Office of the Municipal Clerk
City Hall Annex
181 East Commerce Street, Bridgeton, NJ 08302
P: 856.455.3230 Ext. 227

Nichole Almanza, RMC, CMR
Municipal Clerk and Registrar of Vital Statistics

Date: 3/18/22

To: Ethan Condle

See below in response to your OPRA request received by the City Clerk's Office on 3/14/22. (See Disclaimer on Pg. 2)

_____ Please be advised there are no records responsive to your request

_____ See attached, no Redactions were made.

✓ See attached, redactions were made pursuant to (see statute(s) below with "x" mark(s)):

_____ Denied, the provisions of the Open Public Records Act do not allow the disclosure of records pursuant to (see statute(s) below with "x" mark(s)):

Billing information:

_____ Amount Due:. _____ must be received prior to release of record

Payment information:

_____ Returned Check: Check No. _____ in the amount of _____

_____ Payment Received: Check No. _____in the amount of_____

Exceptions to Public Access to Government Records:

____ Inter-agency or intra-agency advisory, consultative or deliberative communications, N.J.S.A. 47:1A-1.1, et seq.
____ Legislative records, N.J.S.A. 47:1A-1.1, et seq.
____ Medical Examiner records, N.J.S.A. 47:1A-1.1, et seq.
____ Criminal investigatory records, N.J.S.A. 47:1A-1.1, et seq.
____ Victim records, N.J.S.A. 47:1A-1.1, et seq.
____ Trade secrets and proprietary commercial or financial information obtained from any source, N.J.S.A. 47:1A-1.1, et seq.
____ Any record within Attorney/Client Privilege N.J.S.A. 47:1A-1.1 et seq.
____ Administrative or technical information regarding computer hardware, software and networks, N.J.S.A. 47:1A-1.1, et seq.
____ Emergency or Security information and surveillance techniques, N.J.S.A. 47:1A-1.1, et seq.
____ Security measures and surveillance techniques, N.J.S.A. 47:1A-1.1, et seq.
____ Information that is disclosed would give an advantage to competitors or bidders, N.J.S.A. 47:1A-1.1
____ Information on any sexual harassment complaint, any grievance filed or collective negotiations, N.J.S.A. 47:1A-1.1
____ Communications between City and Insurance Company, N.J.S.A. 47:1A.1.1 et seq
____ Information which is to be kept confidential pursuant to court order, N.J.S.A. 47:1A.1.1 et seq
____ Certificate of honorable discharge issued by the United States government, N.J.S.A. 47:1A.1.1 et seq
X Personal Identifying Information, N.J.S.A. 47:1A-1.1, et.seq. phone#, emails
X Social Security Numbers, N.J.S.A. 47:1A-1.1, et seq. Building licenses
____ Certain records of higher education, N.J.S.A. 47:1A-1.1, et seq.
____ Biotechnology trade secrets, N.J.S.A. 47:1A-1.2, et seq.
____ Limitations to convicts -personal information pertaining to the person's victim or the victim's family, N.J.S.A. 47:1A-2.2, et seq.

____ Ongoing Investigations, N.J.S.A. 47:1A-3.a.
____ Public defender records that relate to the handling of any case, N.J.S.A. 47:1A-5.k.
____ Upholds exemptions contained in other State or federal statutes and regulations, Executive Orders of the Governor, Rules of Court, Constitution of this State, or judicial case law N.J.S.A. 47:1A-9.
____ Personnel and pension records, N.J.S.A. 47:1A-10, et seq.
____ Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy." N.J.S.A. 47:1A-1.1, et seq.

NOTE: Court documents can be requested through the NJ Judiciary website at www.judiciary.state.nj.us

If you feel the City has neglected to provide what you have requested, or any part thereof, or if you believe there is some legal authority that supports your position, please notify us and we will be happy to reconsider our response or denial of access as the case may be.

Mandatory Disclaimer:

If your request for access to a government record has been denied or unfilled within seven (7) business days required by law, you have the right to challenge the decision by the City of Bridgeton to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. box 819, Trenton, NJ 08625, by e-mail at grc@dca.state.nj.us, or at their website at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County

If you have any questions please contact my office.

