BLOCK 6101 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 994 W. Sherman Ave PERMIT NO. C-13 6101 28 13-1716

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: 994 W. Sherman Ave
2. Name of Owner in Fee: 994W Sherman Realty Assoc, LLC
   Tel. _____ e-mail _____
   Address 994 W. Sherman Ave Unit 1 Vld NJ 08260
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: J & H Tel. 609 7076887
   Address 425 3rd St. e-mail _____
   Leading PA 19601
   License No. OR, if new home, Builder Reg. No. _____ 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 Melissa Romero
   Tel. 609 7076887 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50		
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	1		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other Zoning 10/11/13	36		
13. TOTAL	$ 51		

Rec'd by Mail 10-10-13

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)*

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☑ Building	1600								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1600								

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: M U
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

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
12. ☐ Fire Alarm

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 10-25-13
Permit # 13-1716

IDENTIFICATION BLOCK 6101 LOT28

Work Site Location: **994 W SHERMAN AVE**

OWNER IN FEE: **994 W SHERMAN REALTY ASSOC LLC**

ADDRESS **994 W SHERMAN AVE, UNIT 1**
VINELAND, NJ 08360

TELEPHONE NO. **(856)**

CONTRACTOR **L & H**

ADDRESS **425 3RD ST**
READING, PA 19601

TELEPHONE NO. **(609)707-6887**

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

REPLACE EXISTING FREE-STANDING SIGN

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

Estimated Cost of Work $ 600

PAYMENTS	(Office Use Only)
BUILDING	$50
ELECTRICAL	$
PLUMBING	$
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$1
CERT. OF OCCUPANCY	$
ZONING	$PD
TOTAL	$51
CHECK #	32666
CASH	☐
COLLECTED BY	KA

ROBERT AUSSENBERG RA 10-25-13.
Construction Official Date

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 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 given.

☐ Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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; For Dwellings-a sealed as built survey must be submitted to construction office prior to backfill inspection.
3. Utility services, including septic.
4. 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.

☐ 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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".

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

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received Control # 10-25-13

Date Issued Permit # 13-716

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

Block 6101 Lot 26 Qualification Code

Work Site Location 994 W Sherman Ave

Owner in Fee: 994 W Sherman Realty Assoc, LLC

Tel. ( ) e-mail

Address 994 W Sherman Ave Unit 1 Vine Land
street municipality zip code

Contractor: L+M Sign Tel. (609) 207-5987

Address 1135 3rd St e-mail

Bradley Park NJ 19444

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

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

Federal Emp. ID No. FAX: ( )

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: Melissa Lomeno

Print name here: Melissa Lomeno

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace existing sign.

Non-Illuminated

2' x 2'8"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/16/13	BA
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/16/13
Approved by: BA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2/20/14
Approved by: BA

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			02/20/14	MW
Barrier-Free				

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

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ 150
State Permit Surcharge Fee $ 1
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed U
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. Sign $ 600
2. Rehabilitation $
3. Total (1+2) $ 600

U.C.C. F110 (rev. 11/09) 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

CK 6101 LOT 28 QUALIFICATION CODE ✓ ADDRESS (SITE) 994 W Sherman Ave PERMIT NO. 20-0053

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

Proposed Work Site at: 994 W Sherman Ave Vineland NJ 08360

Name of Owner in Fee: SB+B Realty LLC

Tel. ( ) e-mail

Address 994 W Sherman Ave (street) Vineland NJ (municipality) 08360 (zip code)

Ownership in Fee: Public Private

Principal Contractor: The Bennett Group LTD Tel. (856) 751-8800

Address 1998 Springdale Rd e-mail

Cherry Hill NJ 08003

License No. OR, if new home, Builder Reg. No. Exp. Date

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

Federal Emp. ID No. [redacted] FAX: ( )

Architect or Engineer NOTIS Professional Services Contact P. Lazaropoulos

Address 1926 Greentree Rd Cherry Hill NJ 08003 e-mail Notis@comcast.net

Tel. (856) 751-5661 FAX: ( )

Responsible Person in Charge once Work has Begun Michael Riley

Tel. (856) 751-8800 FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 4250.00		
2. Electrical	265.00		
3. Plumbing	480.00		
4. Fire Protection			
5. Elevator Devices	150.00		
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 913.00		
9. State Permit Surcharge Fee			
10. Subtotal	$ 200.00		
11. Cert. of Occupancy CCO			
12. Other Zon-43 pd 5/14 (20.00) TP-20-00207			
13. TOTAL	$ 6258.00		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	9 ft.	
3. Area — Largest Floor	1,000 sq. ft.	
4. New Building Area	7,200 sq. ft.	
5. Volume of New Structure	65000 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 X		

RECEIVED MAY 14 2020 BY

PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☒ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

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	250,000				5/21/20	TBW			
☒ Electrical	120,000				5/19/20	BKS			
☒ Plumbing	45,000				5-19-20	PW			
☐ Fire Protection				5/21/20		TBW	Require Fire Tech		
☐ Elevator									
TOTAL COST	$415,000								

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

PLAN REVIEW (optional)

DO YOU WANT:

☐ Partial Releases

☐ 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

WT Called 6/8/20

CITY OF VINELAND
640 E WOOD ST-PO BOX 1508
VINELAND, NJ 08362-1508

Date Issued 06/11/20
Control #
Permit # 20-0653

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 6101 Lot 28 Qual

Work Site Location 994 W SHERMAN AVE

Owner in Fee SB&B REALTY BLDG 2
Address 994 W SHERMAN AVE - BLDG#1
VINELAND, NJ 08360-
Telephone ( ) -

Contractor THE BANNETT GROUP LTD
Address 1998 SPRINGDALE RD
CHERRY HILL, NJ 08003-
Telephone (856)751-8800
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR RENOVATIONS FOR TENANT FIT-UP FOR PULSE VASCULAR

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 $ 480,000

Construction Official

06/11/20
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	4,250
Electrical	265
Plumbing	480
Fire Protection	0
Mechanical	150
Elevator Devices	0
Other	
DCA State Permit Fee	913
Cert. of Occupancy	200
Other	
Total	6,258
Check No.	1083
Cash	
Collected By	AM

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6-11-20
Control #
Date Issued
Permit # 20-0653

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

Block 6101 Lot 28 Qualification Code

Work Site Location 994 W Sherman Ave Vineland NJ 08360

Owner in Fee: SB&B Realty LLC

Tel. (856) 691-0100 e-mail

Address 994 W Sherman Ave Bldg 1 Vineland NJ 08360
(street / municipality / zip code)

Contractor: The Bannett Group LTD Tel. (856) 751-8800

Address 1998 Springdale Road e-mail mriley@thebannettgroup.com

Cherry Hill, NJ 08003

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories 1
Height of Structure 9 ft.
Area — Largest Floor 1,000 sq. ft.
New Bldg. Area/All Floors 7,200 sq. ft.
Volume of New Structure 65,000 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. $ 0
2. Rehabilitation $ 250,000
3. Total (1+ 2) $ 250,000.00

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

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: Michael Riley

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior refit for new tenant, Pulse Vascular.

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] 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 CCO
- [ ] Demolition

FEE (Office Use Only)

	$
	4250.00
	200.00
Administrative Surcharge	$ 4450.00
Minimum Fee	$ 475.00
State Permit Surcharge Fee	$
TOTAL FEE	$ 4925.00

Pd CK#1083

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: 6-11-20
Control #
Date Issued
Permit #: 20-0653

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

Block 6101 Lot 28 Qualification Code

Work Site Location 994 W. Sherman Ave
Vineland, NJ

Owner in Fee: SB+B Realty LLC

Tel. 856 691-0100 e-mail

Address 994 W Sherman AVE (street) Vineland NJ (municipality) 08360 (zip code)

Contractor: JJM Plumbing Co Tel. 8569399626

Address 13 W. 9th Ave e-mail jay@jjmplumbing.com
Glendora, NJ 08029

Contractor License No. 5589 Exp. Date 06/30/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH01864900

Federal Emp. ID No. [redacted] FAX: (856) 939-1330

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 45,000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 6-17-20
Approved by:

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

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

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: John J. McGinniss

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tenant Fit-Out

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
7	Water Closet	105.00
	Urinal/Bidet	
	Bath Tub	
7	Lavatory	105.00
1	Shower	15.-
	Floor Drain	
8	Sink	120.00
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	15.-
	Hose Bibb	
~~2~~	~~Water Heater~~	~~30.-~~
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
8	Stacks	120.00
	Other	

Administrative Surcharge $	480.00
Minimum Fee $	86.00
State Permit Surcharge Fee $	
TOTAL FEE $	566.00

PJ
CK#1083

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received Control # 6-11-20

Date Issued Permit # 20-0653

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

Block 6101 Lot 28 Qualification Code

Work Site Location 994 W Sherman Ave Vineland

Owner In Fee: SB&B Realty

Tel. 856-691-0100 e-mail

Address 994 W Sherman Ave Vineland
(street, municipality, zip code)

Contractor: Hutchinson PHC Tel. (856) 429-5807

Address 621 E Chapel Ave e-mail CarlCanfield@hutchbiz.com

Cherry Hill NJ 08034

Contractor License No. 19 HC00022700 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: (856) 429-4995

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [✓] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [✓] Hot Air

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

Estimated Cost of Mechanical Work $ 65,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [✓] Elec. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6-19-20
Approved by:
CODE APPROVAL for CERTIFICATE
[ ] CA [ ] COO

INSPECTIONS Type:	Failure	DATES Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Edward P Hutchinson

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Complete interior refit for new tenant, Pulse Vascular

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Heater	$ 150.00
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	

Administrative Surcharge $
Minimum Fee $ 124.00
State Permit Surcharge Fee $
TOTAL FEE $ 274.00

Pd CK# 1083

U.C.C. F148 (rev. 10/17) Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received: 6-11-20
Control #:
Date Issued:
Permit #: 20-UCF53

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

Block 211 Lot 25 Qualification Code

Work Site Location 994 West Sherman Avenue
Vineland, New Jersey

Owner in Fee: 994 Sherman Realty, LLC

Tel. (856) 691-1100 e-mail

Address 994 W. Sherman Ave Vineland NJ 08360
street municipality zip code

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

Address P.O. BOX 381, 80 BROAD ST e-mail info@EricKriseElectric.com
ELMER, NJ 08318

Contractor License No. 16241 Exp. Date 03/31/2021

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

Federal Emp. ID No. [redacted] 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 $ 120,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved Rev. 1
Date: 5/26 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 5/28/20
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: **ERIC M. KRISE**

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Ed up of existing shed UCF53

QTY.	SIZE	ITEMS	FEE (Office Use Only)
126		Lighting Fixtures	
104		Receptacles	
45		Switches	
-		Detectors	
-		Light Poles	
7		Motors—Fract. HP	
54		Emergency & Exit Lights	
12		Communications Points	
-		Alarm Devices/F.A.C. Panel	
348		TOTAL NUMBERS	$ 235.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	4	KW Elec. Water Heater	50.00
1	4	KW Elec. Dryer/Receptacle	15.00
		KW Dishwasher	15.00
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	105.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Pd UCF53

Administrative Surcharge	$
Minimum Fee	$ 220.00
State Permit Surcharge Fee	$
TOTAL FEE	$ 445.00

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

Department of Zoning

CITY OF VINELAND
P.O. Box 1508 / 640 E. Wood Street
Vineland, NJ 08362-1508
Phone: 856-794-4113

ZONING PERMIT

PERMIT NUMBER:	ZP-20-00227	PERMIT TYPE:	ZP-Zoning Permit
USE:	C-5 Interior renovations, change in use	PROPOSED ACTIVITY:	Principal
ZONE:	B-3		
APPLICATION DATE:	05/14/2020		
PARCEL NUMBER:	06101-0000-00028-0000-C2A		
PROPERTY ADDRESS:	994 W SHERMAN AVE UNIT C2A		
OWNER:	S B & B REALTY LLC	PHONE:	(856) 691-0100
APPLICANT:	THE BANNETT GROUP, LTD	PHONE:	(856) 751-8800

ALL EXISTING USES/ STRUCTURES:

MEDICAL OFFICES

PROPOSED CHANGE/ALTERATION OF USES/STRUCTURES:

TENANT FIT UP FOR MEDICAL OFFICES AND FACILITIES - T/A "PULSE VASCULAR, LLC" - NEW ENTRANCE, WAITING ROOMS, OFFICES, PROCEDURE ROOM AND PRE/POST OPERATING RECOVERY ROOMS

I hereby certify that I have examined a Zoning Permit Application for the issuance of a Zoning Permit or Certificate of Zoning Compliance. The applicant has made certain Documents available for review, which will become a part of this Permit / Certificate. Upon review it was determined that this proposed Use or Structure is (all blocks checked and additional notations shall apply)....

1. (X) In Compliance with the City of Vineland Land Us Ordinance now in effect, Ordinance 86-38 (amended) Chapter 425 Vineland Code, As a matter of being permitted, or approved by Variance there from;
2. ( ) Approved By: Date of Final Approval:
3. ( ) A Pre-Existing, Non-Conforming Use that can LEGALLY continue in that it met the provisions of a previous Zoning Ordinance at the time it was Constructed or the Use was instituted. Or, the Use or Structure pre-dates any of the Zoning Ordinances executed by the City of Vineland, Landis Township, or Borough of Vineland;
4. (X) Conditions of approval as pertaining to this permit, and/or requirements of the applicant which are mandated to validate permit;
   A. ( ) Planning Division "permit release" memorandum must be attached;
   B. (X) Project Site Must be constructed as per Plot Plan or Site Plan;
   C. (X) Size and location of Structure(s) proposed must be in accordance with the provisions identified in the Approval Resolution(s);
   D. ( ) Redevelopment Authority Approval must be attached
   E. (X) NO CHANGE IN FOOTPRINT OR SITEPLAN
   F. ()
   G. ()

ZONING PERMIT IS SUBJECT TO COMPLIANCE WITH ALL APPLICABLE CODES AND REGULATIONS

APPROVAL DATE: 05/21/2020

PATRICK FINLEY, ZONING OFFICER

FEE SUMMARY	CHARGED	PAID	CHECK NO.	COLLECTED
Zoning Permit	$43.00	$43.00	5427	ucrudele
TOTAL FEES:	$43.00	$43.00		

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CERTIFICATE

DATE ISSUED 1/16/13
PERMIT # 12-1987

IDENTIFICATION

BLOCK 6101 LOT 28

WORK SITE LOCATION 994 W SHERMAN AVE

OWNER IN FEE/OCCUPANT SBB REALTY

ADDRESS 1138 E CHESTNUT AVE STE 8B
VINELAND, NJ 08360

Telephone (856) 696-0900

CONTRACTOR DRK & ASSOCIATES INC

ADDRESS 2050 INDUSTRIAL WAY
VINELAND, NJ 08360

TELEPHONE (856) 205-1928 FAX (856) 205-1931

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. [redacted]

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group B

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy _____

Description of Work/Use:

CONVERSION OF TWO EXISTING OFFICES ON 1ST FLOOR TO EXAM ROOMS - EXPAND MEDICAL OFFICE INTO 2ND FLOOR

☒ **CERTIFICATE OF OCCUPANCY**
This serves notice that said building or structure has been constructed in accordance With the New Jersey Uniform Construction code and is approved for occupancy.

