J. 08037

Owner in Fee INTEGRITY MEDICAL DEVICES INC.

Address 360 FAIRVIEW AV
HAMMONTON, N.J. 08037

Tel (609) 567-8175

Contractor Bill Esposito Electric Inc.

Address 364 S. Egg Harbor Rd
Hammonton, N.J. 08037

Tel (609) 561-9012 FAX (609) 567-5666

Contractor License No. 4924

Federal Emp. No. 22-2370511

B. ELECTRICAL CHARACTERISTICS

Use Group Present Manufacturing Proposed Same

[ ] Pole/Pad # N.A. [ ] Temporary [ ] Other

Building Occupied as Utility Co. N.A

Est. Cost of Elec. Work $ 350.00

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.

Wm. J. Esposito
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)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	25-
1	17.58	KW Central A/C Unit	25-
1	1½HP	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 1
TOTAL FEE $ 51.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[1] Elec. Plans Approved

Date: 1-26-07
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/31/07
Control # 23071
Date Issued
Permit # 07-056

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

Block 2701 Lot 31 Qualification Code _____
Work Site Location 216 Fairview Ave
Haddonfield NJ 08033
Owner in Fee Integrity Medical
Address 216 Fairview Ave
Haddonfield NJ 08033
Tel (609) 6678197
Contractor Ray Wilson and Son
Address PO Box 71 Northfield NJ 08225
Tel (609) 569-1529 FAX ( ) _____
Contractor License No. 13VH01877500
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 200 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1-31-07
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-9-07
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO FINAL ✓			3-9-07	

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]
Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [—] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other Non-waste drain	45 =
	Other Shower unit - to Outdoors	

Note: Ref. to drawings

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

U.C.C. F130
(rev. 01/04)

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

PLUMBING SUBCODE
TECHNICAL SECTION

OWNER/CONTRACTOR IS RESPONSIBLE TO CALL FOR FINAL INSPECTION BEFORE USE OR OCCUPANCY

Date Received 1/31/07
Control # 2-2-07
Date Issued
Permit # 07-056

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

Block 2909 Lot 31 Qualification Code

Work Site Location 360 Fairview Ave
Hammonton NJ. 08037

Owner in Fee Integrity Medical
Address 360 Fairview Ave
Hammonton N.J. 08037

Tel (609) 5678157

Contractor Ray Wilson and Son
Address PO Box 31 Northfield NJ. 08225

Tel (609) 569-1529 FAX ( )
Contractor License No. 13VH01873500
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1-31-07
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

Raymond Wilson Jr.
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other condensate drain	45
	Other from AC unit to out doors	

note: Ref. to drawings

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

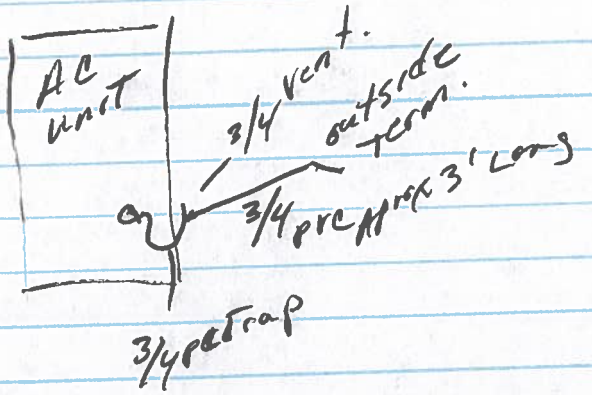
U.C.C. F130
(rev. 01/04)

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

Integrity Medical

360 Fair View Ave

Hammonton NJ.



CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/13/06

Permit # 06-853

IDENTIFICATION Block 2709 Lot 21 Qualification Code

Work Site Location 360 Laurence Ave Hamm NJ

Owner in Fee Endogastric Medical Devices Home

Address 567-875

Tel. ( ) 567-875

Contractor Dell Esposito's Elec

Address 364 E HK Hamm NJ

Tel. ( ) 567 902 4924

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK: Electric 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 $ 1800-

Construction Official

11/13/06

Date

PAYMENTS (Office Use Only)

Building

Electrical 95-

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 1-

Cert. of Occupancy

Other

Total 96-

Check No. 9527

Cash

Collected by SC

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11-13-06
Permit # 06-853

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

Block 2709 Lot 21 Qualification Code

Work Site Location 360 FAIRFIELD AV
HAMMONTON, N.J 08037

Owner in Fee INTEGRITY MEDICAL DEVICES INC.

Address 360 FAIRFIELD AV.
HAMMONTON, N.J

Tel (609) 567-8175

Contractor BILL ESPOSITO'S ELECTRIC INC

Address 364 S. EGG HARBOR RD.
HAMMONTON, N.J 08037

Tel (609) 561-9012 FAX (609) 567-5666

Contractor License No. 4924

Federal Emp. No. 22-2370511

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed SAME

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

Building Occupied as MANUFACTURING Utility Co.

Est. Cost of Elec. Work $ 1,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Wm. J. Esposito
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)
6		Lighting Fixtures	
10		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
16		TOTAL NUMBERS	$ 40.00
		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	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	60A	3φ PRE-WIRED UNIT	20.00
1	45A	3φ PRE-WIRED UNIT	20.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 1.96
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: 11-13-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11-13-06
Permit # 06-853

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel ( ) _____

Contractor _____

Address _____

Tel ( ) _____ FAX ( ) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

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)
6		Lighting Fixtures	
10		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
16		TOTAL NUMBERS	$ 45.-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			25.-
			21.-

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 1
TOTAL FEE $ 96.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 11-13-06
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 1-8-07
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service/Final ✓			1-9-07	
Barrier-Free				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____
Date of Grounding and Bonding Certification _____

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9-1-06

Permit # 06-665

IDENTIFICATION Block 2709 Lot 21 Qualification Code

Work Site Location 360 Tanner Ave Harrison NJ

Owner in Fee Demuth Ave. Jane

Address

Tel. ( ) 567-8175

Contractor Bill Coppola's Elec

Address 364 N. 5th St Harrison NJ

Tel. ( ) 561-9012

Lic. No. or Bldrs. Reg. No. 4924

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: 200 Amp Service

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 $ 5963

John Colasuonno — Construction Official

8/31/06 — Date

PAYMENTS (Office Use Only)

Building	
Electrical	50
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	8
Cert. of Occupancy	
Other	
Total	58
Check No.	9453
Cash	
Collected by	SC

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

Semitech
2709
21

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/31/06
Control #
Date Issued 9-1-06
Permit # 06-665

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel ( ) _____

Contractor _____

Address _____

Tel ( ) _____ FAX ( ) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

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)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	50.
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	
		_____	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 58.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 8-31-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 11-13-06
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service		11/1/06	11-13-06	
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____
Date of Grounding and Bonding Certification _____

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

CRWT 5601 TWO GROUND RODS

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/31/06
Control #
Date Issued 9-1-06
Permit # 06-665

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

Block 209 Lot 27 Qualification Code

Work Site Location INTEGRITY MEDICAL DEVICES, INC.
360 FAIRVIEW AV. HAMMONTON, N.J.

Owner in Fee CONTACT PERSON GEORGE HUGHES SR.

Address Semitech Inc.

Tel (609) 567-8175

Contractor BILL ESPOSITO'S ELECTRIC INC

Address 364 S. EGG HARBOR RD.
HAMMONTON, N.J 08037

Tel (609) 561-9012 FAX (609) 567-5666

Contractor License No. 4924

Federal Emp. No. 22-2370511

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed SAME

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

Building Occupied as MEDICAL PRODUCTS Utility Co. ACE

Est. Cost of Elec. Work $ $5,963.00

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.

Wm. J. Esposito

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)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service 3φ	50.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $ 8.00
State Permit Surcharge Fee $
TOTAL FEE $ 58.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 8-31-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 1/18/05

Permit # 05-028

IDENTIFICATION Block 209 Lot 21 Qualification Code

Work Site Location 360 Tatum Ave Contractor JRC Enterprises

Hamm NJ Address 52 Main Rd

Owner in Fee Dave DeMarco Hamm, NJ 5694295

Address Tel. ( ) 561-0833

Tel. ( ) Lic. No. or Bldrs. Reg. No. 11668

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK: Air Handlers

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 $ 300

John Ramsey 1/18/05

Construction Official Date

PAYMENTS (Office Use Only)

Building

Electrical 50

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No. 1101

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 1/15/05
Control #
Permit # 05 628

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

Block 2709 Lot 21
Work Site Location 360 FAIRVIEW AVE
HAMMONTON, N.J.
Owner in Fee/Occupant DAVE DE MARCO
Address FLORIDA
Tele. (609) 561-0833
Contractor D & C ELECTRICAL CONTR
Address 52 MAIN Rd.
HAMMONTON NJ 08037
Tele. (609) 567-4245 Fax ( ) _____
Lic. No. 11601
Federal Emp. No. 22-3273488

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-13-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-19-05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-19-05	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
2	15kW	HP/KW Space Heater/Air Handler 9.5	50
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	50
TOTAL FEE	$	50

U.C.C. F120
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 1/18/05
Control #
Permit # 05028

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

Block 2709 Lot 21
Work Site Location 360 FAIRVIEW AVE
HAMMONTON, N.J.
Owner in Fee/Occupant DAVE DE MARCO
Address FLORIDA?

Tele. (609) 562-0833
Contractor J. R. C ELECTRICAL CONTR.
Address 52 MAIN Rd.
HAMMONTON N.J. 08037
Tele. (609) 567-4215 Fax ( )
Lic. No. 11601
Federal Emp. No. 22-3273988

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 1-13-05
Approved by:

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

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

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

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
2	5kW	HP/KW Space Heater/Air Handler 9.5	50
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	50
TOTAL FEE	$	

U.C.C. F120
(rev 3/96)

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

Date Issued 11-18-04
Control #
Permit # 04-1131

CERTIFICATE

IDENTIFICATION

Block 2709 Lot 21
Work Site Location 200 Tax Avenue Rear
Hammonton NJ
Owner in Fee/Occupant Hammonton Civic Center
Address 100 E. Central Ave
Hammonton NJ
Tele. ( ) 561-1123
Contractor Tenant Integrate Medical Processing
Address Bldg. David B. Mace
Tele. ( ) Fax ( )
Lic. No. or Bidrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:
CCO-Rental for Manufacturing, Medical supplies & Electronic Supply Warehouse

☐ **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 the owner 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 _____.

