CAPE ATLANTIC
CONSERVATION DISTRICT

6260 Old Harding Highway
Mays Landing, New Jersey 08330
Phone (609) 625-3144 Fax (609) 625-7360
www.capeatlantic.org

July 3, 2017

Carlton Kimber
360 Fairview, LLC
360 Fairview Avenue
Hammonton, NJ 08037

RE: CERTIFICATION – SOIL EROSION AND SEDIMENT CONTROL PLAN
APPLICATION NO. 233-17 PROJECT NAME: 360 Fairview LLC Site Plan
BLOCK(S): .2709 LOT(S). 21
MUNICIPALITY: Hammonton
PLANS PREPARED BY: Schaeffer Nassar Scheidegg Consulting Engineers, LLC
DATE: 10/4/16 LAST REVISED DATE: 6/26/17

The Cape Atlantic Conservation District has reviewed the above erosion control plan and certifies that the plan is in accordance with the N.J. Erosion and Sediment Control Act, Chapter 251, P.L. 1975.

CERTIFICATION REQUIREMENTS;

1. The District must be notified 48 hours in advance of start of any land disturbance. Use postcard enclosed.
2. A copy of the Erosion Control Plan must be on site.
3. All revisions and municipal renewals of this project will require resubmission and approval by the District. Any conveyance of the project (or portion thereof) will transfer full responsibility for compliance to subsequent owner(s). The District must be notified in writing of any change of ownership.
4. NO Certificates of Occupancy will be issued by a Municipality until a Certificate of Compliance is issued by this Office. Requests for certificates of Compliance must be made **FIVE (5) WORKING DAYS IN ADVANCE**.
5. This approval is limited to the controls specified in this plan. It is not an authorization to engage in the proposed land use unless the Municipality or other controlling agency has previously approved such use.

This Certification is valid for three and one-half year.

to follow the provisions of your Plan will result in the filing of a complaint against you he provisions of N.J.S.A. 2A:58-1 et. Seq., the Penalty Enforcement Law wherein you subject to fines of up to $3,000.00 for each and every day during which said violation each day constituting an additional separate and district offense.

LLETTA,

nico, Construction Official
ann & Heggan Associates, Inc., City Engineer
gg Planner

State of New Jersey
THE PINELANDS COMMISSION
PO Box 359
New Lisbon, NJ 08064
(609) 894-7300
www.nj.gov/pinelands

Chris Christie
Governor

Kim Guadagno
Lt. Governor

General Information: Info@njpines.state.nj.us
Application Specific Information: AppInfo@njpines.state.nj.us

N

July 13, 2017

Buck Kimber
360 Fairview, LLC - Integrity Medical Devices
360 Fairview Avenue
Hammonton, NJ 08037

NOTIFICATION OF REVIEW OF LOCAL AGENCY APPROVAL(S)
DETERMINATION: **CONSISTENT** – APPROVAL(S) MAY TAKE EFFECT

APPLICATION #	**2017-0003.001**
Agency Approval(s) Reviewed	Use Variance, Preliminary and Final Major Site Plan Approval issued by t Hammonton Zoning Board of Adjustment
Applicant	360 Fairview, LLC - Integrity Medical Devices
Parcel	Block 2709, Lot 21 Town of Hammonton Pinelands Town, R-2 Zoning District: 3.88 acres
Proposed Development	Construction of a 4,243 square foot addition to an existing 31,877 square f commercial building
Plans reviewed	Site Plan, consisting of 4 sheets, prepared by Schaeffer Nassar Scheidegg Engineers, LLC and dated as follows: Sheets 1 & 2 dated 10/4/2016 Sheets 3 & 4 dated 12/2/2016

CONDITIONS FOR DEVELOPMENT: None

If you have any questions, please contact Branwen Ellis of our staff.

Sincerely,

for Charles M. Horner, P.P.
Director of Regulatory Programs

c: Secretary, Town of Hammonton Planning Board (via email)
Secretary, Town of Hammonton Zoning Board of Adjustment (via email)
Town of Hammonton Construction Code Official (via email)
Town of Hammonton Environmental Commission (via email)
Atlantic County Department of Regional Planning and Development (via email)

CAPE ATLANTIC
CONSERVATION DISTRICT

6260 Old Harding Highway
Mays Landing, New Jersey 08330
Phone (609) 625-3144 Fax (609) 625-7360
www.capeatlantic.org

May 4, 2021

Carlton Kimber
360 Fairview, LLC
360 Fairview Avenue
Hammonton, NJ 08037

RE: Application Number: 233-17
Project Name: 360 Fairview Ave. Site Plan
Address: 360 Fairview Avenue
Block(s): 2709 Lot(s): 21
Municipality: Hammonton

Please be advised that the Soil Erosion and Sediment Control Plan Certification for the above referenced project has expired.

Prior to any future land disturbance on this project, a new application package (application form, application fee, plans and supporting documentation) must be submitted and all Soil Erosion and Sediment Control Plans MUST be designed using the most current version of the Standards.

Please contact the District staff if you have any questions.

Sincerely,

Glenn Ward,
Assistant Manager

Cc: Bill Esposito, Construction Official
Mark Herrmann, Twp. Engineer

PREPARED BY:
CHARLES E. WOOLSON, JR.
LAW FIRM OF CHARLES E. WOOLSON, JR LLC
206 FAIRVIEW AVENUE
HAMMONTON, N.J. 08037

RESOLUTION OF FINDINGS AND CONCLUSIONS
BOARD OF ADJUSTMENT
TOWN OF HAMMONTON
BOARD OF ADJUSTMENT FILE NO. 3 OF 2017

WHEREAS the Applicant, 360 Fairview LLC with an address of 360 Fairview Avenue, Hammonton, New Jersey having made an Application to the Hammonton Zoning Board of Adjustment for a certain Use Variance and Preliminary and Final Major Site Plans as to allow the construction of an addition consisting of approximately 4,000 square feet to the existing facility of approximately 32,000 square feet located at 360 Fairview Avenue in the Town of Hammonton. The property is used to manufacture medical bandages. The applicant was represented by Mr. Charles Gemmel, Esq. The property is more particularly described as Block 2709, Lots 21 in the R-2 Zone on the official Tax Map of the Town of Hammonton.

