TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

CONSTRUCTION PERMIT

Date Issued 7-24-01
Control #16850
Permit # 010558

IDENTIFICATION Block 50 Lot 5.01

Work Site Location 23 William St
Goshen

Owner in Fee Roslen
Address 613 Rt 9 So
Cmch
Tele. (609) 463-9373

Contractor self
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SFD

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 $ 141,000

7-24-01
Date

unreadable/SLC
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	624-
Electrical	153-
Plumbing	160-
Fire Protection	80-
Elevator Devices	
Other	
DCA Training Fee	59-
Cert. of Occ.	102-
Other	
Total	1178-
Check No.	1597
Cash	
Collected By:	SLC

(see reverse side)

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

UCC/PRO170 (REV3/96)

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-24-01
Control # 16850
Permit # 010558

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

Block 50 Lot 5.01
Work Site Location: 23 WILLIAMS ST

Owner in Fee/Occupant Rosa Lee
Address 613 NJ 9 S
Cmet NJ
Tele. (609) 463-9373
Contractor Quality Electrical Service
Address PO Box 63
Ocean View NJ
Tele. (609) 861-1409 Fax (609) 861-1888
Lic. No. 5892
Federal Emp. No. 22-3342717

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [X] Other R/M & Final
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 4200.00

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

01-07-01

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
60		Receptacles	
30		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
120		TOTAL NUMBERS	$ 45
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	7	KW Elec. Range/Receptacle	7
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	7
1	3	KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit	7
1	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	7
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	150	AMP Service	40
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			40
1		Pole	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	153

PROTECTIVE TUBE

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-24-01
Control # 16850
Permit # 010558

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

Block 50 Lot 5.01
Work Site Location 23 WILLIAMS ST
COOSHEN

Owner in Fee ROSLEN
Address 613 RT 9 S
CMCH NJ
Tele. (609) 463-9373
Contractor ROSLEN
Address 613 RT 9 S
CMCH NJ
Tele. (609) 463-9373 Fax (609) 463-0608
Lic. No. or Bldrs. Reg. No. 02635
Federal Emp. No. 222185355

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

Tradewinds Proto-Type
2-STORY W/ GARAGE
PROTO-TYPE
"NEW RESIDENCE"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

FEE (Office Use Only)
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 2
Height of Structure 27 Ft.
Area — Largest Floor 1208 Sq. Ft.
New Bldg. Area/All Floors 7625 Sq. Ft.
Volume of New Structure 29470 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.
1208

Est. Cost of Bldg. Work:
1. New Bldg. $ 141,000
2. Alteration $ _____
3. Total (1+ 2) $ 141,000

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

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

FIRE SUBCODE TECHNICAL SECTION

Date Received 7-24-01
Date Issued
Control # 16880
Permit # 010558

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

Block 50 Lot 5.01
Work Site Locatio 23 WILLIAMS ST GOSHEN
Owner in Fee ROS-LEN
Address 613 NRD 3
CMCH. N.J
Tele. (609) 463-9373
Contractor JIM BERRY HEATING
Address BOX 906
N. CAPE MAY
Tele. (609) 884-0072 Fax ( ) _____
Lic. No. 1192
Federal Emp. No. 223388257

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [X] New [ ] Existing [X] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: UTILITY ROOM
Total Cost of Fire Protection Work $ 6500.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 7-24-01
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

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

UCC/PRO F-140 (REV3/96)
Professional Printing
(856)468-7933

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
GAS FURNACE & NEW B VENT

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

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

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	(1)	40
Other		

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

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-24-01
Control # 16850
Permit # 010558

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

Block 50 Lot 5.01
Work Site Loca... 23 WILLIAMS ST.
COOSHEN
Owner in Fee ROB LEON
Address 613 NTH S
Tele. (609) 463-9373
Contractor QUALITY ELECTRIC SERVICE
Address PO BOX 613
OCEAN VIEW NJ
Tele. (609) 861-1409 Fax (609) 861-1688
Lic. No. 5892
Federal Emp. No. 22-3342717

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 700

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v interconnected [ ] System	NUMBER	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	86	40
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	86	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

JOB SUMMARY (Office Use Only)

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

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

PLUMBING

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

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

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 _____ 26-07-01

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

UCC/PRO F-140 (REV3/96)
Professional Printing
(856)468-7933

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 7-24-01
Date Issued
Control # 16850
Permit # 010558

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

Block 50 Lot 5.01
Work Site Location 23 WILLIAMS ST.