Fee $ 75.00
Paid [X] Check No. 3711
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 12/99)

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

Office of
CONSTRUCTION
OFFICIAL

TOWN OF HAMMONTON
100 Central Avenue
Hammonton, New Jersey 08037

Telephone
609-567-4300
Ext. 108 or 109
Fax
609-567-2499

INSPECTION REQUEST FOR CERTIFICATE OF CONTINUED OCCUPANCY

APPLICATION NO. 04-1131

PROPERTY LOCATION 360-368 Fairview Ave. BLOCK 2709 LOT 21

APPLICANT John A. Cavuto ADDRESS 926 Central Ave

PHONE NUMBER 567-1122

PRESENT OWNER John A Cavuto ADDRESS _____

PHONE NUMBER _____

PROPOSED OWNER Dave DeMarco ADDRESS _____

TENANT'S NAME(S) (IF RENTAL) _____ SEE ATTACHED

PRESENT USE manuf PROPOSED USE (Medical Supplies) Same

OF DWELLING UNITS ___ # OF BEDROOMS ___ # OF PROPOSED OCCUPANTS ___ HEATING SUPPLY _____ WATER SUPPLY _____ TYPE OF SEWER DISPOSAL _____

OWNERSHIP: PRIVATE ___ PARTNERSHIP/CORP. ___ PUBLIC (GOVT.) _____

OF SMOKE DETECTORS ___ (SMOKE DETECTORS ARE REQUIRED IN EACH LEVEL OF RESIDENTIAL BUILDINGS, INCLUDING BASEMENTS)

THE TOWN OF HAMMONTON IS NOT RESPONSIBLE FOR THE FOLLOWING, IT IS THE RESPONSIBILITY OF THE BUYER OR SELLER TO OBTAIN SAME: WATER TEST, SEPTIC APPROVAL, TERMITE INSPECTION AND TESTING FOR UNDERGROUND FUEL STORAGE TANKS

I HEREBY CERTIFY THAT I AM THE OWNER (AGENT FOR) OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION. I ALSO AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE TOWN OF HAMMONTON.

APPLICANT'S SIGNATURE John A Cavuto DATE 5/28/04

CONSTRUCTION OFFICE SIGNATURE Andrea Affenzi DATE 6/2/04

PAID: $ 75 CHECK # 3191 CASH _____ RCVD BY _____

LIST BELOW ALL TENANTS NAMES TO OCCUPY DWELLING:

Integrity Medical Devices inc

IF ANYONE OTHER THAN THOSE PERSONS LISTED ABOVE ARE FOUND TO BE LIVING IN THE PREMISES IN QUESTION, A VIOLATION NOTICE WILL ISSUED. NONCOMPLIANCE MAY RESULT IN A SUMMONS TO APPEAR IN COURT.

11/17/04
No Access Jm

OFFICE COPY

CCO INSPECTION ALL VIOLATIONS MUST BE CORRECTED IN 14 DAYS AND REINSPECTION MUST BE SCHEDULED

NAME Cavuto

ADDRESS 360-368 Fairview

BLOCK 2709 LOT 21

CCO# 04-113

NONCOMPLIANCE WILL RESULT IN FURTHER ACTION

BUILDING X PASSED/DATE 11/18/04
✓ FAILED/DATE 6-2-04

ELECTRIC X PASSED/DATE 11/18/04
✓ FAILED/DATE 6-2-04

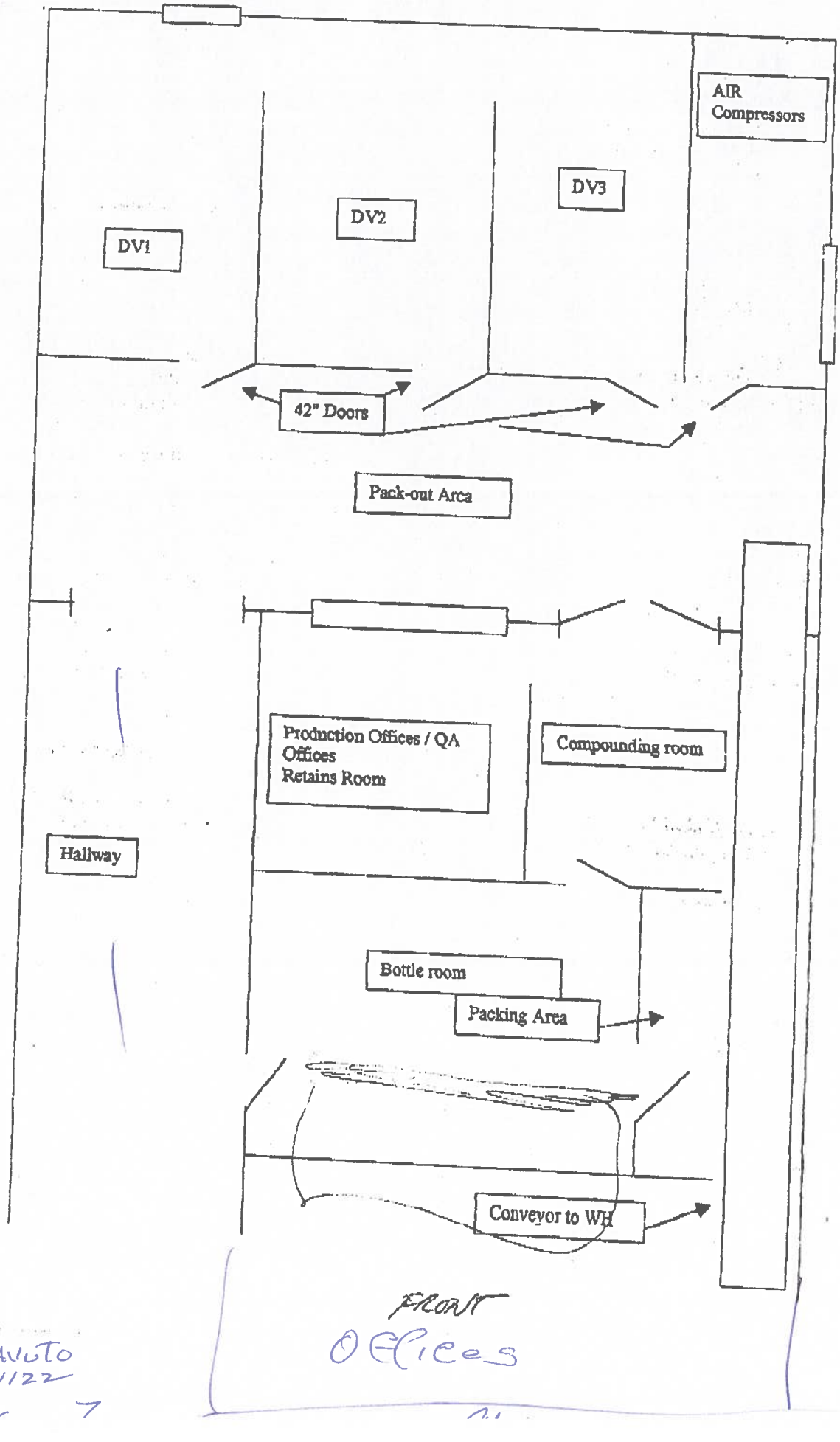
PLUMBING X PASSED/DATE 11/18/04
✓ FAILED/DATE 6-2-04

FIRE ✓ PASSED/DATE 6-2-04
FAILED/DATE

COMMENTS: - Install emg. & exit lites. WILL MEET Electric to show installation a
- clean up ALL electric wires hanging, cover all OPEN JUNCTION BOXES, Replace covers on elec. panels
- tenant to bring in floor plan for equipment layout.

9-1-04 Emg. & exit lites NEED TO BE INSTALLED IN ROOMS SHOWING direction of exits

REAR



Floor Plan

FRONT

Offices

John Cavuto
567-1122

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 12-29-04

Permit # 04-990

IDENTIFICATION Block 2709 Lot 21 Qualification Code

Work Site Location 360 FAIRVIEW AVE HAMMONTON, N.J. 08037

Owner in Fee DAVE DE MARCO

Address SAME

Tel. ( )

Contractor JILI PENA REFRIGERATOR

Address 328 S. 1ST RD HAMMONTON, N.J 08037

Tel. (609) 567-0542

Lic. No. or Bldrs. Reg. No. 14838323

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK: GAS PIPING + 2 GAS HEATERS

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-

John Alessio / SC — Construction Official

12-12-04 — Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	45.00
Fire Protection	90.00
Elevator Devices	
Other	
DCA State Permit Fee	19.00
Cert. of Occupancy	
Other	
Total	154.00
Check No.	# 5221
Cash	
Collected by	JD

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-29-04
Control #
Permit # 04-990

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

ck 2709 Lot 21
ork Site Location 360 FAIRVIEW AVE
HAMMONTON
mer in Fee DAVE DEMARCO
dress
e. (609)
ntractor SILIPENA REFRIGERATION
dress 328 SO FIRST Rd
HAMMONTON
e. (609) 567 0542 Fax (609) 567 9543
No. 145381323
leral Emp. No.

