From: Patti Chacker
To: Danielle Gyenge
Subject: FW: OPRA request - Environmental Records
Date: Thursday, November 4, 2021 10:18:04 AM

-----Original Message-----
From: Valerie Daberkoe <opra+request-26840-5769ea14@requests.opramachine.com>
Sent: Thursday, November 4, 2021 10:12 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 1720 East Route 70 (Block 502.01; Lot 1). 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:
xxxxxxxxxxxxxxxxxxxxxxxxxxxx@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,JXYSIKThesaVfpD_TyUd5-Ux3kaFDqpXXfS5W5b5F1ZxECf7eiUW3Kn2QM7XM3XxMxX91tepzP4C0R-AO9zuVGIfxFc1ROjB6AXui2bD&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,uQ6MURMeTZ5rbhmgLudh_coGJM5Ch8px1M8H4r3V0uHq9UZkHLPlteAXMPPZFDzCZKtvGsGs2CM4NvOgIDh1nRegAx-KMhQ2gPJd3LGocI4,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fenvironmental_records_80&c=E,1,d87xNGCcF5KXYbroleG1ocwSFZMp_AXyiQGrRAn_IfxUjN4lMZe7s7ze8SNPtYpWdvs5Xw60FltFS2pIDx3PQm6bF5MCjTeE8nkB9yEqTM4bg_Xnwg,,&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 | 11/04/21 11:04 AM

Block: 502.01 Lot: 1 Qualifier: Card: 1 | Last Sale: 07/28/20 for $2,800,000

HIGH PLACE CHURCH INC
113 N CENTRE STREET
MERCHANTVILLE NJ 08109

1720 RT 70 E

Units:	1	Nbhd:		Model:		VCS:	C70
SFLA:	0	Floor:		Bldg Name:		Map Page:	M268
Prop Class:	15D	Occupancy:		Zoning:		Year Built:	1986/1986
Bldg Class:	10			Addtl Lot:		NC Interior	GOOD
Bldg Desc:	3SCB			Land Dim:	24.14 AC	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	1,036,300		1,036,300
Improv		1,323,700	1,323,700
Total	1,036,300		2,360,000

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	1986/1986
Height	
Style	
Roof Type	
Roof Mat.	
Bsmnt/Fin	
Fireplace	NONE

Sales History

Owner	Date	Book-Page	Price	NU
HIGH PLACE CHURCH INC	07/28/20	11476-01475	2,800,000	
DANZEISEN, ROBERT ET AL	08/13/85	04075-00252	175,000	

Assessment History

Year	Class	Land	Improv	Net
2022	15D	1,036,300	1,323,700	2,360,000
2021	15D	1,036,300	1,323,700	2,360,000
2020	4A	1,036,300	1,323,700	2,360,000
2019	4A	1,036,300	1,323,700	2,360,000
2018	4A	1,036,300	1,323,700	2,360,000

Permits

Open Date	Number	Description	Value
5/5/2021	20211315	TENANT FIT OUT -	
3/27/1997	97-0521	ALTERATION	
6/21/1996	96-1361	ELECTRIC	

Block 502.01 Lot 1 Qualification Code _____ Address (Site) 1720 RT 70 E Permit No. 20211315

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1720 RT 70 E CHERRY HILL TOWNSHIP NJ 08003
2. Name of Owner in Fee: HIGH PLACE CHURCH INC Tel. _____
   Address 113 N CENTRE STREET MERCHANTVILLE NJ 08109
3. Ownership in Fee: ☐ Public ☑ Private Email [redacted]
4. Principal Contractor: MODERN DESIGN CENTER Tel [redacted]
   Address 1715 BERLIN RD CHERRY HILL NJ 08003
   Email [redacted]
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. [redacted] Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	8500		
2. Electrical	310		
3. Plumbing	1098		
4. Fire Protection	876		
5. Elevator Devices			
6. Subtotal	10784		
7. Less 20% for State Plan Review			
8. Subtotal	10784		
9. State Permit Surcharge Fee	787		
10. Subtotal	11571		
11. Cert of Occupancy	1078		
12. Other			
13. TOTAL	12649		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	250000	FK	4/28/2021		4/28/2021		4/28/2021		
☑ Electrical	85000	JV	3/22/2021		4/21/2021		4/21/2021		
☑ Plumbing	42000	MT	3/22/2021		4/20/2021		4/20/2021		
☑ Fire Protection	36500	BY	4/28/2021		4/28/2021		4/28/2021		
☐ Elevator									

TOTAL COST 413500

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group A-3
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 (primary use)
1. State Specific Use: _____
2. Use Group: A-3
3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: _____

III. PLAN REVIEW (optional)

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

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	1/26/2021
Date Issued	5/5/2021
Control #	123406
Permit #	20211315

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 502.01 Lot: 1 Qualifier _____ Use Group A-3

Work Site Location: 1720 RT 70 E CHERRY HILL TOWNSHIP, NJ 08003
Owner in Fee: HIGH PLACE CHURCH INC
Address: 113 N CENTRE STREET MERCHANTVILLE NJ 08109
Telephone: _____

Contractor: MODERN DESIGN CENTER
Address: 1715 BERLIN RD CHERRY HILL NJ 08003
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. 13VH06104000
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT OUT - HIGH PLACE CHURCH

Note: If constuction 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 $413,500

_____ Construction Official

_____ Date

:: 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.

PAYMENTS (Office Use Only)

035	Building	$8,500
039	Electrical	$310
032	Plumbing	$1,098
033	Fire Protection	$876
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$787
040	CO Fee	$1,078
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	$414
	Total	$13,063

Check No.	
Check	$0
Cash	$0
Credit	$13,063
Collected By	Sharon Walker

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/26/2021
Control # 123406
Date Issued 5/5/2021
Permit # 20211315

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

Block 502.01 Lot 1 Qualification Code

Work Site Location: 1720 RT 70 E CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: HIGH PLACE CHURCH INC

Address 113 N CENTRE STREET MERCHANTVILLE NJ 08109

Tel. Email [redacted]

Contractor: MODERN DESIGN CENTER

Address 1715 BERLIN RD CHERRY HILL NJ 08003

Email [redacted]

Tel. [redacted] Fax.

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

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

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT OUT, - HIGH PLACE CHURCH

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☑ All	4/28/2021	JAR
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: 4/28/2021
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation			8/5	SK
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK

	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☑ Rehabilitation	$8,500
☐ 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	

B. BUILDING CHARACTERISTICS

Use Group Present Proposed A-3 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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 $250,000
3. Total (1+2) $250,000

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$475
TOTAL FEE	$8,975

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/26/2021
Control # 123406
Date Issued 5/5/2021
Permit # 20211315

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

Block 502.01 Lot 1 Qualification Code

Work Site Location: 1720 RT 70 E CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: HIGH PLACE CHURCH INC

Address 113 N CENTRE STREET MERCHANTVILLE NJ 08109

Email [redacted]

Tel.

Contractor: KEVIN MULLEN

Address 18 EDGEWATER AVENUE BEVERLY NJ 08010

Email

Tel. [redacted] Fax.

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

Contractor License No. 36BI00493800 Expiration Date: 6/30/2022

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed A-3

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $42,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☑ Plumbing Plans Approved
Date: 4/20/2021
Approved by: MTEA

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

SUBCODE APPROVAL for PERMIT
Date: 4/20/2021
Approved by: Mengte Thomas CL

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

Truss Sys./Bracing

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			8/3	JPL
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENANT FIT OUT, - HIGH PLACE CHURCH

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
15	Water Closet	$225
3	Urinal/Bidet	$45
	Bath Tub	
12	Lavatory	$180
	Shower	
7	Floor Drain	$105
5	Sink	$75
	Dishwasher	
2	Drinking Fountain	$30
	Washing Machine	
	Hose Bibb	
1	Water Heater	$15
	Fuel Oil Piping	
10	Gas Piping	$150
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
2	Backflow Preventor	$182
1	Greasetrap	$91
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$80
TOTAL FEE	$1,178

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/26/2021
Date Issued 5/5/2021
Control # 123406
Permit # 20211315

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

Block 502.01 Lot 1 Qualification Code

Work Site Location: 1720 RT 70 E CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: HIGH PLACE CHURCH INC

Address 113 N CENTRE STREET MERCHANTVILLE NJ 08109

Email [redacted]

Tel.

Contractor: GEORGE CASSIDY ELECTRIC

Address 2963 MT. EPHRAIM AVE. CAMDEN NJ 08104

Email [redacted]

Tel. [redacted] Fax.

Lic No. 34EI01132200 Exp. Date 3/31/2024

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

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed A-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $85,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☑ Electrical Plans Approved

Date: 1/27/2021 by: R.