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

_____

☐ **CERIFICATE 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 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 _____.

CONSTRUCTION OFFICIAL, ROBERT AUSSENBERG

FEE $ 125
Paid ☒ Check No. W/ PERMIT
Collected by KA

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 12-11-12
Permit # 12-1987

IDENTIFICATION	BLOCK **6101** LOT **28**	CONTRACTOR	**DRK & Associates, Inc.**
		ADDRESS	**2050 Industrial Way**
Work Site Location:	**994 W. Sherman Ave.**		**Vineland, NJ 08360**
		TELEPHONE NO.	**(856) 696-0900**
		Lic. No. or Bldrs. Reg. No.	
OWNER IN FEE:	**SBB Realty**	Fed. Emp. No.	
ADDRESS	**1138 E. Chestnut Ave Suite 8B.**		
	Vineland, NJ 08361		
TELEPHONE NO.	**(856)**		

Is hereby granted permission to perform the following work:

☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRIC ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

Conversion of two existing offices on 1st floor to exam rooms
Expand medical office into 2nd floor

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

Estimated Cost of Work $ 71,500.00

PAYMENTS	(Office Use Only)
BUILDING	**$1,100.00**
ELECTRICAL	**$195.00**
PLUMBING	**$90.00**
FIRE PROTECTION	**$50.00**
ELEVATOR DEVICES	**$**
OTHER	**$**
STATE PERMIT FEE	**$122.00**
CERT. OF OCCUPANCY	**$125.00**
ZONING	**$**
TOTAL	**$1,682.00**
CHECK #	120
CASH	
COLLECTED BY	KA

Robert Aussenberg RA 12-11-12
Construction Official Robert Aussenberg Date

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 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 given.

☐Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. For Dwellings-a sealed as-built survey together with a copy of the plot plan or survey approved by the Zoning Officer at time of issuance of permits, must be submitted to Construction Office prior to backfill inspection;
3. Utility services, including septic.
4. 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.

☐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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".
☐A complete copy of released plans must be kept on the job site.

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION UPDATE PERMIT

Date Issued 12-18-12
Permit # 12-1987+ A

IDENTIFICATION	BLOCK 6101 LOT 28	CONTRACTOR	Ameritelephone Inc
		ADDRESS	3093 English Creek Ave
Work Site Location:	994 W Sherman Ave		Egg Harbor Twp., NJ 08234
		TELEPHONE NO.	(609) 645-0200
OWNER IN FEE:	SB&B Realty LLC	Lic. No. or Bldrs. Reg. No.	
ADDRESS	994 W Sherman Ave Bldg 1	Fed. Emp. No.	
	Vineland, NJ 08360		
TELEPHONE NO.	(856) 696-0900		

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:

Communications Points

Estimated Cost of Work $ 800

PAYMENTS	(Office Use Only)
BUILDING	$
ELECTRICAL	$55
PLUMBING	$
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
State Permit Fee	$1
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	$56
CHECK #	62
CASH	☐
COLLECTED BY	KA

Robert Aussenberg RA 12-18-12
Construction Official Robert Aussenberg Date

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 work installed conforms to the approved plans and 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 given.

Required inspections for all subcodes for one and two family dwelling are the following:

The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;

Foundations and all walls up to grade level prior to back filling;

All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;

Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

A complete copy of approved plans must be kept on the job site. **If you do not understand any of this information, please ask.**

Volpe

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received Control # 12-11-12

Date Issued Permit # 12-1987

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

Block 6101 Lot 28 Qualification Code

Work Site Location 994 W. SHERMAN AVENUE BUILDING #2
VINELAND, NJ 08360

Owner in Fee: SBB REALTY

Tel. (856) 691-0900 e-mail

Address 1138 E. CHESTNUT AVE SUITE 2B VINELAND, NJ 08360

Contractor: (street) KRK & ASSOCIATES, INC. (municipality) Tel. (856) 205-1928 (zip code)

Address 2050 INDUSTRIAL WAY e-mail
VINELAND, NJ 08360

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

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

Federal Emp. ID No. [redacted] FAX: (856) 205-1931

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: JOHN M. SBRANA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

EXPAND OFFICE SPACE & MEDICAL OFFICE into 2nd floor

2nd floor
convert 2 existing offices into exam rooms on 1st floor

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11/19/12	BA
[ ] 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
[X] CO [ ] CCO [ ] CA
Date: 1-4-13
Approved by: BA

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			12/12/12	MV
Truss Sys./Bracing				
Barrier-Free				
Insulation			12/13/12	MV
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other ROOFING CEILING			12/26/12	MV
Final			1/4/13	MV
Barrier-Free				

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

FEE (Office Use Only)
$ 1100

Administrative Surcharge $
Minimum Fee $ 94
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed 12/12/12
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

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 55,000

U.C.C. F110 (rev. 11/09) 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control #: 12-11-12
Date Issued / Permit #: 12-987

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

Block 6101 Lot 23 Qualification Code
Work Site Location 994 W. SHERMAN AVENUE VINELAND, NJ 08360
Owner in Fee: SPB REALTY
Tel. (856) 696-0900 e-mail
Address 1139 EAST CHESTNUT AVE. SUITE 9B VINELAND, NJ 08360
Contractor: CHALOW ELECTRIC (street / municipality) Tel. (856) 794-3100 (zip code)
Address 1200 S.W. BLVD e-mail
VINELAND NJ 08360
Contractor License No. 11060 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: ( ) 205-0006

B. ELECTRICAL CHARACTERISTICS
Use Group Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co. VINELAND
Est. Cost of Elec. Work $ 10,000

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 Sign/Contractor sign and seal here:
Print name here: W. CHALOW
[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)
60		Lighting Fixtures	
19		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
3		Motors—Fract. HP	
16		Emergency & Exit Lights	
10		Communications Points	
		Alarm Devices/F.A.C. Panel	
104		TOTAL NUMBERS	$ 100-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	40	KW Central A/C Unit	32-
1	20	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	65-
1	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Electrical Plans Approved
Date 11/28/12 Approved by: JNK
Joint Plan Review Required:
[ ] Bldg. [ ] Plub. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/28/12
Approved by: JNK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1/7/13
Approved by: JNK

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough see left			12-12-12	JNK
Barrier-Fee				
Trench				
Temp. Srv.				
Constr. Serv.				
TCO				
Other ABCEIL			12/21/12	JNK
Service				
Final			1/7/13	JNK
Barrier-Fee				

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

Administrative Surcharge $ 195
Minimum Fee $
State Permit Surcharge Fee $ 17
TOTAL FEE $

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Re
Control

Date Iss
Permit #

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

Block 6101 Lot 28 Qualification Code

Work Site Location 994 W. SHERMAN AVENUE BUILDING #2
VINELAND, NJ 08360

Owner in Fee SBB REALTY

Address 1138 E CHESTNUT AVE SUITE B B
VINELAND, NJ 08360

Tel. (856) 696- 0900

Contractor HP Homestead Plumbing & Heating, Inc.

Address 4570 Bernard Road
Newfield, New Jersey 08344-3961

Tel. (856) 692-6308 FAX (856) 692-3961

Contractor License No. 10575

Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 2" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 4,500

JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[ ] No Plans Required	Slab				
Joint Plan Review Required:	Rough			12-12	MK
[ ] Building [ ] Electric	Water				

FOR KOR

D. TECHNICAL SITE DATA (List of all fixture

No.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal/Bidet
	Bath Tub
1	Lavatory
	Shower
	Floor Drain
4	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fule Oil piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
	Other

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 12-11-12

Date Issued Permit # 12-1987

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

Block 6101 Lot 20 Qualification Code

Work Site Location 994 W. SHERMAN AVE BUILDING #2
VINELAND, NJ 08360

Owner in Fee: SBS REALTY

Tel. (856) 696-0900 e-mail

Address 1138 E CHESTNUT AVE (street) SUITE B-B VINELAND (municipality) NJ (zip code) 08360

Contractor: DRK & ASSOCIATES, INC Tel. (856) 205-1929

Address 2050 INDUSTRIAL WAY e-mail
VINELAND, NJ 08360

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. [redacted] Fax: (856) 205-1931

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present Proposed

Heating System: [✓] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location: 2ND FLOOR MECHANICAL ROOM

Total Cost of Fire Protection Work $ 2,000

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
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[✓] Fire Protection Plans Approved
Date: 12-10-12 Approved by: AC
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12-10-12
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-3-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			1-8-13	
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.

Applicant sign/Contractor sign and seal here:

Print name here: JOHN SBLUNA

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm System		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e, tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump / GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	#50.00
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		3
TOTAL FEE $		

CITY OF VINELAND
ZONING PERMIT or CERTIFICATE OF ZONING COMPLIANCE

Application Received: 11/09/12 Fee: $ 35.00 Permit Number: 647 - 2012

ZONING.. Permit (X) Shed/Pool Permit ( ) Cert. ( )...Use (C)(4)

Address: 994 W SHERMAN AVE BLDG #2

Zone: B3 Block: 6101 Lot: 28

Owner: SBB REALTY Ph: 856-696-0900

Applicant: DRK & ASSOCIATES INC Ph: 856-205-1928

ALL Existing Uses/Structures: MEDICAL OFFICE BUILDING

Proposed Change/Alteration of Uses/Structures: INTERIOR RENOVATIONS-EXPANDING SPACE, NO CHANGE IN USE

The Proposed Activity is; Principal (X) or Accessory ( ) to the Site.

* * * * * * *

I hereby certify that I have examined a Zoning Permit Application for the issuance of a Zoning Permit or Cerificate of Zoning Compliance. The applicant has made certain Documents available for review, which will become a part of this Permit / Certificate. Upon review it was determined that this proposed Use or Structure is (all blocks checked and additional notations shall apply)....

1.(X)..In compliance with the City of Vineland Land Use Ordinance now in effect, Ordinance 86-38 (amended) Chapter 400 Vineland Code, as a matter of being permitted, or approved by Variance there from;

2.( )..Approved by - ( ) Zoning Board of Adj. or; ( ) Planning Board Date of Final Approval: ;

3.( )..A Pre-Existing, Non-Conforming Use that can LEGALLY continue in that it met the provisions of a previous Zoning Ordinance at the time it was Constructed or the Use was instituted. Or, the Use or Structure pre-dates any of the Zoning Ordinances executed by the City of Vineland, Landis Township, or Borough of Vineland;

4.(X)..Conditions of approval as pertaining to this permit, and/or requirements of the applicant which are mandated to validate permit;

a. ( ) Planning Division "permit release" memorandum must be attached;

b. (X) Project site must be constructed as per Plot Plan or Site Plan;

c. (X) Size and location of Structure(s) proposed must be in accordance with the provisions identified in the Approval Resolution(s);

d. ( ) Redevelopment Authority Approval must be attached

e. X NO CHANGE IN FOOTPRINT OR SITEPLAN.

f.

g.

Approval Date: 11/19/12

Pd: 11/13/12 .

Zoning ~~Officer~~, PATRICK FINLEY

BLOCK 6101 LOT 38 QUALIFICATION CODE C1A ADDRESS (SITE) 994 W Sherman Ave C-12 6101/28 PERMIT NO. 13-23

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: 994 WEST SHERMAN AVE
2. Name of Owner in Fee: 994 W SHERMAN AVE. REALTY ASSOC. LLC.
   Tel. (856) 696-0900 e-mail
   Address 994 (street) WEST SHERMAN AVE (municipality) UNIT 1 (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: SIGNARAMA DELRAN Tel. (856) 764-9777
   Address 4000 Rt 130 Suite 25 e-mail rdavis@signarama-delran.com
   DELRAN NJ 08075
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. [redacted] FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun Ron Davis
   Tel. (856) 764-9777 FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50		
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	2		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other Zoning	pd 11/30/12		
13. TOTAL	$ 52		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 16-5" 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)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	900.00				11-30-12	BA			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	900.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: medical office
2. Use Group, Proposed: OFFICE BUILDING
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: B
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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

Rec'd 11/30/12

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 1-7-13
Permit # 13-23

IDENTIFICATION	BLOCK 6101 LOT28	CONTRACTOR	**SIGN A RAMA DELRAN**
		ADDRESS	**4000 RT 130, STE 25**
Work Site Location:	**994 W SHERMAN AVE**		**DELRAN, NJ 08075**
		TELEPHONE NO.	**(856)764-9777**
OWNER IN FEE:	**994 W SHERMAN AVE REALTY ASSOC LLC**	Lic. No. or Bldrs. Reg. No.	
ADDRESS	**994 W SHERMAN AVE, UNIT 1**	Fed. Emp. No.	
	VINELAND, NJ 08360		
TELEPHONE NO.	**(856) 696-0900**		

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

INSTALL WALL SIGN

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

Estimated Cost of Work $ 900

PAYMENTS	(Office Use Only)
BUILDING	$50
ELECTRICAL	$
PLUMBING	$
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$2
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	$52
CHECK # 1066	
CASH	☐
COLLECTED BY	

ROBERT AUSSENBERG 1-7-13
Construction Official Date

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 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 given.

☐ Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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; For Dwellings-a sealed as built survey must be submitted to construction office prior to backfill inspection.
3. Utility services, including septic.
4. 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.

☐ 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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".

