From: Patti Checker
To: Danielle Gyenge
Subject: FW: OPRA request - Environmental Records
Date: Friday, October 15, 2021 11:23:46 AM

-----Original Message-----
From: Valerie Daberkoe <opra+request-26460-ef476bc6@requests.opramachine.com>
Sent: Friday, October 15, 2021 11:22 AM
To: Nancy L. Saffos, RMC <xxxxxxx@xxxxxxxxxx.xxx>
Subject: OPRA request - Environmental Records

Dear Cherry Hill Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
EnviroSure is conducting a Phase I ESA at 1165 Marlkress Road, Unit I (C107) (Block 437.01; Lot 18). In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns, building permits and ownership records.

Thank you.

Valerie Daberkoe
EnviroSure, Inc.

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxx.xxx

Is xxxxxxx@xxxxxxxxxx.xxx the wrong address for OPRA requests to Cherry Hill Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dcherry_hill_township&c=E,1,19YbJ8CZNKmacKOwX3puMM_2ybZfF7ep6PVYnRNHOyIX_a7w225zfOERdKAjn1tDvhWFqJOtcR29vMN5Bai_XeftE9gauxqfvi88GvJtIK8BBPVb2031&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,Bc7Mzrcf9oOqr789Hm0b6A-rGNb3qZYsQBCyxpseq3Qk7r_Pqrj8RqZk-vLph6e0D-1ir8FJUt9Uvy1CUdTsuJeiREWffu3y9OyUVy8npetlazXAj_8,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fenvironmental_records_78&c=E,1,3YHrWRwHmPxNEbYj_mgumHwj0iHxEHJejmbW5n5LFEUCvaO6GMHnQZiT0mwa3vxbXTdMD1KGrrlKjrr7yYE8EUWFUeq1rTa_Wmoqn_HPxkwd8PE6&typo=1

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

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

Camden Cherry Hill Twp | Property Record Card | 10/15/21 12:21 PM

Block: 437.01 Lot: 18 Qualifier: C0107 Card: 1 | Last Sale: 05/13/97 for $355,000

BARBERA ROBERT & KURT-KRB PRINTING
1165 MARLKRESS RD - G
CHERRY HILL NJ 08003

1165-G MARLKRESS RD

Units:	1	Nbhd:		Model:		VCS:	CCND
SFLA:	0	Floor:		Bldg Name:		Map Page:	M328
Prop Class:	4B	Occupancy:		Zoning:		Year Built:	1984/1984
Bldg Class:	10			Addtl Lot:		NC Interior	GOOD
Bldg Desc:				Land Dim:	3.4AC	NC Exterior	GOOD
Info By:				Style:		NC Layout	GOOD

Notes:

(no sketch thumbnail)

Room Count

	B	1	2	3	4	T
Living	0	0	0	0	0	0
Dining	0	0	0	0	0	0
Kitchen	0	0	0	0	0	0
Bath	0	0	0	0	0	0
Bed	0	0	0	0	0	0
Rec	0	0	0	0	0	0
Den	0	0	0	0	0	0
Total	0	0	0	0	0	0

Valuation Summary

	Computed	Override	Summary
Land	68,400		68,400
Improv		239,400	239,400
Total	68,400		307,800

Floor Area (footprint)

Item	Bsmnt	First Floor	Uppr Floor	Half Story	Attic
Totals	0	0	0	0	0

SqFt Living Area

Item	Area
First Floor	0
Upper Floor	0
Half Story	0
Fin Attic	0
Living Bsmnt	0
Unfin Area (-)	0
Total Area	0

Sketch Areas

Description	Sq Ft

Attached Items

Seg	Item	Area
	Total Area	0

Detached Items

Desc	Area

Miscellaneous

Desc	Number

Write Ins

Desc	Value

Dwelling Detail

Element	Description
Bldg Class	10
Type	
Yr Built	1984/1984
Height	
Style	
Roof Type	
Roof Mat.	
Bsmnt/Fin	
Fireplace	NONE

Sales History

Owner	Date	Book-Page	Price	NU
BARBERA ROBERT & KURT-KRB P	05/13/97	04884-00769	355,000	
BARBERA ROBERT & KURT-KR	07/21/92	04572-00924	315,000	A
FOODY ROBERT + MARY LOUI	12/30/86	04192-00343	310,000	A

Assessment History

Year	Class	Land	Improv	Net
2022	4B	68,400	239,400	307,800
2021	4B	68,400	239,400	307,800
2020	4B	68,400	239,400	307,800
2019	4B	68,400	239,400	307,800
2018	4B	68,400	239,400	307,800

Permits

Open Date	Number	Description	Value
02/05/15	15-0349	GF	

CHERRY HILL TOWNSHIP
820 Mercer Street
Cherry Hill, NJ 08002
(856) 432-8702

Date Issued:	11/30/20
Application Number:	ZA-20-01573
Application Date:	11/16/20
Project Number:	
Permit Number:	ZP-20-01447
Fee:	$50.00 CHK 4697