WHEREAS, on May 25, 2017, Applicant's witnesses, Mr. David Scheidegg a Professional Engineer and Planner, and Mr. Carlton Kimber and George Hughes the members of 360 Fairview Avenue LLC were sworn in. Mr. Kevin Dixon, the Board Planner and Mr. Robert Vettese, the Board Engineer also were present and submitted their reports.

WHEREAS, the Board on May 25, 2017, after having carefully considered the testimony of the applicant's expert witness Mr. David Scheidegg, the testimony of Carlton Kimber and George Hughes, as well as having reviewed the Application with attached Plan of the proposed site offered by the Applicant along with the other documents submitted at the time of the hearing; as well as the testimony of Mr. Kevin Dixon and Mr. Robert Vettese; the Board has made the following factual findings:

1. The applicant's Planner and Engineer. David Scheidegg testified the existing buildings on the property consisted of 31,877 square feet, and located in the R-2 zone off of Fairview Avenue. The R-1 zone is a residential zone, and is next to Bella Vita Court, a subdivision located off of

Fairview Avenue which was developed after the applicant started operating their business. The lot has approximately 57% impervious surface, and the front portions of the lot which are immediately adjacent to Fairview Avenue are not be used for the applicants business. The property is accessed by a 32 foot driveway, and has 84 existing parking spots. He estimated during business hours there are 50 to 55 automobiles parked in the lot. He testified there is no water retention basin, and there are easements out the rear of the premises for water runoff and for sewer access. Mr. Scheidegg described the plans and drawing he prepared which were signed on December 12, 2016.

2. Mr. Scheidegg then testified and explained the proposed changes. The existing building consisted of 31,877 square feet. An addition of 4, 234 square feet to the building would be constructed between the two wings of the building. A handicapped parking space would be created, a retention basin would be added at the rear of the property, and any overflow would run into piping which would run through the easement to Pratt Street.

3. Mr. Scheidegg testified in his opinion the applicant is entitled to a use variance. The applicant's predecessor in title had obtained a Use Variance in 1980 which permitted a light manufacturing use on the premises. He was of the opinion because of the de Minimis increase in size of the building; the development met the required positive and negative criteria for a Use Variance.

4. Mr. Kimber also testified on behalf of the applicant. He explained the business had started in the Elwood section of Mullica Township. The business moved to Hammonton in 2005, and started using a portion of the building. The applicant purchased the property and then started using the complete premises in 2014. Their business has grown and they require more space. They will use the addition for equipment and storage. They have 91 employees, and they all work one shift, 7:30 am to 4:00 pm. One or two truck deliveries are made each day. They deliver components, and transport the product to Salem, NJ for processing; and then returned to Hammonton for sale. He plans to add 4 or 5 persons after the addition is completed. He testified the addition would not increase traffic or noise. He had no plans to start a second shift. The building has lights, but they are designed to not interfere with neighbor's use of their property. He stated the company manufactures medicated wound dressings. He stated the U.S. military uses them, and they contain no toxic substances.

WHEREAS, the Board opened the matter to public comment, and the following public comments were made,

1. Mr. Scott Rivera, a resident of Bella Vita Court was sworn. He testified he was concerned about lighting and noise coming from the premises. He wanted a planted buffer or barrier.

2. Mr. Robert Levin agreed with Mr. Rivera and complained an alarm goes off frequently and the light bleeds over the fence. He also wanted additional screening. He also wanted the trash enclosure moved to the opposite side of the project.

3. Mr. Scheidegg submitted a portion of the subdivision plan of the Bella Vita Court development, and photographs of the development. He pointed out the residential developer had been required to create planted buffers, but they were removed by the homeowners.

WHEREAS, the Board considered the reports of its experts:

1. Mr. Robert Vettese addressed his report of April 20, 2017. He stated the parking lot of the site should be swept, the potholes filled and the parking re-stripped.

2. Mr. Kevin Dixon addressed his report of April 24, 2017. He stated the expansion of the site is minor, and it was a pre-existing non confirming use.

NOW, THEREFORE BE IT RESOLVED on May 25, 2017 the Zoning Board of Adjustment of the Town of Hammonton by a Motion made by Mr. Messina, and seconded by Mr. Matro, that the documents and submissions of the applicant should be deemed complete.

ROLL CALL	YES	NO
John Adolf	X	
James Matro	X	
Michael Messina	X	
Nicholas Polito	X	
Wayne Reichert	X	
Ch. John Lyons	X	

NOW, THEREFORE BE IT FURTHER RESOLVED on May 25, 2017 the Zoning Board of Adjustment of the Town of Hammonton by a Motion made by Mr. Messina moved to approve a Use variance to permit the expansion of the existing light manufacturing of medicated bandages on the premises, said Motion was seconded by Mr. Polito.

ROLL CALL	YES	NO
John Adolf	X	
James Matro	X	
Michael Messina	X	
Nicholas Polito	X	
Wayne Reichert	X	
Ch. John Lyons	X	

NOW, THEREFORE BE IT FURTHER RESOLVED on May 25, 2017 by the Zoning Board of Adjustment of the Town of Hammonton, by a Motion made by Mr. Reichert to approve a Preliminary and Final Site Plan, conditioned upon the installation of a Stop sign at the driveway, restripe parking spaces, repair potholes in the parking lot, install traffic signs warning of walking pedestrians along the driveway. The storm water basin shall meet the standards in Hammonton ordinance; and install rip rap for the overflow. The alarm system at the site should be investigated to avoid false alarms. The Motion was seconded by Mr. Polito, and made subject of the conditions set forth below.