Cordially yours,

Nichole Almanza, RMC, CMR
Municipal Clerk and
Registrar of Vital Statistics

Nichole Almanza Respond By: 3/21/22 Due By: 3/23/22

From: Ethan Conde <opra+request-30165-2178e496@requests.opramachine.com>
Sent: Monday, March 14, 2022 2:35 PM
To: Nichole Almanza
Subject: OPRA request - Environmental OPRA Request

Dear Bridgeton City,

407 Manheim Ave, Bridgeton, NJ, 08302, Block 37 Lot 8
351 Irving Ave, Bridgeton, NJ, 08302, Block 37 Lot 9

Pennoni would like to request all applicable remedial, permitting, and enforcement records for the above stated properties. Specifically, we are in search of SRP files, if applicable. We are also interested in any information regarding illegal waste discharges, aboveground and underground storage tanks, environmental contamination, or violations of environmental laws at the referenced site.

Thank you for your assistance.

From,

Ethan Conde

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-30165-2178e496@requests.opramachine.com

Is almanzan@cityofbridgeton.com the wrong address for OPRA requests to Bridgeton City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=bridgeton_city

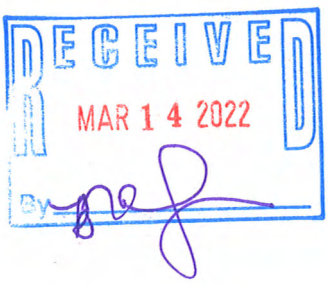
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

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

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

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

CC: Construction ✓ fire ✓ none
engineer ✓ none
zoning ✓ no records
clerk ✓ no record found



Clerk

Nichole Almanza

From: Elizet Martinez
Sent: Friday, March 18, 2022 10:22 AM
To: Nichole Almanza
Subject: RE: OPRA Ethan Conde 3-14-2022

I checked the Clerk's files and I do not see any documents that were be responsive for this request.

Elizet Martinez
Keyboarding Clerk 1
Office of the Municipal Clerk
City of Bridgeton
181 E. Commerce Street
Bridgeton, NJ 08302
P: 856 455-3230 Ext. 233
F: 856 451-5321
martineze@cityofbridgeton.com

From: Nichole Almanza
Sent: Tuesday, March 15, 2022 11:51 AM
To: William White <WhiteW@cityofbridgeton.com>; Elizabeth Cruz <CruzE@cityofbridgeton.com>; Charles Fralinger <cfralinger@fralinger.com>; Alexander Bowen <BowenA@cityofbridgeton.com>; Nichole Almanza <AlmanzaN@cityofbridgeton.com>; Todd Bowen <BowenT@cityofbridgeton.com>; Michael Hitchner <HitchnerM@cityofbridgeton.com>
Cc: Juan Carlos. Martinez <martinezjc@cityofbridgeton.com>; Elizet Martinez <MartinezE@cityofbridgeton.com>; Miriam Garcia <GarciaM@cityofbridgeton.com>
Subject: OPRA Ethan Conde 3-14-2022

Engineer

Nichole Almanza

From: Charles Fralinger <cfralinger@fralinger.com>
Sent: Thursday, March 17, 2022 8:58 PM
To: Nichole Almanza
Subject: Re: OPRA Ethan Conde 3-14-2022
Attachments: image001.jpg; OPRA Ethan Conde 3-14-2022.pdf

Hi Nichole,

I reviewed our files and I have no information as requested by Ethan Conde in the submitted OPRA request

Thanks

Chuck Fralinger

Sent from my iPhone

On Mar 15, 2022, at 11:51 AM, Nichole Almanza <AlmanzaN@cityofbridgeton.com> wrote:

Good morning,

Please see OPRA Request attached from Ethan Conde

Please respond by March 21, 2022.

Please forward all responses and attachments to the Clerk's office.

Your timely response will be greatly appreciated.

Thank you.

Nichole Almanza, RMC, CMR
Municipal Clerk and Registrar of Vital Statistics
City of Bridgeton
181 E. Commerce Street
Bridgeton, NJ 08302
P: 856 455-3230 Ext 227
856 451-5321 (fax)
Almanzan@cityofbridgeton.com

Zoning

Elizet Martinez

From:	Alexander Bowen
Sent:	Wednesday, March 16, 2022 11:00 AM
To:	Nichole Almanza
Cc:	Miriam Garcia; Juan Carlos. Martinez; Elizet Martinez
Subject:	RE: OPRA Ethan Conde 3-14-2022

No applicable zoning records available.