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

Volpe

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1-7-13

Date Issued / Permit # 13-23

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

Block 6101 Lot 28 Qualification Code CIA

Work Site Location 994 WEST SHERMAN AVE VINELAND NJ

Owner in Fee: 994 W. SHERMAN AVE. REALTY ASSOC. LLC RECORDS SHOW NO OWNER DATA

Tel. (856) 696-0900 e-mail

Address 994 WEST SHERMAN AVE VINELAND NJ

Contractor: SIGNARAMA (street) DELRAN (municipality) Tel. (856) 764-9777 (zip code)

Address 4000 Rt 130 suite 25 e-mail rdavis@signarama-delran.com

DELRAN NJ 08075

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

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

Federal Emp. ID No. [redacted] FAX: (856) 764-0305

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	1/3/13	BA
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final SIGN			01/10/13	MV
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present ✓ Proposed
No. of Stories 1
Height of Structure 16.5' 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

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ [redacted]900.00
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Ronald Davis

Print name here: Ronald Davis

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NON-ILLUMINATED PLASTIC LETTERS ON BUILDING FACADE.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign 21 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 $ 50
Minimum Fee $
State Permit Surcharge Fee $ 2
TOTAL FEE $

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

CITY OF VINELAND
ZONING PERMIT or CERTIFICATE OF ZONING COMPLIANCE

Application Received: 11/29/12 Fee: $ 35.00 Permit Number: 693 - 2012

ZONING.. Permit (X) Shed/Pool Permit ( ) Cert. ( )...Use ( )( )

Address: 994 W SHERMAN AVE

Zone: B3 Block: 6101 Lot: 28

Owner: 994 W SHERMAN AVE REALTY ASSOC, LLC Ph: 856-696-0900

Applicant: SIGN A RAMA Ph: 856-764-9777

ALL Existing Uses/Structures: OFFICE BUILDING

Proposed Change/Alteration of Uses/Structures: WALL SIGN T/A RECONSTRUCTIVE ORTHOPEDICS

The Proposed Activity is; Principal ( ) or Accessory ( ) to the Site.

* * * * * * *

I hereby certify that I have examined a Zoning Permit Application for the issuance of a Zoning Permit or Cerificate of Zoning Compliance. The applicant has made certain Documents available for review, which will become a part of this Permit / Certificate. Upon review it was determined that this proposed Use or Structure is (all blocks checked and additional notations shall apply)....

1.(X)..In compliance with the City of Vineland Land Use Ordinance now in effect, Ordinance 86-38 (amended) Chapter 400 Vineland Code, as a matter of being permitted, or approved by Variance there from;

2.( )..Approved by - ( ) Zoning Board of Adj. or; ( ) Planning Board Date of Final Approval: ;

3.( )..A Pre-Existing, Non-Conforming Use that can LEGALLY continue in that it met the provisions of a previous Zoning Ordinance at the time it was Constructed or the Use was instituted. Or, the Use or Structure pre-dates any of the Zoning Ordinances executed by the City of Vineland, Landis Township, or Borough of Vineland;

4.(X)..Conditions of approval as pertaining to this permit, and/or requirements of the applicant which are mandated to validate permit;

a. ( ) Planning Division "permit release" memorandum must be attached;

b. (X) Project site must be constructed as per Plot Plan or Site Plan;

c. ( ) Size and location of Structure(s) proposed must be in accordance with the provisions identified in the Approval Resolution(s);

d. ( ) Redevelopment Authority Approval must be attached

e.

f.

g.

Approval Date: 12/06/12

Pd: 11/30/12

Zoning Officer, PATRICK FINLEY

CK 6101 LOT 28 ADDRESS (SITE) Building #1 994 W. Sherman Avenue C-10 962/6 PERMIT NO. 10-1014

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT APPLICATION

Plans on back

Rec'd 6/28/10 cm

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

IDENTIFICATION

Proposed Work Site at: 994 W. Sherman Avenue
Name of Owner in Fee: SBB Realty LLC
Addr. (e-mail
994 W Sherman Ave (street) Vineland (municipality) NJ (zip code)
Ownership in Fee: Public ____ Private ✓
Principal Contractor: DLK + Associates Inc Tel. (____) ____
Address 2040 Industrial Way e-mail ____
Vineland NJ 08360
License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
Federal Emp. ID No. [redacted] Fax: (____) ____
Architect or Engineer JW Pedersen Contact ____
Address 1199 E Park Ave e-mail ____
Tel. (856) 695 5622 Fax: (____) ____
Responsible Person in Charge once Work has Begun Carolee Moreno
Tel. (856) 205 1928 Fax: (856) 205 1931

V(a). TYPE OF SEWAGE DISPOSAL	V(b). TYPE OF WATER SUPPLY
☐ Public or Private Company	☐ Public or Private Company
☐ Private (Septic Tank, Etc.)	☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS		(Office Use Only)
1. Number of Stories	1	
2. Height of Structure	ft.	
3. Area — Largest Floor	849 sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	8490 cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	0 sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12 Wetlands yes ____ no ✓		

PROPOSED WORK

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

SUBCODES (check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☑ Building	55655								
☑ Electrical	40,000								
☑ Plumbing	7000								
☑ Fire Protection	6000								
☐ Elevator									
TOTAL COST	108,655								

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: B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present B
Proposed B

PLAN REVIEW (optional)

YOU WANT:
] Partial Releases
] Prototype Processing

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

1. ☐ Elevators/Escalators/lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration System
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CERTIFICATE

DATE ISSUED 11-3-10
PERMIT # 10-1014

IDENTIFICATION

BLOCK 6101 LOT 28

WORK SITE LOCATION 994 W SHERMAN AVE BUILDING #1

OWNER IN FEE/OCCUPANT SBB REALTY LLC

ADDRESS 994 W SHERMAN AVE
VINELAND, NJ 08360

Telephone (_) _

CONTRACTOR DRK & ASSOCIATES INC

ADDRESS 2040 INDUSTRIAL WAY
VINELAND, NJ 08360

TELEPHONE (856) 205-1928 FAX (_____) _____

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. [redacted]

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group B

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy _____

Description of Work/Use:

TENANT FIT-UP FOR MRI FACITILY T/A IMAGING CENTER.

☒ **CERTIFICATE OF OCCUPANCY**
This serves notice that said building or structure has been constructed in accordance With the New Jersey Uniform Construction code and is approved for occupancy.

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

_____

☐ **CERIFICATE 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 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 _____.

CONSTRUCTION OFFICIAL KEVIN KIRCHNER

FEE $ 125
Paid ☒ Check No. WITH PERMIT
Collected by MB

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

Mark

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-19-10
Control #
Date Issued
Permit # 10-1014

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

Block 46 6101 Lot 28 Qualification Code ____
Work Site Location 1911 E. Sherman Ave Block #1 Lot 0

Owner in Fee: JSB Realty LLC
Tel. (____) ____ e-mail ____
Address 1138 E. Chestnut Ave #8 Vineland NJ
street municipality zip code

Contractor: DBI Associates Tel. (856) 251-1928
Address 201 Industrial Hwy e-mail ____
Lindenwold NJ 08021
Contractor License No. or Builder Registration No. ____ Exp. Date ____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
Federal Emp. ID No. [redacted] FAX: (856) 251-1931

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
Partial new MH facility - (tenant fitup)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-21	MM
[ ] 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
[X] CO [ ] CCO [ ] TCO
Date: 10-20-10
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Footing Bonding				
Foundation				
Slab			7/22/10	MM
Frame			8/25/10	MM
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/26/10	MM
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other tenant fitup Less 20%
[ ] Demolition

FEE (Office Use Only)
$ ____
1120
- 224

Administrative Surcharge $ 546
Minimum Fee $ ____
State Permit Surcharge Fee $ 25
TOTAL FEE $ ____

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
No. of Stories 1
Height of Structure ____ ft.
Area — Largest Floor 8774 sq. ft.
New Bldg. Area/All Floors ____ sq. ft.
Volume of New Structure ____ cu. ft.
Max. Live Load ____
Max. Occupancy Load ____

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Rehabilitation $ 55655-
3. Total (1+2) $ 55655-

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7-19-10
Control #
Date Issued
Permit # 10-1014

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

Block 6101 Lot 28 Qualification Code
Work Site Location 994 W. Oriman Ave Bldg #1
Vineland NJ 08360
Owner in Fee: Sun Valley LLC
Tel. ( ) e-mail
Address 1138 E. Chestnut Ave #8B Vineland NJ
street municipality zip code
Contractor: Tel. ( )
Address e-mail
Contractor License No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 2" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 7,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date:________ Approved by:________
[ ] Plumbing Plans Approved
Date:________ Approved by:________
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7-2-10
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-28-10
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
✓ Slab			7-16-10	[initial]
✓ Rough			8-6-10	[initial]
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
✗ Final	10-26-10		10-28-10	[initial]

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install building plumbing systems

QTY.	FIXTURE / EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	15
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	15
	Shower	
	Floor Drain	
2	Sink	30
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
2	Hose Bibb	30
1	Water Heater	15
	Fuel Oil Piping	
1	Gas Piping	75
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other 1-5 2020	180

- 36
Administrative Surcharge $
Minimum Fee $ 144
State Permit Surcharge Fee $
TOTAL FEE $ 12

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 7-19-10
Date Issued
Permit # 10-1014

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

Block 6101 Lot 28 Qualification Code
Work Site Location 1188 E. Chestnut Ave Bldg #1
Owner in Fee:
Tel. ( ) e-mail
Address 1188 E Chestnut Ave #80 Vineland NJ
street municipality zip code
Contractor: Tel. ( )
Address e-mail
Contractor License No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

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

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: Approved by:
[ ] Electrical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plub. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 6/25/10
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/27/10
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			8/18/10	
Barrier-Fee				
Trench only			7/26/10	
Temp. Srv.				
~~Cancer Care~~ ADD call			9/24/10	
TCO				
Other UG Serv			8/24/10	
Service			9/28/10	
Final			10-26-10	
Barrier-Fee				
Tem. Cut-In-Card Date Issued				
Final Cut-In-Card Date Issued			9/8/10	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant's Signature / Contractor's Seal and Signature
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Tenant fitup for new MRI facility. Includes building electrical systems

QTY.	SIZE	ITEMS	FEE (Office Use Only)
34		Lighting Fixtures	
15		Receptables	
11		Switches	
		Detectors	
		Light Poles	
3		Motors—Fract. HP	
6		Emergency & Exit Lights	
10		Communications Points	
1		Alarm Devices/F.A.C. Panel	
80		TOTAL NUMBERS	$ 25
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	30A	KW ELec. Water Heater	15
		KW Elec. Dryer/Receptable	
		KW Dishwasher	
		HP Garbage Disposal	
1	30A	KW Central A/C Unit	
1	20A	HP/KW Space Heater/Air Handler	15
		KW Baseboard Heat	
		HP Motors 1/+ HP	
1	30KVA	KW Transformer/Generator	
1	600	AMP Service	425
2	150	AMP Subpanels	425
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	100A	MRI	65

Administrative Surcharge $ 4.79
Minimum Fee $ 53.16
State Permit Surcharge Fee $ 4.05
TOTAL FEE $

U.C.C. F120 (rev. 12/07)
1. White = Inspector Copy 2. Canary = Office copy 3. Pink = Office Copy 4. Gold = Applicant Copy

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 7-19-10
Date Issued
Permit # 10-1014

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

Block 9608 6101 Lot 6028 Qualification Code ____

Work Site Location 714 W. Landis Ave Bldg # 1
Vineland NJ 08360

Owner in Fee: SKE Realty LLC

Tel. (____) ____ e-mail ____

Address 1138 E. Chestnut Ave #8 Vineland NJ
street municipality zip code

Contractor: [illegible] Tel. (856) [illegible]

Address [illegible] e-mail ____

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

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

Fire Alarm Contractor No. ____ Exp. Date ____

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

Federal Emp. ID No. [redacted] Fax: (____) ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B Proposed B

Constr. Class: Present ____ Proposed ____

Heating System: [✓] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location: Above ceiling

Total Cost of Fire Protection Work $ 6000.00

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: ____

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]
Applicant's Signature / Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install gas furnace

Water Supply Source P

Method of Alarm/Suppression System Supervision Central Station

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm System		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e, tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet-Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		B 50.00
Fireplace Venting/Metal Chimney	[illegible]	
Other		
Administrative Surcharge $		40
Minimum Fee $		10
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date:____ Approved by:____
[✓] Fire Protection Plans Approved
Date:____ Approved by: SL-FC
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7-2-10
Approved by: [signature]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-26-10
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			10-26-10	
Other____				

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 7-19-10
Permit # 10-1014

IDENTIFICATION BLOCK **6101** LOT **28**

Work Site Location: **994 W SHERMAN AVE BUILDING 1**

OWNER IN FEE: **SBB REALTY**

ADDRESS **994 W SHEMAN AVE BUILDING 1**
VINELAND, NJ 08360

TELEPHONE NO. ( )

CONTRACTOR **DRK &ASSOCIATES**

ADDRESS **2050 INDUSTRIAL WAY**
VINELAND, NJ 08360

TELEPHONE NO. **(856)205-1928**

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT

☒ ELECTRIC ☒ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

TENANT FIT-UP MRI FACILITY

PAYMENTS	(Office Use Only)
BUILDING	**$896**
ELECTRICAL	**$536**
PLUMBING	**$144**
FIRE PROTECTION	**$40**
ELEVATOR DEVICES	**$**
OTHER	**$**
STATE PERMIT FEE	**$185**
CERT. OF OCCUPANCY	**$125**
ZONING	**$PAID**
TOTAL	**$1926**
CHECK # 31815	
CASH	☐
COLLECTED BY	MB

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

Estimated Cost of Work $ 108,655

KEVIN KIRCHNER 7/19/10

Construction Official KEVIN KIRCHNER Date

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 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 given.

☐Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. For Dwellings-a sealed as-built survey together with a copy of the plot plan or survey approved by the Zoning Officer at time of issuance of permits, must be submitted to Construction Office prior to backfill inspection;
3. Utility services, including septic.
4. 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.

☐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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".