PLUMBING CHARACTERISTICS

e Group Present Proposed
lding Sewer Size Public Sewer Private Septic
ter Service Size Public Water Private Well
. Cost of Plumbing Work $ 4000.00

JOB SUMMARY (Office Use Only)

LAN REVIEW
] No Plans Required
oint Plan Review Required:
] Building [ ] Electric
] Fire [ ] Elevator
] Plumbing Plans Approved
ate:
pproved by:

JBCODE APPROVAL
] CO [ ] CCO [ ] CA
ate: 1-19-05
pproved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping ✓			HP-5-1-05	
Solar				
TCO				

CERTIFICATION IN LIEU OF OATH

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

Anthony M Silipena
nature — Contractor's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
X	Gas Piping	45.00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	5.00
TOTAL FEE	$	50.00

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-29-04
Control #
Permit # 04-990

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

ock 2709 Lot 21
ork Site Location 360 FAIRVIEW AVE
HAMMONTON
wner in Fee DAVE DEMARCO
ldress
le. (609)
ontractor SILIPENA REFRIGERATION
ldress 328 SO FIRST Rd
HAMMONTON
le. (609) 567 0542 Fax (609) 567 8543
. No. 148381323
deral Emp. No.

PLUMBING CHARACTERISTICS

se Group Present Proposed
ilding Sewer Size Public Sewer Private Septic
ater Service Size Public Water Private Well
t. Cost of Plumbing Work $ 4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

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

CERTIFICATION IN LIEU OF OATH

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

Anthony M Silipena
gnature — Contractor's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
X	Gas Piping	45.00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 5.00
TOTAL FEE $ 50.00

U.C.C. F130 (rev. 3/96)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued 12-29-04
Permit # 04-990

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

Block 2709 Lot 21 Qualification Code ____

Work Site Location 360 FAIRVIEW AVE
HAMMONTON

Owner in Fee DAVE DEMARCO

Address D

Tel (____) ____

Contractor SILIPENA REFRIGERATION

Address 328 SO FIRST Rd
HAMMONTON

Tel (609) 567 0542 FAX (609) 567 8543

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

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

Fire Alarm Contractor No. ____

Federal Emp. No. ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel: ____

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

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other ____ Location of Main Control Valve: ____

Location: ____

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____

Total Cost of Fire Protection Work $ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: ____

Approved by: ____

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 3-8-05

Approved by: (signature)

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	3/3/05		3/8/05	
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. Christina M Silipena
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

2 GAS Heaters

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	2	90.00
Fireplace Venting/Metal Chimney		
Other ____		

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	14.00
TOTAL FEE $	104.00

(siren)

UCC F140

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12-29-04
Permit # 04-990

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

Block 2709 Lot 21 Qualification Code

Work Site Location 360 FAIRVIEW AVE
HAMMONTON

Owner in Fee DAVE DEMARCO

Address D

Tel ( )

Contractor SILIPENA REFRIGERATION

Address 328 SO FIRST RD
HAMMONTON

Tel (609) 567 0542 FAX (609) 567 8543

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Existing [ ] HVAC

Type: [X] 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 Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*

Total Cost of Fire Protection Work $ 10,000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. Anthony M Silipena
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

2 GAS Heaters

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	2	90.00
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 14.00
TOTAL FEE $ 104.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/17/14
Control #
Permit # 04-888

IDENTIFICATION Block 2209 Lot 21
Work Site Location 360 Fairview Ave. Hasbrouck Heights, NJ 07604
Owner in Fee Joan DeMatteo
Address Same
Tel. ( ) _____

Contractor Silvino Reyes
Address 328 So. 1st St. Hammonton, NJ 08037
Tel. (609) 567-0542
Lic. No. or Bldrs. Reg. No. 13VH01323

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:

3 new gas furnaces

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 $ 3600.00

John Colarusso
Construction Official

11-17-14
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	135-
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	4-
Cert. of Occupancy	
Other	
Total	139-
Check No.	5112
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 5/2K)

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1/11/05
Control #
Permit # 04-888

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

Block 2709 Lot 21
Work Site Location 360 Fourier Cove
Hammonton
Owner in Fee DAVE DeMARCO
Address
Tele. ( )
Contractor SILIPENTA REFRG.
Address 325 So First Rd.
Hammonton
Tele. (609) 567 0542 Fax ( )
Lic. No.
Federal Emp. No. 145316323

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 3000.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/8/05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final	3/3/05	3/8/05		
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.

Anthony M Silpena
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install 3 NEW Gas Furnaces.

Water Supply Source
Method of Alarm/Suppression System Supervision

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel

Alarm Systems [ ] 110v Interconnected **NUMBER**
[ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		125
Other		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/7/04
Date Issued
Control #
Permit # 04-888

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

Block 2709 Lot 21
Work Site Location 360 Fawver Ave
Hammonton
Owner in Fee DAVE DeMARCO
Address
Tele. ( )
Contractor SILIPENA REFrig.
Address 328 So Fwy Rd.
Hammonton
Tele. (609) 567 0542 Fax ( )
Lic. No.
Federal Emp. No. 148381323

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Total Location:
Fire Protection Work $ 3500.00

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

JOB SUMMA.

PLAN REVIEW (Office Use Only)
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Fire Eng. System				
Mechanical				
Smoke Control				
TCO				
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.

Anthony M Silpena
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 3 NEW Gas Furnaces.

Water Supply Source
Method of Alarm/Suppression System Supervision

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel

Alarm Systems [ ] 110v Interconnected **NUMBER**
[ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [3] or Oil [ ] Fired Appliances		125-
Other		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

UCC F140
(rev. 3/96)

CONSTRUCTION PERMIT

Date Issued 11-15-04
Control #
Permit # 04-872

IDENTIFICATION Block 2709 Lot 21
Work Site Location 360 Fairview Ave
Owner in Fee David DeMarco
Address 315 46th Ave St Pete Beach, FL 33706
Tel. (727) 416-8808

Contractor Owner
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Interior - Renovation

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 $ 22,500

John Rosenite
Construction Official

11/15/04
Date

PAYMENTS (Office Use Only)

Building	180
Electrical	347 130
Plumbing	45
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	30
Cert. of Occupancy	
Other	
Total	732
Check No.	1350
Cash	
Collected by	PSB

(see reverse side)

U.C.C. F170
(rev. 5/2K)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 11-15-04

Date Issued Permit # 04-872

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

Block 2709 Lot 21 Qualification Code

Work Site Location 360 FAIRVIEW AVE
HAMMONTON NJ 08037

Owner in Fee DAVID DEMARCO

Address 315 46th AVE
ST PETE BEACH, FLORIDA 33706

Tel. (727) 410-8800

Contractor OWNER

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	11-12-04	

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present 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.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 10,000
3. Total (1+ 2) $

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
DEMOLITION
NEW METAL STUD WALLS

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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)
$ 180

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

U.C.C. F110
(rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11-15-04
Control #

Date Issued
Permit # 04-879

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

Block 2709 Lot 21 Qualification Code

Work Site Location 360 FAIRVIEW AVE
HAMMONTON NJ 08037

Owner in Fee DAVID DEMARCO

Address 315 46th AVE
ST PETE BEACH FLORIDA 33706

Tel. (727) 410-8800

Contractor

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	11-12-04	

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-26-05
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12-1-04	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present 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.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 10,000
3. Total (1+ 2) $

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
DEMOLITION
NEW METAL STUD WALLS

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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)
$ 150

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-15-04
Date Issued
Control #
Permit # 04-872

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

Block 2709 Lot 21
Work Site Location 360 FAIRVIEW AVE
HAMMONTON NJ 08037
Owner in Fee DAVID DEMARCO
Address 315 46th AVE
ST PETE BEACH, FLORIDA 33706
Tele. (727) 410-8800
Contractor FIRE DEFENCE SYSTEMS
Address PO Box 252
OCEAN VIEW NJ 08230
Tele. (609) 226-0297 Fax (609) 624-7991
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 500

Fire Alarm System
New [ ] Existing [X]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve:
Back of Bldg

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 11-22-04
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RELOCATE SPRINKLER HEADS TO PROVIDE PROPER COVERAGE IN NEW OFFICES
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected **NUMBER**		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	____	____
Supervisory Devices (i.e., tampers, low/high air)	____	
Signaling Devices (i.e., horn/strobes, bells)	____	____
Other Devices _____	____	____
TOTAL	____	____
Suppression Systems		
Fire Pump ____ GPM Type ____	____	____
Dry Pipe/Alarm Valves	____	____
Pre-action Valves	____	____
Sprinkler Heads (Dry and Wet)	____	____
Standpipes	____	____
Pre-engineered Systems		
Wet Chemical	____	____
Dry Chemical	____	
CO_2 Suppression	____	45
Foam Suppression	____	
Halon Suppression	____	
Other _____	____	____
Kitchen Hood Exhaust System	____	____
Smoke Control System	____	____
Gas [ ] or Oil [ ] Fired Appliances	____	____
Other _____	____	____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

UCC F140
(rev 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-15-04
Control #
Permit # 04-972

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

Block 2709 Lot 21
Work Site Location 360 FAIRVIEW AVE
HAMMONTON NJ 08037
Owner in Fee DAVID DEMARCO
Address 315 46th AVE
ST PETE BEACH FLORIDA 33706
Tele. (727) 410-8800
Contractor FIRE DEFENCE SYSTEMS
Address PO Box 252
OCEAN VIEW NJ 08230
Tele. (609) 226-0297 Fax (609) 624-7991
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 500

Fire Alarm System
New [ ] Existing [X]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [X]
Location of Main Control Valve:
Back of Bldg

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 4-12-04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-1-05
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			2-1-05	
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.