Alexx Bowen

The City of Bridgeton NJ
A Bright New Beginning

Alexander Bowen,
Zoning Officer, Field Rep.: Housing Rehab., Redevelopment Assistant
Office of Development & Planning

City of Bridgeton
181 E. Commerce St.
Bridgeton, NJ 08302

P: (856) 451-3407 Ext.3 F: (856) 455-7421

From: Nichole Almanza
Sent: Tuesday, March 15, 2022 11:51 AM
To: William White; Elizabeth Cruz; Charles Fralinger; Alexander Bowen; Nichole Almanza; Todd Bowen; Michael Hitchner
Cc: Juan Carlos. Martinez; Elizet Martinez; Miriam Garcia
Subject: OPRA Ethan Conde 3-14-2022

Good morning,

Please see OPRA Request attached from Ethan Conde

Please respond by March 21, 2022.

Please forward all responses and attachments to the Clerk's office.

Your timely response will be greatly appreciated.

Thank you.

Fire

Nichole Almanza

From: Michael Hitchner
Sent: Tuesday, March 15, 2022 11:57 AM
To: Nichole Almanza; Juan Carlos. Martinez; Miriam Garcia; Elizet Martinez
Cc: Todd Bowen
Subject: FW: OPRA Ethan Conde 3-14-2022
Attachments: OPRA Ethan Conde 3-14-2022.pdf

Good morning,

Our office does not have any records matching your request. Any questions please contact me.

Thank you.

Michael Brent Hitchner Jr.
Deputy Chief
City of Bridgeton Fire Department
Office: (856) 451-0090
Cell: (856) 207-7398
Email: hitchnerm@cityofbridgeton.com

From: Nichole Almanza
Sent: Tuesday, March 15, 2022 11:51 AM
To: William White <WhiteW@cityofbridgeton.com>; Elizabeth Cruz <CruzE@cityofbridgeton.com>; Charles Fralinger <cfralinger@fralinger.com>; Alexander Bowen <BowenA@cityofbridgeton.com>; Nichole Almanza <AlmanzaN@cityofbridgeton.com>; Todd Bowen <BowenT@cityofbridgeton.com>; Michael Hitchner <HitchnerM@cityofbridgeton.com>
Cc: Juan Carlos. Martinez <martinezjc@cityofbridgeton.com>; Elizet Martinez <MartinezE@cityofbridgeton.com>; Miriam Garcia <GarciaM@cityofbridgeton.com>
Subject: OPRA Ethan Conde 3-14-2022

Good morning,

Please see OPRA Request attached from Ethan Conde

Please respond by March 21, 2022.

Please forward all responses and attachments to the Clerk's office.

Your timely response will be greatly appreciated.

Thank you.

construction

Elizet Martinez

From: Elizabeth Cruz
Sent: Thursday, March 17, 2022 4:33 PM
To: Nichole Almanza
Cc: William White; Miriam Garcia; Elizet Martinez; Juan Carlos. Martinez
Subject: RE: OPRA Ethan Conde 3-14-2022
Attachments: OPRA Ethan Conde.pdf

Hi Nichole,

Attached please find the information found for OPRA Ethan Conde.

Kind regards,

Elizabeth Cruz
Technical Assistant To The Construction Official
Construction Department, The City of Bridgeton
181 E. Commerce Street, 2nd Floor
Bridgeton, NJ 08302
P: (856) 455-3230 ext: 218
F: (856) 459-2481
E-mail: Cruze@cityofbridgeton.com

From: Nichole Almanza
Sent: Tuesday, March 15, 2022 11:51 AM
To: William White <WhiteW@cityofbridgeton.com>; Elizabeth Cruz <CruzE@cityofbridgeton.com>; Charles Fralinger <cfralinger@fralinger.com>; Alexander Bowen <BowenA@cityofbridgeton.com>; Nichole Almanza <AlmanzaN@cityofbridgeton.com>; Todd Bowen <BowenT@cityofbridgeton.com>; Michael Hitchner <HitchnerM@cityofbridgeton.com>
Cc: Juan Carlos. Martinez <martinezjc@cityofbridgeton.com>; Elizet Martinez <MartinezE@cityofbridgeton.com>; Miriam Garcia <GarciaM@cityofbridgeton.com>
Subject: OPRA Ethan Conde 3-14-2022

Good morning,

Please see OPRA Request attached from Ethan Conde

Please respond by March 21, 2022.

Please forward all responses and attachments to the Clerk's office.

