TOWNSHIP OF WINSLOW
102 TANSBORO ROAD
TANSBORO, N.J. 08009

Date Issued 02/15/05
Control #
Permit # 04-09-1975

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 2102 Lot 3.01 Qual
Work Site Location 491 WILLIAMSTOWN ROAD
SICKLERVILLE
Owner in Fee/Occupant OZTURK, PASA
Address 36 KATHRINE COURT
GLASSBORO, NJ 08028-
Telephone
Contractor ACTION SIGN
Address 217 EWAN RD.
MULLICA HILL, NJ 08062-
Telephone (856)478-0404 Fax (856)478-6889
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
[ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

FREESTANDING SIGN AND FACIA SIGN
WINSLOW FAMILY DINER/RESTAURANT SIGN# 0240
$7,925.00

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Fee $ 0
Paid [X] Check No. 4909
Collected by: ARF

Construction Official

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9-24-04
Date Issued
Control #
Permit # 04-09-1975

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

Block 2102 Lot 3.01
Work Site Location Winslow Family DINER/Restaurant
491 Williamstown Road Sicklerville
Owner in Fee PASA OZTURK
Address 36 Kathrine Court
Glassboro, NJ. 08028
Tele. (_____
Contractor Action Sign Co, Inc.
Address 217 EWAN ROAD
MULLICA HILL, NJ 08062-2903
Tele. (856) 478-0404 Fax (856) 478-6889
Lic. No. or Bldrs. Reg. No _____
Federal Emp. No. _____

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
FABRICATE + Install (1) 6'x16' + (1) 4'x8' D/F Illuminated Pylon signs Installed existing poles.
(1) 4'x10' S/F Illuminated Building sign. neon Borders across top (front) of Diner.

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: 9/10/05
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9/10/05	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 128 Sq. Ft. (Pylon) 40 Sq. ft. (Bldg.)
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
	202.00

Administrative Surcharge	$
Minimum Fee	$
AH DCA Training Fee	$ 10.00
TOTAL FEE	$ 212.00

B. BUILDING CHARACTERISTICS

Use Group Present A-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. Alteration $ 7,425.00
3. Total (1+ 2) $ 7,425.00

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 9-24-04
Date Issued
Control #
Permit # 04-09-1975

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

Block 2102 Lot 3.01
Work Site Location WINSLOW FAMILY DINER/RESTAURANT
491 Williamstown Road
Owner in Fee/Occupant PASA OZTURK
Address 36 Kathrine Court
Glassboro NJ 08028
Tele. (
Contractor Central Electrical Co INC.
Address 225 Dahlia Ave
Winstown, NJ 08094
Tele. (856) 875-8872 Fax (856) 875-0002
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present A3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 9/6/04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CC
Date: 9/10/04
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/10/04	

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

C. CERTIFICATION IN LIEU OF OATH

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

Kurt Lindsley
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
2	2 KW	KW Elec. Sign/Outline Light	46.00
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
A/~~DCA~~ Training Fee	$	1.00
TOTAL FEE	$	47.00

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

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

LITTLE NICKS VILLAGE DINER

Date Issued 12-16-97
Control #
Permit # 17636

CA# 17600

CERTIFICATE

IDENTIFICATION

Block 2102 Lot 3.01
Work Site Location 491 Williamstown-New Freedom Rd.
Sicklerville
Owner in Fee/Occupant Betty Lou Kalogridis
Address 491 Williamstown-New Freedom Rd.
SIcklerville, NJ 08081
Tele.
Contractor Fischer Contracting, Inc.
Address 5931 Summerdale Ave.
Phila. Pa 19149
Tele. (215) 743 1444 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [ ] Private
Use Group A-3
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Re-Roof
$ 17,000.00

☐ **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 _____ , 19_____ or the owner will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

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

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

Fee $NO CHARGE
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL Joseph J. Cuccia

U.C.C. F260
(rev. 3/96)

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

Little Nick's Village Diner

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-3-97
Control #
Permit # 17636

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

Block 2102 Lot 3.01
Work Site Location 491 Williamstown - New Freedom Rd. Sicklerville
Owner in Fee Little Nick's Village Diner
Address 491 Williamstown-New Freedom Rd. Sicklerville, NJ. 08087
Tele. (609) 728-2880
Contractor Fischer Contractors, Inc.
Address 5931 Summerdale Ave. Phila. PA 19149
Tele. (215) 743-1444 Fax (215) 743-7978
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. ____