Owner in Fee ROS-LEN
Address 613 PATS
CMCH N.J 08210
Tele. (609) 463-9373
Contractor T&T PLUMBING
Address FRANKLIN AVE
N. CAPE MAY
Tele. (609) 886-8720 Fax ( )
Lic. No. 9503
Federal Emp. No. 222852640

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed
Building Sewer Size Public Sewer Private Septic X
Water Service Size Public Water Private Well X
Est. Cost of Plumbing Work $ 5402.00

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	15
	Urinal/Bidet	
1	Bath Tub	5
3	Lavatory	15
1	Shower	5
	Floor Drain	
1	Sink	5
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	5
3	Hose Bibb	5
1	Water Heater	15
	Fuel Oil Piping	
1	Gas Piping	5
	Steam Boiler	35
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	35
1	Water Service Connection	
3	Stacks	15
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	160

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Professional Printing
(856)468-7933

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

Middle Township

Department of Construction & Inspection

w/ options
Rosken
New Residence

DATE 7-23-07

BUILDING SUBCODE:

VOLUME: (CUBIC FEET/ESTIMATED COST) 36,726

USE: B,H,I-1,I-2,I-3,M,R-1,R-2,R-3 @.017 X CF _____

MINUS PROTO-TYPE, PLAN REVIEW FEE, FOUNDATION _____ = 624-

USE: A-1,A-2,A-3,A-4,A-5,E,F-1,F-2,S-1,S-2,U @ .014 _____

FARM USE BUILDINGS @ .0005 _____

ESTIMATED COST $15 PER $1,000 _____

ELECTRICAL SUBCODE 153

PLUMBING SUBCODE 160

FIRE SUBCODE 80

SIGNS (PER SF ONE SIDE ONLY) @ $1.00 _____

ELEVATOR SUBCODE (PER UNIT) TRACTION $243.00 _____
HYDRAULIC $216.00 _____

ADMINISTRATIVE FEE 10% _____

DEMOLITION FEE UNDER 5000 SF $60.00, OTHERS $110.00 _____

SUBTOTAL 1017

NEW JERSEY TRAINING FEES @.0008 @ .0016 59

CERTIFICATE OF OCCUPANCY 10% OF SUBTOTAL OR $10.00 MIN. 102

CERTIFICATE OF CONTINUED OCCUPANCY @ 100.00 _____

TOTAL PERMIT FEE DUE 1178

OWNER'S NAME Rosken BLK._____ LOT_____
TYPE OF WORK SFD USE GRP. R3 CONST. 5B
LENGTH 76 X WIDTH 28 TOTAL SF 2794 STORIES 2
ROOMS _____ BEDROOMS_____ 5 FIXTURE BATHS_____ 4 FIXTURE BATHS_____
3 FIXTURE BATHS_____ 2 FIXTURE BATHS _____ SPECIAL FIXTURES _____
C/S,BASEMENT_____X_____=_____SF 1ST FLOOR _____X_____= _____SF
2ND FLOOR_____X_____=_____SF GARAGE _____X_____=_____SF
TYPE OF HEAT_____ A/C, YES_____NO_____ SIDING TYPE _____
FIREPLACE (HEATILATOR)_____ ZERO CLEARANCE_____WOODSTOVE_____

MIDDLE TOWNSHIP CONSTRUCTION OFFICE

BLOCK 50 LOT 5.01

OWNER Roslen

DESCRIPTION OF WORK SFD

I HEREBY CERTIFY THAT THE INSPECTION FEES AND BONDS ON THE ABOVE REFERENCED PROPERTY **HAVE** **HAVE NOT** BEEN PAID.

I HEREBY CERTIFY THAT THE PROJECT ON THE ABOVE PROPERTY **DOES** ~~**DOES NOT**~~ MEET ALL ZONING REQUIREMENTS AS PER PLANS SUBMITTED BY APPLICANT. LOT COVERAGE _____.

7-24-01 J. Bramble Asst.

DATE ZONING OFFICER

MIDDLE TOWNSHIP CONSTRUCTION OFFICE

BLOCK 50

LOT 5.01

OWNER Roslen

ACCOUNT # 16850

I HEREBY CERTIFY THAT THE TAXES ON THE ABOVE PROPERTY **ARE** **ARE NOT** CURRENT.

7/24/01 L. Rossman

DATE TAX OFFICE

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8719

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-24-01
Date Issued
Control # 16850
Permit # 010558

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

Block 437 50 Lot 17 & 5.01

Work Site Location [illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. ( ) [illegible]

Contractor [illegible]

Address [illegible]

Tele. ( ) [illegible] Fax ( )

Lic. No. [illegible]

Federal Emp. No. [illegible]

Change of Contractor

B. PLUMBING CHARACTERISTICS

Use Group Present [illegible] Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ [illegible].00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough			12.14.01	[illegible]
Water				
Sewer				
Fixtures			4.22.02	[illegible]
Gas Equipment				
Gas Piping			12.14.01	[illegible]
Solar				
TCO				

SUBCODE APPROVAL

[✓] CO [ ] CCO [ ] CA

Date: 4.22.02

Approved by: [illegible]

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$ 15
	Urinal/Bidet	5
1	Bath Tub	15
3	Lavatory	5
1	Shower	
	Floor Drain	5
1	Sink	
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	15
1	Water Heater	5
	Fuel Oil Piping	35
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	45
1	Water Service Connection	
3	Stacks	15
	Other	
	Other	
	Other	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 160