1. The approval is conditioned upon payment of all taxes and assessments on the subject property and the payment of all Zoning Board application fees and escrows.

5. The applicant will obtain any needed tree removal permit consistent with this resolution. The applicant shall also obtain all necessary permits from the Town's construction office.

6 Any failure of the Applicant or its successors or assigns to fully adhere to all of the provisions of this approval and all representation made by or on behalf of the applicant may be a material breach of this approval. Such a breach will be a violation of the Town of Hammonton's ordinances and the Town may remedy such violation by withholding of building permits, certificate of occupancy, or any other approval of the property. The Town may seek fines and

penalties for any violation of its ordinance, including an application to the NJ Superior Court for relief.

7. The Applicant must comply with all applicable Federal Laws and Regulations as well as any State, County or Municipal laws and regulations, and apply for any necessary approvals from other governmental bodies including but not limited to the NJ Pinelands Commission and the Atlantic County Planning Board.

ROLL CALL	YES	NO
John Adolf	X	
James Matro	X	
Michael Messina	X	
Nicholas Polito	X	
Wayne Reichert	X	
Ch. John Lyons	X	

Chairman John Lyons

I, Patricia Berenato, Secretary of the Board of Adjustment of the Town of Hammonton, do hereby certify that the foregoing Resolution is a true and accurate copy of the Resolution Adopted by the Zoning Board of Adjustment on this 22 day of June, 2017.

Patricia Berenato

Patricia Berenato, Secretary

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/20/18

Permit # 18-086

IDENTIFICATION Block 3709 Lot 21 Qualification Code(s)

Work Site Location 360 Laurel Ave Hamm NJ

Owner in Fee Integrity Med Devices

Address Same

Tel. ( ) 567-8175

Contractor Just Rite Const LLC

Address 52 Main Rd Hamm NJ

Tel. ( ) 051-2604

Lic. No. or Bldrs. Reg. No. 1160160

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: Upgrade 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 $ 5500.00

Frank D'Innocenzo 2/14/18

Construction Official — Date

PAYMENTS (Office Use Only)

Building	
Electrical	245 -
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	105
Cert. of Occupancy	
Other	350
Total	350
Check No.	22272
Cash	
Collected by	ae

(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 & Control # 2/20/18
Date Issued
Permit # 18-086

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

Block 360 2709 Lot 21 Qualification Code

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

Owner in Fee: INTEGRITY MED DEVICES

Tel. (609) 567-8175 e-mail

Address SAME AS ABOVE
street municipality zip code

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

Address 52 MAIN Rd. e-mail
HAMMONTON NJ. 08037

Contractor License No. EL01160100 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 Proposed

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

Building Occupied as PRODUCTION & WHSE Utility Co. ATLANTIC

Est. Cost of Elec. Work $ 55,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date 2/13/18 Approved by: WJE

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/13/18
Approved by: WJE

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 sign/Contractor sign and seal here:

Print name here: JOSEPH CAMUSO JR

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

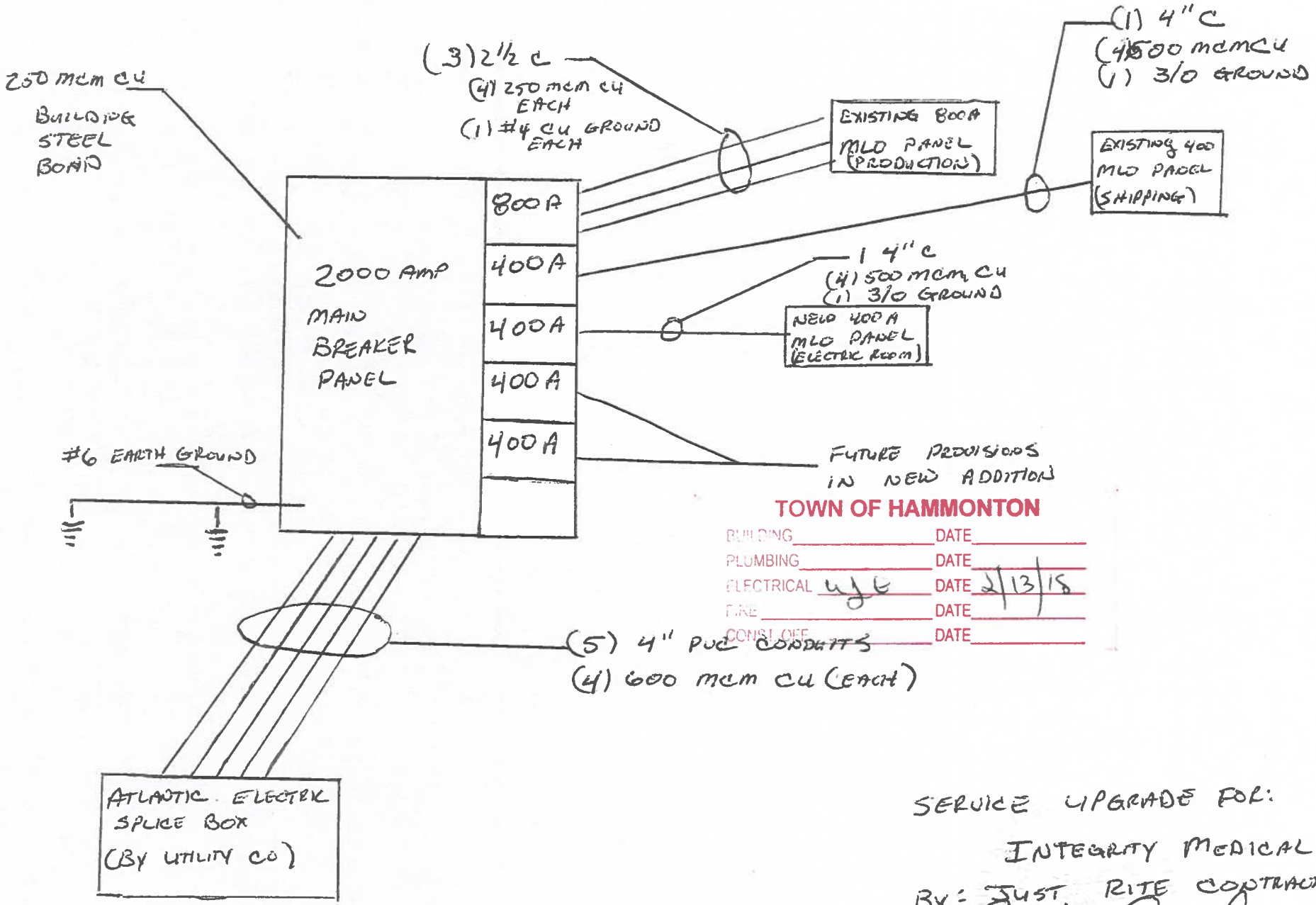
D. TECHNICAL SITE DATA

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	2000	AMP Service	85-
1	800	AMP Subpanels	30-
2	400	~~AMP Motor Control Center~~	130-
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 105-
TOTAL FEE $ 250-

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy



TOWN OF HAMMONTON

BUILDING		DATE
PLUMBING		DATE
ELECTRICAL	MJE	DATE 2/13/18
FIRE		DATE
CONSTR OFF		DATE

SERVICE UPGRADE FOR:

INTEGRITY MEDICAL

BY: JUST RITE CONTRACTORS LLC

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/12/16

Permit # 16-466

IDENTIFICATION Block 2709 Lot 5

Work Site Location 368 Saunders Dr.

Owner in Fee Integrity Medical Inc. Same

Address

Tel. ( )

Contractor Tyco International/Security

Qualification Code

Address 1852 Stoneham Rd Parsippany NJ 07054

Tel. (856) 488-2023

Lic. No. or Bldrs. Reg. No. 34BF-00 56280 5818 1402

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Add to Fire Alarm System South Bldg

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 $ 2588.00

Construction Official

9/6/16
Date

PAYMENTS (Office Use Only)

Building	
Electrical	50
Plumbing	
Fire Protection	50
Elevator Devices	
Other	
DCA State Permit Fee	5
Cert. of Occupancy	
Other	
Total	105
Check No.	3626376
Cash	
Collected by	CD

(see reverse side)

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

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

FIRE SUBCODE TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received 9/1/16
Date Issued 9/12/16
Control #
Permit # 16-466

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

2709 Lot 21 Qualification Code

Site Location 3100 FAIRVIEW AVE Safe BLD

in Fee: 300 FAIRVIEW LLC % Integrity Med Dev

ss 3100 FAIRVIEW AVE (street) HAMMONTON (municipality) (08037) (zip code) e-mail

ictor: TYCO INTEGRATED SECURITY Tel. (856) 910-4886 ~~910-4886~~ 435-2023

ss 7895 BROWNING ROAD

PENNSAUKEN, NJ 08109

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

otection Equipment, NJ Div. of Fire Safety Installer No. P00451

arm Contractor No. 34BF00050200 Exp. Date 1/31/17

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

al Emp. ID No. 581814102 FAX: (856) ~~661-4449~~ 435-2053

IRE PROTECTION CHARACTERISTICS

roup: Present _____ Proposed _____

r. Class: Present _____ Proposed _____

g System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

ype: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

on:

Cost of Fire Protection Work $ 250 –

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

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

SUMMARY (Office Use Only)

N REVIEW
] No Plans Required
] Partial-Underslab Utilities Approved

te: _____ Approved by: _____
] Fire Protection Plans Approved _____
te: 9-1-16 Approved by: FD
nt Plan Review Required: _____
] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

IBCODE APPROVAL for PERMIT

te: _____ Approved by: _____

IBCODE APPROVAL for CERTIFICATE

] CO [ ] CCO [ ] CA

te: _____
proved by: _____

INSPECTIONS

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

ant: When submitting this form to your Local Construction Code Enforcement Office, 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.

Sign here: Lawrence J. Little Jr.

Print name here: LAWRENCE J. LITTLE, JR.

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL ADDT DEVICES TO EXISTING FIRE SYSTEM

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems [ ] ~~System~~ SMOKES	7	
[ ] 110 v Interconnected		
[ ] CO Detectors/1110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	8	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		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	

UCC/F-140
(rev. 1/13)

FIRE SUBCODE TECHNICAL SECTION

Uniform Construction Code

Date Received 7/14/16
Date Issued 9/16/16
Control #
Permit # 16-4[illegible]

)ENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING ITRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Lot 21 Qualification Code

Site Location 310 [illegible]

Integrated South Bldg

r in Fee 310 [illegible]

) e-mail

ss 310 [illegible]
street municipality zip code

actor: TYCO INTEGRATED SECURITY Tel. (856) 910-4686

ss 7895 BROWNING ROAD
PENNSAUKEN , NJ 08109

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

rotection Equipment, NJ Div. of Fire Safety Installer No. P00451

larm Contractor No. 34BF00050200 Exp. Date 1/31/14

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

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

IRE PROTECTION CHARACTERISTICS

Group: Present Proposed
tr. Class: Present Proposed
ng System: [ ] New OR [ ] Modification to Existing
OR [ ] Conversion OR [ ] Replacement

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

ion:

Cost of Fire Protection Work $ 350

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

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

3 SUMMARY (Office Use Only)
\N REVIEW
] No Plans Required
] Partial-Underslab Utilities Approved
ate: Approved by:
] Fire Protection Plans Approved
ate: Approved by:
int Plan Review Required:
] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

JBCODE APPROVAL for PERMIT
ate: Approved by:

JBCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [✓] CA
ate: 9/27/16
pproved by: KO

INSPECTIONS

Type:	Failure	Failure	Approved	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/20/16	FD
Other				

Dates (Month/Day)

cant: When submitting this form to your Local Construction Code Enforcement Office, e 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.