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

Re-Roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Reroof 10/7/97 cs		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 10-20-97		
Approved by:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
~~TCO~~				
Other				
Final			10-20-97	BK
Barrier-Free				

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

FEE (Office Use Only)

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ 255.00

B. BUILDING CHARACTERISTICS

Use Group Present A-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. Alteration $ ____
3. Total (1+ 2) $ 17,000.00

U.C.C. F110
(rev. 3/96)

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

TOWNSHIP OF WINSLOW
402 TANSBORO ROAD
TANSBORO, N.J. 08009

Date Issued 03/23/10
Control #
Permit # 08-08-0995

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 2102 Lot 3.01 Qual
Work Site Location 491 WILLIAMSTOWN ROAD
SICKLERVILLE
Owner in Fee/Occupant OZTURK, PASA
Address 36 KATHRINE COURT
GLASSBORO, NJ 08028-
Telephone
Contractor SML/JESAMCORP JOINT VENTURE
Address 68 ROUTE 73 SOUTH,PO BOX 257
CEDARBROOK, NJ 08018-
Telephone (609)567-8100 Fax (609)567-8104
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
[ ] State [ ] Private
Use Group A-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

CONSTRUCT NEW TOWER W/RAMP AT FRONT FACADE $90,000.00
RENOVATE STONE VENEER AT FRONT FACADE

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

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

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF 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

Fee $ 75
Paid [X] Check No. 1446
Collected by: KM

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8-18-08
Permit # 08-08-0995

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

Block 2102 Lot 3.01 & 7 Qualification Code

Work Site Location 491 WILLIAMSTOWN RD
SICKLERVILLE, NJ 08081

Owner in Fee: PASA OZTURK

Tel. e-mail

Address SAME
street municipality zip code

Contractor: SML/JESAMCORP Tel. (609) 567 8100

Address 68 RT 73 CEDAR BROOK e-mail jesamcorp1@verizon.net

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

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

Federal Emp. ID No. FAX: 609 567 8104

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing — 8/6/08
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS Type: Front Tower	Failure	Failure	Approval	Initial
Footing			8-22-08	CL
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3/19/10	MB
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present A3 REST. Proposed A3 REST.
Constr. Class Present VA Proposed VA
No. of Stories 1
Height of Structure ± ~~15~~ ~~21~~ 27 Ft.
Area — Largest Floor ± ~~100~~ 144 Sq. Ft.
New Bldg. Area/All Floors ± ~~100~~ 144 Sq. Ft.
Volume of New Structure ± ~~3000~~ 3888 Cu. Ft.
Total Land Area Disturbed ± 300 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ ~~87,000~~ 43,500 Bldg / 43,500 Renovation
3. Total (1+ 2) $ ~~87,000~~

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
CONSTRUCT NEW TOWER W/ RAMP AT FRONT FACADE. RENOVATE STONE VENEER AT FRONT FACADE. NO MECHANICALS W/ THIS PHASE.

NEED ELECTRICAL/FIRE APPLICATIONS

TYPE OF WORK:

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

FEE (Office Use Only)

$	49 -
	1044 -
Administrative Surcharge $	75 -
Minimum Fee $	
State Permit Surcharge Fee $	69 -
TOTAL FEE $	1237 -

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

WINSLOW FAMILY DINER RENOVATIONS

UPDATE +A TO ORIGINAL PERM.T.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 3-13-09
Permit # 08-08-0995+A

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

Block 2102 Lot 3.01 & 7 Qualification Code TOWER ONLY

Work Site Location 491 WILLIAMSTOWN ROAD
SICKLERVILLE, NJ

Owner in Fee: PASA OZTURK

Tel. ( ) e-mail

Address 491 WILLIAMSTOWN ROAD, / SICKLERVILLE, NJ

Contractor Fred R. Morgan & Sons, Inc. Tel (856) 767-0980

Address 1019 Industrial Drive, West Berlin, NJ 08091 e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: (856) 767-3726

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~70,000.00~~ 3,000.00

C. CERTIFICATION IN LIEU OF OATH

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

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
6		Lighting Fixtures
6		Receptacles
4		Switches
		Detectors
		Light Poles
1		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
17		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

DCA fee chg. 3-12-09 DBN

FEE (Office Use Only)

$ 36-

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 4-50
TOTAL FEE $ 40-41-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

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

Date: 11/4/08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 3/23/10
Approved by: W. J. E

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/23/10	WJE
Barrier-Free				

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