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: 1/27/2021

Approved by: Joseph Varga

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			7/19	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENANT FIT OUT, - HIGH PLACE CHURCH

QTY.	SIZE	ITEMS	FEE (Office Use Only)
233		Lighting Fixtures	
90		Receptacles	
56		Switches	
19		Detectors	
		Light Poles	
		Motors - Fract. HP	
55		Emergency & Exit Lights	
		Communication Points	
85		Alarm Devices/F.A.C. Panel	
538		TOTAL NUMBERS	$250
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
4	7.2	KW Central A/C Unit	$60
		HP/KW Space Heater/Air	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$162
TOTAL FEE	$472

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 1/26/2021
Control # 123406
Date Issued 5/5/2021
Permit # 20211315

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

Block 502.01 Lot 1 Qualification Code

Work Site Location: 1720 RT 70 E CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: HIGH PLACE CHURCH INC

Address 113 N CENTRE STREET MERCHANTVILLE NJ 08109 Email [redacted]

Tel.

Contractor: IMPACT FIRE SERVICES LLC Tel [redacted]

Address 101 ALEXANDER AVENUE SUITE 118 POMPTON PLAINS NJ 07444 Email [redacted]

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. [redacted] Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A-3

Constr. Class Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $36,500

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

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

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENANT FIT OUT, - HIGH PLACE CHURCH

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)	19	
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)	44	
Other Devices FCPS	1	
TOTAL	64	$101.00
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	140	$321
Standpipes		
Pre-engineered Systems		
Wet Chemical	1	$129
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System	1	$65
Smoke Control System		
Fire Appliances ☑ Gas ☐ Oil ☐ Solid	4	$260
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$69
TOTAL FEE	$945

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☑ Fire Protection Plans Approved
Date: 4/28/2021
Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

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

Block 502.01 Lot 1 Qualification Code _____ Address (Site) 1720 RT 70 E Permit No. 20202057

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1720 RT 70 E CHERRY HILL TOWNSHIP NJ 08003
2. Name of Owner in Fee: HIGH PLACE CHURCH, INC Tel. [redacted]
   Address 113 N. CENTRE ST MERCHANTVILLE NJ 08109
3. Ownership in Fee: ☐ Public ☑ Private Email [redacted]
4. Principal Contractor: MODERN DESIGN CENTER Tel. [redacted]
   Address 1517 BERLIN RD CHERRY HILL NJ 08003
   Email [redacted]
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. [redacted] Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	336		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	336		
7. Less 20% for State Plan Review			
8. Subtotal	336		
9. State Permit Surcharge Fee	17		
10. Subtotal	353		
11. Cert of Occupancy			
12. Other			
13. TOTAL	353		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	8500	FK	9/3/2020		9/3/2020		9/3/2020		
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 8500

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: M
2. Use Group B
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 (primary use)
1. State Specific Use: M
2. Use Group: B
3. Change in Use Group, Indicate Former: ____

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

D. Construction Classification: Type IIB

III. PLAN REVIEW (optional)

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

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	8/27/2020
Date Issued	9/29/2020
Control #	121461
Permit #	20202057

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 502.01 Lot: 1 Qualifier _____ Use Group B

Work Site Location: 1720 RT 70 E CHERRY HILL TOWNSHIP, NJ 08003
Owner in Fee: HIGH PLACE CHURCH, INC
Address: 113 N. CENTRE ST MERCHANTVILLE NJ 08109
Telephone: [redacted]

Contractor: MODERN DESIGN CENTER
Address: 1517 BERLIN RD CHERRY HILL NJ 08003
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. 13VH06104000 13VH06104000
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INTERIOR DEMOLITION - HIGH PLACE CHURCH

INCLUDING ELEVATOR

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

Estimated Cost of Work $8,500

Construction Official _____ Date _____

:: 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.

PAYMENTS (Office Use Only)

035	Building	$336
039	Electrical	
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$17
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	$9
	Total	$362

Check No.	
Check	$0
Cash	$0
Credit	$362
Collected By	Lois Tadley

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/27/2020
Control # 121461
Date Issued 9/29/2020
Permit # 20202057

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

Block 502.01 Lot 1 Qualification Code

Work Site Location: 1720 RT 70 E CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: HIGH PLACE CHURCH, INC

Address 113 N. CENTRE ST MERCHANTVILLE NJ 08109

Tel. [redacted] Email [redacted]

Contractor: MODERN DESIGN CENTER

Address 1715 BERLIN RD CHERRY HILL NJ 08003

Email [redacted]

Tel. [redacted] Fax.

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

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

Federal Emp. ID No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INTERIOR DEMOLITION, - HIGH PLACE CHURCH

INCLUDING ELEVATOR

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed B If Industrial Building:
Constr. Class Present Type IIB Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation
3. Total (1+2) $8,500

TYPE OF WORK

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

FEE (Office Use Only)

	$336
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$17
TOTAL FEE	$353

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

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	7/14/2020
Date Issued	7/21/2020
Control #	120723
Permit #	20201200CCO

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 502.01 Lot: 1 Qualifier _____ Use Group B

Work Site Location: 1720 RT 70 E CHERRY HILL TOWNSHIP, NJ 08003
Owner in Fee: HIGH PLACE CHURCH, INC
Address: 113 N. CENTRE ST MERCHANTVILLE NJ 08109
Telephone: [redacted]

Contractor: HIGH PLACE CHURCH, INC
Address: 113 N. CENTRE ST MERCHANTVILLE NJ 08109
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Change in Tenant and/or Occupancy, CHANGE OF OWNER HIGH PLACE CHURCH, INC

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

Estimated Cost of Work $1

Construction Official _____ Date _____

:: 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.

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	(EX)$0
040	CO Fee	
040	CCO Fee	$168
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$168

Check No.	
Check	$0
Cash	$0
Credit	$168
Collected By	Lois Tadley

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

Date Issued:	6/24/2020
Application Number:	ZA-20-00569
Application Date:	6/19/2020
Project Number:	
Permit Number:	ZP-20-00556
Fee:	$50.00 CHK 14294

Zoning Permit

Worksite **1720 RT 70 E**
Location: **CHERRY HILL TOWNSHIP, NJ 08003**

Owner: **DANZEISEN, ROBERT ET ALS**
Address: **1720 RT 70 E**
CHERRY HILL, NJ 08003

Applicant: **HIGH PLACE CHURCH, INC**
Address: **113 N. CENTRE STREET**
MERCHANTVILLE, NJ 08109

Block: **502.01** Lot: **1** Qualifier: _____ Zone: **B2**

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

Present Use: **Highway Business**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Institutional Church - High Place Church, Inc**

Work Description:

Change of Owner, Change of Occupancy - APPROVED, for a change of owner to:
HIGH PLACE CHURCH, INC
113 N. CENTRE ST.
MERCHANTVILLE, NJ 08109

from:
ROBERT DANSEISEN, ET AL
1720 MARLTON PIKE EAST
CHERRY HILL, NJ 08003

Also, APPROVED, for a change of occupancy for "HIGH PLACE CHURCH" as a church/assembly hall is a permitted use in the B2 zone, per §415.B.2 of the Zoning Ordinance.

This permit is conditioned upon the repair of the trash enclosure gates within 30 days of issuance.

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: 6/19/2020

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

Natalie Shafiroff

6/24/2020
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.

CHERRY HILL Township

You couldn't pick a better place

Zoning Permit Application

ADDRESS: 1720 Marlton Pike East, Cherry Hill, New Jersey 08003 BLOCK(S): 502.01

ZONE: B-2 Highway Business LOT(S): 1

☐ RESIDENTIAL (Fee: $20.00) ☒ NON-RESIDENTIAL (Fee: $50.00)

EXISTING USE: Sporting goods store (retail)

PROPOSED IMPROVEMENTS AND/OR USE (be specific): Church (non-denominational, non-profit)

CERTIFICATE OF OCCUPANCY

☐ TENANT FIT-UP ☒ CHANGE OF USE ☒ CHANGE OF OWNER ☒ CHANGE OF OCCUPANCY

BUILDING PERMIT (scaled copy of survey required, please complete information in box)

☐ FENCE ☐ DECK/PATIO ☐ NEW DWELLING ☐ ACCESSORY USE

☐ SHED ☐ POOL/HOT TUB ☐ ADDITION ☐ OTHER

*No changes to the existing building

SIZE: ____' (LENGTH) x ____' (WIDTH) HEIGHT: ____' DEPTH: ____'

SETBACKS: FRONT: 110.8' REAR: >20' SIDE: 29.3' BOTH SIDES: >20'

Is the lot an inside or corner lot? ☒ INSIDE LOT ☐ CORNER LOT

Will TREES be removed? ☒ NO ☐ YES If Yes, how many? ____ # OF TREES

Was Planning Board or Zoning Board approval required for this improvement and/or property?