Sign here: Lawrence J Little Jr.

Print name here: LAWRENCE J. LITTLE, JR.

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK INSTALL ALT Devices

Water Supply Source To exist fire system

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System	1	
[ ] 110 v Interconnected		
[ ] CO Detectors/1110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	5	5
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel- Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	

UCC/F-140
(rev. 1/13)

ELECTRICAL SUBCODE TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received 9/1/16
Date Issued 9/12/16
Control#
Permit# 16.466

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 3200 FAIRVIEW AVE South Bld
Owner in Fee: 3200 FAIRVIEW LLC % INTEGRITY MED DEV
Tel. ( ) e-mail
Address 3200 FAIRVIEW AVE HAMMONTON 08037
street municipality zip code

Contractor: TYCO INTEGRATED SECURITY Tel. (856) ~~910-4686~~ 338-2023
Address 7895 BROWNING ROAD
PENNSAUKEN , NJ 08109
Contractor License No. 34BF00050200 Exp. Date 1/31/~~14~~ 17
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 581814102 FAX: (856) ~~661-4449~~ 438-2053

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
[ ] Pole/Pad# [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1250 -

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 Sign/Contractor sign and seal here: Lawrence J Little Jr
Print name here: LAWRENCE J. LITTLE, JR.
[ ] Licensed Elec.Contractor [ ] Certif'd Landscape Irrigation Contr'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION WORK: INSTALL ACCT DEVICES TO EXISTING FIRE SYSTEM

QTY.	SIZE	ITEMS
1		~~Lighting Fixture~~ SMOKES
		Receptacles
		Switches
1		~~Detectors~~ HEAT
		Light Poles
		Motors–Fract. HP
		Emergency& Exit Lights
8		Communications Points
		Alarm Devices/F.A.C.Panel
		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

FEE (Office Use Only)

$ 50

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 9/6/16
Approved by:

SUBCODE APPROVAL for PERMIT [ ] CO.
[ ] 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				
Temp.Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Dates (Month/Day)

UCC/F-120
(rev. 1/13)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received
Date Issued
Control#
Permit#

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: _____

Tel. (__) _____ e-mail _____

Address _____ street _____ municipality _____ zip code

Contractor: TYCO INTEGRATED SECURITY Tel. (856) 910-4686

Address 7895 BROWNING ROAD
PENNSAUKEN , NJ 08109

Contractor License No. 34BF00050200 Exp. Date 1/31/14

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 $ _____

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 Sign/Contractor sign and seal here: Lawrence J. Little Jr.

Print name here: LAWRENCE J. LITTLE, JR.

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

D. TECHNICAL SITE DATA

DESCRIPTION WORK: Install Alt Device

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixture	
		Receptacles	
		Switches	
1		Detectors	
		Light Poles	
		Motors–Fract. HP	
		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. 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	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Elec. Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for PERMIT [ ] CO.

[ ] CO [ ] CCO [ ] CA

Date: 9/27/16

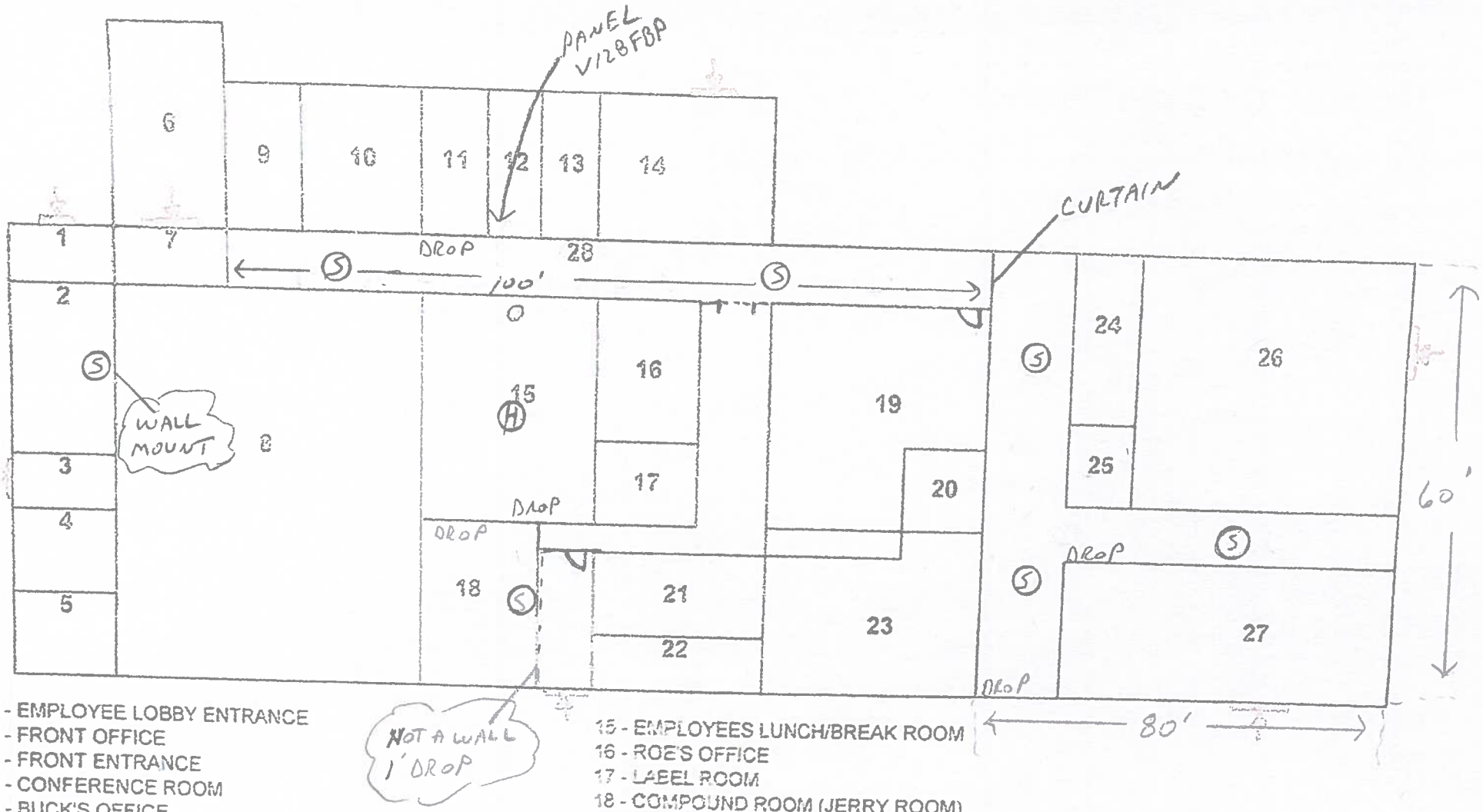
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv				
TCO				
Other				
Service				
Final			9/27/16	
Barrier-Free				
Temp.Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