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-3738

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 50 Lot 501

Work Site Location

Owner in Fee

Address

Tele. ( )

Contractor

Address

Tele. ( ) Fax ( )

Lic. No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-24-01
Control # 16850
Permit # 010558

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

Block 50 Lot 5.01
Work Site Location 23 WILLIAMS ST COOSHEN
Owner in Fee ROSLEN
Address 613 Rt 9 S CMCH NJ
Tele. (609) 463-9373
Contractor ROSLEN
Address 613 Rt 9 S CMCH NJ
Tele. (609) 463 9373 Fax (609) 463-0608
Lic. No. or Bldrs. Reg. No. 02635
Federal Emp. No. 222185355

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
Tolwood Proto-Type
2-STORY W/ GARAGE
PROTO-TYPE
"NEW RESIDENCE"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			9/24	
Foundation			10/1/01	
Slab				
Frame			11-02	
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R3	
Constr. Class		
No. of Stories	2	
Height of Structure	27 Ft.	
Area — Largest Floor	1208 Sq. Ft.	
Area/All Floors	7625 Sq. Ft.	
Structure	29470 Sq. Ft.	
ed.	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 141,000
2. Alteration $
3. Total (1+ 2) $ 141,000

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7-24-01
Control # 16850
Permit # 010558

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

Block 50 Lot 5.01
Work Site Location 23 WILLIAMS ST COOSHEN
Owner in Fee ROSLEN
Address 613 RT 9 S CMCH NJ
Tele. (609) 463-9373
Contractor ROSLEN
Address 613 RT 9 S CMCH NJ
Tele. (609) 463-9373 Fax (609) 463-0608
Lic. No. or Bldrs. Reg. No. 02635
Federal Emp. No. 222185355

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

~~Toolworth~~ ~~Roto~~-TYPE
2-STORY W/ GARAGE
PROTO-TYPE
"NEW RESIDENCE"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 4-22-02
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame 1-17-02				
Barrier-Free				
Insulation			1300 [illegible]	
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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

[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 27 Ft.
Area — Largest Floor 1208 Sq. Ft.
Area/All Floors 7625 Sq. Ft.
Structure 2947 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 141,000
2. Alteration $
3. Total (1+ 2) $ 141,000

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-3740

FIRE SUBCODE TECHNICAL SECTION

Date Received 7/24/01
Date Issued
Control #16850
Permit #010558

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

Block 397.30 Lot 6.01
Work Site Location 23 Williams St Cape May
Owner in Fee [illegible]
Address [illegible]
Tele. ( ) [illegible] Fax ( )
Contractor [illegible]
Address [illegible]
Tele. ( ) [illegible] Fax ( )
Lic. No. [illegible]
Federal Emp. No. [illegible]

B. FIRE PROTECTION CHARACTERISTICS

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

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] TCO [X] CA
Date: 7/23/02
Approved by: [signature]

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

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

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

UCC/PRO F-140 (REV3/96)
Professional Printing
(856)468-7933

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
[illegible] Furnace & New A Vent

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

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

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	1	40
Other _____		

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

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

FIRE SUBCODE TECHNICAL SECTION

Date Received 1/24/01
Date Issued
Control #16850
Permit #010558

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

Block 30 Lot 5.01
Work Site Location 405 3rd Ave 33 Williams St
Goshen
Owner in Fee Ruslon
Address [illegible]
Tele. (609) 463-9372
Contractor Quality Electric Service
Address PO Box 603
Ocean View NJ
Tele. (609) 601-1401 Fax (609) 601-1588
Lic. No. 5892
Federal Emp. No. 22-3342717

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ______
Location: ______
Total Cost of Fire Protection Work $ 700

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: ______
Approved by: ______
SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 4/12/02
Approved by: [signature]

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature ______

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [X] 110v Interconnected [ ] System		
Alarm Devices (i.e.. smoke, heat, pulls, water/flow)	6	40
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ______		
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		
Halon Suppression		
Other ______		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ______		

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

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

UCC/PRO F-140 (REV3/96)
Professional Printing
(856)468-7933

GERALD M. THORNTON
Freeholder

LOUIS J. LAMANNA, M.A.
Health Officer
Public Health Coordinator

CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609) 465-1187 after hours (609) 465-1190
Fax: (609) 465-3933

CERTIFICATE OF COMPLIANCE

XXX NEW JERSEY SAFE DRINKING WATER ACT
(N.J.A.C 7:10 - 12.1 et.seq.)

XXX STANDARDS FOR INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEMS
(CHAPTER 9A)

TO:
ROS-LEN BUILDERS
613 ROUTE #9 SOUTH
CAPE MAY COURT HOUSE, NJ 08210

FILE NUMBER:
4871 U

DATE:
4/25/02

THIS IS TO CERTIFY that the water supply and sewage disposal facilities installed under permit have been constructed under surveillance of the Cape May County Department of Health and found to be in compliance with Chapter 9A and the New Jersey Safe Drinking Water Act.