☒ NO ☐ YES If Yes, what is the APPLICATION No.: ____ DATE APPROVED? ____

APPLICANT ☐ SAME AS OWNER

NAME: High Place Church, Inc.

ADDRESS: 113 N. Centre Street

CITY, STATE, ZIP: Merchantville, NJ 08109

EMAIL: [redacted]

PHONE: [redacted]

OWNER

NAME: Robert Danzeisen, William Quigley, Joseph Vitale t/a D, Q & V

ADDRESS: 1720 Marlton Pike East

CITY, STATE, ZIP: Cherry Hill, New Jersey 08003

EMAIL: [redacted]

PHONE: [redacted]

APPLICATION No.: ____ DATE SUBMITTED: ____ DATE PROCESSED: ____

RECEIVED

JUN 29 2020

COMMUNITY DEVELOPMENT

Department of Construction Code Enforcement and Inspections
Township of Cherry Hill

820 Mercer Street, Room 205, Cherry Hill, NJ 08002
Phone – (856) 488-7855
Fax – (856) 486-4575

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY – COMMERCIAL

[X] Change of Ownership ☐ Change of Tenant

Location: 1720 Route 70 E
Cherry Hill, NJ 08003

Block: 502.01 Lot: 1
Suite/Unit #

Owner: Danzeisen, Robert, et als
Address: 1720 Route 70 E
Cherry Hill, NJ 08003
Telephone: [redacted]

Prior Tenant: N/A
Address:
Telephone:

New Owner: High Place Church, Inc.
Address: 113 N. Centre Street
Merchantville, NJ 08109
Telephone: [redacted]

New Tenant: N/A
Address:
Telephone:

Prior Use: Retail Store
Proposed Use: Church

Use Group: B-2 Zone
Use Group: B-2 Zone

PLEASE INCLUDE A FLOOR PLAN OF THE BUILDING/TENANT SPACE WITH THIS APPLICATION.

FOR OFFICE USE ONLY

Actual Use Group: _____ Construction/Classification: _____ Occupancy Load: _____

Zoning Approval Required? Yes ☐ No ☐ N/A ☐ Health Dept. Approval? Yes ☐ No ☐ N/A ☐

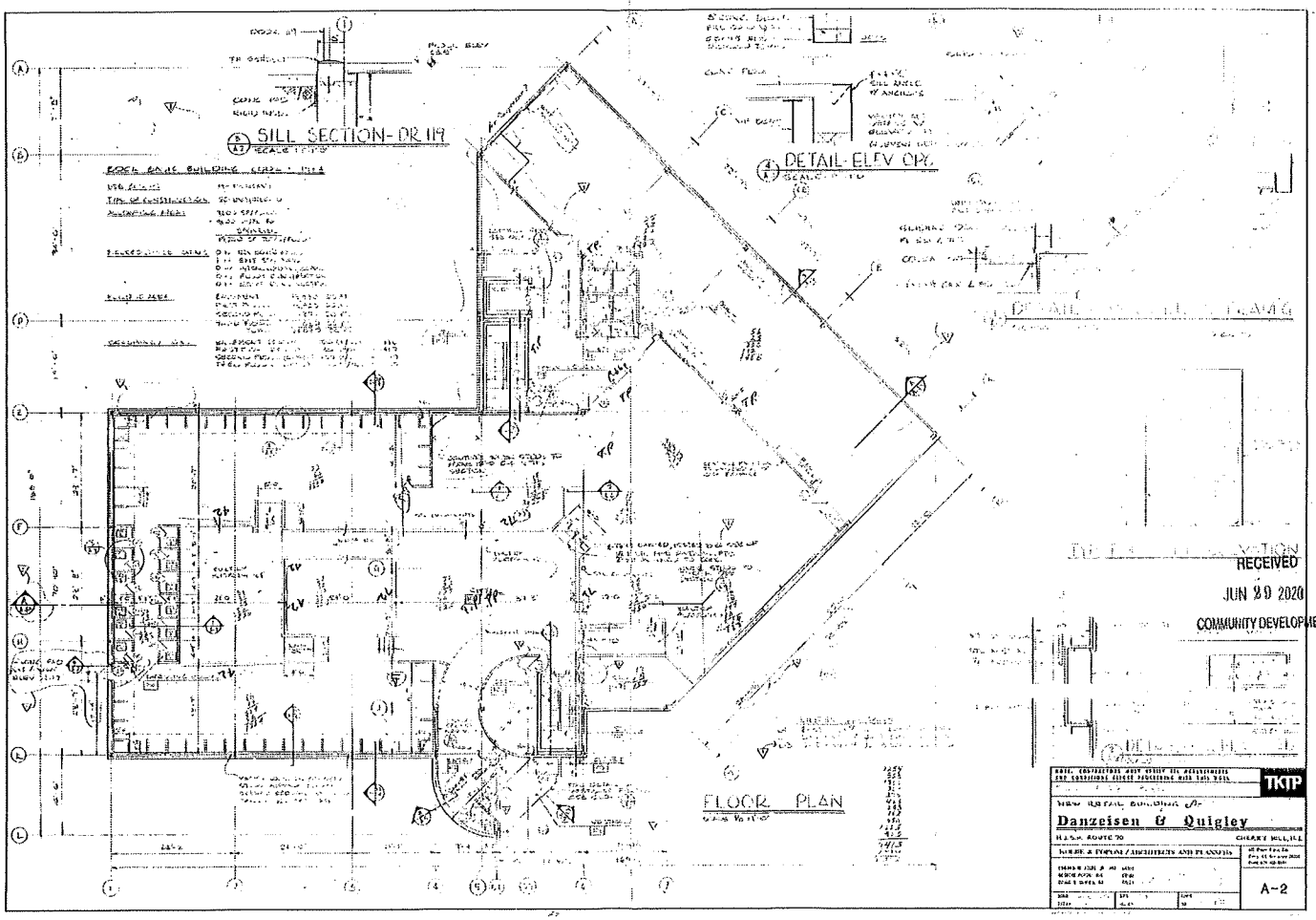
Inspector: _____ Date Inspected: _____ Pass ☐ Fail ☐

Comments: _____

Open Permits ☐ Yes ☐ No Elevator: ☐ Yes ☐ No RPBP ☐ Yes ☐ No Pool ☐ Yes ☐ No

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICAL AFTER ALL INSPECTIONS ARE COMPLETED AND OPEN PERMITS/VIOLATIONS CLOSED.



RECEIVED
JUN 29 2020
COMMUNITY DEVELOPMENT

NOTE: CONTRACTORS MUST VERIFY ALL MEASUREMENTS AND CONDITIONS BEFORE PROCEEDING WITH THIS WORK.

TKTP

NEW RETAIL BUILDING for

Danzeisen & Quigley

U.S.R. ROUTE 20 — CHERRY VALLEY, ILL

NOURSE & THOMAS / ARCHITECTS AND PLANNERS

A-2

DEL DUCA LEWIS
LAW FIRM

Laura M. D'Allesandro, Esquire
lmd@delducalewis.com

RECEIVED
JUN 29 2020
COMMUNITY DEVELOPMENT

June 25, 2020

VIA UPS OVERNIGHT
Natalie Shafiroff, PP, AICP
Township of Cherry Hill
820 Mercer Street
Cherry Hill, New Jersey 08002

RE: HIGH PLACE CHURCH, INC. 1720 ROUTE 70 EAST, BLOCK 502.01, LOT 1, CHERRY HILL, NEW JERSEY

Dear Natalie:

As you know, our firm represents High Place Church, Inc. ("High Place"). I enclose and application for a certificate of continued occupancy (CCO) and a copy of the existing floor plan for the building. Please contact me to let me know what the required fee to process the CCO is.

Thank you for your courtesies in this matter.