_____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RELOCATE SPRINKLER HEADS TO PROVIDE PROPER COVERAGE IN NEW OFFICES
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____
Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		46
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-15-04
Date Issued
Control #
Permit # 04-872

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

Block 2709 Lot 21
Work Site Location 360 Fairview Ave

Owner in Fee/Occupant David Demarco
Address 315 46th Ave
St Pete Beach FL 33706
Tele. (727) 410 8800
Contractor J. R. C Electrical Contr.
Address 52 Main Rd.
Hammonton N.J. 08037
Tele. (609) 567 4295 Fax ( )
Lic. No. 11601
Federal Emp. No. 22-3273988

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 11-12-04
Approved by:

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

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

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

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
80		Lighting Fixtures	
25		Receptacles	
14		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
4		Emergency & Exit Lights	
10		Communications Points	36-
		Alarm Devices/F.A.C. Panel	
		.....	
119		TOTAL NUMBERS	$ 61-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	25-
1	[illegible]	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	25-
1		KW Dishwasher	
		HP Garbage Disposal	15-
3		KW Central A/C Unit	
3		HP/KW Space Heater/Air Handler	45-
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	50
1	200A	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	34-
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120
(rev. 3/96)

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

SIGMA TECH

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-15-04
Control #
Permit # 04-893

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

Block 2709 Lot 21
Work Site Location 360 FAIRVIEW AVE

Owner in Fee/Occupant DAVID DEMARCO
Address 315 46TH AVE # 8
ST PETE BEACH FL 33706
Tele. (727) 410 8800
Contractor J.R.C ELECTRICAL CONTR.
Address 52 MAIN Rd.
HAMMONTON NJ. 08037
Tele. (609) 561 4295 Fax ( ) -
Lic. No. 11601
Federal Emp. No. 22-3273988

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 11-22-04
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-11-05
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough ✓			11-10-04	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-11-05	

PARTIAL 11-22-04 PARTIAL

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
80		Lighting Fixtures	
25		Receptacles	
14		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
4		Emergency & Exit Lights	
10		Communications Points	36-
		Alarm Devices/F.A.C. Panel	
		.....	
119		TOTAL NUMBERS	$ 61-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	25-
1	[illegible]	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	25-
1		KW Dishwasher	
		HP Garbage Disposal	
3		KW Central A/C Unit	45
3		HP/KW Space Heater/Air Handler	45-
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	50-
1	200A	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $ _____
Minimum Fee $ 34-
DCA Training Fee $ _____
TOTAL FEE $ _____

U.C.C. F120
(rev. 3/96)

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/4/04
Date Issued 11-15-04
Control #
Permit # 04-872

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

Block 2709 Lot 21
Work Site Location 360 Farmview Ave Hammonton
Owner in Fee David DeMaio
Address 369 46th Ave St. Pete Beach, FL 33706
Tele. (727) 410-8800
Contractor J Mazza & Sons
Address 168 Brooklyn Hammonton
Tele. (609) 567-2156 Fax (609) 567-1450
Lic. No. 10893
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 7000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 11-12-04
Approved by:

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

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.

Signature — Contractor's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	30
	Urinal/Bidet	
	Bath Tub	30
3	Lavatory	10
1	Shower	
	Floor Drain	10
1	Sink	
	Dishwasher	
	Drinking Fountain	10
	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	10
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	30
3	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 130

UCC F130 (rev 3/96)

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/4/04
Date Issued 11-15-04
Control #
Permit # 04-572

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

Block 2007 Lot 21
Work Site Location 360 Pleasure Ave
Owner in Fee
Address
Tele. ( ) 410-
Contractor J Mazza & Sons
Address 168 Glostonbury Hammonton
Tele. (609) 567-2156 Fax (609) 567-1450
Lic. No. 10893
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 7000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 11-12-04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-22-04
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Final			7-Floor	

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's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$ 30.-
	Urinal/Bidet	
	Bath Tub	
3	Lavatory	
1	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
3	Stacks	30.-
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	120.-
TOTAL FEE	$	

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/24/04
Control #
Permit # 04-706

IDENTIFICATION Block 2709 Lot 21
Work Site Location 760 Fairview Ave.
Hammonton NJ 08037
Owner in Fee Jaco Enterprises Inc.
Address 1926 Central Ave.
Hammonton, NJ
Tel. ( )

Contractor [illegible]
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:

5 exit lights

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 $ 325

Construction Official

Date 9/24/04

PAYMENTS (Office Use Only)
Building
Electrical 45
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total 45
Check No. 2768
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 5/2K)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/24/04
Date Issued
Control #
Permit # 04-706

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

Block 2709 Lot 21
Work Site Location 360 Fairview Ave.
Hammonton, NJ 08037
Owner in Fee/Occupant Jose Cuttridge
Address 826 Central Ave.
Hammonton, NJ 08037
Tele. ( )
Contractor Guerrier Electric
Address 320 S. Grand St
Hammonton, NJ 08037
Tele. (609) 567-6000 Fax ( )
Lic. No. 13761
Federal Emp. No. 22-3436229

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co. Conectiv
Est. Cost of Elec. Work $ 325.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/24/04
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final ✓			9/24/04	

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

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
5		5 exit lights
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)

$ 45.00

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F120
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/24/04
Date Issued
Control #
Permit # 04-706

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

Block 2704 Lot 21
Work Site Location 360 Trenton Ave
Hammonton, NJ 08037
Owner in Fee/Occupant [illegible]
Address 826 Central Ave
Hammonton, NJ 08037
Tele. ( )
Contractor Guerrier Electric
Address 320 S. Grand St
Hammonton, NJ 08037
Tele. (609) 567-6000 Fax ( )
Lic. No. [376]
Federal Emp. No. 22-3736229

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co. Comcast
Est. Cost of Elec. Work $ 325.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

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

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

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
5		..... 5 halt. lights
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)

$ 45.00

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F120
(rev. 3/96)

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

Date Issued 8/25/03
Control #
Permit # 01-1215

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION

Block 2709 Lot 21
Work Site Location 261 Fairview Ave
Hammonton NJ
Owner in Fee/Occupant Wm Carmel
Address 172 Central Ave
Hammon NJ
Tele. ( ) 561-1122
[redacted] JACO Enterprises — Tenant
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

CCO - Antiques Co-Op
& Warehouse

☐ **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 the owner 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 ______.

Fee $ 15-
Paid [X] Check No. 2008
Collected by:

[signature] CO

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 12/99)

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

Office of
CONSTRUCTION
OFFICIAL

Telephone
609-567-432
Fax
609-567-[redacted]
249

TOWN OF HAMMONTON

100 Central Avenue
Hammonton, New Jersey 08037

INSPECTION REQUEST FOR CERTIFICATE OF CONTINUED OCCUPANCY APP. NO. 01-1215

PROPERTY LOCATION 360 FAIRVIEW AVE HAMMONTON

BLOCK 2709 LOT 21

APPLICANT ~~Integrity Medical Inc~~ John A. CAVUTO ADDRESS _____

PHONE NUMBER _____ 567-1122

PRESENT OWNER John A. CAVUTO ADDRESS 926 Central AVE

PROPOSED OWNER (OR TENANT) ~~Integrity Medical~~ ADDRESS _____

PRESENT USE _____ PROPOSED USE (DESCRIBE IN DETAIL) _____

~~Assembly Medical Bandages + Warehouse~~ Antiques

NO. OF DWELLING UNITS 1 NO. OF BEDROOMS _____ NO. OF PROPOSED OCCUPANTS _____

OWNERSHIP (CIRCLE ONE): (PRIVATE) PARTNERSHIP OR CORPORATION; PUBLIC (GOVT.)

UTILITIES: TYPE OF SEWER DISPOSAL _____ WATER SUPPLY _____

HEATING SUPPLY GAS

IS THE OWNER THE OCCUPANT? _____ YES X NO

NO. OF SMOKE DETECTORS _____ ***NOTE TO ALL APPLICANTS: A SMOKE DETECTOR IS REQUIRED IN EACH LEVEL OF RESIDENTIAL BUILDING INCLUDING BASEMENTS***

I HEREBY CERTIFY THAT I AM THE (AGENT FOR) THE OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION. I ALSO AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE TOWN OF HAMMONTON.

APPLICANT'S SIGNATURE John A. Cavuto DATE 9/20/01

INSPECTOR'S SIGNATURE OR DESIGNEE Mr Alaura Jr DATE 9/20/01

PAID: $ 15.00 CHECK NO. 2008 CASH _____ RECEIVED BY Del

CCO INSPECTION

NAME Cavuta

ADDRESS 360 Jaumen Blvd

BLOCK 2709 LOT 21

CCO# 01-1215

BUILDING ✓ PASSED/DATE
FAILED/DATE 9-24-01

ELECTRIC ✓ PASSED/DATE
FAILED/DATE 9-24-01

PLUMBING ✓ PASSED/DATE
FAILED/DATE 9-24-01

FIRE ✓ PASSED/DATE
FAILED/DATE 9-24-01

OK
8/25/03

COMMENTS:

*owner must submit plans showing use of building * must meet code * with all electrical, building, plumbing, & fire requirements

FIRE DEFENSE SYSTEMS

Box 252, Ocean View, NJ 08230
Phone: (609)-226-0297 FAX: (609)-624-7991

360. FAIRVIEW A

Inspection Report

Client	Fairview Plaza	Inspector	Joe DeRose
Street	360 Fairview Ave.	Last inspection date 07/06/89	Date 08/28/02
City	Hammonton	Reference area or number: ENTIRE SUPPLY	
State	NJ Zip 08037	TWO BUILDINGS WITH ONE 6" SUPPLY	

WATER SUPPLY

CITY	Pipe # and size: 6"	Backflow: NO-ALARM-CHECK	PSI: 60	
TANK: ☐	Gravity: ☐	Pressure; ☐	Water level:	Heat system:
	Auto refill:	Manual:	Visual condition:	Low level alarm:
OTHER	Bladder:	Pond:	Well:	Hydrants: YES CITY
Fire Dept Connections # 1	Condition: GOOD	Accessible: YES		Caps: YES
Main drain test:	Size: 2"	Static PSI: 60	Residual PSI:52	After: 60
If blank above, explain:				

PUMP INFORMATION

Number:	Electric:	Diesel	Other	Alarmed:
Last full flow date:	Churn test:	Suc PSI:		Dis PSI:
Manual stop	Auto stop: Yes		Case relief operating: No	