BLOCK:	LOT:
50	5.01

SITE NAME: WILLIAMS STREET
MUNICIPALITY: MIDDLE TOWNSHIP

HENRY A. HEACOCK
CREHS

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily nor shall it in any way restrict the power or responsibilities of the Cape May County Department of Health in the enforcement of any law or ordinance relating to public health.

HD-EH-2/93

GERALD M. THORNTON
Freeholder

LOUIS J. LAMANNA, M.A.
Health Officer
Public Health Coordinator

CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609) 465-1187 after hours (609) 465-1190
Fax: (609) 465-3933

CERTIFICATE OF COMPLIANCE

XXX **NEW JERSEY SAFE DRINKING WATER ACT (N.J.A.C 7:10 - 12.1 et.seq.)**

XXX **STANDARDS FOR INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEMS (CHAPTER 9A)**

TO:	**FILE NUMBER:**	**DATE:**
ROS-LEN BUILDERS 613 ROUTE #9 SOUTH CAPE MAY COURT HOUSE, NJ 08210	4871 U	4/25/02

THIS IS TO CERTIFY that the water supply and sewage disposal facilities installed under permit have been constructed under surveillance of the Cape May County Department of Health and found to be in compliance with Chapter 9A and the New Jersey Safe Drinking Water Act.

BLOCK:	**LOT:**
50	**5.01**

SITE NAME: WILLIAMS STREET
MUNICIPALITY: MIDDLE TOWNSHIP

HENRY A. HEACOCK
CREHS

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily nor shall it in any way restrict the power or responsibilities of the Cape May County Department of Health in the enforcement of any law or ordinance relating to public health.

HD-EH-2/93

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-8740

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 7 28 01
Control # 10350
Permit # 16558

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

Block 50 Lot 5.01
Work Site Location ~~[illegible]~~ 23 Williams St Goshen.
Owner in Fee/Occupant [illegible]
Address [illegible]
Tele. ( ) [illegible]
Contractor [illegible] change of contractor
Address [illegible]
Tele. ( ) [illegible] Fax ( ) [illegible]
Lic. No.
Federal Emp. No. [illegible]

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			1/16/02	[initial]
Temp. Serv.				
Constr. Serv.			8/10/01	[initial]
TCO				
Other				
Service			1/16/02	[initial]
Final			4/16/02	[initial]

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 7/16/02
Approved by: [signature]

C. CERTIFICATION IN LIEU OF OATH

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

______
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
20		Receptacles	
30		Switches	
8		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
120		TOTAL NUMBERS	$ 45
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	2	KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	7
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	3	KW Dishwasher	7
		HP Garbage Disposal	
1	3	KW Central A/C Unit	7
1	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	7
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	150	AMP Service	40
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			40
1		4 pole	

Administrative Surcharge $ ______
Minimum Fee $ ______
DCA Training Fee $ ______
TOTAL FEE $ 153

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

TOWNSHIP OF MIDDLE
33 Mechanic Street
Cape May Court House, N.J. 08210
(609) 465-4811

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 55 Lot 501
Work Site Location 28
Owner in Fee/Occupant
Address
Tele. ( )
Contractor Sayde Electric Inc.
Address 2414 Dune Drive Avalon
Tele. ( ) 368-1300 Fax ( )
Lic. No. 3768
Federal Emp. No. 22-2000054

B. ELECTRICAL CHARACTERISTICS

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

Change of Contractor

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

TOTAL NUMBERS $

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

UCC/PRO-F-120 (REV3/96)
Professional Printing
(856) 468-7933

DATE	JOB CONDITION / COMMENTS
8.10.01	+ pole

TOWNSHIP OF MIDDLE
33 Mechanic Street/Cape May Court House, NJ 08210
(609) 465-3740

UNIFORM CONSTRUCTION CODE — NEW JERSEY

CUT-IN-CARD

MUNICIPALITY _____

LOCATION 23 Williams St — UTILITY CO _____

Goshen. BLK 50 LOT 5.01

OWNER Ros-Lew OCCUPANT New House

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

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 1 - #50A Underground

INSTALLED BY Suydam Elec. LICENSE NO _____

DATE 8-16-02 PERMIT # _____ INSPECTOR JM Stan

☐ CALLED IN / / Lic. No: _____

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

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 30 Lot 5-01
Work Site Location 23 William St
Owner in Fee Poslen Paul Quinn
Address
Tele. ( )

Contractor Poslen
Address
Tele. ( )
Lic. No.
Federal Emp. No.
or Social Security No.