Very truly yours,
DEL DUCA LEWIS, LLC

Laura M. D'Allesandro, Esquire

LMD:
cc: Edgar Alvarez (via e-mail)

Del Duca Lewis, LLC | 21 E. Euclid Avenue | Suite 100 | Haddonfield, NJ 08033 | 856.427.4200 | 856.427.4241 *fax* | delducalewis.com

DEL DUCA LEWIS
LAW FIRM

Damien O. Del Duca, Esquire
dod@delducalewis.com

June 11, 2020

VIA EMAIL
Natalie Shafiroff, PP, AICP
Township of Cherry Hill
820 Mercer Street
Cherry Hill, New Jersey 08002

RE: HIGH PLACE CHURCH, INC. 1720 ROUTE 70 EAST, BLOCK 502.01, LOT 1, CHERRY HILL, NEW JERSEY

Dear Natalie:

Our firm represents High Place Church, Inc. ("High Place"). My client is a non-denominational church and is under contract to purchase 1720 Route 70 East, the location of the old Danzeisen and Quigley sporting goods store. High Place intends to open a new church at the property. As part of our due diligence relating to my client's contract obligations, I had preliminary conversations with Lorissa Luciani in 2019 about the church use at the property. Ms. Luciani determined, informally, that the use is permitted in the zone (B2- Business) pursuant to the Religious Land Use and Institutionalized Persons Act ("RLUIPA"). That initial contract was terminated for unrelated issues earlier this year. However, my client is now under a new contract and is moving forward with the purchase of the property. Therefore, I am submitting a zoning permit application as part of our due diligence requirements for the new contract. I enclose the following:

1. One (1) Non-Residential Zoning Permit Worksheet;
2. One (1) Zoning Permit Consent of Owner
3. One (1) Plan of Survey prepared by Consulting Engineer Services dated January 23, 2020

Please let me know what fee is required to process the zoning permit application and I will forward you a check under separate cover. Please feel free to contact me if you need any additional information or if you have any questions.

Thank you for your courtesies in this matter.

Very truly yours,
DEL DUCA LEWIS, LLC

Damien O. Del Duca

Damien O. Del Duca, Esquire

DOD:lmd
cc: Edgar Alvarez (via e-mail)

820 MERCER STREET
CHERRY HILL, NJ 08002
856.488.7855
WWW.CHERRYHILL-NJ.COM

You couldn't pick a better place.

NON-RESIDENTIAL ZONING PERMIT WORKSHEET

Please provide all information required for the type of improvements selected on the Zoning Permit Application. If a survey or site plan is required it must be submitted with the application showing the improvements drawn to scale. Requirements for all uses and structures below can be found in the Cherry Hill Zoning Ordinance (2013-18) available on the Cherry Hill website (www.CherryHill-NJ.com). Some of the improvements below may require an additional administrative review or an application to the Planning or Zoning Board. If additional review or an application is required, the zoning permit will be denied and instructions regarding how to apply for an administrative review or a board application will be provided.

CHANGE OF OWNER	
NAME OF NEW OWNER: High Place Church, Inc.	NAME OF PRIOR OWNER: Robert Danzeisen, William Quigley, Joseph Vitale t/a D, Q & V
ADDRESS OF NEW OWNER:	ADDRESS OF PRIOR OWNER:
113 N. Centre Street, Merchantville, NJ 08109	1720 Marlton Pike East, Cherry Hill, New Jersey 08003
NEW OWNER CONTACT NAME: Damien O. Del Duca, Esquire	
PHONE NUMBER: 856-427-4200	EMAIL: dod@delducalewis.com and lmd@delducalewis.com

CHANGE OF OCCUPANCY/CHANGE OF USE (SURVEY REQUIRED FOR CHANGE OF USE)	
NAME OF BUSINESS: High Place Church	TYPE OF BUSINESS: Church (non-profit)
SQUARE FOOTAGE OF UNIT/BUILDING: 31,270 SF	NUMBER OF PARKING SPACES: 227
PREVIOUS BUSINESS IN UNIT/BUILDING: D&Q	PREVIOUS BUSINESS TYPE: Sporting goods store/retail
ADDITIONAL INFORMATION:	

TENANT FIT OUT (FLOOR PLAN REQUIRED)	
NAME OF BUSINESS: N/A	
CHANGE OF SQUARE FOOTAGE: ☐ YES ■ NO. If yes, PREVIOUS SF:	PROPOSED SF:
DESCRIPTION OF WORK:	

WIRELESS TELECOMMUNICATIONS REPLACEMENT (SITE PLAN REQUIRED)	
NUMBER OF EXISTING ANTENNAS:	NUMBER OF PROPOSED ANTENNAS:
ORIGINAL BOARD APPROVAL #:	HEIGHT OF BUILDING (if applicable):
HEIGHT OF TOWER:	HEIGHT TO TOP OF ANTENNA FROM GRADE:
IS TOWER HEIGHT INCREASING: ☐ YES ☐ NO	

PARKING LOT IMPROVEMENTS (SITE PLAN REQUIRED)	
IS IMPROVEMENT FOR ☐ RESTRIPING ☐ RESURFACING ☐ REPAVING	
IS THERE A CHANGE IN SITE CIRCULATION PROPOSED? ☐ YES ■ NO	
NUMBER OF EXISTING PARKING SPACES: 227	NUMBER OF PROPOSED PARKING SPACES: 227
PARKING SPOT DELINEATION MATERIAL:	SIZE OF PARKING SPACES:
ARE COMPACT CAR PARKING SPACES PROPOSED? ☐ YES ☐ NO IF YES, % OF TOTAL PARKING:	

TRASH ENCLOSURE	(SITE PLAN AND LANDSCAPING PLAN REQUIRED)
SIDE YARD SETBACK:	REAR YARD SETBACK
HEIGHT OF WALL:	ENCLOSURE MATERIAL:
GROUND MOUNTED SOLAR PANELS	**(SITE PLAN REQUIRED)**
NUMBER OF MODULES:	SIDE YARD SETBACK (shortest):
REAR YARD SETBACK:	HEIGHT OF SOLAR PANELS FROM GRADE:
PERCENTAGE OF LOT TO BE COVERED BY SYSTEM:	
IF ADJACENT TO A RESIDENTIAL PROPERTY, A LANDSCAPING PLAN SHOWING ADEQUATE SCREENING MUST BE SUBMITTED.	
ROOF MOUNTED SOLAR PANELS	**(NO SITE PLAN REQUIRED)**
NUMBER OF MODULES:	ELEVATION ABOVE ROOF:
WILL THE PANELS EXTEND BEYOND THE EDGE OR THE PITCH OF THE ROOF: ☐ YES ☐ NO	
FENCE	**(SITE PLAN REQUIRED)**
HEIGHT OF FENCE:	FENCE MATERIAL:
AWNING/CANOPY	**(SITE PLAN REQUIRED)**
FAÇADE LOCATION:	DIMENSIONS: L W
% OF THE FAÇADE:	IS SIGNAGE PROPOSED? ☐ YES ☐ NO
FRONT YARD SETBACK:	SIDE YARD SETBACK:
REAR YARD SETBACK:	
IS THERE MORE THAN ONE UNIT IN THE BUILDING: ☐ YES ☐ NO	

CHERRY HILL Township

You couldn't pick a better place.

Zoning Permit Consent of Owner

ADDRESS: ROBERT DANZEISEN, WILLIAM QUIGLEY, JOSEPH VITALE t/a D, Q & V BLOCK(S): 502.01

ZONE: B-3 LOT(S): 1

PROPOSED IMPROVEMENTS AND/OR USE (be specific): Church

I certify that I am the Owner of the property which is the subject of this application, hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency (if owned by a Corporation, a resolution must be attached authorizing the application and officer signature).

SWORN & SUBSCRIBED to before me this
11 day of June, 2020 (year)
Emily Mitten (notary)

EMILY S MITTEN
Notary Public - State of New Jersey
My Commission Expires Feb 7, 2025

Robert Danzeisen
SIGNATURE (owner) DATE
on behalf of Partnership
PRINT NAME
Robert Danzeisen, Partner

OWNER CONTACT INFORMATION

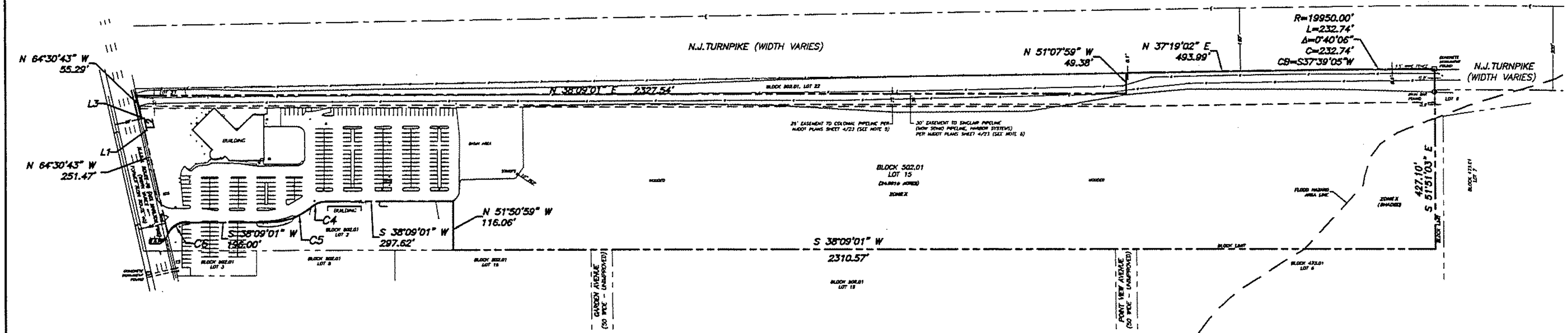
NAME: ROBERT DANZEISEN, WILLIAM QUIGLEY, JOSEPH VITALE t/a D, Q & V
c/o George Matteo, Esquire