SYSTEM INFORMATION

TYPE: Dry: ☐	Wet: ☒	Pre-Action: ☐	Foam: ☐	Antifreeze: ☐
Size: 6" Make: STAR	Model: B-FLANGED	Year: 1960	Condition: FAIR	
Water PSI: 60	Air PSI:	Trip test:	Acceptable: YES	
Accelerator or exhauster condition:		Compressor condition:		
Detection type:	Operated:	Condition:		
Non-freeze solution tested:		Freezing point:		
Stand pipes: NO	Valve condition:	Hose condition:		
Last Hydro test date: 8/28/02	Valve operation date:	Internal date: N/A		
Hydraulic information available: NO PIPE SCHEDULED		Fully sprinklered: YES- PER CODE		
Deluge open spray nozzle system: ☐				

FIRE DEFENSE SYSTEMS

Box 252, Ocean View, NJ 08230

Phone: (609)-226-0297 FAX: (609)-624-7991

Inspection Report

SPRINKLER INFORMATION		
Heads free from loading: YES		Any blockage from storage: NO
Spare heads on site: YES		Head wrenches on site: YES
Quick response heads used: NO		Any tested:
Type used: Upright ☒	Pendant ☒	Side Wall ☐
Dry Pendant ☐	Dry Side Wall ☐	On-Off type ☐

ALARM INFORMATION			
Local Alarm ☐	Water Bell ☒	Electric ☒	Strobes ☐
Elevator Recall ☐		Pressure or evack fans ☐	
Central Station ☐	Company name: LOCAL FIRE DEPT.		
Phone #	Account #	Code #	
Flow switches ☒	Pressure switches ☐	Tamper switches ☒	
Signal received ☐	System reset ☐	Back in service ☐	

SERVICES

First inspection was done with intentions of checking the pipe condition. System was hydrostatically tested.

All leaks were repaired. Most of the leaks were sprinkler heads. Every piped drain and inspectors test connection was flushed until water ran clear. Risers were tagged with new inspection and hydro-test tags. System left drained.

IMPAIRMENTS

None at this time.

SUGGESTIONS FOR IMPROVEMENT

Correct all coverage deficiencies to fit the needs of new tenants. Drop ceilings will require heads under them.

Some type of alarm system may be needed to connect the flow and tamper switches to. Water bell will be replaced with electric bell after the alarm valve is replaced with a double check backflow preventor.

Replacement of the alarm valve is required by the local officials.

Sprinkler heads will be due for UL testing in 2010 for main building and 2013 for the other.

FIRE DEFENSE SYSTEMS

P.O. Box 252, Ocean View, NJ 08230
Phone: 609-226-0297 FAX: 609-624-7991

INVOICE # 229

DATE: 08/28/02

Cust./PO # PHONE IN REQUEST
by John Cavuto for testing

BILL TO:	JOB REFERENCE:
John CAVUTO United Business Brokers Network 926 Central Avenue Hammonton, NJ 08037	Daywork # 229 Fairview Plaza Sprinkler System 360 Fairview Avenue Hammonton, NJ 08037

SERVICES RENDERED:

Cost to repair leaks and hydrostatically test the Fire Sprinkler Systems at the Fairview Plaza property. Both systems were drained down after the testing. Both systems are in good condition, with only minor coverage problems. Water supply will require upgrade to backflow preventor at later date. Alarm connections and coverage corrections will be pending new tenants needs.

Cost details for this invoice are on work order # 229, given to John Cavuto on 08/28/02.

TERM: Net payment 30 days
60 - 90 days subject to 2% interest
90+ days subject to collection agency fees

THANK YOU!

SUBTOTAL	694.00
SALES TAX	41.64
TOTAL DUE PAID	$735.64

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/12/03
Control #
Permit # 03 644

IDENTIFICATION Block 2709 Lot 21
Work Site Location 360 Fairview Hammonton
Owner in Fee John Carlotto
Address 926 Central Ave Hammonton NJ
Tel. ( ) 561-9414

Contractor J. Mazzeo & Sons
Address 1168 Broadway Hammonton NJ
Tel. ( ) 567-2180
Lic. No. or Bldrs. Reg. No. 10893

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Gas Line

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 $ 1500

John [signature] — Construction Official
9/12/03 — Date

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	45
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occupancy	
Other	
Total	47
Check No.	3518
Cash	
Collected by	[signature]

(see reverse side)

U.C.C. F170 (rev. 5/2K)

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/12/03
Date Issued
Control #
Permit # 03-644

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

Block 2709 Lot 21
Work Site Location 360 Fairview Ave

Owner in Fee Joan Cavuto % United Realty
Address 924 Central Ave
Hammonton NJ
Tele. (609) 561-4414
Contractor J. Mazzeo & Sons
Address 168 Broadway
Hammonton NJ
Tele. (609) 567-2156 Fax ( ) _____
Lic. No. 10693
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

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.

Signature — Contractor's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
X	Gas Piping	45-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/12/03
Date Issued
Control #
Permit # 03 6449

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

Block 2104 Lot 21
Work Site Location 360 Harview Ave
Owner in Fee John Cavato c/o United Realty
Address 926 Central Ave
Hammonton NJ.
Tele. (609) 561-4414
Contractor J. Mazzeo + Sons
Address 168 Broadway
Hammonton NJ.
Tele. (609) 567-2156 Fax ( ) _____
Lic. No. 10693
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-10-03
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			9-10-03	
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.

_____
Signature — Contractor's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
X	Gas Piping	45.-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

FIRE DEFENSE SYSTEMS

P.O. Box 252, Ocean View, NJ 08230
Phone: 609-226-0297 FAX: 609-624-7991

INVOICE # 229-1

DATE: 12/10/02

Cust./PO # Contract dated 07/25/02
Phone in request by John Cavuto 11/14

BILL TO:	JOB REFERENCE:
United Business Brokers Network 926 Central Avenue Hammonton, NJ 08037	Fire protection water supply upgrade Fairview Plaza Sprinkler System 360 Fairview Avenue Hammonton, NJ 08037

SERVICES RENDERED:

Cost as described in the July 25th 2002 proposal for the upgrade of the fire sprinkler system water supply. This work provides the require back flow prevention, and replaces the old alarm valve and water motor bell. The system is now equipped with a new two inch main drain and flow switch with electric bell.

The system was left shut down and drained to prevent freeze damage.

Please call with any questions or when further service is needed.

TERM: Net payment 30 days
60 - 90 days subject to 2% interest
90+ days subject to collection agency fees

THANK YOU!

SUBTOTAL	4,700.00
SALES TAX	282.00
TOTAL DUE	$4,982.00

FIRE DEFENSE SYSTEMS
PO Box 252, Ocean View, NJ 08230
Phone: 609-226-0297 Fax: 609-624-7991
E-mail: www.firedefensesystems.com

Backflow Preventor Inspection Report

Owner of Property: Fairview Plaza
Mailing Address: 360 Fairview Avenue
Hammonton, NJ 08037

Date 12/12/02
Examined by: Joe DeRose
Certificate # 7474

Contact Person: John Cavuto
Device Address: As above

RPZ ☐ DCVA ☒ PVB ☐
Bronze ☐ Iron ☒ St. Steel ☐

Exact Device Location: North East Corner of South Building

Make: Wilkins **Model #** 360
Size: 6" **Serial #** J09800

	Reduced Pressure Backflow Preventor			Pressure Vacuum Breaker	
	Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	Check Valve	Air Inlet
Initial test	Closed Tight ☒ Leaked ☐ 2.5 PSI	Closed Tight ☒ Leaked ☐ 2.5 PSI	Opened at ____ PSI Did Not Open 💧	Sealed 💧 Leaked 💧 ____ PSI	Opened at ____ PSI Didn't open 💧
Repairs					
Test after repairs	Closed tight ☐ ____ PSI	Closed tight ☐ ____ PSI	Opened at ____ PSI	Sealed 💧 ____ PSI	Opened at ____ PSI
Condition of No. 2 Shutoff Valve	☒ Closed Tight	☐ Leaked			

Witnessed by:

PASS ☒ **FAIL** ☐

Owner Agent _____
Water Works Official _____
State Official _____
Certified Tester Joseph F. DeRose

Remarks: This device was installed 12/10/02
It replaces an old alarm valve (1960's)
System was left off to prevent damage
from freezing.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7/1/03
Control #
Permit # 03-414

IDENTIFICATION Block 2709 Lot 21
Work Site Location 360 Spruce Ave Hamm NJ
Owner in Fee John Canto
Address 1926 Central Ave Hamm NJ
Tel. ( ) 567-2156

Contractor J. Magee & Sons
Address 168 Broadway Hammonton NJ
Tel. ( ) 567-2156
Lic. No. or Bldrs. Reg. No. 10823

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Move 3 Toilet & Sink

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 $ 300

John Klassen 7/8/03
Construction Official Date

PAYMENTS (Office Use Only)

Building	
Electrical	45 —
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	45
Total	
Check No.	2503
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 5/2K)

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/1/03
Date Issued
Control #
Permit # 03-414

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

Block 2709 Lot 21
Work Site Location 360 Hamm Ave
Hamm, NJ
Owner in Fee Hamm Realty
Address 192 Central Ave
Hamm, NJ
Tele. ( )
Contractor J. MAZZEO & SONS INC
Address 168 BROADWAY
HAMMONTON NJ. 08037
Tele. (609) 567-2180 Fax (609) 567-1450
Lic. No. 10893
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

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.

Signature — Contractor's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
X	Water Closet	
X	Urinal/Bidet	
	Bath Tub	
X	Lavatory	
	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	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 45.00
TOTAL FEE $

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/11/03
Date Issued
Control #
Permit # 03-414

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

Block 2104 Lot 21
Work Site Location 1132 Lagoon Dr
Owner in Fee Lagoon Dr
Address
Tele. ( )
Contractor J. MAZZEO + SONS INC
Address 165 BROADWAY
HAMMONTON NJ. 08037
Tele. (609) 567-2156 Fax (609) 567-1450
Lic. No. 10893
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-20-03
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Slab			4-4-03	SE
Rough ✓			9-203	L
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
final ✓			2-20-03	

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's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
X	Water Closet	
X	Urinal/Bidet	
	Bath Tub	
X	Lavatory	
	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	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 45.00
TOTAL FEE	$

Office of
CONSTRUCTION
OFFICIAL

Telephone
609-567-4326

Fax
609-567-4302

TOWN OF HAMMONTON

100 Central Avenue
Hammonton, New Jersey 08037

re: 360 Fairview A.