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

SFD

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Paul Quinn
OWNER/AGENT

☐ Owner
☐ Agent

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 30 Lot 5-01
Work Site Location 23 William St
Owner in Fee Paul Owen
Address
Tele. ( )

Contractor Rosler
Address
Tele. ( )
Lic. No.
Federal Emp. No.
or Social Security No.

ACTION

☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

SFD

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Paul Owen
OWNER/AGENT

☐ Owner
☐ Agent

7-18-01 [initials]

BLOCK 50 LOT 5.01 QUALIF/CODE ______ ADDRESS (SITE) 23 Williams ST GOSNEN PERMIT NO. ______

CONSTRUCTION PERMIT APPLICATION

New Jersey Uniform Construction Code

Applicant Completes: Sections I,II,III (optional). IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 23 Williams ST. GOSHEN
2. Name of Owner in Fee: Ros-Len Tel. 605/463-9373
   Address: 613 Rt 9 S CMCH NJ 08210 (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: Ros-Len Tel. ( )
   Address ______

License No. OR, if new home, Builder Reg. No. 02635 Exp. Date 11-30-01
Federal Employee No. 222185355 Fax (605)463-0608

5. Architect or Engineer Ronald Franke Tel. (605) 654-4399
   Address 44 Brace RD Medford NJ 08055
6. Responsible Person in Charge of Work Len or Jerry
   Tel. (605)463 9373 Fax ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure 13.5 ft.
3. Area—Largest Floor 1309 sq. ft.
4. New Building Area 1595 sq. ft.
5. Volume of New Structure 20,735 cu. ft.
6. Construction Classification ______
7. Total Land Area Disturbed 1595 sq. ft.
8. Flood Hazard Zone ______
9. Base Flood Elevation ______ ft.
10. Wetlands yes ______ sq. ft. no X
11. Max. Live Load ______
12. Max. Occupancy Load ______

II. PROPOSED WORK / OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☒ New Building	13230								
3. ☐ Addition									
4. ☐ Alteration									
5. ☑ Fire Protection	300								
6. ☒ Plumbing	5400								
7. ☒ Electrical	2000								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	14100								

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☒ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

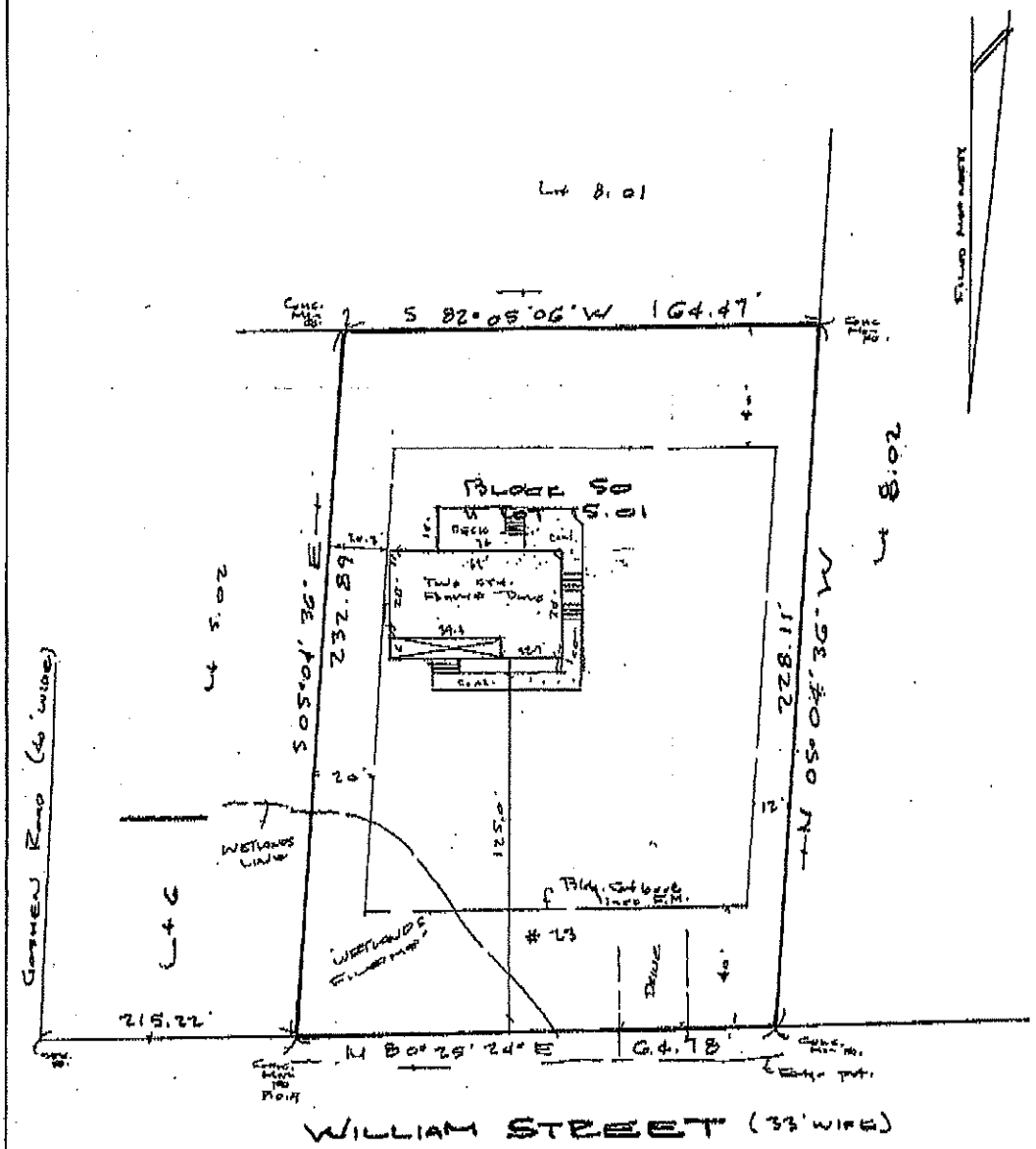
VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☒ One-Family (R-4) CABO