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

CITY OF VINELAND
ZONING PERMIT or CERTIFICATE OF ZONING COMPLIANCE

Application Received: 06/24/10 Fee: $ 33.00 Permit Number: 346 - 2010

ZONING.. Permit (X) Shed/Pool Permit ( ) Cert. ( )...Use (C)(4)

Address: 994 W SHERMAN AVE BLDG #2

Zone: B-3 Block: 6101 Lot: 28

Owner: SB + B REALTY LLC Ph: 856- -

Applicant: DRK + ASSOCIATES Ph: 856-205-1928

ALL Existing Uses/Structures: COMMERCIAL OFFICE SPACE

Proposed Change/Alteration of Uses/Structures: SJ HEALTHCARE- TENANT FITUP FOR A NEW MRI FACILITY

The Proposed Activity is; Principal (X) or Accessory ( ) to the Site.

* * * * * * *

I hereby certify that I have examined a Zoning Permit Application for the issuance of a Zoning Permit or Cerificate of Zoning Compliance. The applicant has made certain Documents available for review, which will become a part of this Permit / Certificate. Upon review it was determined that this proposed Use or Structure is (all blocks checked and additional notations shall apply)....

1.(X)..In compliance with the City of Vineland Land Use Ordinance now in effect, Ordinance 86-38 (amended) Chapter 300 Vineland Code, as a matter of being permitted, or approved by Variance there from;

2.( )..Approved by - ( ) Zoning Board of Adj. or; ( ) Planning Board Date of Final Approval: ;

3.( )..A Pre-Existing, Non-Conforming Use that can LEGALLY continue in that it met the provisions of a previous Zoning Ordinance at the time it was Constructed or the Use was instituted. Or, the Use or Structure pre-dates any of the Zoning Ordinances executed by the City of Vineland, Landis Township, or Borough of Vineland;

4.(X)..Conditions of approval as pertaining to this permit, and/or requirements of the applicant which are mandated to validate permit;

a. ( ) Planning Division "permit release" memorandum must be attached;

b. (X) Project site must be constructed as per Plot Plan or Site Plan;

c. (X) Size and location of Structure(s) proposed must be in accordance with the provisions identified in the Approval Resolution(s);

d. ( ) Redevelopment Authority Approval must be attached

e.

f.

g.

Date: 06/25/10

Zoning Officer, PATRICK FINLEY

Pd: 6/25/2010 .

C06-962/6

OCK 962 LOT 6 ADDRESS (SITE) 994 W. Sherman Ave. PERMIT NO. 06-1937

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT APPLICATION

called 11-27-06

11-3-06

plicant Complete: Sections I, II, III, IV, V(a), V(b) - (Optional VI)

IDENTIFICATION

. Proposed Work-Site at: 994 W. Sherman Ave.
. Name of Owner in Fee: S B + B Realty LLC
Address 994 W. Sherman Ave Vineland NJ 08360
street municipality zip code
Telephone No. 856-696-2719 Fax No.
. Ownership in Fee: Public Private ✓
. Principal Contractor: Sign Graphics
Address PO Box 123 Rosenhayn, NJ 08352
Telephone No. Fax No.
License No. or, if new home, Builder's Reg. No. Exp. Date.
Federal Emp. No. [redacted] Social Security No.
. Architect or Engineer:
Address
Telephone No. Fax No.
i. Responsible Person In Charge of Work: Rich Squires (Must Be N.J. Resident)
Address PO Box 123 Rosenhayn NJ 08352
Telephone No. 856-451-0000 Fax No.

V(a). TYPE OF SEWAGE DISPOSAL
- ☐ Public or Private Company
- ☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY
- ☐ Public or Private Company
- ☐ Private (Well, Etc.)

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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

I. PROPOSED WORK

	Est. Cost
1. ☐ Small Job ($5,000 and no prior approvals)	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Electrical	
6. ☐ Plumbing	
7. ☐ Fire Protection	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abatement	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition SIGN	
TOTAL COSTS	7,000

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change In Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

V. 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 Walls
9. ☐ Underground Storage Tanks

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 11-27-06
Permit # 06-1937

IDENTIFICATION BLOCK **962** LOT **6**

Work Site Location: **994 W SHERMAN AVE**

OWNER IN FEE: **SB & B REALTY LLC**

ADDRESS **994 W SHERMAN AVE**
VINELAND, NJ 08360

TELEPHONE NO. **(856) 696-2719**

CONTRACTOR **SIGN GRAPHICS**

ADDRESS **PO BOX 123**
ROSENHAYN, NJ 08352 Mail

TELEPHONE NO. **(856)451-0000**

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☐ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

MONUMENT SIGN - 10' X 7'4"

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

Estimated Cost of Work $ 7,000

PAYMENTS	(Office Use Only)
BUILDING	$75
ELECTRICAL	$
PLUMBING	$
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$9
CERT. OF OCCUPANCY	$
ZONING	$29
TOTAL	$113
CHECK # 1930	
CASH	☐
COLLECTED BY	KK

Kevin J Kirchner 11/27/06
Construction Official KK Date

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 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 given.

☐Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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; For Dwellings-a sealed as built survey must be submitted to construction office prior to backfill inspection.
3. Utility services, including septic.
4. 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.

☐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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".
☐A complete copy of released plans must be kept on the job site.

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 11-27-06
Date Issued Permit # 06-1937

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

Block 1951962 Lot 6 Qualification Code
Work Site Location 994 W. Sherman Ave

Owner in Fee ~~[illegible]~~ SIRV B Realty LLC
Address 994 W Sherman Ave
Vineland NJ 08360
Tel. (856) 696-2719
Contractor SIGN Graphics
Address PO Box 123
Rosenhayn, NJ 08352
Tel. (856) 451-0000 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No [redacted]

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 Rich Squires

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Free standing synthetic stucco 10' x 7'4" Monument sign w/ 3' deep footings 4" steel poles in concrete

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11/28/06	MM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1-15-09
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			1/15/09	MM
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[X] Sign 75 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$ 75

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 9
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed U
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area — Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 7,000.00
2. Rehabilitation $
3. Total (1+ 2) $

SIGN

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CITY OF VINELAND
ZONING PERMIT or CERTIFICATE OF ZONING COMPLIANCE

Application Received: 11/03/06 Fee: $ 29.00 Permit Number: 888 - 2006

ZONING.. Permit (X) Shed/Pool Permit ( ) Cert. ( )...Use (C)(7)

Address: 994 W SHERMAN AVE

Zone: B-3 Block: 962 Lot: 6

Owner: S B & B REALTY LLC Ph: 856-696-2719

Applicant: RICH SQUIRES Ph: 856- -

ALL Existing Uses/Structures: S J CENTER FOR ORTHOPEDICS

Proposed Change/Alteration of Uses/Structures: 1 FREESTANDING SIGN, 7 1/2' X 10'

The Proposed Activity is; Principal ( ) or Accessory (X) to the Site.

* * * * * * *

I hereby certify that I have examined a Zoning Permit Application for the issuance of a Zoning Permit or Cerificate of Zoning Compliance. The applicant has made certain Documents available for review, which will become a part of this Permit / Certificate. Upon review it was determined that this proposed Use or Structure is (all blocks checked and additional notations shall apply)....

1.( )..In compliance with the City of Vineland Land Use Ordinance now in effect, Ordinance 86-38 (amended) Chapter 300 Vineland Code, as a matter of being permitted, or approved by Variance there from;

2.(X)..Approved by - ( ) Zoning Board of Adj. or; (X) Planning Board Date of Final Approval: ;

3.( )..A Pre-Existing, Non-Conforming Use that can LEGALLY continue in that it met the provisions of a previous Zoning Ordinance at the time it was Constructed or the Use was instituted. Or, the Use or Structure pre-dates any of the Zoning Ordinances executed by the City of Vineland, Landis Township, or Borough of Vineland;

4.(X)..Conditions of approval as pertaining to this permit, and/or requirements of the applicant which are mandated to validate permit;

a. ( ) Planning Division "permit release" memorandum must be attached;

b. (X) Project site must be constructed as per Plot Plan or Site Plan;

c. (X) Size and location of Structure(s) proposed must be in accordance with the provisions identified in the Approval Resolution(s);

d. ( ) Redevelopment Authority Approval must be attached

e.

f.

g.

Date: 11/16/06

Pd:

Zoning Officer, PATRICK FINLEY

Bollinger Ins. 994 W. Sherman Avenue C-06 962/6
Bldg. #2

BLOCK 962 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 06-1119

Fire file

Rec. 6/15/06 MB

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 994 W. Sherman Avenue- Bldg. #2
2. Name of Owner in Fee: S.B.&B., LLC Tel. (856) 696-0900
   Address 1138 Chestnut Avenue, Vineland, NJ 08360
   #8B (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: TriMark Bldg. Contr. Tel. (856) 825-1990
   Address 3340 S. Lincoln Ave, Vineland, NJ 08361
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: (856) 327-1567
5. Architect or Engineer John Pedersen Tel. (856) 692-5622
   Address P.O. Box 637,Vineland 08362 Contact _____
6. Responsible Person in Charge once Work has Begun Leigh Marcello
   Tel. (856) 825-1990 FAX: (856) 327-1567

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	$		

V(a). TYPE OF SEWAGE DISPOSAL

☒ Public or Private Company
☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY

☒ Public or Private Company
☐ Private (Well, Etc.)

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 26'5" ft.	
3. Area — Largest Floor 10,440 sq. ft.	
4. New Building Area 10,440 sq. ft.	
5. Volume of New Structure 230,000 cu. ft.	
6. Construction Classification N/A	
7. Total Land Area Disturbed 10,440 sq. ft.	
8. Flood Hazard Zone NO	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____	
no X	
11. Max. Live Load _____	
12. Max. Occupancy Load _____	

II. PROPOSED WORK

OPTIONAL (for office use only)

	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	470,000								
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection									
6. ☒ Plumbing									
7. ☒ Electrical	300								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	470,300								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Control # 7-10-06

Date Issued
Permit # 06-1119

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

Block 962 Lot 6 Qualification Code

Work Site Location 994 W. Sherman Avenue - Bldg. #2
Vineland, N.J. 08360

Owner In Fee ~~Silver Bernardini Bernardini LLC~~ SBBLLC

Address 1138 Chestnut Avenue
Vineland, NJ 08360

Tel. (856) 696-0900

Contractor TriMark Building Contractors Inc.

Address 3340 S. Lincoln Avenue
Vineland, NJ 08361

Tel. (856) 825-1990 FAX (856) 327-1567

Contractor License No. or Builder Registration No.

Federal Emp. No [redacted]

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 J.(Yonis) E. Lesins, CSI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construction of Shell for
Office Bldg.

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
[X] CO [ ] CCO [ ] CA
Date: 1-12-07
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing NOTE			8-10-06	BA
Footing Bonding				
Foundation				
Slab				
Frame NOTE	11-15-06			
Truss Sys./Bracing				
Barrier-Free				
Insulation NOTE				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			[redacted]	
Other				
Final			1-12-07	BA
Barrier-Free				

TYPE OF WORK:
[X] New Building 218405 x.03
[ ] Addition
[ ] Rehabilitation 10635 sq ft.
[ ] 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) $ 6552

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 57
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group	Present N/A	Proposed B
Constr. Class	Present N/A	Proposed VB
No. of Stories	1	
Height of Structure	26'5"	Ft.
Area — Largest Floor	10,440	Sq. Ft.
New Bldg. Area/All Floors	10,440	Sq. Ft.
Volume of New Structure	230,000	Cu. Ft.
Total Land Area Disturbed	10,440	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $470,000
2. Rehabilitation $
3. Total (1+ 2) $470,000

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-15-06

Date Issued
Permit # 06-1119 + B

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

Block 962 Lot 6 Qualification Code

Work Site Location 994 W. Sherman Avenue- Bldg. 2
Vineland, NJ 08360

Owner in Fee S.B.&B.LLC

Address 994 W. Sherman Avenue
Vineland, NJ 08360

Tel. (696) 696-0900

Contractor TriMark Building Contractors Inc.

Address 3340 S. Lincoln Avenue
Vineland, NJ 08361

Tel. (856) 825-1990 FAX (856) 327-1567

Contractor License No. or Builder Registration No.

Federal Emp. No [redacted]

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 TRIMARK BLDG. CONT. INC. JOHN E. LIESING, CFE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Fit-up
T/A Bellinger Insurance

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	11-20	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			1-12-07	BA.
Other				
Final			4-30-07	BA.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present N/A Proposed B
Constr. Class Present N/A Proposed VB
No. of Stories 1
Height of Structure 26'5" Ft.
Area — Largest Floor 10,440 Sq. Ft.
New Bldg. Area/All Floors 10,440 Sq. Ft.
Volume of New Structure 230,000 Cu. Ft.
Total Land Area Disturbed 10,440 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ 144,710
2. Rehabilitation $
3. Total (1+ 2) $ 144,710

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

FEE (Office Use Only)
$ 2175

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 196
TOTAL FEE $

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CERTIFICATE

DATE ISSUED 2/13/07
PERMIT # 06-1119

IDENTIFICATION

BLOCK 962 LOT 6

WORK SITE LOCATION 994 W SHERMAN AVE

OWNER IN FEE/OCCUPANT SB & B REALTY LLC

ADDRESS 1138 E CHESTNUT QVE
VINELAND, NJ 08361

Telephone (_____) _____

CONTRACTOR TRIMARK BLDG CONTR

ADDRESS 3340 S LINCOLN AVE
VINELAND, NJ 08361

TELEPHONE (856) 825-1990 FAX (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. [redacted]

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group B

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy _____

Description of Work/Use:

CONSTRUCT 10,635 SQ FT OFFICE BUILDING #2.
T/A: BOLLINGER INSURANCE

☐ **CERTIFICATE OF OCCUPANCY**
This serves notice that said building or structure has been constructed in accordance With the New Jersey Uniform Construction code and is approved for occupancy.

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

☒ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than MARCH 16, 2007 or the owner will be subject to fine or order to vacate:

PENDING FINAL BUILDING, ELECTRIC, FIRE, AND SOIL CONSERVATION INSPECTION APPROVALS.