UCC/F-120
(rev. 1/13)

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



- EMPLOYEE LOBBY ENTRANCE
- FRONT OFFICE
- FRONT ENTRANCE
- CONFERENCE ROOM
- BUCK'S OFFICE
- LOADING DOCK
- WAREHOUSE HALL WAY
- WAREHOUSE
- MEN'S RESTROOM

0 - LADIES RESTROOM
1 - MAINTENANCE ROOM
2/13 - ELECTRIC/ JANITORS ROOM
4 - COMPRESSOR ROOM
15 - EMPLOYEES LUNCH/BREAK ROOM
16 - ROE'S OFFICE
17 - LABEL ROOM
18 - COMPOUND ROOM (JERRY ROOM)
19 - WET BOTTLE ROOM
20 - HECTOR'S OFFICE
21 - GEORGE OFFICE
22 - RETAIN ROOM
23 - DRY BOTTLE ROOM
24 - LILLIAN QA OFFICE
25 - QC ROOM
26 - CIRCLE ROOM
27 - CV'S ROOM
28 - PRODUCTION HALLWAY

TOWN OF HAMMONTON

BUILDING _____ DATE _____
PLUMBING _____ DATE _____
ELECTRICAL _____ DATE _____
FIRE FD DATE 9/1/16
CONST. OFF FD DATE 9/1/16

*** ALL EMERGENCY EXIT DOORS ARE MARKED IN RED ***

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/8/16

Permit # 16-465

IDENTIFICATION Block 2709 Lot 21 Qualification Code

Work Site Location 360 Fairview Ave. Harrington Park

Owner in Fee Integrated Media Now, Inc. same

Address

Tel. ( )

Contractor Tips Integrated Security

Address 7852 Browning Rd. Pennsauken, NJ. 08109

Tel. (856) 438-2053 ext.

Lic. No. or Bldrs. Reg. No. 34BF00850200

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

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

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK: Add to Fire Alarm North Bldg

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

Estimated Cost of Work $ 2000.00

Construction Official FR

Date 9/6/16

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.	302637
Cash	
Collected by	al

(see reverse side)

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received 9/1/16
Date Issued 9/12/16
Control#
Permit# 16-465

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 3200 FAIRVIEW AVE
Owner in Fee: 3200 FAIRVIEW LLC % INTEGRITY MED DEV
( ) e-mail
Address 3200 FAIRVIEW AVE HAMMONTON 08037
street municipality zip code

Contractor: TYCO INTEGRATED SECURITY Tel. (856) ~~910-4666~~ 436-2023
Address 7895 BROWNING ROAD
PENNSAUKEN , NJ 08109
Contractor License No. 34BF00050200 Exp. Date 1/31/17
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 581814102 FAX: (856) ~~661-4449~~ 436-2053

ELECTRICAL CHARACTERISTICS

Group: Present Proposed
[ ] Pole/Pad# [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1000

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 Sign/Contractor sign and seal here: Lawrence J. Little Jr.
Print name here: **LAWRENCE J. LITTLE, JR.**
[ ] Licensed Elec.Contractor [ ] Certif'd Landscape Irrigation Contr'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION WORK: ADD DEVICES to EXISTING FIRE SYSTEM

QTY.	SIZE	ITEMS
1		~~Lighting Fixture~~ HEAT
		Receptacles
		Switches
5		~~Detectors~~ SMOKES
		Light Poles
		Motors–Fract. HP
		Emergency& Exit Lights
(6)		Communications Points
		Alarm Devices/F.A.C.Panel
		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

FEE (Office Use Only)

$ 55

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 9/6/16
Approved by:
SUBCODE APPROVAL for PERMIT [ ] CO.
[ ] 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				
Temp.Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Dates (Month/Day)

UCC/F-120
(rev. 1/13)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Uniform Construction Code

Date Received
Date Issued
Control#
Permit#

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

ck_____ Lot_____ Qualification Code_____

rk Site Location_____

ner in Fee:_____

( )_____ e-mail_____

dress_____
street municipality zip code

ntractor: TYCO INTEGRATED SECURITY Tel. (856) 910-4686

dress 7895 BROWNING ROAD
PENNSAUKEN , NJ 08109

ntractor License No. 34BF00050200 Exp. Date 1/31/14

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

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

ELECTRICAL CHARACTERISTICS

e Group: Present_____ Proposed_____

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

lding Occupied as_____ Utility Co._____

imated Cost of Electrical Work $_____

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 Sign/Contractor sign and seal here: Lawrence J. Little Jr.