No. of dwelling units:
Before Construction 0
After Construction 1
Net gain or loss 1

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

UCC/PRO F-100 (REV3/96)



Being Lot 5.01, Block 50, on Plan of Sub division. Block 50, Lots 5.01 & 8, Twp of Middle, Cape May Co. N.J. duly filed on Aug. 30, 1994, Filed Map No. 4889.

Final survey 04-30-02 WPS.

Certified as Correct to:
PAUL QUINN AND DEANETTE QUINN, h/w, Owners;
Equity Bank, Mortgagee;
The Title Company of Jersey
and "In consideration for the fee paid for making this Survey, I hereby certify to its accuracy (except such easements, if any, that may be located below the surface of the lands or on the surface of the lands and not visible) as an inducement for any insuror of title, to insure the title to the lands and premises shown hereon."

WPS 04.04.02

PLAN OF SURVEY
BLOCK 50 (TAX MAP)
LOT 5.01
TOWNSHIP OF MIDDLE
CAPE MAY COUNTY, N.J.

PREPARED BY
William P. Sweeney
LICENSED LAND SURVEYOR
No. 3410 TRAUSCHER ROAD.
NORTH CAPE MAY, N.J.

SCALE: 1" = 50' DATE 01-04-02
SURVEY N.M. 2335 PG 106

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 50 Lot 5.01
Work Site Location 23 WILLIAMS ST
Owner in Fee ROS LEN
Address 613 ATLAS CINCINNATI
Tele. (605) 463-9373

Contractor ROS-LEN
Address 613 ATLAS CINCINNATI
Tele. (605) 4639373
Lic. No. 02635
Federal Emp. No. 22-2185355
or Social Security No.

ACTION

☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF COMPLIANCE ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 141.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

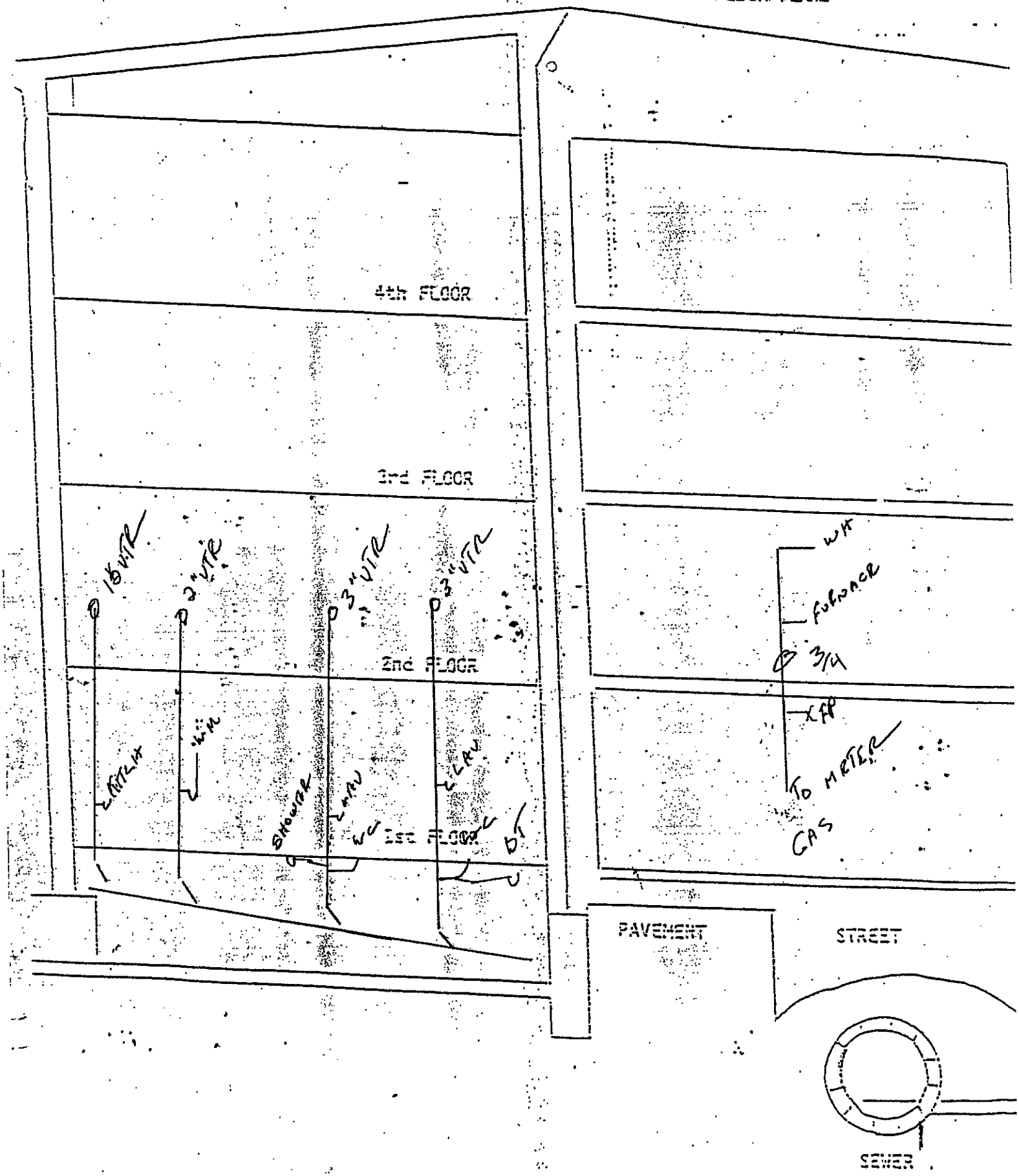
If you are requesting a Temporary Certificate of Occupancy or Compliance, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy or Compliance will be completed by the date on the Certificate.