ADDRESS: Four Greentree Centre, 601 Route 73 North, Suite 303

CITY, STATE, ZIP: Marlton, NJ 08053

EMAIL: [redacted]

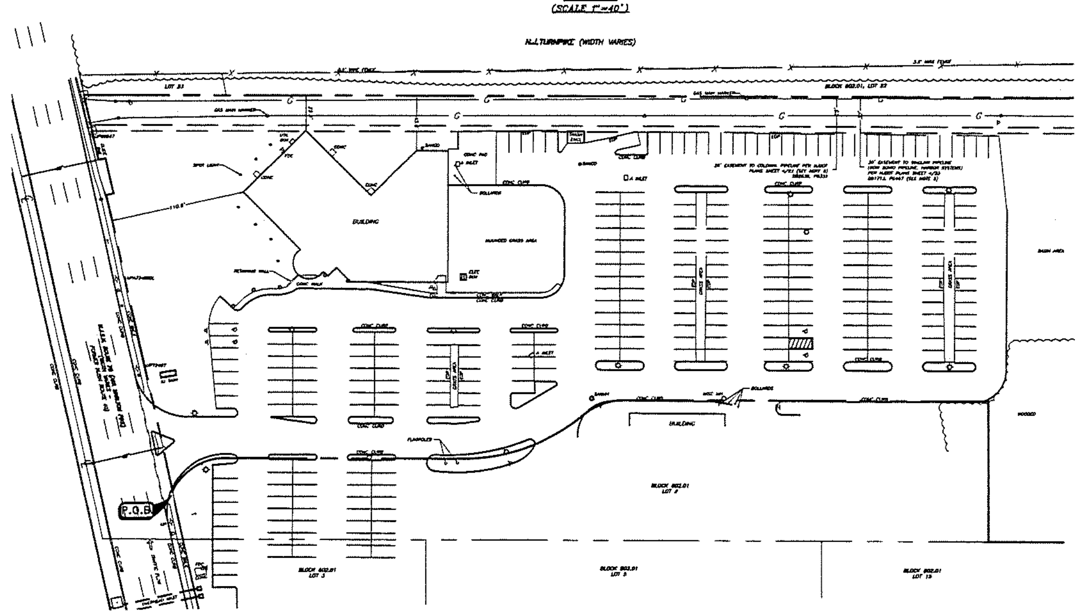
PHONE [redacted]

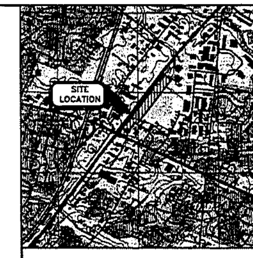


LINE TABLE		
LINE	BEARING	LENGTH
L1	N 25°29'17" E	6.00'
L2	N 64°30'43" W	30.00'
L3	S 25°29'17" W	6.00'

CURVE TABLE						
CURVE	LENGTH	RADIUS	DELTA	TANGENT	CHORD BEARING	CHORD
C4	38.86'	56.00'	40°11'25"	20.12'	S 18°03'18" W	37.79'
C5	106.96'	152.50'	40°11'36"	55.80'	N 18°03'13" E	104.80'
C6	53.06'	47.50'	64°30'51"	30.03'	S 5°51'05" W	50.79'

DETAIL
(SCALE 1"=40')





KEY MAP
SCALE: 1"=2000'

GENERAL SURVEY NOTES:

1. THIS SURVEY WAS MADE IN ACCORDANCE WITH LAWS AND/OR MINIMUM STANDARDS OF THE STATE OF NEW JERSEY.
2. THE BASIS OF BEARING FOR THIS SURVEY IS NEW JERSEY STATE PLANE COORDINATE SYSTEM, NAD83 AS SHOWN HEREON.
3. BLOCK AND LOT NUMBERS SHOWN HEREON ARE BASED UPON THE TAX MAP OF THE TOWNSHIP OF CHERRY HILL, CAMDEN COUNTY, NEW JERSEY.
4. ONLY COPIES FROM THE ORIGINAL OF THIS PLAN CLEARLY MARKED WITH THE LAND SURVEYOR'S EMBOSSED SEAL SHALL BE CONSIDERED A VALID COPY.
5. THIS PLAN WAS ALSO PREPARED WITH THE BENEFIT OF THE FOLLOWING INFORMATION OBTAINED BY CONSULTING ENGINEER SERVICES:
   - PLAN ENTITLED "NJ TURNPIKE AUTHORITY SECTION NO 2" DELAWARE TOWNSHIP, CAMDEN COUNTY, NJ SHEETS 58-59, PREPARED BY GANNETT, FLEMING, CORDDRY & CARPENTER, INC. LAST REVISED DATE 04/20/55.
   - PLANS ENTITLED "NJ DOT GENERAL PROPERTY PARCEL MAP ROUTE 70 – SECTION 2 FROM RTE 41 TO RTE 73 " CHERRY HILL TOWNSHIP, CAMDEN COUNTY, NJ, DATED DECEMBER 1985.
   - DEED BOOK 4075 PAGE 248, DEED BOOK 4075 PAGE 252, DEED BOOK 4075 PAGE 256 AND DEED BOOK 4096, PAGE 311 (SUBJECT LOT)
   - DEED BOOK 10802 PAGE 1034
   - DEED BOOK 3799 PAGE 341
   - DEED BOOK 4851 PAGE 318
   - DEED BOOK 780 AT PAGE 370 – SLOPE, GRADING AND DRAINAGE RIGHTS OF THE STATE OF NEW JERSEY
   - SLOPE, GRADING AND DRAINAGE RIGHTS OF THE STATE OF NEW JERSEY AS DESCRIBED IN DEED BOOK 1348 AT PAGE 171. (ADEQUATE SUPPORT PROVIDED)
   - 25' RIGHT OF WAY EASEMENT FOR COLONIAL PIPELINE AS CONTAINED IN DEED BOOK 2639, PAGE 332.
   - SLOPE RIGHTS AS DESCRIBED IN DEED BOOK 779 AT PAGE 463.
   - DEED BOOK 1535 AT PAGE 285 – SLOPE RIGHTS (ADEQUATE SUPPORT PROVIDED)
   - DEED BOOK 4334, PAGE 459 – SANITARY SEWER EASEMENT TO LOT 4 (CURRENT LOT 3)
   - DEED BOOK 4334 AT PAGE 463 – AGREEMENT SUBJECT TO THE CONDITIONS, RESTRICTIONS, COVENANTS, GRANTS, EASEMENTS, AGREEMENTS
   - DEED BOOK 4809 AT PAGE 224 – DECLARATION OF TAKING
   - BOOK 7980 AT PAGE 1825 –AGREEMENT SUBJECT TO THE CONDITIONS, RESTRICTIONS, COVENANTS, GRANTS, EASEMENTS, AGREEMENTS, THE ORIGINAL EASEMENT AS RECORDED IN DEED BOOK 4086 AT PAGE 316.
   - SAID DESCRIBED PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X AND SHADED X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP NO. 34007C0081E, WITH AN EFFECTIVE DATE OF 08/28/2007, FOR COMMUNITY NO. 340129, IN THE TOWNSHIP OF CHERRY HILL, CAMDEN COUNTY, STATE OF NEW JERSEY, WHICH IS THE CURRENT FLOOD INSURANCE RATE MAP FOR THE COMMUNITY IN WHICH SAID PREMISES IS SITUATED.
6. THIS PLAN IS SUBJECT TO ANY EASEMENTS, WHICH MAY OR MAY NOT BE OF THE PUBLIC RECORD WHICH MAY BE LOCATED BELOW THE SURFACE OF THE LANDS AND NOT VISIBLE AT THE TIME OF SURVEY.
7. MAPPING OF ENVIRONMENTAL CONSTRAINTS WERE NOT A PART OF THIS CONTRACT. WETLANDS MAY EXIST ONSITE BASED ON N.J.D.E.P. MAPPING.
8. A WRITTEN WAIVER & DIRECTION NOT TO SET CORNER MARKERS HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO NJAC13:40–5.1(D).
9. CONSULTING ENGINEER SERVICES IS NOT RESPONSIBLE FOR UNDERGROUND UTILITY INFORMATION UNOBTAINABLE FROM ABOVE GROUND OBSERVATION, UTILITY INFORMATION PROVIDED BY OTHERS AND/OR ANY CHANGES AFTER THE DATE OF THE FIELD SURVEY.
10. LOCATIONS OF UNDERGROUND UTILITIES/STRUCTURES MAY VARY FROM LOCATIONS SHOWN HEREON; WHEREAS ADDITIONAL BURIED UTILITIES/STRUCTURES MAY BE ENCOUNTERED. NO EXCAVATIONS WERE MADE DURING THE PROGRESS OF PREPARING THIS SURVEY TO LOCATE BURIED UTILITIES OR STRUCTURES.
11. BEFORE ANY EXCAVATIONS ARE BEGUN, THE UNDERGROUND UTILITIES LOCATION SERVICE AT 1-800-272-1000 SHALL BE CONTACTED AT LEAST 4 DAYS PRIOR TO COMMENCEMENT OF ANY DEMOLITION OR EXCAVATION ACTIVITIES, IN ACCORDANCE WITH APPLICABLE LAWS, RULES AND REGULATIONS.