Construction

Property Summary

Portal | Refresh | Open All | Close All

Owner:	COMMUNITY HEALTH CARE INC.
Location:	407 MANHEIM AVE
Block:	37
Lot:	8
Lead Parcel:	Yes
Qualifier:	
Zoning:	C-3

▼ **About the Owner...**

▼ **About the Property...**

▼ **About the Taxes...**

▼ **Parcel Photo...**

▼ **Projects...**

▼ **OPRA...**

▲ **Construction...**

Applications... Expand

Permit Issue Date	Control Number	Permit Number	Work Type	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
1/20/2004		04-0040/01	Alteration	E		1/21/2004	CA	$1,200	
6/1/1995		95-0205/06	Alteration	B E		6/2/1995	CA	$8,000	

Would you like to add a application to this parcel? Yes

Inspections... Expand

Date	Control Number	Permit Number	Subcode	Type	Inspector	Result	Comment	Result Comment
1/20/2004		04-0040/01	Electrical		Thompson Maier	Pass		SERVICE Inspector Initials: GM
4/28/1998		95-0205/06	Electrical	Final		Pass		FINAL Inspector Initials: GM
4/28/1998		95-0205/06	Building	Final		Pass		FINAL Inspector Initials: EH
6/6/1995		95-0205/06	Electrical	ROUGH		Pass		ROUGH Inspector Initials: GM

Violations...

There is no violation data for the selected parcel.

Would you like to add an violation to this parcel? Yes

Ongoing Applications...

There is no application data for the selected parcel.

Would you like to add an application to this parcel? Yes

▼ **Complaints...**

- Land Use...
- Code Enforcement...
- Attachments...
- Comments...

CONSTRUCTION PERMIT

Date Issued 1/20/2004
Control #
Permit # 04-0040/01

IDENTIFICATION Block: 37 Lot: 8 Qualifier
Work Site Location: 407 MANHEIM AVE. , NJ
Contractor
Address
Owner in Fee SOUTH JERSEY HOSPITAL SYSTEM
407 MANHEIM AVE. NJ
Telephone:
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. 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:

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 $1,200

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$47
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$49
Check No.	3469
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/20/2004
Date Issued 1/20/2004
Control #
Permit # 04-0040/01

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

Block 37 Lot 8 Qualification Code

Work Site Location 407 MANHEIM AVE , NJ

Owner in Fee: SOUTH JERSEY HOSPITAL SYSTEM

Address 407 MANHEIM AVE NJ

Email

Tel

Contractor

Address NJ

Email

Tel. Fax

Lic No Exp. Date

Home improvment Contractor Registrat on No or Exempt on Reason(s applicable)

Federal Employee No

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed B

☐ Pole/Pad # ☐ Temporary ☐ Other

Bu ld ng Occupied as Utility Co

Estimated Cost of Electrical Work $1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date by

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) 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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ 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	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$2
TOTAL FEE	$49

U C C F120 (rev. 11/09)

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

CITY OF BRIDGETON
181 East Commerce St.
Bridgeton, NJ 08302

Inspection Activity Report

Inspections for Permit Number 04-0040/01

Permit Number

04-0040/01

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
01/20/2004	Final	Stacey Davis	Electrical	Pass	SOUTH JERSEY HOSPITAL SYSTEM 407 MANHEIM AVE.	Alteration		SERVICE Inspector Initials GM

CITY OF BRIDGETON
181 East Commerce St.
Bridgeton, NJ 08302

Date Issued 1/20/2004
Control Number
Permit Number 04-0040/01
Permit Issue Date 1/20/2004
Certificate Number 04-0040/01

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 407 MANHEIM AVE. , NJ Block: 37 Lot: 8 Qual:
Owner In Fee: SOUTH JERSEY HOSPITAL SYSTEM
Owner Address: 407 MANHEIM AVE. NJ
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: B Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use:

Certificate Comments:

☐ **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.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 3/15/2022

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 6/1/1995
Control #
Permit # 95-0205/06

IDENTIFICATION Block: 37 Lot: 8 Qualifier
Work Site Location: 407 MANHEIM AVE. , NJ
Owner in Fee SOUTH JERSEY HOSPITAL SYSTEM
407 MANHEIM AVE. NJ
Telephone:

Contractor
Address
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:

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 $8,000

Construction Official Date

PAYMENTS (Office Use Only)	
Building	$48
Electrical	$47
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$101
Check No.	102236
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/1/1995
Control #
Date Issued 6/1/1995
Permit # 95-0205/06