SIGNED: _____

☐ OWNER/AGENT


ELEVATION
FLOOR PLANS
4th FLOOR
3rd FLOOR
2nd FLOOR
1st FLOOR
3" VTR
3" VTR
3" VTR
LAUN
LAUN
LAUN
SHOWER
WC
DT
WH
FURNACE
3/4
XFP
TO METER
GAS
PAVEMENT
STREET
SEWER

GERALD M. THORNTON
Freeholder

LOUIS J. LAMANNA, M.A.
Health Officer
Public Health Coordinator

CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609) 465-1187 after hours (609) 465-1190
Fax: (609) 465-3933

PERMIT

Area Code (609) 465-1209

PERMISSION HAS BEEN GIVEN TO:

THIS PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUE

ROS-LEN BUILDERS
613 ROUTE #9 SOUTH
CAPE MAY COURT HOUSE, NJ

Account No.: 4871 U

Date: 05/04/2001

[X] **to construct a sewage disposal system as described in engineering data submitted and approved by this department in accordance with the provisions of N.J.A.C. 7:9A-1.1 et seq.**

[X] **to construct a water supply system as described in engineering data submitted and approved by this department in accordance with the provisions of N.J.A.C. 7:10-12.1 et seq.**

Permit Number: 3521625
Well Use: DOMESTIC NEW WELL

LOCATION OF FACILITY:
WILLIAMS STREET, GOSHEN

DESCRIPTION OF FACILITY:
THREE(3)BEDROOM DWELLING

LOT:	BLOCK:
5.01	50

BOARD OF HEALTH MIDDLE TOWNSHIP

BY Leonard Guthrie Sr.

LEONARD GUTHRIE, SR. : SREHS

NOTICE: This system must be inspected by a sanitary inspector from the Cape May County Department of Health before it is covered from view.

THIS PERMIT MUST BE POSTED IN PLAIN VIEW

BLOCK 50 LOT 32 QUALIFICATION CODE 26191 ADDRESS (SITE) 23 Williams St PERMIT NO. 20140140

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 23 Williams St. Absecon 08218
2. Name of Owner in Fee: Paul Quinn
   Tel. (609) 402-8088 e-mail shorelime@comcast.net
   Address 23 Williams St (street) Middle Twp (municipality) 08218 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: RCL ENTERPRISES INC. Tel. ( ) ____
   Address P.O. Box 647 - Alloway, NJ 08001 e-mail rlcole@rclsdink.com
   P: 856-339-4014
   F: 856-339-4015
   License No. OR, if new home, Builder Reg. No. RIC 13VH00449090 Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Nicole Cole
   Tel. (856) 339-4014 FAX: (856) 339-4015

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	$		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	250		

RECEIVED SEP 05 2014 MIDDLE TOWNSHIP CONSTRUCTION

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building					9/5/14				
☑ Electrical					9.5.14				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Middle Township
10 South Boyd St.
Cape May Court House, NJ 08210
609-4658740