NOTICE

Name Harry R Blackburn + Ass

Address 2201 St. James Place

Town Philadelphia State Pa Zip 19103

Property in Violation: BLOCK 2709 LOT (s) 21

Nature of Violation: structure needs to be secured with plywood over backen doors + windows.

Date of Notice: June 1, 2000 Compliance Due Date: June 13, 2000

Date Of Inspection June 1, 2000

PLEASE TAKE NOTICE that you have been found to be in violation of the BOCA NATIONAL PROPERTY MAINTENANCE CODE/1996, ARTICLE 304, SECTION 1

Failure to comply with this NOTICE will subject you to a summons to appear in Court. A finding of guilty by the Court may result in a payment of a fine, court costs, and whatever other penalties the Court may deem proper under the circumstances.

THIS IS THE ONLY NOTICE YOU WILL RECEIVE. THEREFORE, IF YOUR LOT IS NOT PROPERLY MAINTAINED AND IS FOUND TO BE IN VIOLATION FOR A SECOND TIME, YOU AUTOMATICALLY BE SUMMONED TO APPEAR IN COURT.

Frank S. Domenico Jr

(609) 567-4326
PHONE

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/8/02
Control #
Permit # 02-050

IDENTIFICATION Block 3809 Lot ~~23~~ 21
Work Site Location 360 Fairview Ave
Owner in Fee United Realty
Address 926 Central Ave Kenilworth NJ
Tel. ( )

Contractor J Mayer & Sons
Address 168 Broadway Kenilworth NJ
Tel. ( ) 351-2130
Lic. No. or Bldrs. Reg. No. 10893

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Gas Line

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

John Haessler 2/8/02
Construction Official Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	45—
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	45—
Check No.	2479
Cash	
Collected by	

(see reverse side)

U.C.C. F170
(rev. 5/2K)

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/8/02
Date Issued
Control #
Permit # 02-050

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

Block 2709 Lot 21
Work Site Location 360 Laurel Ave Hammonton
Owner in Fee UNITED REALTY
Address 926 CENTRAL AVE
HAMMONTON NJ 08037
Tele. ( )
Contractor J. MAZZEO + SONS
Address 168 BROADWAY
HAMMONTON NJ 08037
Tele. (609) 567-2156 Fax (609) 567-1450
Lic. No. 10893
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

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

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.

Signature Contractor's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 45.—
TOTAL FEE	$

UCC F130 (rev. 3/96)

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/7/02
Date Issued
Control #
Permit # 02-050

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

Block 201 Lot 21
Work Site Location 20 Thomas St
Owner in Fee United Realty
Address 926 Central Ave
Hammonton NJ 08037
Tele. ( ) _____
Contractor J. Iavazzo & Sons
Address 168 Broadway
Hammonton NJ 08037
Tele. (609) 567-2152 Fax (609) 567-1450
Lic. No. 10893
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2-11-02
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping ✓		2-11-02		
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's Seal

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
✓	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 45.00
DCA Training Fee	$
TOTAL FEE	$ 45.00

Case # 2000 9481

TOWN OF HAMMONTON

FRANK R. INGEMI
CHIEF OF POLICE

NEW JERSEY 08037
DEPARTMENT OF POLICE
100 CENTRAL, AVENUE

TELEPHONE (609) 561-4000
FAX (609) 567-4318

CODE VIOLATION NOTIFICATION

TO BUILDING INSPECTOR'S OFFICE

DATE: 08/22/00

TIME: 13:16

LOCATION: 360 368 Fairview Ave Hammonton, NJ

Old SPARTA SURG. BLD abandoned and hazzardous. Bld needs to be secured with plywood over broken door/window.

Check One: ☐ House ☐ Apartment ☒ Commercial Building

2709/21

By: _____
Police Officer

_____
Supervisor

Received by: _____ 8-23-00
Inspector's Office Date

TOWN OF HAMMONTON

FRANK R. INGEMI
CHIEF OF POLICE

NEW JERSEY 08037
DEPARTMENT OF POLICE
100 CENTRAL AVENUE

TELEPHONE (609) 561-4000
FAX (609) 567-4318

CODE VIOLATION NOTIFICATION

TO BUILDING INSPECTOR'S OFFICE

DATE: 08/28/00

TIME: 12:05 PM

LOCATION: 11th & Washington Street Old Heritage Glass Building

Unoccupied building unsecured & Hazzardous

Check One: ☐ House ☐ Apartment ☒ Commercial Building

By: _____
Police Officer

_____
Supervisor

Received by: Andrea L Effenger 8/29/00
Inspector's Office Date

TOWN OF HAMMONTON

-NOTICE-

Name River Road Associates

Address 631 Prospect Street

Town Maplewood State NJ Zip 07040

Property in Violation: Block 2709 Lot 21

Nature of Violation noxious weed growth at 360 Fairview Avenue, Hammonton, NJ

Date of Notice: 6/12/91 Compliance Due Date: 6/24/91

Date of Inspection 6/11/91

TAKE NOTICE that you have been found to be in violation of the BOCA NATIONAL PROPERTY MAINTENANCE CODE/1990, ARTICLE 3, SECTION PM-301.4

Failure to comply with this NOTICE will subject you to a summons to appear in Court. A finding of guilty by the Court may result in a payment of a fine, court costs, and whatever other penalties the Court may deem proper under the circumstances.

THIS IS THE ONLY NOTICE YOU WILL RECEIVE. THEREFORE, IF YOUR LOT IS NOT PROPERLY MAINTAINED AND IS FOUND TO BE IN VIOLATION FOR A SECOND TIME, YOU WILL AUTOMATICALLY BE SUMMONSED TO APPEAR IN COURT.

John Alonzo (609) 567-4326

ZONING OFFICER, TOWN OF HAMMONTON PHONE

letter was returned 6/17/91

sent new letter 6/17/91

TOWN OF HAMMONTON

-NOTICE-

Name River Road Associates

Address c/o Richard Rodgers , 210 Wooded Lane

Town Ambler State PA Zip 19002

Property in Violation: Block 2709 Lot 21

Nature of Violation noxious weed growth at 360 Fairview Avenue, Hammonton, NJ

Date of Notice: 6/17/91 Compliance Due Date: 6/27/91

Date of Inspection 6/11/91

TAKE NOTICE that you have been found to be in violation of the BOCA NATIONAL PROPERTY MAINTENANCE CODE/1990, ARTICLE 3, SECTION PM-301.4

Failure to comply with this NOTICE will subject you to a summons to appear in Court. A finding of guilty by the Court may result in a payment of a fine, court costs, and whatever other penalties the Court may deem proper under the circumstances.

THIS IS THE ONLY NOTICE YOU WILL RECEIVE. THEREFORE, IF YOUR LOT IS NOT PROPERLY MAINTAINED AND IS FOUND TO BE IN VIOLATION FOR A SECOND TIME, YOU WILL AUTOMATICALLY BE SUMMONSED TO APPEAR IN COURT.

John Alosio (609) 567-4326

ZONING OFFICER, TOWN OF HAMMONTON PHONE

Office of
CONSTRUCTION
OFFICIAL

TOWN OF HAMMONTON
NEW JERSEY
08037

Telephone
609-567-4326

March 8, 1991

Richard Rogers
210 Wooded Lane
Ambler, PA 19002

RE: River Road Associates
Block 2709, Lot 21
360 Fairview Aveue
Hammonton, NJ 08037

Dear Mr. Rodgers:

On February 1, 1991, a letter was sent to you concerning drainage problems at the above captioned property. A few days later you contacted me about scheduling a meeting to discuss this matter. As of this date, I have not heard from you.

Please be advised that you will be given until Friday, March 15, 1991 to call this office and set up such a meeting or a summons to appear in Court will be issued.

Your cooperation in this matter is greatly appreciated.

Very truly yours,

John Aloisio
Construction Official
Town of Hammonton

JA/asp

Office of
CONSTRUCTION
OFFICIAL

TOWN OF HAMMONTON
NEW JERSEY
08037

Telepho
609-567-43

NOTICE

Name River Road Associates c/o Richard Rodgers

Address 210 Wooded Lane

Town Ambler State PA Zip 19002

Property in Violation: BLOCK 2709 LOT (s) 21

Nature of Violation: noxious weed growth at property located at 360 Fairview Avenue, SPARTA SURGICAL

Date of Notice: 6/7/93 Compliance Due Date: 6/17/93

Date Of Inspection 6/7/93

PLEASE TAKE NOTICE that you have been found to be in violation of the BOCA NATIONAL PROPERTY MAINTENANCE CODE/1993, ARTICLE 3 , SECTION PM-301.4

Failure to comply with this NOTICE will subject you to a summons to appear in Court. A finding of guilty by the Court may result in a payment of a fine, court costs, and whatever other penalties the Court may deem proper under the circumstances.

THIS IS THE ONLY NOTICE YOU WILL RECEIVE. THEREFORE, IF YOUR LOT IS NOT PROPERLY MAINTAINED AND IS FOUND TO BE IN VIOLATION FOR A SECOND TIME, YOU AUTOMATICALLY BE SUMMONED TO APPEAR IN COURT.

ZONING OFFICER, TOWN OF HAMMONTON

(609) 567-4326
PHONE

Office of
CONSTRUCTION
OFFICIAL

TOWN OF HAMMONTON
NEW JERSEY
08037

Telephone
609-567-432(

February 1, 1991

1-215-643-4952

Richard Rogers
210 Wooded Lane
Ambler Pa. 19002

RE: Block 2709 Lot 21
River Road Associates
360 Fairview Avenue
Town of Hammonton

Dear Mr. Rogers;

It has been brought to my attention your roof drains, at the above captioned property are not working properly, and your run off water is creating flooding in the neighbors yards. You must repair said drains and install underground piping to a catch basen, which must be maintained frequently.