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

Block 37 Lot 8 Qualification Code

Work Site Location: 407 MANHEIM AVE. , NJ

Owner in Fee: SOUTH JERSEY HOSPITAL SYSTEM

Address 407 MANHEIM AVE. NJ

Tel. Email

Contractor:

Address NJ

Email

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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
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)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6
TOTAL FEE	$54

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/1/1995
Date Issued 6/1/1995
Control #
Permit # 95-0205/06

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

Block 37 Lot 8 Qualification Code

Work Site Location: 407 MANHEIM AVE. , NJ

Owner in Fee: SOUTH JERSEY HOSPITAL SYSTEM

Address 407 MANHEIM AVE NJ

Email

Tel

Contractor:

Address NJ

Email

Tel. Fax

Lic No. Exp. Date

Home improvment Contractor Registration No or Exemption Reason(is applicable)

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed I-2

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co

Estimated Cost of Electrical Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type	Failure	Dates (Month/Day) 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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ 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	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$6
TOTAL FEE	$53

U C C F120 (rev. 11/09)

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

CITY OF BRIDGETON
181 East Commerce St.
Bridgeton, NJ 08302

Inspection Activity Report

Inspections for Permit Number 95-0205/06

Permit Number

95-0205/06

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
06/06/1995	ROUGH		Electrical	Pass	SOUTH JERSEY HOSPITAL SYSTEM 407 MANHEIM AVE.	Alteration		ROUGH Inspector Initials: GM
04/28/1998	Final		Building	Pass	SOUTH JERSEY HOSPITAL SYSTEM 407 MANHEIM AVE.	Alteration		FINAL Inspector Initials: EH
04/28/1998	Final		Electrical	Pass	SOUTH JERSEY HOSPITAL SYSTEM 407 MANHEIM AVE.	Alteration		FINAL Inspector Initials: GM

CITY OF BRIDGETON
181 East Commerce St.
Bridgeton, NJ 08302

Date Issued 4/28/1998
Control Number
Permit Number 95-0205/06
Permit Issue Date 6/1/1995
Certificate Number 95-0205/06

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 407 MANHEIM AVE. , NJ Block: 37 Lot: 8 Qual:
Owner in Fee: SOUTH JERSEY HOSPITAL SYSTEM
Owner Address: 407 MANHEIM AVE. NJ
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: I-2 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use:

Certificate Comments:

☐ **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.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official
Date Printed: 3/15/2022

Construction

Property Summary Portal | Refresh | Open All | Close All

Owner:	CB VENTURES, LLC
Location:	351 IRVING AVE
Block:	37
Lot:	9
Lead Parcel:	Yes
Qualifier:	
Zoning:	C-3

▼ About the Owner...

▼ About the Property...

▼ About the Taxes...

▼ Parcel Photo...

▼ Projects...

▼ OPRA...

▲ Construction...

Applications... Expand

Permit Issue Date	Control Number	Permit Number	Work Type	Subcodes	Status	Close Date	Certificates	Total Cost	Agent
9/29/2009	C-09-00891	09-0698-09	Alteration	E P F	Closed with Date	3/4/2016		$15,190	A.J. Petrunis, Inc.
CENTRAL A/C UNIT REPLACEMENT FURNACE (2)									
3/6/2000		00-0103/03	Alteration	B		3/7/2000	CA	$7,400	
12/21/1999		99-0631/12	Alteration	B		12/22/1999	CA	$1,800	
4/16/1992		92-0138/04	Alteration	E		4/17/1992		$500	

Would you like to add a application to this parcel? Yes

Inspections... Expand

Date	Control Number	Permit Number	Subcode	Type	Inspector	Result	Comment	Result Comment
3/7/2013	C-09-00891	09-0698-09	Fire	Final	Dennis Sharpe InActive	Pass		
1/10/2001		99-0631/12	Building	Final		Pass		FINAL Inspector Initials: EH
3/27/2000		00-0103/03	Building	Final		Pass		FINAL Inspector Initials: EH

Violations...

There is no violation data for the selected parcel.

Would you like to add an violation to this parcel? Yes

Ongoing Applications...

There is no application data for the selected parcel.

Would you like to add an application to this parcel? Yes

- Complaints...
- Land Use...
- Code Enforcement...
- Attachments...
- Comments...