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

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

FEE $ 100.00
Paid ☒ Check No. WITH PERMIT
Collected by HG

ACTING CONSTRUCTION OFFICIAL, ROBERT AUSSENBERG

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

DATE ISSUED 4/20/07
PERMIT # 06-1119

IDENTIFICATION

BLOCK 962 LOT 6

WORK SITE LOCATION 994 W SHERMAN AVE

OWNER IN FEE/OCCUPANT S S & B REALTY LLC

ADDRESS 1138 E CHESTNUT AVE, #8B
VINELAND, NJ 08360

Telephone (856) 696-0900

CONTRACTOR TRIMARK BUILDING CONTRS INC

ADDRESS 3340 S LINCOLN AVE
VINELAND, NJ 08361

TELEPHONE (856) 825-1990 FAX (856) 327-1567

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. [redacted]

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group B

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy _____

Description of Work/Use:

CONSTRUCT 10,635 SQ FT PROFESSIONAL OFFICE BUILDING #2 FOR BOLLINGER INSURANCE.

☒ **CERTIFICATE OF OCCUPANCY**
This serves notice that said building or structure has been constructed in accordance With the New Jersey Uniform Construction code and is approved for occupancy.

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

_____

☐ **CERIFICATE 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 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 _____.

CONSTRUCTION OFFICIAL, KEVIN J KIRCHNER

FEE $ 125.00
Paid ☒ Check No. WITH PERMIT
Collected by HG

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE TECHNICAL SECTION

Date Received Control # 11-15-06
Date Issued Permit # 06-1119+B

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

Block 962 Lot 6 Qualification Code
Work Site Location 994 W. Sherman Avenue- Bldg. 2
Vineland, NJ 08360
Owner in Fee S.B.&B.LLC
Address 994 W. Sherman Avenue
Vineland, NJ 08360
Tel. (856) 696-0900
Contractor TriMark Building Contractors Inc.
Address 3340 S. Lincoln Avenue
Vineland, NJ 08361
Tel. (856) 825-1990 FAX (856) 327-1567
Contractor License No. or Builder Registration No.
Federal Emp. No [redacted]

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.
TRIMARK BLDG. CONT. INC.
Signature J. (JONAS) E. LESINS, CSI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Fit-up
T/A Bellmer Insurance

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	11-30-06	VK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 4-30-07
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			1-12-07	BA
Other				
Final			4-20-07	BA
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present N/A Proposed B
Constr. Class Present N/A Proposed VB
No. of Stories 1
Height of Structure 26'5" Ft.
Area — Largest Floor 10,440 Sq. Ft.
New Bldg. Area/All Floors 10,440 Sq. Ft.
Volume of New Structure 230,000 Cu. Ft.
Total Land Area Disturbed 10,440 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 144,710
2. Rehabilitation $
3. Total (1+ 2) $ 144,710

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

FEE (Office Use Only)
$ 2175
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 196
TOTAL FEE $

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-10-06
Date Issued
Control #
Permit # 06-1119

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

Block 962 Lot 6 Qualification Code

Work Site Location 994 W. Sherman Avenue - Bldg. #2
Vineland, NJ 08360

Owner in Fee Silver Bernardini Bernardini LLC SBB LLC

Address 1138 Chestnut Avenue
Vineland, NJ 08360

Tel (856) 696-0900

Contractor HAYMAN ELECTRIC, INC.

Address 885 E. SHERMAN AVENUE
VINELAND, NEW JERSEY 08361

Tel (856) 691-8377 FAX (856) 692-4178

Contractor License No. 6650 Cell (609) 381-4018

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed B

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

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

Date: 6/20/06
Approved by: J.M.C.

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Footing ground			7/12/06	RT
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Walter Hayman
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	02	Footing Board	60

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

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

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-15-06
Date Issued
Control #
Permit # 06-1149 + B

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

Block 962 Lot 6 Qualification Code

Work Site Location 994 W. Sherman Avenue - Bldg.#2
Vineland, NJ.J. 08360

Owner in Fee Silver Bernardini Bernardini LLC

Address 994 W. Sherman Avenue
Vineland, NJ 08360

Tel (856) 606-0900

Contractor HAYMAN ELECTRIC, INC.

Address 685 E. SHERMAN AVENUE
VINELAND, NEW JERSEY 08361

Tel (856) 691-8377 FAX (856) 692-4178

Contractor License No. 6650 Cell (609) 381-4018

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present NA Proposed B

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

Building Occupied as Utility Co. Vineland

Est. Cost of Elec. Work $ 50,000

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.

Walter Hayman
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
164		Lighting Fixtures	
101		Receptacles	
39		Switches	
		Detectors	
5		Light Poles	
2	3/4	Motors—Fract. HP	
28		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
334		TOTAL NUMBERS	$ 2 ea 7.-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	4	KW Elec. Water Heater	1 ea -
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	15 ton	KW Central A/C Unit	120.-
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
600	1	AMP Service	2 ea 7.-
2	125	AMP Subpanels	120.-
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
10		Dock Lights with wells Pool	50.-

Administrative Surcharge $ 7.97
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 67

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

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

Date: 11.16.06
Approved by: J.MC

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 3/26/07
Approved by: J.MC.

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough Note Back			11-16-06	BC
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO 60 day			1-4-07	BC
Other				
Service	12-19-06		12-20-06	BC
Final	3-21-07		3-26-07	BC
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 12-20-06 BC
Annual Pool Inspection
Date of Grounding and Bonding Certification

Write 6 Rough work complete J.MC

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

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9-7-06
Control #
Date Issued
Permit # 06-1119+A

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

Block 2 Lot 2094 W. Sherman Ave Qualification Code Bldg 2
Work Site Location
Owner in Fee
Address
Tel ( ) FAX ( )
Contractor
Address
Tel ( ) FAX ( )
Contractor License No.
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4 Public Sewer ✓ Private Septic
Water Service Size 1 1/2 Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10-3-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1/4/07
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11/16/06	
Rough			11/30/06	
Water			12/8/06	
Sewer				
Fixtures				
Gas Equipment			12/15/06	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO N/A			1/4/07	

C. CERTIFICATION IN LIEU OF OATH

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

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

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
6	Water Closet	$ 20
2	Urinal/Bidet	10
	Bath Tub	
5	Lavatory	25
	Shower	
3	Floor Drain	7.5
2	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
2	Hose Bibb	30
1	Water Heater	15
	Fuel Oil Piping	
✓	Gas Piping	25
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
✓	Sewer Connection 4"	20
✓	Water Service Connection 1 1/2"	25
2	Stacks 4"	30
	Other	
2	Other d c duc	20

Administrative Surcharge $ 50-250
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F130 (rev. 01/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-29-06

Date Issued / Permit # 06-1119-D

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

Block 962 Lot 6 Qualification Code

Work Site Location (BOLLINGERS INSURANCE) 994 W. SHERMAN AVENUE VINELAND, NJ

Owner in Fee B & B Realty, LLC

Address 1138 E. Chestnut Ave. #8B Vineland, NJ 08360

Tel (973) 921-8179

Contractor SUPREME SECURITY SYSTEMS

Address 1565 UNION AVE. UNION, NJ 07083

Tel (908) 810-8822 FAX (908) 810-8329

Contractor License No. 7544

Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed VB

Constr. Class: Present ____ Proposed ____

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

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

[ ] Other ____

Location: ____

Fire Alarm System: [✓] New OR [ ] Existing

Location of Panel: ____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: ____

Fuel Storage Tank -Location: ____

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

Total Cost of Fire Protection Work $ 6,975.00

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	17	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	12	
Other Devices AVLS, PANELETE	15	
TOTAL	44	80
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting		
Other ____		

Administrative Surcharge $ ____

Minimum Fee $ 9

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 12-01-06

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 3-23-07

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System			1-04-07	[signature]
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			3-23-07	[signature]
Other ____				

U.C.C. F140 (rev. 07/03) Internet version

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

TCO 1-04-07

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-15-06

Date Issued
Permit # 06-1119+B

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

Block 962 Lot 6 Qualification Code

Work Site Location 994 W. Sherman Avenue Bldg 2
Vineland, NJ 08360

Owner in Fee S.B.&B. LLC

Address 994 W. Sherman Avenue
Vineland, NJ 08360

Tel. (856) 696-0900

Contractor TriMark Building Contractors Inc.

Address 3340 S. Lincoln Avenue
Vineland, NJ 08361

Tel. (856) 825-1990 FAX (856) 327-1567

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

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

Fire Alarm Contractor No.

Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present N/A Proposed B Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present N/A Proposed VB Location of Panel:

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

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

[ ] Other Location of Main Control Value:

Location: Ground Mounted Exterior

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 11-14-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 1-04-07

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			1-04-07	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I herby certify that I am (agent of) owner of record and am authorized to make this application. TRIMARK BLDG. CONT., INC.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

See attached drawings

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [X] Gas or [ ] Oil	2	
Fireplace Venting/Metal Chimney		
Other		100

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 3
TOTAL FEE	$

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT
Update

Date Issued 12-29-06
Permit # 06-1119+ D

IDENTIFICATION	BLOCK **962** LOT **6**	CONTRACTOR	**SUPREME SECURITY SYSTEMS**
		ADDRESS	**1656 UNION AVE**
Work Site Location:	**994 W SHERMAN AVE**		**UNION, NJ 07083**
		TELEPHONE NO.	**(908)810-8822**
OWNER IN FEE:	**S B & B REALTY LLC**	Lic. No. or Bldrs. Reg. No.	
ADDRESS	**1138 E CHESTNUT AVE #8B**	Fed. Emp. No.	
	VINELAND, NJ 08360		
TELEPHONE NO.	( )		

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRIC ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

ALARM DEVICES AND COMMUNICATION POINTS

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

Estimated Cost of Work $ 24,570

PAYMENTS	(Office Use Only)
BUILDING	$
ELECTRICAL	$85
PLUMBING	$
FIRE PROTECTION	$80
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$33
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	$198
CHECK #252	
CASH	☐
COLLECTED BY	

KEVIN KIRCHNER 12-29-06
Construction Official KEVIN KIRCHNER Date

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 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 given.

☐ Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. For Dwellings-a sealed as-built survey together with a copy of the plot plan or survey approved by the Zoning Officer at time of issuance of permits, must be submitted to Construction Office prior to backfill inspection;
3. Utility services, including septic.
4. 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.

☐ 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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".

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

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION UPDATE PERMIT

Date Issued 12-14-06
Permit # 06-1119+ 1

IDENTIFICATION: BLOCK **962** LOT **6**

Work Site Location: **994 W SHERMAN AVE BLDG #2**

OWNER IN FEE: **S B & B REALTY**

ADDRESS: **1138 E CHESTNUT AVE**
VINELAND, NJ 08360

TELEPHONE NO.: ( )

CONTRACTOR: **STAR LO COMMUNICATIONS**

ADDRESS: **32 S JEFFERSON RD**
WHIPPANY, NJ 07981

TELEPHONE NO.: **(973) 781-9191**

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☒ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:

COMMUNICATION POINTS

Estimated Cost of Work $ 26,362

PAYMENTS	(Office Use Only)
BUILDING	$
ELECTRICAL	$70
PLUMBING	$
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	$70
CHECK NO. 3399	
CASH	☐
COLLECTED BY	

KEVIN KIRCHNER 12-14-06
Construction Official KEVIN KIRCHNER Date

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 work installed conforms to the approved plans and 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 given.

Required inspections for all subcodes for one and two family dwelling are the following:

The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;

Foundations and all walls up to grade level prior to back filling;

All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;

Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.
A complete copy of approved plans must be kept on the job site. If you do not understand any of this information, please ask.

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION UPDATE PERMIT

Date Issued 11-15-06
Permit # 06-1119+B

IDENTIFICATION	BLOCK 962 LOT 6	CONTRACTOR	TRI MARK BUILDING CONTRACTORS
		ADDRESS	3340 S LINCOLN AVE
Work Site Location:	994 W SHERMAN AVE		VINELAND, NJ 08361
	BLDG 2	TELEPHONE NO.	(856) 825-1990
OWNER IN FEE:	SB & B LLC	Lic. No. or Bldrs. Reg. No.	
ADDRESS	994 W SHERMAN AVE	Fed. Emp. No.	
	VINELAND, NJ 08360		
TELEPHONE NO.	(856) 696-0900		

is hereby granted permission to perform the following work:

- ☒ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☒ ELECTRIC
- ☒ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT
- ☐ OTHER

DESCRIPTION OF WORK:

TENANT FIT UP - BOLLINGER INSURANCE

Estimated Cost of Work $ 196,210

PAYMENTS	(Office Use Only)
BUILDING	$2,175
ELECTRICAL	$797
PLUMBING	$
FIRE PROTECTION	$100
ELEVATOR DEVICES	$
OTHER	$
State Permit Fee	$266
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	$3,338
CHECK # 150	
CASH	☐
COLLECTED BY	MB

KEVIN KIRCHNER
Construction Official

Date 11/15/06

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 work installed conforms to the approved plans and 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 given.

Required inspections for all subcodes for one and two family dwelling are the following:

The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;

Foundations and all walls up to grade level prior to back filling;

All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;

Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

A complete copy of approved plans must be kept on the job site. **If you do not understand any of this information, please ask.**

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION UPDATE PERMIT

Date Issued 9-7-06
Permit # 06-1119~~A~~

IDENTIFICATION	BLOCK **962**	**LOT 6**	
Work Site Location:	**994 W SHERMAN AVE**		
OWNER IN FEE:	**SB & B LLC**		
ADDRESS	**1138 CHESTNUT AVE**		
	VINELAND, NJ 08360		
TELEPHONE NO.	**(856) 696-0900**		

CONTRACTOR	**AJ BERNARDINI SR t/a BERNAL INC**
ADDRESS	**2569 N DELSEA DR**
	VINELAND, NJ 08360
TELEPHONE NO.	**(856) 692-8048**
Lic. No. or Bldrs. Reg. No. Fed. Emp. No.	

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:

PLUMBING INSTALLATION

Estimated Cost of Work $ 5,000

PAYMENTS	(Office Use Only)
BUILDING	$
ELECTRICAL	$
PLUMBING	$570
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
State Permit Fee	$
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	$570
CHECK # 144	
CASH	☐
COLLECTED BY	MB

KEVIN KIRCHNER
Construction Official

9/7/06
Date

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 work installed conforms to the approved plans and 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 given.