Please be advised you will be given until February 15, 1991 to comply or you will be assessed a penalty of $200.00 and a summons will be issued.

Should you have any questions concerning this matter please direct your inquiries to:

John Aloisio, Construction Official
Central Avenue, Town Hall
Town of Hammonton

JA/amf

TOWN OF HAMMONTON

-NOTICE-

Name River Road Associates

Address 631 Prospect street

Town Maplewood State NJ Zip 07040

Property in Violation: Block 2709 Lot 21

Nature of Violation noxious weed growth at Fairview Avenue, Hammonton, New Jersey (grass is to be cut in front of property)

Date of Notice: 9/17/90 Compliance Due Date: 9/27/90

Date of Inspection 9/14/90

TAKE NOTICE that you have been found to be in violation of the BOCA NATIONAL PROPERTY MAINTENANCE CODE/1990, ARTICLE 3, SECTION PM-301.4

Failure to comply with this NOTICE will subject you to a summons to appear in Court. A finding of guilty by the Court may result in a payment of a fine, court costs, and whatever other penalties the Court may deem proper under the circumstances.

THIS IS THE ONLY NOTICE YOU WILL RECEIVE. THEREFORE, IF YOUR LOT IS NOT PROPERLY MAINTAINED AND IS FOUND TO BE IN VIOLATION FOR A SECOND TIME, YOU WILL AUTOMATICALLY BE SUMMONSED TO APPEAR IN COURT.

John Alberici (609) 567-4326

ZONING OFFICER, TOWN OF HAMMONTON PHONE

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4-3-96
Control #
Permit # 96-209

IDENTIFICATION Block 2709 Lot 21

Work Site Location 360 Fairview Ave. Carneys Point, NJ 08069

Owner in Fee Sparta Surgical

Address Exner Road Bldg 3 19002
216 Woody Lane, Chalfont, PA

Tele. (___) 567-0713

Contractor Anthony Riley

Address 111 Fairview St. Salem, NJ

Tele. (___) 852-7020

Lic. No. or Bldrs. Reg. No. 7005 Exp. Date ___

Federal Emp. No. ___

or Social Security No. 150-50184

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ___

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Sewer Connection

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 $ 3600.00

John Alessi PSB
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	47.00
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3.00
Cert. of Occ.	
Other	
Total	50.00
Check No.	9675
Cash	
Collected By:	PSB

(see reverse side)

U.C.C. Form F-170C

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-3-96
Control #
Permit # 96-289

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

Block 2709 Lot 21
Work Site Location 360 Fairview Ave
Hammonton
Owner in Fee Sparta Surgical
Address 360 Fairview Av
Hammonton
Tele. (609) 567 0712
Contractor Anthony Riley T/A A Anthony
Address 11 Talbot ct
Sewell
Tele. (609) 582 7076
Lic. No. 7705
Federal Emp. No. _____ or Social Security No. 156501854

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3600

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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.

Signature—Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	47.00
	Water Service Connection	
	Active Solar System	
	Other	

Performance Section of Sewer.

Administrative Surcharge $ _____
Paid [✓] Check # 3675 Minimum Fee $ _____
DCA Training Fee $ 3.00
Collected by: BB TOTAL $ 50.00

U.C.C. Form F-130B 1 White = Office Copy 2 Canary = Office Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-3-96
Control #
Permit # 96-209

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

Block 2704 Lot 21
Work Site Location 360 Fairview Av Hammonton
Owner in Fee Same
Address 360 Fairview Av Hammonton
Tele. (609) 5670712
Contractor Anthony Ritz Jr Anthony
Address 11 Inlet Ct Secaucus
Tele. (609) 5867070
Lic. No. 7705
Federal Emp. No. _____ or Social Security No. 152 50 1511

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3600

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: _____
Date: 4-22-96

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.

_____
Signature—Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	47.00
	Water Service Connection	
	Active Solar System	
	Other	

Partial Section of Sewer.

Administrative Surcharge $ _____
Paid [✓] Check # 3675 Minimum Fee $ _____
DCA Training Fee $ 2.60
Collected by: RSB TOTAL $ 50.60

Rives Road Assoc.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 1124-89
DATE ISSUED 10/3/89
Block 2709 Lot 21
Subdivision

A. IDENTIFICATION

Owner Costa Surgical
Address P.O. Box 2688
Austin
Tel. ( ) 567-0712
Work Site Address 368 Fairview

Agent J & J Costa Elec
Address P.O. Box 765
Northfield
Tel. ( ) 646-9693
Lic. No. 7110
Federal Emp. No.

PAYMENTS

Permit Fee $ 35.00
Fees Remitted $ 35.00
☒ Check No. 1956
☐ Cash
☐ Other
Collected By: ASP
Date: 10/3/89

is hereby granted permission to perform the following work:

☐ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Elec

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: $ 2,200.00

John Klaus
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

River Road
Assoc.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 1184-89
DATE ISSUED 10/3/89
Block 2307 Lot 21
Subdivision

A. IDENTIFICATION

Owner Sparta Municipal
Address P.O. Box 248
Sparta
Tel. ( ) 729-0112
Work Site Address 368 Fourmen

Agent J & J Electric Inc
Address P.O. Box 765
Pottersville
Tel. ( ) 646-1993
Lic. No. 7110
Federal Emp. No.

PAYMENTS

Permit Fee $ 25.00
Fees Remitted $ 35.00
☑ Check No. 1956
☐ Cash
☐ Other

Collected By: DCP
Date: 10/3/89

is hereby granted permission to perform the following work:

☐ BUILDING ☑ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Elec

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: $ 2,200.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 124-87
DATE ISSUED 10/3/87
REVISION DATE
Block 2709 Lot 21
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Sparta Surgical
Address P.O. Box 268
Hammonton NJ 08037
Tel. (609) 567 0712
Work Site Address 368 Fairview Ave
Hammonton NJ. 08037

Contractor J+J COSTAS ELECTRIC
Address P.O. BOX 765 NORTHFIELD
N.J. 08225
Tel. (609) 6469693
Lic.No./Bus. Permit 7110
Federal Emp. No. 136-38-7619

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets		1	Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
8	Receptacles	35.-		Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 35.-

OFFICE COPY

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ $2,200

D. COMMENTS

Run receptacles from panels to the New wall in conduit

☐ Partial Releases ☐ Prototype Processing

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 124-89
DATE ISSUED 10/3/89
REVISION DATE
Block 2709 Lot 21
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Sparkle Surgical
Address P.O. BOX 262
Tuckerton NJ 08087
Tel. (609) 597 0112
Work Site Address 364 Fairview Ave
Tuckerton NJ 08087

Contractor J J COSTAS ELECTRIC
Address P.O. BOX 765 MEDFORD
NJ 08055
Tel. (609) 654 9193
Lic.No./Bus. Permit. 7110
Federal Emp. No. 136-38-7619

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets		1	Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
8	Receptacles	35.-		Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 35.-

INSPECTORS COPY

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ 2200

D. COMMENTS

New receptacles from panels to the New wall in conduit

INSP 8-5-91

☐ Partial Releases ☐ Prototype Processing

Form #002 B

Office of
CONSTRUCTION
OFFICIAL

TOWN OF HAMMONTON
NEW JERSEY 08037

Telephone
(609) 561-5522

Construction Permit

PERMIT # Nº 3070 DATE April 15, 1982

PERMISSION IS HEREBY GIVEN TO Bridgeport Ind. (Owner) / 368 Fairview Avenue (Street Address)

and Simpson Sign Co. Contractor to:

sign 5' X 6' 8ft. high

TYPE OF USE sign BLOCK 2709 LOT(s) 21.01

ESTIMATED COST OF CONSTRUCTION $1,200.00 USE GROUP _____

SQUARE FEET _____ VOLUME CUBIC FEET _____ PLAN REVIEW # _____

FEES:

BUILDING $15.00

MECHANICAL _____

PLUMBING _____

ELECTRIC _____

CERTIFICATE
OF OCCUPANCY _____

CENTRAL AVENUE, TOWN HALL
Hammonton, New Jersey 08037

		Date of Application	Date Issued	Permit
209	Lot(s) 21.01	4-15-82	4-15-82	# 3070

IND. ADDRESS 318 FAIRVIEW AVE

STATE N. J. ZIP CODE 08037 TELEPHONE 467-2337

TYPE OF IMPROVEMENT

___Alteration ___Signs ___Moving ___Demolition ___Foundation

****

~ Proposed Use Sign.

~ existing sign with a new sign light. 30X50 = 15.00

Coverage	PLUMBING SUB-CODE		
	Stacks	#	
	Water Closet	#	
Height	Lavatory	#	
l. Ft.	Sinks	#	
Group	Bath Tubs	#	
	Shower	#	
ign Co.	Auto.Washing Machine	#	
VE P.O. Box 127	Diswasher	#	
# 19020-7885515	Laundry Tray	#	
	Urinals	#	
**********	Hot Water Heater	#	
	Garbage Grinder	#	
	Sewer Ejector Pump	#	
	Grease Trap	#	
	Floor Drains	#	
	Back Flow Preventer	#	
	Drinking Fountain	#	
	Lawn Sprinkler Heads	#	
	Roof Drains	#	
	Oil Interceptor	#	
	Miscellaneous	#	
	CONTRACTOR		
	ADDRESS		
	TELE. #	LIC. #	
uel	EST. COST	TYPE OF WATER	
Manual	TYPE OF SEWAGE DISPOSAL SYS.		