Print name here: LAWRENCE J. LITTLE, JR.

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

D. TECHNICAL SITE DATA

DESCRIPTION WORK:

QTY.	SIZE	ITEMS
		Lighting Fixture
		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. 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

FEE (Office Use Only)

$_____

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

OB SUMMARY (Office Use Only)

LAN REVIEW

] No Plans Required

] Partial-Underslab Utilities Approved

ate:_____ Approved by:_____

] Elec. Plans Approved

ate:_____ Approved by:_____

oint Plan Review Required:

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

UBCODE APPROVAL for PERMIT

ate:_____

pproved by:_____

UBCODE APPROVAL for PERMIT [ ] CO.

] CO [ ] CCO [ ] CA

ate: 9/27/16

pproved by:_____

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv				
TCO				
Other				
Service				
Final			9/27/16	
Barrier-Free				

Temp.Cut-in-Card Date Issued_____

Final Cut-in-Card Date Issued_____

Annual Pool Inspection

Date of Grounding and Bonding Certification_____

UCC/F-120
(rev. 1/13)

FIRE SUBCODE TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received 9/1/16
Date Issued 9/16/16
Control #
Permit # 16-465

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

0709 Lot 21 Qualification Code

ite Location 300 FAIRVIEW LLC % INTEGRITY MED DEV North

in Fee: 300 FAIRVIEW LLC

300 FAIRVIEW AVE HAMMONTON 08037
street municipality zip code

e-mail

ctor: TYCO INTEGRATED SECURITY Tel. (856) ~~910-4600~~ 435-2023

7895 BROWNING ROAD

PENNSAUKEN, NJ 08109

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

otection Equipment, NJ Div. of Fire Safety Installer No. P00451

arm Contractor No. 34BF00050200 Exp. Date 1/31/17

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

l Emp. ID No. 581814102 FAX: (856) ~~661-4449~~ 435-2053

RE PROTECTION CHARACTERISTICS

oup: Present _____ Proposed _____

. Class: Present _____ Proposed _____

g System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

pe: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

n:

ost of Fire Protection Work $ 1000 -

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

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

SUMMARY (Office Use Only)

N REVIEW
] No Plans Required
] Partial-Underslab Utilities Approved
e: _____ Approved by: _____
] Fire Protection Plans Approved _____
e: 9/1/16 Approved by: FD
t Plan Review Required: _____
] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

BCODE APPROVAL for PERMIT
e: _____ Approved by: _____

BCODE APPROVAL for CERTIFICATE
] CO [ ] CCO [ ] CA
e: _____
roved by: _____

INSPECTIONS

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

nt: When submitting this form to your Local Construction Code Enforcement Office. 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.

Sign here: Lawrence J. Little Jr.

Print name here: LAWRENCE J. LITTLE, JR.

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK ADD DEVICES TO EXISTING FIRE SYSTEM

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] ~~System~~ SMOKES	5	
[ ] 110 v Interconnected		
[ ] ~~CO Detectors/110v~~ HEAT	1	
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		50
TOTAL	6	
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel- Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

UCC/F-140
(rev. 1/13)

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $

FIRE SUBCODE TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received
Date Issued
Control #
Permit #

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

Lot _____ Qualification Code _____

Site Location _____

in Fee: _____

_____) _____ e-mail _____

ss _____ street _____ municipality _____ zip code

ctor: TYCO INTEGRATED SECURITY Tel. (856) 910-4686

ss 7895 BROWNING ROAD

PENNSAUKEN , NJ 08109

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

rotection Equipment, NJ Div. of Fire Safety Installer No. P00451

larm Contractor No. 34BF00050200 Exp. Date 1/31/14

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

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

IRE PROTECTION CHARACTERISTICS

roup: Present _____ Proposed _____

r. Class: Present _____ Proposed _____

g System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

ype: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

on: _____

Cost of Fire Protection Work $ _____

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

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

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

SUMMARY (Office Use Only)

N REVIEW
] No Plans Required
] Partial-Underslab Utilities Approved

te: _____ Approved by: _____

] Fire Protection Plans Approved _____

te: _____ Approved by: _____

int Plan Review Required: _____

] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

IBCODE APPROVAL for PERMIT

te: _____ Approved by: _____

IBCODE APPROVAL for CERTIFICATE

] CO [ ] CCO [ ] CA

te: 9/27/16

proved by: FO

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approved	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final		9/27/16	FJ	
Other				

ant: When submitting this form to your Local Construction Code Enforcement Office, e 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.

Sign here: Lawrence J. Little Jr.

Print name here: LAWRENCE J. LITTLE, JR.

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110 v Interconnected	5	
[ ] CO Detectors/1110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	1	
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		
Fuel- Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

UCC/F-140
(rev. 1/13)

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	

PERMIT UPDATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Update Issued 8/19/15
Permit # 15-209.02
Date Permit Issued

IDENTIFICATION Block 2709 Lot 21 Qualification Code
Work Site Location 360 Fairview Ave Contractor Fire Defense Systems
Hammonton Address 12 Cedar Ln
Owner in Fee Enterprise Medical Center Address CSPCH NJ 08210
Address Tel. (609) 226-0297
Tel. (609) 561-8175 Lic. No. or Bldrs. Reg. No. 20623 7

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Fire Sprinklers

Estimated Cost of Work $ 1500

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.