Required inspections for all subcodes for one and two family dwelling are the following:

The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;

Foundations and all walls up to grade level prior to back filling;

All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;

Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

A complete copy of approved plans must be kept on the job site. **If you do not understand any of this information, please ask.**

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 7-10-06
Permit # 06-1119

IDENTIFICATION	BLOCK **962** LOT **6**	CONTRACTOR	**TRIMARK BLDG CONTR.**
		ADDRESS	**3340 S LINCOLN AVE**
Work Site Location:	**994 W SHERMAN AVE BLDG #2**		**VINELAND, NJ 08360**
		TELEPHONE NO.	**(856)825-1990**
OWNER IN FEE:	**S.B. &B., LLC**	Lic. No. or Bldrs. Reg. No.	
ADDRESS	**1138 CHESTNUT AVE**	Fed. Emp. No.	
	VINELAND, NJ 08360		
TELEPHONE NO.	**(856) 696-0900**		

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☒ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

CONSTRUCT 10,635 SQ FT SHELL FOR OFFICE BUILDING

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

Estimated Cost of Work $ 470,300

PAYMENTS	(Office Use Only)
BUILDING	**$6552**
ELECTRICAL	**$65**
PLUMBING	**$**
FIRE PROTECTION	**$**
ELEVATOR DEVICES	**$**
OTHER	**$**
STATE PERMIT FEE	**$579**
CERT. OF OCCUPANCY	**$125**
ZONING	**$29**
TOTAL	**$7350**
CHECK # 143	
CASH	☐
COLLECTED BY	

KEVIN KIRCHNER 7-10-06
Construction Official KEVIN KIRCHNER Date

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 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 given.

☐ Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. For Dwellings-a sealed as-built survey together with a copy of the plot plan or survey approved by the Zoning Officer at time of issuance of permits, must be submitted to Construction Office prior to backfill inspection;
3. Utility services, including septic.
4. 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.

☐ 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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".

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

CITY OF VINELAND
ZONING PERMIT or CERTIFICATE OF ZONING COMPLIANCE

Application Received: 06/15/06 Fee: $ 29.00 Permit Number: 544 - 2006

ZONING.. Permit (X) Shed/Pool Permit ( ) Cert. ( )...Use (C)(1)

Address: 994 W SHERMAN AVE

Zone: IN-1 Block: 962 Lot: 6

Owner: S B & B LLC Ph: 856-696-0900

Applicant: TRI MARK BUILDING CONTRACTORS INC Ph: 856-825-1990

ALL Existing Uses/Structures: MEDICAL OFFICE

Proposed Change/Alteration of Uses/Structures: OFFICE BUILDING, 121' X 89' X 26'5", 10440 SQ FT

The Proposed Activity is; Principal (X) or Accessory ( ) to the Site.

* * * * * * *

I hereby certify that I have examined a Zoning Permit Application for the issuance of a Zoning Permit or Cerificate of Zoning Compliance. The applicant has made certain Documents available for review, which will become a part of this Permit / Certificate. Upon review it was determined that this proposed Use or Structure is (all blocks checked and additional notations shall apply)....

1.( )..In compliance with the City of Vineland Land Use Ordinance now in effect, Ordinance 86-38 (amended) Chapter 300 Vineland Code, as a matter of being permitted, or approved by Variance there from;

2.(X)..Approved by - ( ) Zoning Board of Adj. or; (X) Planning Board Date of Final Approval: 8/2005 ;

3.( )..A Pre-Existing, Non-Conforming Use that can LEGALLY continue in that it met the provisions of a previous Zoning Ordinance at the time it was Constructed or the Use was instituted. Or, the Use or Structure pre-dates any of the Zoning Ordinances executed by the City of Vineland, Landis Township, or Borough of Vineland;

4.(X)..Conditions of approval as pertaining to this permit, and/or requirements of the applicant which are mandated to validate permit;

a. (X) Planning Division "permit release" memorandum must be attached;

b. ( ) Project site must be constructed as per Plot Plan or Site Plan;

c. (X) Size and location of Structure(s) proposed must be in accordance with the provisions identified in the Approval Resolution(s);

d. ( ) Redevelopment Authority Approval must be attached

e.

f.

g.

Date: 06/29/06

Zoning Officer, PATRICK FINLEY

Pd: .

BLOCK 962 LOT 6 ADDRESS (SITE) 994 W Sherman Ave Vld PERMIT NO. C-05-962/6 05-3021

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT APPLICATION

Barn

Rec'd 12/5/05 dlr

Applicant Complete: Sections I, II, III, IV, V(a), V(b) - (Optional VI)

I. IDENTIFICATION

1. Proposed Work-Site at: 994 W Sherman Ave Vld
2. Name of Owner in Fee: ~~Mark~~ Kenneth Watters
   Address ~~PO Box 2186~~ Vineland NJ 994 W Sherman Ave
   street municipality zip code
   Telephone No. 825-1990 Fax No.
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Kimble Const
   Address PO Box 164 Newfield NJ 08344
   Telephone No. ____ Fax No. ____
   License No. or, if new home Builder's Reg. No. ____ Exp. Date ____
   Federal Emp. No. [redacted] Social Security No. ____
5. Architect or Engineer: ____
   Address ____
   Telephone No. ____ Fax No. ____
6. Responsible Person In Charge of Work: ____ (Must Be N.J. Resident)
   Address ____
   Telephone No. ____ Fax No. ____

V(a). TYPE OF SEWAGE DISPOSAL

- ☐ Public or Private Company
- ☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY

- ☐ Public or Private Company
- ☐ Private (Well, Etc.)

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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

III. PROPOSED WORK

	Est. Cost
1. ☐ Small Job ($5,000 and no prior approvals)	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Electrical	
6. ☐ Plumbing	
7. ☐ Fire Protection	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abatement	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	2000
TOTAL COSTS	2000

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: U
2. Use Group:
3. Change In Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

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 Walls
9. ☐ Underground Storage Tanks

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 12/6/06
Permit # 05-2021

IDENTIFICATION	BLOCK **962** LOT **6**	CONTRACTOR	**RAMBONE CONSTRUCTION**
		ADDRESS	**PO BOX 164**
Work Site Location:	**994 W SHERMAN AVE**		**NEWFIELD, NJ 08344**
		TELEPHONE NO.	**(856)697-1086**
OWNER IN FEE:	**KENNETH WALTERS**	Lic. No. or Bldrs. Reg. No.	
ADDRESS	**994 W SHERMAN AVE**	Fed. Emp. No.	
	VINELAND, NJ 08360		
TELEPHONE NO.	**(856) 825-1990**		

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRIC ☐ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

DEMOLISH 20' X 15' BARN

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

Estimated Cost of Work $ 2,000

PAYMENTS	(Office Use Only)
BUILDING	**$50**
ELECTRICAL	$
PLUMBING	$
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	**$50**
CHECK #12667	
CASH	☐
COLLECTED BY	HG

KEVIN J KIRCHNER 12/6/05

Construction Official KEVIN J KIRCHNER Date

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 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 given.

☐Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. Utility services, including septic.
4. 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.

☐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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".

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

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE TECHNICAL SECTION

Date Received Control # 12-6-05

Date Issued Permit # 05-2021

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

Block 962 Lot 6 Qualification Code _____

Work Site Location 914 S Millman Ave Vineland

Owner in Fee Estate of Kenneth Hutton 914 N. Sherman Ave

Address PO Box 2156 Vineland NJ

Tel. (_____) 235-1551

Contractor Builder Direct

Address PO Box 4 Newfield NJ

Tel. (_____) 692-1056 FAX (_____) 692-1644

Contractor License No. or Builder Registration No. _____

Federal Emp. No [redacted]

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 _____ 1-17-06

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demo of Barn
20x
No utilities

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 [X] CA
Date: 1-17-06
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			1/17/06	RT
Barrier-Free				

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

NOTE

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

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

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

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

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

CK 962 LOT 6 ADDRESS (SITE) 994 W Sherman Ave PERMIT NO. 05-1987

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT APPLICATION

ant Complete: Sections I, II, III, IV, V(a), V(b) - (Optional VI)

ENTIFICATION

roposed Work-Site at: 994 W Sherman Ave
ame of Owner in Fee: Kenneth Walters
ddress 994 W Sherman Ave, Vineland, NJ 08360
street municipality zip code

elephone No. _____ Fax No. _____
wnership in Fee: Public _____ Private _____
rincipal Contractor: TONY RIZZO
ddress 795 Alvine Rd., Pittsgrove, NJ 08318
elephone No. _____ Fax No. _____
cense No. or, if new home, Builder's Reg. No. _____ Exp. Date. _____
ederal Emp. No. _____ Social Security No. _____
rchitect or Engineer: _____
ddress _____
elephone No. _____ Fax No. _____
esponsible Person In Charge of Work: _____ (Must Be N.J. Resident)
ddress _____
elephone No. _____ Fax No. _____

V(a). TYPE OF SEWAGE DISPOSAL
- ☐ Public or Private Company
- ☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY
- ☐ Public or Private Company
- ☐ Private (Well, Etc.)

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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

ROPOSED WORK

	Est. Cost
☐ Small Job ($5,000 and no prior approvals)	
☐ New Building	
☐ Addition	
☐ Alteration	
☐ Electrical	
☐ Plumbing	225-
☐ Fire Protection	
☐ Elevator Devices	
☐ Asbestos Abatement	
☐ Lead Hazard Abatement	
☐ Demolition	
TOTAL COSTS	225

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			1				

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: R5a
2. Use Group:
3. Change In Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

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

OES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators, Escalators, Lifts, Dumbwaiters, Moving Walks
- ☐ 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 Walls
- 9. ☐ Underground Storage Tanks

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 11-30-05
Permit # 05-1987

IDENTIFICATION BLOCK **962** LOT **6**

Work Site Location: **994 W SHERMAN AVE**

OWNER IN FEE: **KENNETH WALTERS**

ADDRESS **SAME**

TELEPHONE NO. ( )

CONTRACTOR **TONY RIZZO**
ADDRESS **795 ALVINE RD**
PITTSGROVE, NJ 08318
TELEPHONE NO. **(856)692-8194**
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRIC ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

CAP WATER/SEWER

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

Estimated Cost of Work $ 225

PAYMENTS	(Office Use Only)
BUILDING	$
ELECTRICAL	$
PLUMBING	$55
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	$55
CHECK #4833	
CASH	☐
COLLECTED BY	SP

KEVIN KIRCHNER 11-30-05
Construction Official Date

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 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 given.

☐Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. Utility services, including septic.
4. 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.

☐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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".
☐A complete copy of released plans must be kept on the job site.

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11-30-05
Permit # 05-1987

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

Block 912 Qualification Code
Work Site Location 994 W Sherman Ave
Owner in Fee ~~T~~ Kenneth Walters
Address ~~994 W Sherman Ave~~ same
Vineland NJ 08360
Tel ( )
Contractor Tony Rizzo
Address 795 Mound Rd
Pittsgrove NJ 08318
Tel (856) 692-4194 FAX (856) 692-1141
Contractor License No. 1034
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-5a Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 2,000

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: 12-05-05
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Anthony Rizzo
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

1034

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

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

Administrative Surcharge	$ 35
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F130 (rev. 01/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

962 LOT 6 ADDRESS (SITE) 994 W Sherman Ave C-05-962 Vineland PERMIT NO. 05-2022

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT APPLICATION

Rec'd 12/5/05 dh

nt Complete: Sections I, II, III, IV, V(a), V(b) - (Optional VI)

NTIFICATION
posed Work-Site at: 994 W Sherman Ave Vld
ne of Owner in Fee: ~~Ft Mask~~ Kenneth Walters
dress ~~Po Box 2186~~ Vineland NJ 994 W Sherman Ave
street municipality zip code
ephone No. 205-4550 Fax No.
nership in Fee: Public Private X
ıcipal Contractor: Rampone Const
dress PO Box 1164 Newfield NJ
ephone No. 697 1086 Fax No. 697 1074
ense No. or, if new home, Builder's Reg. No. Exp. Date
leral Emp. No. [redacted] Social Security No.
hitect or Engineer:
dress
ephone No. Fax No.
sponsible Person In Charge of Work: (Must Be N.J. Resident)
dress
ephone No. Fax No.

V(a). TYPE OF SEWAGE DISPOSAL
- ☐ Public or Private Company
- ☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY
- ☐ Public or Private Company
- ☐ Private (Well, Etc.)

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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

OPOSED WORK	Est. Cost
Small Job ($5,000 and no prior approvals)	
New Building	
Addition	
Alteration	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Asbestos Abatement	
Lead Hazard Abatement	
Demolition	10,000
TOTAL COSTS	10,000

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: R-5a
2. Use Group:
3. Change In Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
Before Construction	1	
After Construction	0	
Net Gain or Loss	1	

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

DES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

Elevators, Escalators, Lifts, Dumbwaiters, Moving Walks
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 Walls
9. ☐ Underground Storage Tanks

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT

Date Issued 12/6/06
Permit # 05-2022

IDENTIFICATION
BLOCK **962** LOT **6**

Work Site Location: **994 W SHERMAN AVE**

OWNER IN FEE: **KENNETH WALTERS**
ADDRESS **994 W SHERMAN AVE**
VINELAND, NJ 08360
TELEPHONE NO. **(856) 825-1990**

CONTRACTOR **RAMBONE CONSTRUCTION**
ADDRESS **PO BOX 164**
NEWFIELD, NJ 08344
TELEPHONE NO. **(856)697-1086**
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRIC ☐ FIRE PROTECTION ☒ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

DEMOLISH SINGLE FAMILY DWELLING

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

Estimated Cost of Work $ 10,000

PAYMENTS	(Office Use Only)
BUILDING	$50
ELECTRICAL	$
PLUMBING	$
FIRE PROTECTION	$
ELEVATOR DEVICES	$
OTHER	$
STATE PERMIT FEE	$
CERT. OF OCCUPANCY	$
ZONING	$
TOTAL	$50
CHECK #12667	
CASH	☐
COLLECTED BY	HG

KEVIN J KIRCHNER 12/6/05
Construction Official KEVIN J KIRCHNER Date

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 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 given.

☐Required inspections for all subcodes for one and two family dwelling are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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. Utility services, including septic.
4. 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.

☐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 an provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC5:23-3.5, "Posting structures".
☐A complete copy of released plans must be kept on the job site.