GRAPHIC SCALE
0' 100' 200' 300'
SCALE: 1" = 100'

ADAM R. GRANT
01/23/2020
DATE
PROFESSIONAL LAND SURVEYOR, NEW JERSEY LICENSE NO. 24GS04335700

DRWN	DATE	REVISIONS

PLAN OF SURVEY
1720 ROUTE 70 EAST
PLATE 268 & 269, BLOCK 502.01, LOT 1
CHERRY HILL TOWNSHIP, CAMDEN COUNTY, NEW JERSEY

PREPARED BY
CONSULTING ENGINEER SERVICES
PROFESSIONAL ENGINEERS, PLANNERS, & LAND SURVEYORS
645 BERLIN-CROSS KEYS ROAD, SUITE 1, SICKLERVILLE, NEW JERSEY 08081
PHONE (856) 228-2200 – FAX (856) 232-2346 – EMAIL
NJ CERTIFICATE OF AUTHORIZATION No. 24GA27987700

SHT. No. 1 OF 1 DATE: 01/23/20 SCALE: 1"=100' CES No. 3654 FILE No. 3654.PDS DRAWN BY: LL

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS CH-B 10303325

326370

TOWNSHIP OF CHERRY HILL
FACADE SIGN
APPLICATION FOR PERMIT

$10.00 App. Fee

APPLICATION NUMBER 07-29

NAME OF BUSINESS Assured Lending Corp OWNER Main St Manager Paul Shin (856) 534-3940
ADDRESS OF BUSINESS 1720 Rt 70 E Suite #B TOWN Cherry Hill ZIP 08034 PHONE [redacted]

NAME OF SIGN INSTALLER _____ PHONE _____
ADDRESS _____ TOWN _____ STATE _____ ZIP _____

NAME OF PROPERTY OWNER MORE CHERRY HILL PLAZA LLC PHONE [redacted]
ADDRESS 1720 Rt 70 E TOWN Cherry Hill STATE NJ ZIP 08034

BLOCK 502.01 VARIANCE # _____ NEW SIGN X
LOT 1 DATE _____ CHANGE OF COPY X
ZONE B2 PREVIOUS BUSINESS _____

FUNCTIONAL _____
CHANGEABLE COPY _____
ILLUMINATED X

DIMENSIONS OF SIGN
HEIGHT 3 FEET
X WIDTH 15 FEET
TOTAL 45 SQ.FEET

BUILDING HEIGHT 20 FEET
BUILDING WIDTH X 20 FEET
FAÇADE AREA = 400 SQ. FEET
% PERMITTED X 15%
SIGN FOOTAGE PERMITTED = 60 SQ. FEET

PERMITTED:
EACH BUSINESS WITH STREET FRONTAGE IS PERMITTED ONE FAÇADE SIGN FOR EACH STREET FRONTAGE.
PROJECTION BEYOND BUILDING LINE OF NO MORE THAN TWO (2) FEET
PROPOSED _____ FEET

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:
SITE RELATED DIMENSIONS
STRUCTURAL DESIGN **NO PHONE NUMBERS OR WEB SITES PERMITTED ON SIGNS**
METHOD OF ILLUMINATION AND INTENSITY OF LIGHT

FOR ALL SIGNS, ATTACH THE FOLLOWING:
A SCALE DRAWING OF THE SIGN:
DIMENSIONS OF THE SIGN
COLOR SCHEME
MESSAGE ON EACH SIGN FACE
PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 40 FEET
WRITTEN APPROVAL FROM THE OWNER

PLEASE TURN OVER, SIGNATURE AND DATE NEEDED ON REVERSE SIDE FOR SUBMISSION

I CERTIFY THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE.

DATE 03/19/07

SIGNATURE OF APPLICANT _____

TAXES PAID YES - Melanie
ZONING APPROVAL # 3004

PLEASE TAKE COPY TO BUILDING INSPECTIONS

COMMENTS: _____

Submitted sign is approved as shown. Any changes in the future must be submitted to the Department of Community Development for review and approval.

APPROVED ✓

DISAPPROVED _____

THIS ACTION IS CONDITIONED ON THE INFORMATION PRESENTED BEING TRUE AND ACCURATE.

3-19-07
DATE

Joanne Cox
MEMBER OF COMMUNITY DEVELOPMENT

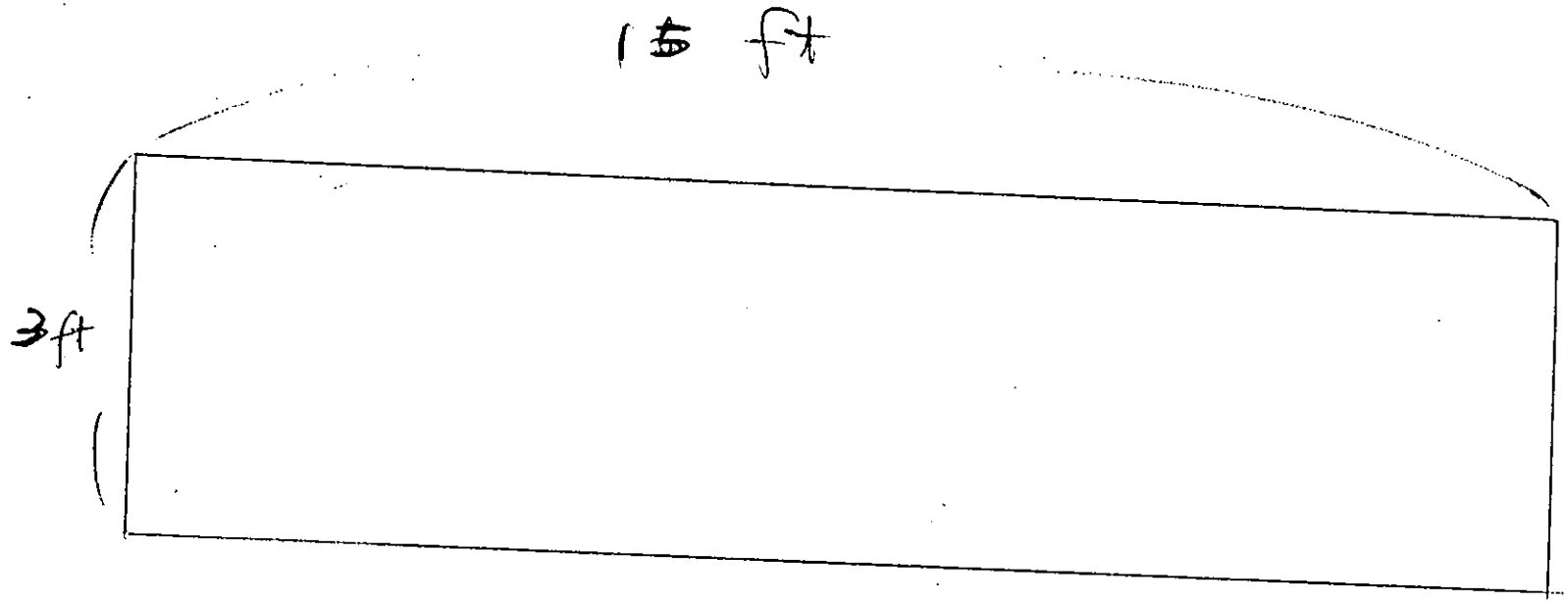
DATE 3-19-07 RECEIPT NUMBER 326370 AMOUNT $ 45.00

NOTE TO ALL APPLICANTS:

SIGN PERMITS ARE SUBJECT TO AN ANNUAL RENEWAL FEE OF TEN DOLLARS ($10.00) PER SIGN. EACH YEAR A BILL WILL BE SENT INFORMING YOU THAT THE FEE IS DUE.