CERTIFICATE
IDENTIFICATION

Date Issued: 11/05/2014
Control #: 26191
Permit #: 20140740

Block: 50 Lot: 32

Work Site Location: 23 WILLIAM ST
Middle Township

Owner in Fee: QUINN, PAUL & DEANETTE

Address: 23 WILLIAM ST
CAPE MAY COURT HOUSE NJ 08210

Telephone:

Agent/Contractor: RCL Enterprises

Address: PO Box 647
Alloway NJ 08001

Telephone: 856 339-4014

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

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: S-1/R-4/S-1/R-5/R-4
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: SOLAR PANELS

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Donald Arndt Construction Official

Fees: $0.00
Paid[X]Check No.: 9355
Collected by: cml

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 20191
Date Issued
Permit # 20140140

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

Block 50 Lot 32 Qualification Code

Work Site Location 23 Williams Street, Goshen 08218

Owner in Fee: Paul Quinn

Tel. (609) 402-8088 e-mail shorelimo@comcast.net

Address 23 Williams Street, Goshen 08218
street municipality zip code

Contractor: RCL Enterprises Inc Tel. (856) 339-4014

Address PO Box 647 29 Alloway-Friesburg Rd e-mail nicole@rclsolar.com

Alloway, NJ 08001

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13vh00448000

Federal Emp. ID No. 22-3662860 FAX: (856) 339-4015

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	9/5/14	
[ ] 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:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/22/14	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 2000
2. Rehabilitation $
3. Total (1+ 2) $ 2000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Nicole Biro, RCL Enterprises Inc

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of pre-engineered solar racking system to accommodate photovoltaic modules. See drawings enclosed.

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
[X] Other Photovoltaic System Install
[ ] Demolition

FEE (Office Use Only)
$

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

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
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: ERIC M. KRISE ELECTRIAL CONTRACTOR, LLC Tel. (856) 769-3932

Address 254 GLASSBORO ROAD e-mail info@emkelectrical.com
MONROEVILLE, NJ 08343

Contractor License No. 16241 Exp. Date 3-31-15

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

Federal Emp. ID No. 46-0715090 FAX: (856) 769-0228

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 [X] CA
Date: 10-30-14
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			10-22-14	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-30-14	
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: Eric M. Krise

[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	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	

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

Middle Township
10 South Boyd St.
Cape May Court House, NJ 08210
609 - 4658740

Permit Number: 20140740
Update Number:
Control Number: 26191
Application Date: 09/05/2014
Permit Date: 09/10/2014

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 50 Lot: 32 Qualification Code:
Work Site Location: 23 WILLIAM ST Middle Township

Owner In Fee: QUINN, PAUL & DEANETTE
Address: 23 WILLIAM ST
CAPE MAY COURT HOUSE NJ 08210

Telephone: ()

Use Group(s): S-1/R-4/S-1/R-5/R-4

Contractor: RCL Enterprises
Address: PO Box 647
Alloway NJ 08001

Telephone: (856) 339-4014

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
SOLAR PANELS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	27,209.50
Cost of Demolition:	0.00
Total Cost:	$27,209.50

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

DG 9.10.14

Donald Arndt — Date
Construction Official

Note:

PAYMENTS (Office Use Only)	
Building	$54.00
Electrical	$150.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$46.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$250.00**
All Fees Waived:	No

Amount to be Paid:	**$250.00**
Check Number:	9355
Check amount:	$250.00

Collected by:	cml
Receipt No:	
Total Cash Amount:	
Total Check Amount:	$250.00
Total CC Amount:	
Grand Total:	$250.00

Middle Township
10 South Boyd St.
Cape May Court House, NJ 08210
609 4658740

Certificate Application Re

APPLICATION FOR CERTIFICATE

IDENTIFICATION

Work Site Location: 23 WILLIAM ST Block: 50 Lot: 32 Qual:

Owner In Fee: QUINN, PAUL & DEANETTE
Address: 23 WILLIAM ST
CAPE MAY COURT HOUSE NJ 08210

Agent: RCL Enterprises
Address: PO Box 647
Alloway NJ 08001

Telephone: 856 339-4014

Telephone:

Lic. No. / Bldr. Reg. No.:

Federal Emp. No.:

Final Cost of Construction: _____

(Include value of any structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

ACTION

[]CERTIFICATE OF OCCUPANCY
[]CERTIFICATE OF CONTINUED OCCUPANCY
[]LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
[]TEMPORARY CERTIFICATE OF OCCUPANCY
[]CERTIFICATE OF APPROVAL
[]CERTIFICATE OF COMPLIANCE

USE GROUP _____ Previous S-1/R-4/S-1/R-5/R-4 Current

Describe below any substantive deviation in dimension, layout or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

Description Of Work/Use: SOLAR PANELS

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary certificate of Occupancy will be completed by the date on the certificate.

Signed: _____ [ ] Owner [ ] Agent

QUINN, PAUL & DEANETTE