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE TECHNICAL SECTION

Date Received / Control # 12-6-05
Date Issued / Permit # 05-2022

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

Block 562 Lot 6 Qualification Code
Work Site Location 994 Sherman Ave Vineland
Owner in Fee Fr. Mark
Address PO Box 2186 Vineland NJ 08362
Tel. ( ) 825-4410
Contractor Rumbon Const
Address PO Box 166 Newport NJ 08344
Tel. ( ) 609 7105 6 FAX ( ) 609 7104
Contractor License No. or Builder Registration No.
Federal Emp. No [redacted]

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: 1-17-06
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			1/17/06	RT.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 16,000
3. Total (1+ 2) $ 16,000

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
Demo of Dwelling

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

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-30-05

Date Issued
Permit # 05-1987

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

Block 962 Qualification Code
Work Site Location 994 W Sherman Ave
Vineland NJ 08360
Owner in Fee ~~Tenant~~ Kenneth Walters
Address ~~PO Box 2176~~ Same
Vineland NJ 08360
Tel ( )
Contractor Tony Rizzo
Address 795 Alvina Rd
Pittsgrove NJ 08318
Tel (856) 692-8194 FAX (856) 692-1141
Contractor License No 7034
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-5a Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 225

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11-30-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-5-05
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Anthony Rizzo
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

7034

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

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

Administrative Surcharge $ 55
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

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

Center for Orthopedic & Sports Medicine Bldg #1 (Expand) C-05-962/6

BLOCK 962 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 994 W. Sherman Ave PERMIT NO. 06-140

Called 6/6/06 Rec 12/21/05 mb Water Fee 1/3 Bldg 2 Called 5/4/06 mb

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 994 W. Sherman Avenue
2. Name of Owner: SB+B Realty LLC Tel. (856) ~~696-0900~~
   Address 1138 E Chestnut Ave (street) Vineland, NJ (municipality) 08360 (zip code)
   SB
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: TriMark Bldg. Contr. Tel. (856) 825-1990
   Address 3340 S. Lincoln Ave. Vineland, NJ 08361
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: (856) 327-1567
5. Architect or Engineer J.W. Pedersen Tel. (856) 692-5622
   Address P.O. Box 637, Vineland, NJ Contact John Pedersen
6. Responsible Person in Charge once Work has Begun Leigh Marcello
   Tel. (856) 825-1990 FAX: (856) 327-1567

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	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 29' 2" ft.	
3. Area — Largest Floor 10,415 sq. ft.	
4. New Building Area 13,379 sq. ft.	
5. Volume of New Structure 841,336 cu. ft.	
6. Construction Classification VB	
7. Total Land Area Disturbed 10,415 sq. ft.	
8. Flood Hazard Zone NO	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ no X	
11. Max. Live Load _____	
12. Max. Occupancy Load _____	

V(a). TYPE OF SEWAGE DISPOSAL

XX ☑ Public or Private Company
☐ Private (Septic Tank, Etc.)

V(b). TYPE OF WATER SUPPLY

XX ☑ Public or Private Company
☐ Private (Well, Etc.)

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	454000								
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection	1000								
6. ☑ Plumbing	10,000								
7. ☑ Electrical	250 elect			2/16/06		AW			
8. ☑ Elevator Devices	100,000								
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: (All Units / Income-restricted)
   Before Construction
   After Construction
   Net Gain or Loss

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

III. DO YOU WANT: (optional)

XX 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
10. ☐ Swimming Pools, Spas and Hot Tubs

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

CERTIFICATE

DATE ISSUED 1/22/07
PERMIT # 06-140

IDENTIFICATION

BLOCK 962 LOT 6

WORK SITE LOCATION 994 W SHERMAN AVE

OWNER IN FEE/OCCUPANT S B & B REALTY LLC

ADDRESS 1138 E CHESTNUT AVE
VINELAND, NJ 08361

Telephone (_____) _____

CONTRACTOR TRIMARK BLDG CONTR

ADDRESS 3340 S LINCOLN AVE
VINELAND, NJ 08361

TELEPHONE (856) 825-1990 FAX (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. [redacted]

Home Warranty No. _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group B

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy _____

Description of Work/Use:

CONSTRUCT 10,675 SQ FT MEDICAL OFFICE BUILDING #1.
T/A: SJ CENTER FOR ORTHOPEDIC & SPORTS MEDICINE.

☒ **CERTIFICATE OF OCCUPANCY**
This serves notice that said building or structure has been constructed in accordance With the New Jersey Uniform Construction code and is approved for occupancy.

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

_____

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

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

FEE $ 100.00
Paid ☒ Check No. WITH PERMIT
Collected by HG

ACTING CONSTRUCTION OFFICIAL, ROBERT AUSSENBERG

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10-17-06
Control # 06-140
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 962 Lot 6 Qualification Code

Work Site Location 994 W. Sherman Ave (Physical Therapy Area)
Vineland, NJ 08360

Owner in Fee S.B.&B., LLC

Address 1138 Chestnut Avenue
Vineland, NJ 08360

Tel. (856) 696-0900

Contractor TriMark Building Contractors Inc.

Address 3340 S. Lincoln Avenue
Vineland, NJ 08361

Tel. (856) 825-1990 FAX (856) 327-1567

Contractor License No. or Builder Registration No.

Federal Emp. No [redacted]

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 J. (TONIS) E. LESINS, CST

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Physical Therapy Area (Fit-up)
of unfinished area
of Bldg #1

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12/4/06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12/27/06
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame NOTE				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12-27-06	BA
Barrier-Free				

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

FEE (Office Use Only)
$ 700

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	B	B
Constr. Class	VB	VB
No. of Stories	2	
Height of Structure	29'2" Ft.	
Area — Largest Floor	10,415 Sq. Ft.	
New Bldg. Area/All Floors	13,379 Sq. Ft.	
Volume of New Structure	841,336 Cu. Ft.	
Total Land Area Disturbed	10,415 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 35,000
2. Rehabilitation $
3. Total (1+ 2) $ 35,000

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 6-8-06

Date Issued Permit # 06-140/1

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

Block 962 Lot 6 Qualification Code

Work Site Location 994 W. Sherman Avenue
Vineland, NJ 08360

Owner in Fee S.B.& B. LLC

Address 1138 Chestnut Avenue
Vineland, NH 08360

Tel. (856) 696-0900

Contractor TriMark Building Contractors Inc.

Address 3340 S. Lincoln Avenue
Vineland, NJ 08361

Tel. (856) 825-1990 FAX (856) 327-1567

Contractor License No. or Builder Registration No.

Federal Emp. No [redacted]

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.

FOR TRIMARK BLDG. CONTR., INC.

Signature J. (Yonis) E. Lesins, CSI

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Finishes

See Schedule of Value Attached

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5 FTW	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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			1607	BA
Barrier-Free				

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

FEE (Office Use Only)
$ 1740

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 157
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present N/A Proposed B
Constr. Class Present N/A Proposed VB
No. of Stories 2
Height of Structure 29'2" Ft.
Area — Largest Floor 10,415 Sq. Ft.
New Bldg. Area/All Floors 13,379 Sq. Ft.
Volume of New Structure 841336 Cu. Ft.
Total Land Area Disturbed 10,415 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 115,500.00

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

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

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 856-794-4113

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-2-06
Control #
Permit # 06-140

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

Block 962 Lot 6
Work Site Location 994 W. Sherman Avenue
Vineland, NJ 08360
Owner in Fee ~~S.B.&B., LLC~~ Kenneth Walters
Address ~~1138 Chestnut Avenue~~ 994 W Sherman Ave
Vineland, NJ 08360
Tele. (856) 696-0900
Contractor TriMark Building Contractors Inc.
Address 3340 S. Lincoln Avenue
Vineland, NJ 08361
Tele. (856) 825-1990 Fax (856) 327-1567
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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
J. (Yonis E. Lesins, CSI

D. TECHNICAL SITE DATA

Bldg #1

DESCRIPTION OF WORK

Construction of Shell
For Medical Office
121' x 90' x 29'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1/31	LW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing NOTE				
Foundation				
Slab				
Frame NOTE	5-23-06		5/30/06	BA
Barrier-Free				
Insulation			5/30/06	BA
Finishes				
Energy				
Mechanical				
TCO			9-8-06	BA
Other				
Final NOTE	9-6-06		1-18-07	BA
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present N/A Proposed B
Constr. Class Present N/A Proposed VB
No. of Stories 2
Height of Structure 29' 2" Ft.
Area — Largest Floor 10,415 Sq. Ft.
New Bldg. Area/All Floors 13,379 Sq. Ft.
Volume of New Structure 841,336 Cu. Ft.
Total Land Area Disturbed 10,415 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 450,000
2. Alteration $
3. Total (1+ 2) $ 450,000

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing 214,422 x .025
[ ] Siding
[ ] Fence 10,075 sf Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$
5373

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 5 70
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control # 5-12-06
Permit # 060140+B

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

Block 962 Lot 6 Qualification Code

Work Site Location 934 W. Sherman Avenue
Vineland, NJ 08360

Owner in Fee Silver, Bernardini, Bernardini LLC

Address 1138 E. Chestnut Avenue
Vineland, NJ 08360

Tel (856) 696-0900

Contractor HAYMAN ELECTRIC, INC.

Address 685 E. SHERMAN AVENUE
VINELAND, NEW JERSEY 08361

Tel (856) 691-8377 FAX (856) 692-4178

Contractor License No. 6650 Cell (609) 381-4018

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as OFFICES Utility Co. Vineland Electric

Est. Cost of Elec. Work $ 10000

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.

Wilt Hayman
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
155		Lighting Fixtures	
14		Receptacles	
23		Switches	
		Detectors	
2		Light Poles	
8		Motors—Fract. HP	
38		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
437		TOTAL NUMBERS	$ 295
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	60
4		KW Elec. Range/Receptacle	40 —
		KW Oven/Surface Unit	60
4	4.9	KW Elec. Water Heater	40 —
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	70 — 105
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	30
			15
1	2	KW Transformer/Generator	135
1	200	AMP Service	100 —
1		AMP Subpanels	325
		AMP Motor Control Center	
1	.5	KW Elec. Sign/Outline Light	15
			70 —
		Administrative Surcharge	$ 1030
		Minimum Fee	$
		State Permit Surcharge Fee	$
		TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

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

Date: 4/6/06

Approved by: J. Hall

SUBCODE APPROVAL
[Coo] CCO [ ] CA

Date: 1/4/07

Approved by: J. Hall

INSPECTIONS — Dates (Month/Day)

Type: W&M's	Failure	Failure	Approval	Initial
Rough			5/19/06	J. Hall
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			9/1/06	J. Hall
Other FEEDERS			7/13/06	J. Hall
Service			7/13/06	J. Hall
~~Final~~ Rough Inspection	Final		1/4/07	J. Hall
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 7/13/06

Annual Pool Inspection

Date of Grounding and Bonding Certification

OK Extend 1/1/06 J. Hall

7/25/06 Approved CBO J. Hall

5/24/06 L.V. Given OK for Temp. Pwr. Pool Bond. OK J. Hall

Final 1/4/07 JH

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

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3-9-06
Control #
Permit # 06-140+A

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

Block 962 Lot 6 Qualification Code

Work Site Location W. Sherman Ave 994 W. Sherman Avenue
Vineland, NJ 08360

Owner in Fee S.B.&B., LLC
Address 1138 Chestnut Avenue
Vineland, NJ 08360

Tel (856) 696-0900
Contractor HAYMAN ELECTRIC, INC.
Address 885 E. SHERMAN AVENUE
VINELAND, NEW JERSEY 08361

Tel (856) 691-8377 FAX (856) 692-4178
Contractor License No. 6650 Cell (609) 381-4018
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400 est

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2-21-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/9/06
Approved by: JM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench			3/9/06	JM
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued 3/9/06
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.

Walter Hayman
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	100 Amp	120/240V T-Pole Blg	55

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

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

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

Bldg 1

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10-17-06
Date Issued
Control #
Permit # 06-140+D

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

Block 962 Lot 6 Qualification Code

Work Site Location SBK PT Inc (Physical Therpy Room)
994 W. Sherman Avenue, Vineland, NJ

Owner in Fee S.B.& B., LLC

Address 1138 Chestnut Avenue
Vineland, NJ 08360

Tel (856) 696-0900

Contractor HAYMAN ELECTRIC, INC.

Address 685 E. SHERMAN AVENUE
VINELAND, NEW JERSEY 08361

Tel (856) 691-8377 FAX (856) 692-4178

Contractor License No. 6650 Cell (609) 381-4018

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B

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

Building Occupied as Medical Office Utility Co.

Est. Cost of Elec. Work $ 8,000

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.

Walt Hayman

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
28		Lighting Fixtures	
38		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
5		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
80		TOTAL NUMBERS	$ 85.-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	100	AMP Subpanels	60.-
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2	220	220V Receptacles	30.-

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

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

Date: 10/5/06
Approved by: JMC.

SUBCODE APPROVAL
[✓] CCO [ ] CCO [ ] CA

Date: 12/29/06
Approved by: JMC.

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10-17-06	MC
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-29-06	MC
Barrier-Free				

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

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

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-12-06
Date Issued
Control #
Permit # 06-140+D4

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

Block 162 Lot 6
Work Site Location 994 W Sherman Ave. Bldg 1
Owner in Fee/Occupant SBR LLC
Address 2569 N. Delsea Drive
Vineland, NJ 08361
Tele. ( )
Contractor Bianco Security Systems
Address PO Box 358
Vineland NJ 08361
Tele. (856) 692-2000 Fax (856) 691-4444
Lic. No. 34BA00094700
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed New
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2,570.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/26/06
Approved by: JMC

SUBCODE APPROVAL
[ ] CCO [ ] CA
Date: 1/4/07
Approved by: JMC

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			5/29/06	JMC
Temp. Serv.				
Constr. Serv.				
TCO			9/11/06	JMC
Other				
Service				
Final			1/4/07	JMC

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

10/31/06 OK Extend JMC.