CONSTRUCTION PERMIT

Date Issued 9/29/2009
Control # C-09-00891
Permit # 09-0698-09

IDENTIFICATION Block: 37 Lot: 9 Qualifier

Work Site Location: 351 IRVING AVE City of Bridgeton, NJ 08302

Owner in Fee: C B VENTURES, L.L.C.
1318 S. MAIN ROAD #C VINELAND NJ 08360

Telephone:

Contractor: A.J. Petrunis, Inc.
Address: 173 Water St. Bridgeton NJ 08302

Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Employee. 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:

CENTRAL A/C UNIT, REPLACEMENT FURNACE (2)

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 $15,190

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$130
Plumbing	$160
Fire Protection	$170
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$26
CO Fee	
Other	$0
Total	$486
Check No.	3112
Cash	$0
Credit	$0
Collected By	Kathleen Butcher

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/29/2009
Date Issued 9/29/2009
Control # C-09-00891
Permit # 09-0698-09

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

Block 37 Lot 9 Qualification Code

Work Site Location: 351 IRVING AVE City of Bridgeton, NJ 08302

Owner in Fee C B VENTURES, L.L.C

Address 1318 S. MAIN ROAD #C VINELAND NJ 08360

Email

Tel.

Contractor: A.J. Petrunis, Inc.

Address 173 Water St. Bridgeton NJ 08302

Email [redacted]

Tel. [redacted] Fax [redacted]

Lic No. 13691 Exp Date 3/31/2024

Home improvment Contractor Registration No. or Exempt on Reason(s applicable):

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $8,190

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CENTRAL A/C UNIT, REPLACEMENT FURNACE, (2)

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
2		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$14
TOTAL FEE	$144

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

PLUMBING SUBCODE

TECHNICAL SECTION

Date Received 9/29/2009
Control # C-09-00891
Date Issued 9/29/2009
Permit # 09-0698-09

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

Block 37 Lot 9 Qualification Code

Work Site Location: 351 IRVING AVE City of Bridgeton, NJ 08302

Owner in Fee: C B VENTURES, L.L.C.

Address 1318 S. MAIN ROAD #C VINELAND NJ 08360

Email

Tel.

Contractor: A.J Petrunis, Inc.

Address 173 Water St. Bridgeton NJ 08302

Email [redacted]

Tel. [redacted] Fax [redacted]

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 11015 Expiration Date: 6/30/2023

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

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				
Other				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CENTRAL A/C UNIT, REPLACEMENT FURNACE, (2)

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	
2	Gas Piping	$30
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
2	Other Condensate Drain	$30

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	$2
TOTAL FEE	$162

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

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 9/29/2009
Control # C-09-00891
Date Issued 9/29/2009
Permit # 09-0698-09

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

Block 37 Lot 9 Qualification Code

Work Site Location: 351 IRVING AVE City of Bridgeton, NJ 08302

Owner in Fee: C B VENTURES, L.L.C.

Address 1318 S. MAIN ROAD #C VINELAND NJ 08360 Email

Tel.

Contractor: A.J. Petrunis, Inc. Tel. [redacted]

Address 173 Water St. Bridgeton NJ 08302 Email [redacted]

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. [redacted] Fax [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $6,000

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:

Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ 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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CENTRAL A/C UNIT, REPLACEMENT FURNACE, (2)

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 (tampers, low/high air)		
Signaling Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other Heat Producing Device	2	$170

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$10
TOTAL FEE	$180

U C C F140 (rev 11/09)

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

CITY OF BRIDGETON
181 East Commerce St.
Bridgeton, NJ 08302

Inspection Activity Report

Inspections for Permit Number 09-0698-09

Permit Number

09-0698-09

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
03/07/2013	Final	Dennis Sharpe InActive	Fire	Pass	C B VENTURES, L.L.C. 351 IRVING AVE	Alteration	CENTRAL A/C UNIT REPLACEMENT FURNACE	

CONSTRUCTION PERMIT

Date Issued 3/6/2000
Control #
Permit # 00-0103/03

IDENTIFICATION Block: 37 Lot: 9 Qualifier
Work Site Location: 351 IRVING AVE. , NJ
Contractor
Address
Owner in Fee BARBER, KEVIN & SANDRA
351 IRVING AVE. NJ
Telephone:
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No.