****

ATTACHMENTS HOME

TWO (2) SETS OF PLANS ___SEALED ___DRAIN

ST ___SURVEY PLAN ___CONTRACT ___SPECIFICATIONS

****

EES AND CERTIFIES AS FOLLOWS, SUBJECT TO THE PENALTIES AS PROVIDED

_____ of full age, being duly sworn according to law

, and who signed the application for a Construction permit to
ion Official of the Town of Hammonton, in the County of
sey, for the Construction, Alteration, and/or addition of a
_____, Block_____ Lot(s)_____ in said

intends to reside in proposed dwelling also;
to the following laws;

protection act P.L. 1979 Chapter 111

warranty and Builders Reg. act. (N.J.S.A. 46:3B-1)

ed by statute, plans and specifications which accompany
were prepared by me (N.J.U.C.C. 5:23-2.5B.7)

on to be performed and installed by me or a member of my
Family named herein:_____

on to be performed and installed by me or a member of my
Family named herein:_____

on to be performed and installed by me or a member of my
Family named herein:_____

g_____ ☐ to make application for permit
☐ Contractor to do work

ORE ME

___19___.

_____
SIGNATURE OF OWNER
Indicate appropriate boxes with initials
that apply to this affidavit.

_____

****

LESS
PLAN REVIEW $_____ #_____

LESS
FOUNDATION $_____ #_____

TOTAL FEE $ 15.00

FORM 003B

№ 0624

Certificate of Occupancy

TOWN OF HAMMONTON

Department of Building Inspection

This Certificate issued pursuant to the requirements of N.J.A.C. of the Basic Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the Township regulating building construction or use. For the following:

Use Classification C.C.O. for light manufacturing Bldg. Permit No. C.C.O.

Group ..... Type Construction existing Fire Zone B-2709 L-21.01 Use Zone .....

Owner of Building Bridgeport Interests Inc. Address 603 Heron Drive, Bridgeport, N. J.

Building Address 368 Fairview Avenue Locality Hammonton, N. J.

By: .....

Anthony M. Ranere

Albert J. Falcone, Construction Official Date: December2, 1981

Issued: December 1981

File Homeowner Assessor

POST IN A CONSPICUOUS PLACE

CONDITIONED CERTIFICATE OF OCCUPANCY

Office of
CONSTRUCTION
OFFICIAL
~~XXXXXXXXXXXXXXXX~~

TOWN OF HAMMONTON
NEW JERSEY 08037

Telephone
609-561-5522

DEPARTMENT OF BUILDING AND INSPECTIONS
REQUEST FOR CERTIFICATE OF OCCUPANCY

DATE_____

Application is hereby made by_____

For a Certificate of Occupancy for the structure located at_____

Under Permit # C.C.O.# Block 2709 Lot/s 21.01

THE STRUCTURE IS TO BE USED FOR THE FOLLOWING PURPOSE:

( ) Assembly_____
( ) Business_____
(Explain)
( ) Factory & Industrial
_____
( ) High Hazard_____
( ) Institutional_____
( ) Mercantile_____
( ) Storage_____
( ) Residential_____
( ) Occupancy Load_____

CERTIFICATION BY THE RESPONSIBLE PERSON IN CHARGE OF WORK

I Francis J. McNamara Jr certify that all work has been completed in accordance with the Permit, approved plans, the code and all applicable law and Ordinance.

The final cost of construction work including basic structure, all on site improvements, any built in furnishings and all special equipment, for this structure is _____.

No alteration, addition or other changes will be made in or to the above building, nor the use or occupancy changed from that requested without first notifying the building department of the Town of Hammonton and making a new application for a Certificate of Occupancy of such new use.

SIGNATURE Francis J. McNamara Jr

ADDRESS 603 HERON DRIVE, BRIDGEPORT N.J. 08014

PHONE NO. 467-1000

THIS NOTICE SHALL BE GIVEN 72 HOURS PRIOR TO THE TIME THE INSPECTION IS DESIRED

FINAL SURVEY, AS BUILT STRUCTURE

RUCTION
IAL

TOWN OF HAMMONTON
NEW JERSEY 08037

Tele
609-561-

TOWN OF HAMMONTON

* N O T I C E *

Owners Name: Bridgeport Intrest Inc.

Address: 603 Heron Drive

Town: Bridgeport State: N.J. Zip: 08014

Property in Violation: Block 2709, Lot 21
360 Fairview Avenue

Nature of Violation: Noxious Weeds

Date of Notice: 8/27/85 Compliance Due Date: 9/10/85

Date of Inspection: 8/26/85

TAKE NOTICE that you have been found to be in violation of the BOCA BASIC/NATIONAL EXISTING STRUCTURE CODE 1984, which was adopted on April 8, 1985, by the Town of Hammonton, ORDINANCE #6-1985, ARTICLE ES-301 #3 **, SECTION** ES-301.6 **. (SEE ATTACHED)**

Failure to comply with this NOTICE will subject you to a summons to appear in Court. A finding of guilty by the Court may result in a payment of a fine, court costs, and whatever other penalties the Court may deem proper under the circumstances.

Anthony M. Lanere Jr. 609-561-5522
ZONING OFFICER, TOWN OF HAMMONTON **PHONE**

CERTIFIED Mail # P 533 731 149

467-0165

Office of
CONSTRUCTION
OFFICIAL
~~ACTEEEIXXFAXEONE~~
Anthony M. Ranere

TOWN OF HAMMONTON
NEW JERSEY 08037

Telephon
609-561-552

September 22, 1981

Joseph Mc Dermitt
Coldwell Anchor
Suite 1415
2000 Market Street
Philadelphia, Pa. 19103

RE: Block-2709
Lots- 21 - 21.01 - 23
Fairview Avenue

Dear Mr. Mc Dermitt;

The above captioned property is not in a flood hazard zone as defined on the Federal flood plain map, page 340010 00 15A. This area is considered zone "C".

Very truly yours,

Anthony M. Ranere

Anthony M. Ranere
Construction Official

AMR:amf

Form #002 B

ice of
ONSTRUCTION
FFICIAL

TOWN OF HAMMONTON
NEW JERSEY 08037

Telephone
(609) 561-5522

Construction Permit

PERMIT # Nº 2823 DATE August 26, 1981

PERMISSION IS HEREBY GIVEN TO Center Square Builders, Ind. 368 Fairview Avenue
Owner Street Address

and Owner Contractor to:

renovate for use of warehouse

TYPE OF USE warehouse BLOCK 2709 LOT(s) 21.01

ESTIMATED COST OF CONSTRUCTION $15,000.00 USE GROUP

SQUARE FEET VOLUME CUBIC FEET PLAN REVIEW #

FEES:

BUILDING $75.00

MECHANICAL none

PLUMBING none

ELECTRIC $20.80

CERTIFICATE OF OCCUPANCY $25.00

N. J. S/C none

SUB TOTAL $120.80

LESS
PLAN REVIEW none

LESS FOUNDATION none

TOTAL $120.80

C. O. # 0590

Anthony M. Kerese Jr.
CONSTRUCTION OFFICIAL

Office of
CONSTRUCTION
OFFICIAL
~~ALBERT J. FALCONE~~
Anthony M. Ranere

TOWN OF HAMMONTON
NEW JERSEY 08037

Telephon
609-561-552

August 28, 1981

RE: Block 2709
Lot 21.01
Fairview Avenue

To Whom it may Concern;

The above captioned property falls in Zone "C" of the Flood plain map of the Town of Hammonton, which states "AREAS OF MINIMAL FLOODING." This can be found on page 340010 00 15A of our Flood plain map.

Very truly yours,

Anthony M. Ranere
Construction Official

AMR:amf

CONSTRUCTION OFFICIAL
561-5522

Building Department
TOWN OF HAMMONTON
Atlantic County, N. J.

3rd & CENTRAL AV
HAMMONTON, N.
08037

"REQUEST FOR CERTIFICATE OF OCCUPANCY"

Date 9-23-81

Application is hereby made by.....

For a Certificate of Occupancy for the structure located at 368 Vanness Ave
Address

Under Permit 2823 2709 4.01
Job No. Etc. Block Number Lot Number

The Structure is to be used for the following purpose:

( ) Assembly _____ ( ) Institutional _____

(X) Business _____ ( ) Mercantile _____
Explain Type

( ) Factory and Insustrial _____ ( ) Storage _____

( ) Residential _____
No. Units

( ) High Hazard _____ ( ) Occupancy Load _____

(Certification by the responsible person in charge of work)

X I Frank T. Walton certify that all work has been completed in accordance with the Permit, Approved Plans, The Code and all applicable law and Ord.

The final cost of construction work including basic structure, all on site improvements, any built in furnishings and all special equipment, for this Structure is.....

No alteration, addition or other changes will be made in or to the above building, nor the use or occupancy changed from that requested without first notifying the building department of the Town of Hammonton and making a new application for a Certificate of occupancy of such new use.

X Signature Frank T. Walton

Address.....

Phone No.....

This notice shall be given 72 hours prior to the time the Inspection is desired.

FINAL SURVEY, AS BUILT STRUCTURE 5:23-2.7 (vi)

Office of
CONSTRUCTION
OFFICIAL

TOWN OF HAMMONTON
NEW JERSEY 08037

Telephone
609-561-5522

OFFICE OF THE ZONING ENFORCEMENT OFFICER

RE: DENIAL FOR PERMIT---

DATE 7-23-81

TO: GEORGE W. ANDREWS
Applicant

Your application for a permit to construct a SIGN,

on the property at 360 FAIRVIEW AVE Block 49 Lot(s) 104
address

Zone RES. B., is hereby DENIED for non-compliance with the provisions

of Ordinance 11-1975 Chapter 162-27 A [redacted], of the Municipal
Section

Zoning Ordinance for the following reasons:

off premise sign

Construction Official
Zoning Officer

If you wish to pursue this matter, you may seek additional relief as follows:

BOARD OF ADJUSTMENT

____Petition for Variance

____Hardship Variance

____Use Variance

____Site Plan

____Minor Sub-Division

PLANNING BOARD

____Site Plan

____Conditional Use

____Use by Special Permit

____Sub-Division

CC: Secretary: Board of Adjustment