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
39		Alarm Devices/F.A.C. Panel
		.....
39		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)

$ 55—

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 0
TOTAL FEE	$

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

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

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 609-794-4114

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-12-06
Control #
Permit # 06-1407B

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

Block 962 Lot 6
Work Site Location 994 W. Sherman Avenue
Vineland, NJ 08360
Owner in Fee S.B.&B., LLC
Address 1138 Chestnut Avenue
Vineland, NJ 08360
Tele. (866) 606-0900
Contractor Bernal Mechanical Contractors Inc.
Address 2569 N. Delsea Drive
Vineland, NJ 08360
Tele. (856) 692-8048
Lic. No. 8755
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present N/A Proposed B
Building Sewer Size 4 Public Sewer ✓ Private Septic _____
Water Service Size 1½ Public Water ✓ Private Well _____
Estimated Cost of Plumbing Work $ 60,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 2-16-06
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] DCA
Approved By:
Date: 5-9-06

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab			5/17/06	ABF
Rough			6-2-06	ABF
Water (Calvin)			6-2-06	ABF
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			6-2-06	ABF
Solar				
TCO			5/6/06	WS

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
5	Water Closet	~~50~~ 75
~~5~~	Urinal/Bidet	
5	Bath Tub	~~50~~ 75
	Lavatory	
1	Shower	~~10~~ 15
13	Floor Drain	~~130~~ 195
	Sink	
	Dishwasher	
	Drinking Fountain	
3	Washing Machine	~~30~~ 45
2	Hose Bibb	~~20~~ 30
YES	Water Heater	
	Fuel Oil Piping	
	Gas Piping	~~50~~ 75
	Steam Boiler	
1	Hot Water Boiler	~~50~~ 75
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
6	~~Water Cooled~~ A/C or Refrigeration Unit	~~60~~ 95
✓	Sewer Connection	~~50~~ 75
✓	Water Service Connection	~~50~~ 75
~~1~~	~~Active Solar System~~	
3	Other STACK-VENT	~~30~~ 45

Administrative Surcharge $ ~~60~~ 875
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 6-12-06
Control #
Date Issued
Permit # 06-1407C

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

Block 402 Lot 9 Qualification Code
Work Site Location 994 WEST SHERMAN AVE
Vineland NJ 08360
Owner in Fee SRB LLC
Address 2569 Delsea Drive
Vineland NJ 08360
Tel ( )
Contractor Blanco Security Systems Inc.
Address P.O. Box 358
Vineland NJ 08362
Tel (856) 692-4444 FAX (856) 691-4444
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. 34FA00061900
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____

Fire Alarm System: [X] New OR [ ] Existing
Location of Panel: Electrical Room
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ____

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

Total Cost of Fire Protection Work $ 3737.00

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

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

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	34	
Supervisory Devices (i.e., tampers, low/high air)	18	
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL	52	80
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other ____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System	2	
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other ____		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 5-25-06
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-29-06
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Alarm System			12-29-06	[signature]
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			12-29-06	[signature]
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12-29-06	[signature]
Other ____				

U.C.C. F140 (rev. 1/04) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLANS HAVE INTO COMING IN - 5-25-06 APPROVED - COORDINATION WITH CONTRACTOR

CITY OF VINELAND
Vineland, New Jersey 08360
Phone: 609-794-4114

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-12-06
Control #
Permit # 06-140+B

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

Block 962 Lot 6
Work Site Location 994 W. Sherman Avenue
Vineland, NJ
Owner in Fee S.B.&B.,LLC
Address 1138 Chestnut Avenue
Vineland, NJ 08360
Tele. (856) 696-0900
Contractor Bernal Mechanical Contractors Inc.
Address 2569 N. Delsea Drive
Vineland, NJ 08360
Tele. (856 692-8048
Lic. No. 875
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present N/A Proposed B
Constr. Class. Present N/A Proposed VB
Heating Systems [ ] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 10000 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 5-04-06
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 9-07-06
Approved by: [signature]

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			9-07-06	[signature]
TCO			9-07-06	[signature]
Other				[signature]
Other				
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.

9-07-06
2ND Floor under const.
ISSUE DRAFT STOP

[signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or ~~Oil Fired~~ Appliance		
OTHER AC Units	7	350

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Next	Prior	Update	Photos	PRC	Help	Close							
Block: 6101	Lot: 28	Q: C1A	B: M	Loc: 994 W SHERMAN AVE	4A								
Mod4	Calc	History	Land	Bldg	Sketch	Fixtures	Detached	More...					
L:384300 I:1644800 T:2029100 (Change:-71500) SF:0	VINELAND												

Owner:	994 W SHERMAN REALTY ASSOC LLC		Class:	4A	
Street:	994 W SHERMAN AVE UNIT 1		Bank:	00000	
Town:	VINELAND, NJ	08360	Acct Num:	00021875	
Deductions:	S 0 V 0 W 0 R 0 D 0	Owners: 0	Amount:	0	
Prior Block:	962	Lot: 6 Q: C1A	Updated:	09/23/16	

	2020	2021	PRC	ExemptCd	Amt
Land:	384300	384300	384300	1	0
Impr:	1716300	1716300	1644800	2	0
Exempt:	0	0		3	0
NetValue:	2100600	2100600	2029100	4	0

Land Dim:	5.16 AC	Map:	61	Partial:		Taxes
Bldg Desc:		Clas4Cd:				(57): 60644.32
Addl Lots:		Prc SF:	0	M4 SF:	0	Taxes
	50% C E	Mtg Num:				(58): 61484.56

Exempt Property List				SpTax	Tenant Rebate		Dwelling U:	
Owner:	00	Statute:		1	BaseYr:	15	Comm U:	
Use:	00	Init Date:	000000	2	Flag:		Tract:	
Desc:	000	Further:	000000	3	BYTax:	50341.97	CensusB:	
FName:				4	BYrAssmt:	2029100	1:	2:

Next | Prior | Update | Photos | PRC | Help | Close

Block:	Lot:	Q:	B:	Loc:	
6101	28	C1A	M	994 W SHERMAN AVE	4A

Mod4 | Calc | History | Land | Bldg | Sketch | Fixtures | Detached | More...

L:384300 I:1644800 T:2029100 (Change:-71500) SF:0 VINELAND

Sales Auto Search - Comps - Comp Search

Last Sale:	Bk	Pg	Price:	Nu	Cd	
09/25/07	4033	245	2160489	6		97.23 %

Date	Grantor/Grantee	Amount	NU

Tax List

Year	Owner	Class	Land	Impr	Exmpt	Net
2021	994 W SHERMAN REALTY ASSOC LLC	4A	384300	1716300	0	2100600
2020	994 W SHERMAN REALTY ASSOC LLC	4A	384300	1716300	0	2100600
2019	994 W SHERMAN REALTY ASSOC LLC	4A	384300	1716300	0	2100600
2018	994 W SHERMAN REALTY ASSOC LLC	4A	384300	1716300	0	2100600

Building Permits

Date	Number	Description	Amount/AA	Compl/CO

Tax Appeals

Date	Number	Judgement Code	Land	Impr	Exmpt	Net

RECORD & RETURN TO
COLONIAL TITLE AGENCY
1105 E. Chestnut Ave.
Vineland, NJ 08360
CT# 14017

Prepared by:
Isabella A. Garofola, Esquire

S. B. & B. CONDOMINIUM UNIT DEED

THIS DEED, is made this 25 day of September, 2007, between **S. B. & B. REALTY, L.L.C.**, a New Jersey Limited Liability Company, having a mailing address of 994 W. Sherman Avenue, Vineland, New Jersey, 08360, referred to in this document as "Grantor", and

994 W. SHERMAN REALTY ASSOCIATES, L.L.C., a New Jersey Limited Liability Company, whose address is 994 W. Sherman Avenue, Vineland, New Jersey, 08360, referred to in this document as "Grantee".

(The words "Grantor" and "Grantee" include all Grantors and all Grantees under this Deed.)

In return for the assumption and refinance of the Construction Mortgage between S. B. & B. Realty, L.L.C., and Susquehanna Patriot Bank (now Susquehanna Bank) in the principal amount of Two Million One Hundred Sixty Thousand Four Hundred Eighty-nine and 00/100 Dollars ($2,160,489.00), and the release of Seller from any obligation with respect to that loan, and Mortgage, the Grantor grants and conveys to the Grantee a certain condominium Unit, located in the City of Vineland, County of Cumberland, and State of New Jersey, specifically described as follows:

Unit 1 (also known as Building 1) situated in the S. B. & B. Condominium, together with an undivided 50.00 percentage interest in the Common Elements of said Condominium (referred to in this Deed as the "Unit"). The conveyance evidenced by this Deed is made under the provisions of and is subject to the New Jersey Condominium Act (N.J.S. 46:8B-1 et seq.) as amended, and any applicable regulations adopted under such law. The conveyance evidenced by this Deed is also made in accordance with the terms, limitations, conditions, covenants, restrictions, easements, agreements and other provisions set forth in that certain Master Deed for S. B. & B. Condominium Association, Inc., dated September 25, 2007, and recorded in the office of the Clerk of Cumberland County on _____, 2007, in Deed Book ____ _____, Page _____ & c. (which is being recorded in the office of the Clerk of Cumberland County, immediately prior to the recording of this Deed), and as the same may now or hereafter be lawfully amended.

The Unit is now designated as Lot 6, Unit 1, Block 962 on the municipal tax map of the City of Vineland.

Being part of the same lands and premises which became vested in S. B. & B. Realty, L.L.C., a New Jersey Limited Liability Company, by Deed from Kenneth M. Walters, dated November 21, 2005, and recorded in the Office of the Clerk of Cumberland County on November 21, 2005, in Deed Book 2889, Page 238 & c.

Next	Prior	Update	Photos	PRC	Help	Close

Block: 6101	Lot: 28	Q: C2A	B: M	Loc: 994 W SHERMAN AVE	4A

Mod4	Calc	History	Land	Bldg	Sketch	Fixtures	Detached	More...

L:371100 I:1588500 T:1959600 (Change:0) SF:0	VINELAND

Owner:	S B & B REALTY LLC			Class:	4A
Street:	994 W SHERMAN AVE BLDG 1			Bank:	
Town:	VINELAND, NJ	08360		Acct Num:	00021876
Deductions:	S 0 V 0 W 0 R 0 D 0	Owners: 0		Amount:	0
Prior Block:	962	Lot: 6	Q: C2A	Updated:	12/07/12

	2020	2021	PRC	ExemptCd	Amt
Land:	371100	371100	371100	1	0
Impr:	1588500	1588500	1588500	2	0
Exempt:	0	0		3	0
NetValue:	1959600	1959600	1959600	4	0

Land Dim:	5.16 AC	Map:	61	Partial:		Taxes
Bldg Desc:		Clas4Cd:				(57): 56573.65
Addl Lots:		Prc SF:	0	M4 SF:	0	Taxes
	50% C E	Mtg Num:				(58): 57357.49

Exempt Property List				SpTax	Tenant Rebate		Dwelling U:	
Owner:	00	Statute:		1	BaseYr:	15	Comm U:	
Use:	00	Init Date:	000000	2	Flag:		Tract:	
Desc:	000	Further:	000000	3	BYTax:	48617.68	CensusB:	
FName:				4	BYrAssmt:	1959600	1:	2:

Next	Prior	Update	Photos	PRC	Help	Close

Block: 6101	Lot: 28	Q: C2A	B: M	Loc: 994 W SHERMAN AVE	4A

Mod4	Calc	History	Land	Bldg	Sketch	Fixtures	Detached	More...

L:371100 I:1588500 T:1959600 (Change:0) SF:0	VINELAND

Sales	Auto Search - Comps - Comp Search								
Last Sale:	09/25/07	Bk 4033	Pg 181	Price: 0	Nu 6	Cd	%		
Date	Grantor/Grantee						Amount		NU

Tax List

Year	Owner	Class	Land	Impr	Exmpt	Net
2021	S B & B REALTY LLC	4A	371100	1588500	0	1959600
2020	S B & B REALTY LLC	4A	371100	1588500	0	1959600
2019	S B & B REALTY LLC	4A	371100	1588500	0	1959600
2018	S B & B REALTY LLC	4A	371100	1588500	0	1959600

Building Permits

Date	Number	Description	Amount/AA	Compl/CO
06/11/20	20-0653	INTERIOR RENOV FOR PULSE VASCULAR	480000	00/00/00
			0	00/00/00

Tax Appeals

Date	Number	Judgement Code	Land	Impr	Exmpt	Net

RECORDING INFORMATION SHEET

CUMBERLAND COUNTY CLERK'S OFFICE
60 WEST BROAD STREET
BRIDGETON NJ 08302

INSTRUMENT NUMBER:	DOCUMENT TYPE :
294224	CONDO DEED

Official Use Only

GLORIA NOTO, COUNTY CLERK
CUMBERLAND COUNTY, NJ

INSTRUMENT NUMBER
294224
RECORDED ON
October 2, 2007 02:17 pm
BOOK:4033 PAGE:181

RMG

Return Address *(for recorded documents)*

COLONIAL TITLE AGENCY
1105 EAST CHESTNUT AVENUE
VINELAND NJ 08360

No. Of Pages *(excluding Summary Sheet)*	63
Recording Fee *(excluding Transfer Tax)*	$660.00
Realty Transfer Tax	$0.00
Amount Charged (Charge)	$660.00

Parcel Information	**Block** **Lot**
First Party Name	SB & B REALTY LLC
Second Party Name	SB & B CONDOMINIUM ASSOC INC

MAIL COPY _____
NO COPY _____
ENVELOPE ✓

ADDITIONAL STAMPINGS _____

Additional Information (Official Use Only)

********** *DO NOT REMOVE THIS PAGE.* **********
COVER SHEET (DOCUMENT SUMMARY FORM) IS PART OF CUMBERLAND COUNTY FILING RECORD
********** *RETAIN THIS PAGE FOR FUTURE REFERENCE.* **********

Vineland Fire Departmen

(L & I) Incidents by Street Address

Street Name = "SHERMAN " and
Address Number = "994" and Street Type = "AVE "
and Street Prefix = "W "

Incident-Exp#	Alm Date	Alm Time	Lot/Apt,Suite Etc.	Incident Type
10-0001595-000	10/27/2010	15:18:33		652 Steam, vapor, fog or dust thought to be smoke
17-0000080-000	01/18/2017	01:06:30		622 No Incident found on arrival at dispatch addre

Total Incident Count 2

Vineland Fire Departmen

(L & I) Incidents by Street Address

Block = "6101" and Lot = 28

Incident-Exp#	Alm Date	Alm Time	Lot/Apt,Suite Etc.	Incident Type
10-0001595-000	10/27/2010	15:18:33		652 Steam, vapor, fog or dust thought to be smoke
17-0000080-000	01/18/2017	01:06:30		622 No Incident found on arrival at dispatch addre

Total Incident Count 2