Zoning Permit

Worksite **1165-C MARLKRESS RD**
Location: **CHERRY HILL TOWNSHIP, NJ 08003**

Owner: **KURTZ, RICHARD J**
Address: **1165-C MARLKRESS RD**
CHERRY HILL, NJ 08003

Applicant: **RUPA IYER**
Address: **1165 MARLKRESS RD, STE D**
CHERRY HILL, NJ 08003

Block: **437.01** Lot: **18** Qualifier: **C0101** Zone: **IR**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Industrial Restricted**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Industrial Restricted -TPM Laboratories (Expansion of Unit D into Unit C)**

Work Description:

Change of Owner, Change of Occupancy - APPROVED, for a change of owner to:
TPM Laboratories Inc
1165 Marlkress, Unit C
Cherry Hill NJ 08003

from:
Richard J Kurtz
10 Foxboro Ct
Voorhees, NJ 08043

Also, APPROVED, for a change of occupancy for "TPM Laboratories Inc" as general office is a permitted use in the Industrial Restricted (IR) zone, per §419 of the Zoning Ordinance. Interior renovations require building permits from the Construction Department which are required that meet all UCC requirements.

All sign permits, including temporary signs require sign permits. Temporary "Grand Opening " banners are permitted for two weeks through a separate application process in the Department of Community Development. After that, lawn stakes, feather flags, and banners are always prohibited.

Cost: $50.00 non-residential fee.

Application Approved Date: 11/30/20

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Katherine Malgieri
Katherine Malgieri

11/30/20
Date

This Zoning Permit is based on the information presented by the applicant, including the application and attached plans, and applies only to the improvements requested as described above. It allows for the application of Building Permits or Certificate of Occupancy (CO) from the Division of Code Enforcement. Additional permits may be required.

A Zoning Permit shall be valid or effective for one (1) year from the date of issuance thereof, and shall thereafter be null and void. If the use, change of use, extension of non-conforming use, erection, construction, repair remodeling, conversion, removal, destruction or moving, alteration, or relocation of a building or structure authorized by such permit shall have been substantially commenced within one (1) year from the date of issuance and proceeded with due diligence the Zoning Officer may extend the Zoning Permit.

BLOCK 437.01 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 1165 Marlkress Rd PERMIT NO. 2014 3682

RECEIVED NOV - 5 2014 S.W. mail BUILDING INSPECTIONS

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1165 Marlkress Road (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K)
2. Name of Owner in Fee: Marlkress Executive Condo Associates
   Tel [redacted] e-mail [redacted]
   Address 1165 Marlkress Road (street) Cherry Hill (municipality) NJ 08003 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Tri-State Fire Protection, Inc. Tel. [redacted]
   Address 445 Delsea Drive e-mail [redacted]
   Sewell, NJ 08080
   License No. OR, if new home, Builder Reg. No. P00402 Exp. Date 10/31/2015
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. [redacted] FAX: (856) 589-9352
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Kim Ciemny
   Tel. [redacted] FAX: (856) 589-9352

W 11-7-14

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☒ Fire Protection	2,000		11/4		11/6/14	BC			
☐ Elevator			Correct						
TOTAL COST	$0								

Fire Sprinkler System Violation

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use) Existing Building
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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/F-1
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

U.C.C. F100-1 (rev. 8/08)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Tri-State Fire Protection, Inc.

Address 445 Delsea Drive - Sewell, NJ 08080

Telephone [redacted]

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE
IDENTIFICATION

Date Issued: 12/04/2014
Control #: 92014
Permit #: 20143682

Block: 437.01 Lot : 18 Qualification Code:

Work Site Location: 1165 Marlkress Rd, A - K
Cherry Hill

Owner in Fee: Marlkress Executive Condo Assoc

Address: 1165 Marlkress Rd
Cherry Hill NJ 08003

Telephone: [redacted]

Agent/Contractor: TRI-STATE FIRE PROTECTION INC

Address: 445 DELSEA DRIVE
SEWELL NJ 08080

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: [redacted]

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: B/F-1
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____

Description of Work/Use:

Correct fire sprinkler system violations, Marlkress Executive Condos

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Fees: $0.00
Paid[X]Check No.: 92839
Collected by: LT

Gerald E. Seneski Construction Official

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 11/14/14

Date Issued Permit # 2014-3682

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

Block 437.01 Lot 18 Qualification Code

Work Site Location 1165 Marlkress Road (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K)
Cherry Hill, NJ

Owner in Fee: Marlkress Executive Condo Associates Attn: Sharon, Suite G

Tel. [redacted] e-mail [redacted]

Address 1165 Marlkress Road Cherry Hill, NJ 08003
street municipality

Contractor: Tri-State Fire Protection, Inc. Tel [redacted]

Address 445 Delsea Drive e-mail [redacted]
Sewell, NJ 08080

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00402

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153333

Fire Alarm Contractor No. N/A Exp. Date 10/31/2015

Home Improvement [redacted]ation No. or Exemption Reason

Federal Emp. ID N[redacted] FAX: (856) 589-9352

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B/F-1 Proposed B/F-1

Constr. Class: Present IIB Proposed IIB

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

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

Location:

Total Cost of Fire Protection Work $ 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: Unit D-JAM LABS

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Nicholas D. Bozine - President

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

DESCRIPTION OF WORK: (Fire sprinkler work see-scope)
Water Supply Source existing
Method of Alarm/Suppression System Supervision existing

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	15	62
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		62
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[X] No Plans Required~~ VIOLATION LIFT
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by:_____
[ ] Fire Protection Plans Approved
Date:_____ Approved by:_____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/13/14
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/4/14
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/4/14	DC
Other				

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

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

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 -488-7855

Permit Number: 20143682
Control Number: 92014
Application Date: 11/07/14

CONSTRUCTION PERMIT

Permit Date: 11/14/2014

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 437.01 Lot : 18 Qualifier :
Work site Location: 1165 Marlkress Rd, A - K. Cherry Hill
Owner In Fee: Marlkress Executive Condo Assoc
Address: 1165 Marlkress Rd
Cherry Hill NJ 08003
Telephone: [redacted]
Use Group(s): B/F-1

Contractor: TRI-STATE FIRE PROTECTION INC
Address: 445 DELSEA DRIVE
SEWELL NJ 08080
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

[ ] BUILDING	[ ] PLUMBING	[035]
[ ] ELECTRICAL	[X] FIRE PROTECTION	[039]
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	[032]
[ ] LEAD HAZARD ABATEMENT	[ ] DEMOLITION	[033]
[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER	[042]
		[034]
		[046]
		[046]
		[046]
		[040]
		[040]
		[037]
		[043]
		[044]

DESCRIPTION OF WORK:

Correct fire sprinkler system violations, Marlkress Executive Condos

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$2,000.00
Cost of Demolition:	$0.00
Total Cost:	$2,000.00

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

Gerald E. Seneski — Date 11/7/14

Gerald E. Seneski
Contruction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	$82.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$4.00
DCA Minimum Fee	$0.00
CO Fee	
CCO Fee	
Engineering	
Document Imaging	$2
Zoning	
Total :	**$ 88.00**

All Fees Waived No
Amount to be Paid: $ 88.00

Check Number: 92839
Check amount: $88.00

RECEIVED
NOV 14 2014
Collected by: TAX COLLECTOR LT

Total Cash Amount:
Total Check Amount: $88.00
~~Total CC Amount:~~
Grand Total: $88.00

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 11/14/14

Date Issued Permit # 2014-3682

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

Block 437.01 Lot 18 Qualification Code

Work Site Location 1165 Marlkress Road (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K)
Cherry Hill, NJ

Owner in Fee: Marlkress Executive Condo Associates

Tel. [redacted] e-mail [redacted]

Address 1165 Marlkress Road (street) Cherry Hill , NJ (municipality) 08003

Contractor: Tri-State Fire Protection, Inc. Te [redacted]

Address 445 Delsea Drive e-mail [redacted]

Sewell, NJ 08080

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00402

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153333

Fire Alarm Contractor No. N/A Exp. Date 10/31/2015

Home Improvement [redacted]tion No. or Exemption Reason

Federal Emp. ID No [redacted] FAX: (856) 589-9352

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present B/F-1 Proposed B/F-1

Constr. Class: Present II B Proposed II B

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

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

Location:

Total Cost of Fire Protection Work $ 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: Unit D-TAM Labs

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 11/13/14
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Nicholas D. Bozine - President

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

DESCRIPTION OF WORK: (Fire Sprinkler work See-scope)
Water Supply Source existing
Method of Alarm/Suppression System Supervision existing

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	15	52
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		52

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

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

Office

TRI-STATE FIRE PROTECTION, INC.

445 DELSEA DRIVE – SEWELL, NJ 08080 (P) 856-589-9370 (F) 856-589-9352

RECEIVED
NOV 5 - 2014
BUILDING INSPECTIONS

October 31, 2014

Scope of Work:
Perform the following correction work on the fire sprinkler system(s) to correct deficiencies discovered during the 1-13-14 annual fire sprinkler inspection performed by Fire Protection Maintenance and Service Company

Unit D (TPM Labs)
- Add (1) new fire sprinkler head below roll back overhead garage door

Unit F (Designer T's)
- Add (1) new fire sprinkler head in "red light" room
- Add (1) new fire sprinkler head in "electrical room"
- Add (2) new fire sprinkler heads below roll back overhead garage doors

Units G & H (KRB Building)
- Add (2) new fire sprinkler heads below roll back overhead garage doors
- Relocate (3) existing fire sprinkler heads in "printer" room

Unit I (Designer T's)
- Add (1) new fire sprinkler head below roll back overhead garage door

Unit K (Finesse Dental)
- Add (4) new fire sprinkler heads in compressor room, hallway and electrical room closet

CHERRY HILL TOWNSHIP
BUILDING INSPECTIONS
PLAN REVIEW

	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING			
FIRE		11/3/14	
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☑ Have Scope of Work on Site
REJECTED ☐ Call for Final Insp

OFFICIAL COPY
CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

All work per NFPA 13