Construction Official Date 8/19/15

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	60
Elevator Devices	
Other	
State Permit Surcharge Fee	
Cert. of Occupancy	
Other	
Total	60
Check No.	3810
Cash	
Collected by	dc

U.C.C. F190 (rev. 1/04)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Office Copy

Date Received 8/14/15
Control # 8/19/15
Date Issued
Permit # 15-209.02

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 Integrity Medical
360 Fairview Avenue, Hammonton, NJ 08037

Owner in Fee: Buck Kimber

Tel. (609) 567-8175 e-mail Not on File

Address 360 Fairview Avenue Hammonton, NJ 08037
(street / municipality / zip code)

Contractor: Fire Defense Systems Tel. (609) 226-0297

Address 12 Cedar Drive e-mail firedefense@comcast.net
Cape May Court House, NJ 08210

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00237

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153-555

Fire Alarm Contractor No. P00237 Exp. Date 10/31/2015

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

Federal Emp. ID No. 223694225 FAX: (609) 624-7991

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 $ 1,500

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

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Right Building

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve: One in each building

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: [signature] 8/19/15

Print name here: Joseph F DeRose

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Existing
Method of Alarm/Suppression System Supervision Existing

	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	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	12	60
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[✓] Fire Protection Plans Approved
Date: 8/14/15 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 8-31-15
Date:
Approved by: FD

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			8/21/15	FD
Other				

U.C.C. F140 (rev. 02/11) Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/14/15
Control #
Date Issued 8/19/15
Permit # 15-209.02

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 Integrity Medical
360 Fairview Avenue, Hammonton, NJ 08037

Owner in Fee: Buck Kimber

Tel. (609) 567-8175 e-mail Not on File

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

Contractor: Fire Defense Systems Tel. (609) 226-0297

Address 12 Cedar Drive e-mail firedefense@comcast.net
Cape May Court House, NJ 08210

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00237

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153-555

Fire Alarm Contractor No. P00237 Exp. Date 10/31/2015

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

Federal Emp. ID No. 223694225 FAX: (609) 624-7991

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 $ 1,500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [X] Existing
Location of Panel: Right Building

Fire Suppression/Standpipe System:
[ ] New OR [X] Existing
Location of Main Control Valve: One in each building

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: Joseph F DeRose

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Existing
Method of Alarm/Suppression System Supervision Existing

	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	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	12	60
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[✓] Fire Protection Plans Approved
Date: 8/14/15 Approved by: ED
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				
Suppression 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 photocopies.

PERMIT UPDATE

Date Update Issued 8/5/15
Control #
Permit # 15-209.01
Date Permit Issued

IDENTIFICATION Block 2709 Lot 21
Work Site Location 360 Fairview Hamm NJ
Owner in Fee Integrity Mtg Corp
Address [illegible]
Tel. ( ) 567-8175

Contractor Just Rite Const
Address 52 Mayo Rd Hamm NJ
Tel. (609) 517-2604
Lic. No. or Bldrs. Reg. No. EL00116100
Fed. Emp. 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: 70 Amp Subpanel

Estimated Cost of Work $ 200

Frank Domenichelli — Construction Official

8/4/15 — Date

PAYMENTS (Office Use Only)

Building	
Electrical	30
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	30
Total	30
Check No.	9283
Cash	
Collected by	DE

U.C.C. F190
(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 8/5/15
Control #
Date Issued
Permit # 15 209.01

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: INTERNITY MEDICAL DEV

Tel. 609 567-8175 e-mail

Address SAME
street municipality zip code

Contractor: JUST RITE CONTRACTORS Tel. (609) 512-2604

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

Contractor License No. EL001160100 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 COM

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

Building Occupied as WAREHOUSE Utility Co. ATLANTIC

Est. Cost of Elec. Work $ 1200

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date 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 sign/Contractor sign and seal here:

Print name here: JOSEPH CARUSO SR

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

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	
		AMP Service	
1	70	AMP Subpanels 3Ø	30
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09) 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
Permit #

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: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

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

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

[ ] 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 [ ] LCA

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 sign/Contractor sign and seal here: _____

Print name here: _____

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

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	
		AMP Service	
1	70	AMP Subpanels	30
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6-22-15

Permit # 15-209

IDENTIFICATION Block 2703 Lot 21 Qualification Code

Work Site Location 160 Lawnview Dr. Harmony

Owner in Fee Integrity Medical Care

Address

Tel. ( ) 567-8175

Contractor D.L. Construction

Address 1340 S. Black Horse Pike Williamstown, NJ 08094

Tel. (856) 740-1565, 567-4702

Lic. No. or Bldrs. Reg. No. 26: 4802-47 BVH0594000

Is hereby granted permission to perform the following work:

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

[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

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

DESCRIPTION OF WORK:

36'x18' addition

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 $ 22,700—

Construction Official PSE

Date 6/3/15

PAYMENTS (Office Use Only)

Building	101—
Electrical	50—
Plumbing	
Fire Protection	
Elevator Devices	
Other Zoning-Re prev	27—
DCA State Permit Fee	
Cert. of Occupancy	25—
Other	
Total	203—
Check No.	5219
Cash	
Collected by	KB

(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

Date Received 5/21/15
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) 567-5175 e-mail hrodriguez@integritymedical.com

Address 360 Fairview Av Hammonton NJ 08037
street municipality zip code

Contractor: GL Construction Tel. (856) 740-6525

Address 1340 B. N. Blackhorse Pike e-mail GLconstruction16@comcast.net
Williamstown NJ 08094

Contractor License No. or Builder Registration No. 13VH01594000 Exp. Date 3/31/16

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

Federal Emp. ID No. 20-4827847 FAX: (856) 740-4428

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'x16' 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:
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 S

No. of Stories

Height of Structure 10' ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors 576.0 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. $ 20,500.00
2. Rehabilitation $ 0
3. Total (1+ 2) $ 20,500.00

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.-
	25.-
Administrative Surcharge $	
Minimum Fee $	27.-
State Permit Surcharge Fee $	
TOTAL FEE $	153.-

U.C.C. F110

1 White = Inspector Copy 2 Canary = Office Copy