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:

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 $7,400

Construction Official Date

PAYMENTS (Office Use Only)

Building	$93
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$99
Check No.	
Cash	$99
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18 This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/6/2000
Control #
Date Issued 3/6/2000
Permit # 00-0103/03

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

Block 37 Lot 9 Qualification Code

Work Site Location: 351 IRVING AVE. , NJ

Owner in Fee: BARBER, KEVIN & SANDRA

Address 351 IRVING AVE. NJ

Tel. Email

Contractor:

Address NJ

Email

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Number 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.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation
3. Total (1+2) $7,400

C. CERTIFICATION IN LIEU OF OATH

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

Signature

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)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6
TOTAL FEE	$99

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

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

CITY OF BRIDGETON
181 East Commerce St.
Bridgeton, NJ 08302

Inspection Activity Report

Inspections for Permit Number 00-0103/03

Permit Number

00-0103/03

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
03/27/2000	Final		Building	Pass	BARBER, KEVIN & SANDRA 351 IRVING AVE.	Alteration		FINAL Inspector Initials: EH

CITY OF BRIDGETON
181 East Commerce St.
Bridgeton, NJ 08302

Date Issued 3/27/2000
Control Number
Permit Number 00-0103/03
Permit Issue Date 3/6/2000
Certificate Number 00-0103/03

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 351 IRVING AVE. , NJ Block: 37 Lot: 9 Qual:
Owner in Fee: BARBER, KEVIN & SANDRA
Owner Address: 351 IRVING AVE. NJ
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:
Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use:

Certificate Comments:

☐ **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.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 3/15/2022

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 12/21/1999
Control #
Permit # 99-0631/12

IDENTIFICATION Block: 37 Lot: 9 Qualifier
Work Site Location: 351 IRVING AVE. , NJ
Contractor
Address
Owner In Fee BARBER, KEVIN & SANDRA
351 IRVING AVE. NJ
Telephone:
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No.

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:

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 $1,800

Construction Official Date

PAYMENTS (Office Use Only)

Building	$40
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$42
Check No.	1014
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/21/1999
Control #
Date Issued 12/21/1999
Permit # 99-0631/12

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

Block 37 Lot 9 Qualification Code

Work Site Location: 351 IRVING AVE. , NJ

Owner in Fee: BARBER, KEVIN & SANDRA

Address 351 IRVING AVE. NJ

Tel. Email

Contractor:

Address NJ

Email

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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:	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
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
3. Total (1+2) $1,800

C. CERTIFICATION IN LIEU OF OATH

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

Signature

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)

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2
TOTAL FEE	$42

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

CITY OF BRIDGETON
181 East Commerce St.
Bridgeton, NJ 08302

Inspection Activity Report

Inspections for Permit Number 99-0631/12

Permit Number
99-0631/12

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
01/10/2001	Final		Building	Pass	BARBER, KEVIN & SANDRA 351 IRVING AVE	Alteration		FINAL Inspector Initials: EH

CITY OF BRIDGETON
181 East Commerce St.
Bridgeton, NJ 08302

Date Issued 1/10/2001
Control Number
Permit Number 99-0631/12
Permit Issue Date 12/21/1999
Certificate Number 99-0631/12

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 351 IRVING AVE. , NJ Block: 37 Lot: 9 Qual:
Owner in Fee: BARBER, KEVIN & SANDRA
Owner Address: 351 IRVING AVE. NJ
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:
Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: B Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use:

Certificate Comments:

☐ **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.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 3/17/2022

U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 4/16/1992
Control #
Permit # 92-0138/04

IDENTIFICATION Block: 37 Lot: 9 Qualifier
Work Site Location: 351 IRVING AVE. , NJ
Owner in Fee HUSTON, CATHERINE
351 IRVING AVE. NJ
Telephone:

Contractor
Address
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. 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:

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

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$49
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$49
Check No.	3464
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/16/1992
Date Issued 4/16/1992
Control #
Permit # 92-0138/04

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

Block 37 Lot 9 Qualification Code

Work Site Location: 351 IRVING AVE. , NJ

Owner in Fee. HUSTON, CATHERINE

Address 351 IRVING AVE. NJ

Email

Tel.

Contractor:

Address NJ

Email

Tel. Fax.

Lic No. Exp. Date

Home improvment Contractor Registration No. or Exemption Reason(is applicable).

Federal Employee No

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed B

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co

Estimated Cost of Electrical Work $500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ 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	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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 $49

U C C F120 (rev 11/09)

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