THANK YOU

Sign for 1720 Rt 70 E Suite #B
Cherry Hill NJ 08003.




신현욱 부동산융자
Assured Lending Corporation


신현욱 부동산융자
Assured Lending Corporation
1720 #8

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS CH-B 10609480

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08032
PH: (609) 488-7855

C E R T I F I C A T E

Control Number: 1-9846
Certificate Number: 19-7096
Date CCO Issued: 03/12/97

I D E N T I F I C A T I O N

Work Site Location: 1720 E. ROUTE 70
CHERRY HILL

Block: 932.01 Lot: 1
Unit Number:

Owner in Fee: CHOI, MR.
Address: 1720 E. ROUTE 70
CHERRY HILL, NJ 08033
Telephone: ( )

Agent: SUNSET MUSIC-SCHWEYER, STEPHEN
Address: 1722 E. ROUTE 70
CHERRY HILL, NJ 08033
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:

Home Warranty No.:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: M
Maximum Live Load: 0 PSF
Construction Classification:
Maximum Occupancy Load:
DESCRIPTION OF WORK:
Change Of Tenant And/or Ownership

[ ] 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 (____yrs); 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.

[X] 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 _____.

[ ] 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:

Construction Official

Fee: PRE-PAID
Check Number: PRE-PAID
Collected By: PRE-PAID

U.C.C. F260 (rev. 3/96) 1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

3/12/97
Stephen Schneyer

After 12:00

Department of

Code Enforcement and Inspections

Township of Cherry Hill

820 Mercer Street, P.O.Box 5002, Cherry Hill, N.J. 08002
Phone (609) 488-7855 Fax (609) 488-7855

Anthony Saccomanno
Director of Code Enforcement\Construction Official

4 197096

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

IDENTIFICATION

Location: 1720 RT. 70 E. CHERRY HILL NJ 08003
Block: 502.01 Lot: 1
Unit Number: _____

Current Owner: MR. CHOI
Address: 1720 RT. 70 E.
Telephone: _____

Current Agent: VACANT
Address: _____
Telephone: _____

New Owner: _____
Address: _____
Telephone: _____

New Agent: SUNSET MUSIC - STEPHEN SCHNEYER
Address: 1722 RT. 70 E, CHERRY HILL NJ 08003
Telephone: [redacted]

Current Use: VACANT Use Group: _____

Proposed Use: RETAIL SALES Use Group: M

For Office Use Only

Application Date: 3/11, 1997 Fee: $90.00 Cash [ ] Check [X] Check # 150
Actual Use Group: _____ Construction Classification: _____ Occupancy Load: _____
Zoning Approval Required ? Yes [ ] No [X] N/A [ ]
Date Inspected: _____, 19__ Pass [ ] Fail [ ] Health Dept Approval? Yes [ ] No [X] N/A [ ]
Comments: _____

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICIAL AFTER ALL INSPECTIONS ARE COMPLETED.

3/12/97
Stephen Schneyer

After 12:00

Department of
Code Enforcement and Inspections
Township of Cherry Hill

820 Mercer Street, P.O.Box 5002,Cherry Hill, N.J. 08002
Phone (609) 488-7855 Fax (609) 488-7855

Anthony Saccomanno
Director of Code Enforcement\Construction Official

+ 197096

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

IDENTIFICATION

Location: 1720 RT. 70 E, CHERRY HILL NJ 08003
Block: 502.01 Lot: 1
Unit Number:

Current Owner: MR. CHOI
Address: 1720 RT. 70 E,
Telephone:

Current Agent: VACANT
Address:
Telephone:

New Owner:
Address:
Telephone:

New Agent: SUNSET MUSIC - STEPHEN SCHNEYER
Address: 1722 RT. 70 E, CHERRY HILL NJ, 08003
Telephone: [redacted]

Current Use: VACANT Use Group:

Proposed Use: RETAIL SALES Use Group: M

For Office Use Only

Application Date: 3/11, 1997 Fee: $90.00 Cash [ ] Check [X] Check # 150
Actual Use Group: M Construction Classification: 2C Occupancy Load:
Zoning Approval Required ? Yes [ ] No [X] N/A [ ]
Date Inspected: 3/12, 1997 Pass [X] Fail [ ] Health Dept Approval? Yes [ ] No [X] N/A [ ]
Comments:

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICIAL AFTER ALL INSPECTIONS ARE COMPLETED.

BLOCK 502.01 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 2030804

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1720 Rt 70
2. Name of Owner in Fee: Cherry Hill Plaza Inc Tel. ([redacted]
   Address _____ street _____ municipality _____ zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ABCO Signs Tel. ([redacted]
   Address 9120 C Pennsauken Hwy Pennsauken NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 03/04
   Federal Employee No. [redacted] FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work ROCCO LASKINS
   Tel. [redacted] FAX (____) _____

4/9/03

RECEIVED SD APR 4 2003 BUILDING INSPECTIONS

Thurs.

"HAN CHOW"

Sign, Illuminated

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 76.00		
2.	Electrical	36.00		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	4.-		
10.	Subtotal			
11.	Cert. of ~~Occupancy~~			
12.	Other			
13.	TOTAL	$ 116.00		

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	

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) 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									
3.	☐ Addition									
4.	☐ Alteration	3000.-				4/7/03	[illegible]			
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical	150.-				4/7/03				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	$3150.								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group: U
3. Change in Use Group, Indicate Former:

LDS CH-B 10303327

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(e)1.vii:

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. 5:32-2.15(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.

(✓ Check if contractor.

Agent Name ABCO Signs

Address 9120 C Pennsauken Hwy
Pennsauken NJ 08110

Telephone [redacted]

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

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

CERTIFICATE

Date Issued: 08/14/2006
Control #: 43063
Permit #: 20030804

IDENTIFICATION

Block: 502.01 Lot : 1 Qualification Code:
Work Site Location: 1720 ROUTE 70 EAST
CHERRY HILL
Owner in Fee: C. H. PLAZA INC.
Address: 1720 ROUTE 70 EAST
CHERRY HILL NJ 08034
Telephone: [redacted]
Agent/Contractor: ABCO SIGNS
Address: 9120 C PENNSAUKEN HIGHWAY
PENNSAUKEN NJ -
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: 3257 Federal Emp. No.: [redacted]
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

Illuminated Sign, 63 sq.ft.- Han Chon

[ ] **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

Anthony Saccomanno Construction Official

Fees: $0.00
Paid[X]Check No.: 1299
Collected by: srw

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

PAID APR 14 2003

Permit Number: 20030804
Permit Date: 04/14/2003
Update/Voucher Number: 03063
Application Date: 04/08/03

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 392.01 Lot : 1 Qualifier :

Work site Location: 1720 ROUTE 70 EAST CHERRY HILL

Owner In Fee: C. H. PLAZA INC.

Address: 1720 ROUTE 70 EAST
CHERRY HILL NJ 08034

Telephone: [redacted]

Use Group(s): U

Contractor: ABCO SIGNS

Address: 9120 C PENNSAUKEN HIGHWAY
PENNSAUKEN NJ

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.: 3257

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Illuminated Sign, 63 sq.ft.- Han Chon

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$3,150.00
Cost of Demolition:	$0.00
Total Cost:	$3,150.00

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.

Anthony Sacconiaro — Date 04/09/03

Construction 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:

[70-43]
[70-48]
[70-36]
[70-37]
[70-61]
[70-38]
[70-91]
[70-94]
[70-50]
[70-30]
[70-45]
[71-78]
[70-62]
[70-53]
[73-83]

PAYMENTS (Office Use Only)

Building	$76.00
Electrical	$36.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
ARFee (DCA)	$4.00
CO Fee	
CCO Fee	
Engineering	
Sewer	
Shade Tree	
Street Opening	
Street Open. Escrow	
Total :	$ 116.00

All Fees Waived No

Amount to be Paid: $ 116.00

Check Number: 1299
Check amount: $116.00

Collected by: SFW
Total Cash Amount
Total Check Amount $116.00
Total CC Amount

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/14/03
Date Issued
Control #
Permit # ~~2003-0804~~ 2003-0804

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

Block 502.01 Lot 1
Work Site Location 1720 Rt 70
"HAN CHON"
Owner in Fee Cherry Hill Plaza Inc
Address
Tele. ([redacted]
Contractor ABCO Signs
Address 9120 C Pennsauken Hwy
Pennsauken NJ
Tele [redacted] Fax (856) 663-3816
Lic. No. of 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installing sign on wall as per drawings
✓ CALL FOR FINAL INSPECTION
"HAN CHON" 4'8"
16'.7"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/7/03	AFCS
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5/23/03
Approved by: AFCS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓			5/28/03	KB
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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) $ 3000

6399 ft x $1.20 p/ft.
= $76.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [✓] Sign 63' Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ $76.00

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

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Cr

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/14/03
Date Issued
Control #
Permit # 2003-0804

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

Block 502.01 Lot 11
Work Site Location 1720 Rt 70

Owner in Fee CHERRY HILL PLAZA INC.
Address

Tele. ([redacted]
Contractor Allen Sign
Address 910 E Penn Ave Hanover PA
Pennsauken NJ
Tele. [redacted] Fax (XXX) 665-3216
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installing sign on wall
As per drawings

✓ CALL FOR FINAL INSPECTION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/14/03	MFS
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

[ ] Demolition

FEE (Office Use Only)
$ #76.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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) $ 7,000

63 sq ft x #1.20 per ft = #76.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
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

Date Received 4/14/03
Date Issued
Control # ~~2003-0803~~
Permit # 2003-0804

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

Block 502.01 Lot 1
Work Site Location 1720 Rt 70

Owner in Fee/Occupant Cherry Hill PLAZA inc
Address
Tele. [redacted]
Contractor WILLIAMS ELECTRIC
Address 1303 COLUMBIA AVE
CLAYMONT N.J. 08077
Tele. [redacted] Fax ( )
Lic. No. 3257
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required — 4/14/03
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/14/03
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	04/09		8/14/03	

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

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	
1	1	KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	5
Minimum Fee	$	31
DCA Training Fee	$	
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

09/09/05 WHICH SIGN?
CONT MESS. W CONTRACTOR

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 4/14/03
Date Issued
Control #
Permit # 2003-0804

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

Block 502.01 Lot 1
Work Site Location 1720 RT 70

Owner in Fee/Occupant CHERRY HILL PLAZA INC
Address
Tele. [redacted]
Contractor WILLIAMS ELECTRIC
Address 1303 COLUMBIA AVE
CINNAMINSON N.J. 08077
Tele. [redacted] Fax ( )
Lic. No. 3257
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required 4/16
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

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	
1	1	KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	5
Minimum Fee	$	31
DCA Training Fee	$	
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

OFFICE

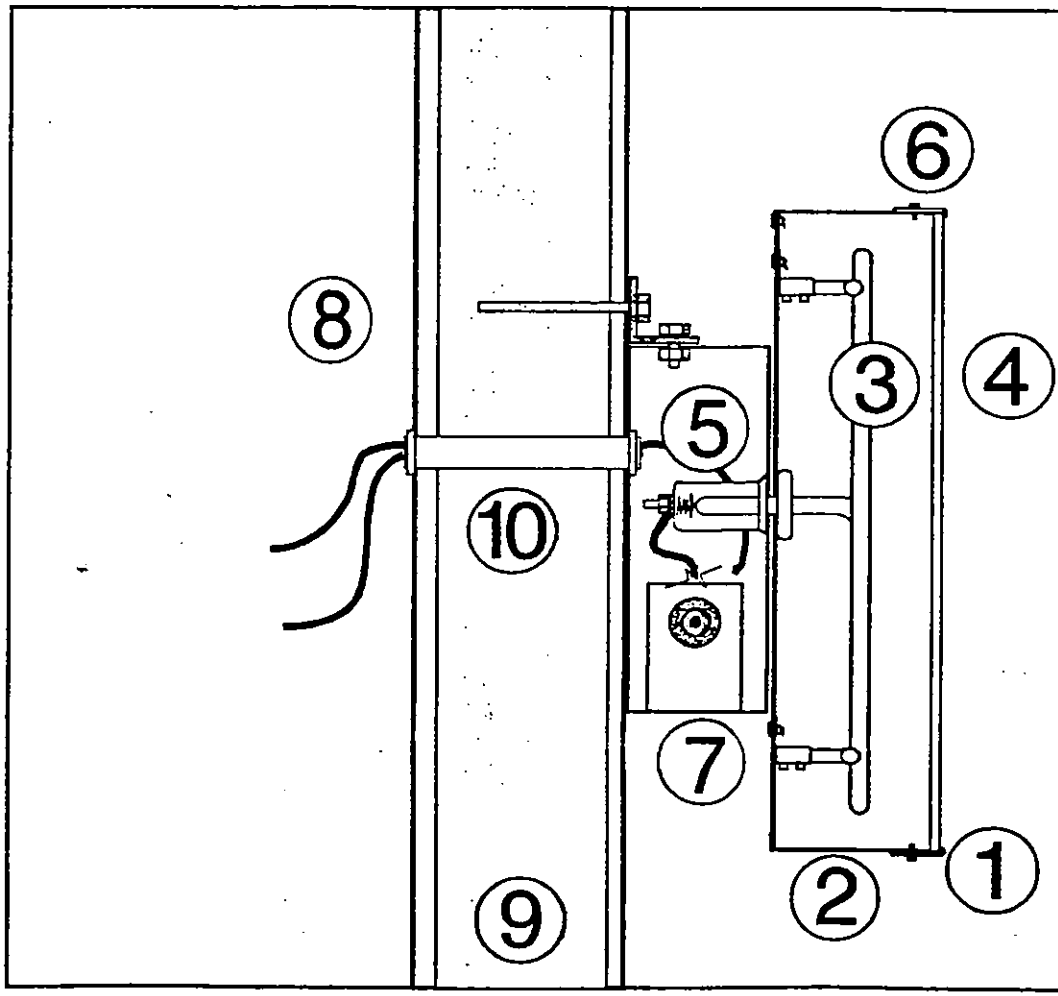
RECEIVED
APR 4 2003
BUILDING INSPECTIONS

CHERRY HILL TOWNSHIP
BUILDING INSPECTIONS
PLAN REVIEW

	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING	YES	4-7-03	
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY
CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE



Channel Letter on Center
TYPICAL DETAIL
nts

1) Trim Cap

2) Case

3) Neon

4) Plastic Face

5) Glass Housing

6) Sheet Metal Screw

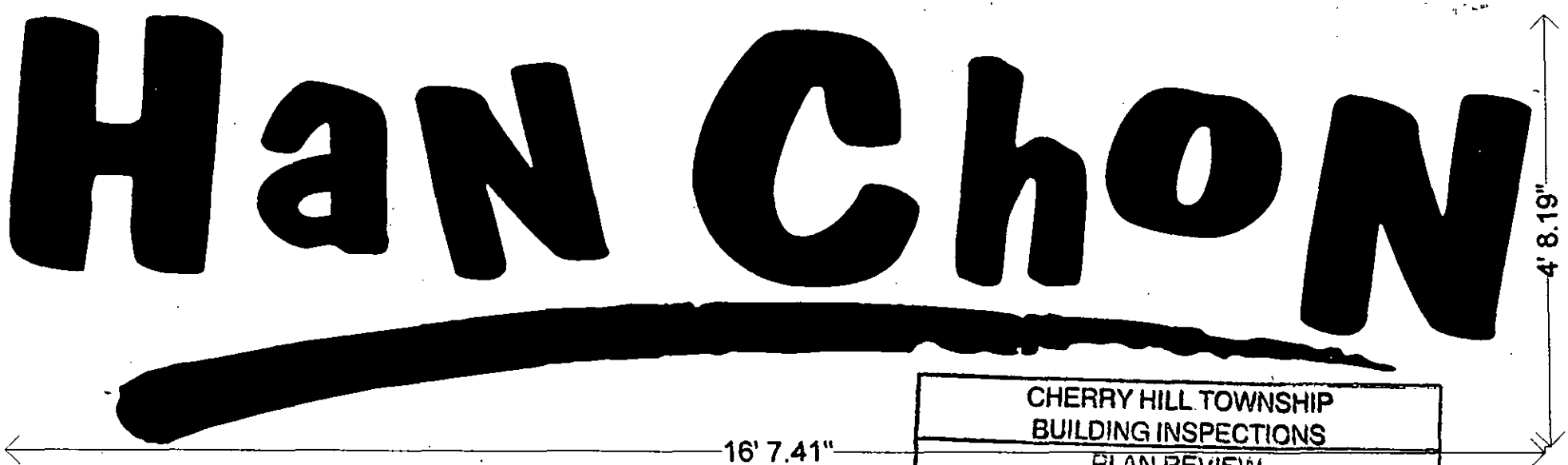
7) Raceway w/transformer

8) 3/8" Galv.Thru Bolts to

Metal-angle Sleepers, 4' on Center

9) Wall

10) Metal Conduit for Primary Service

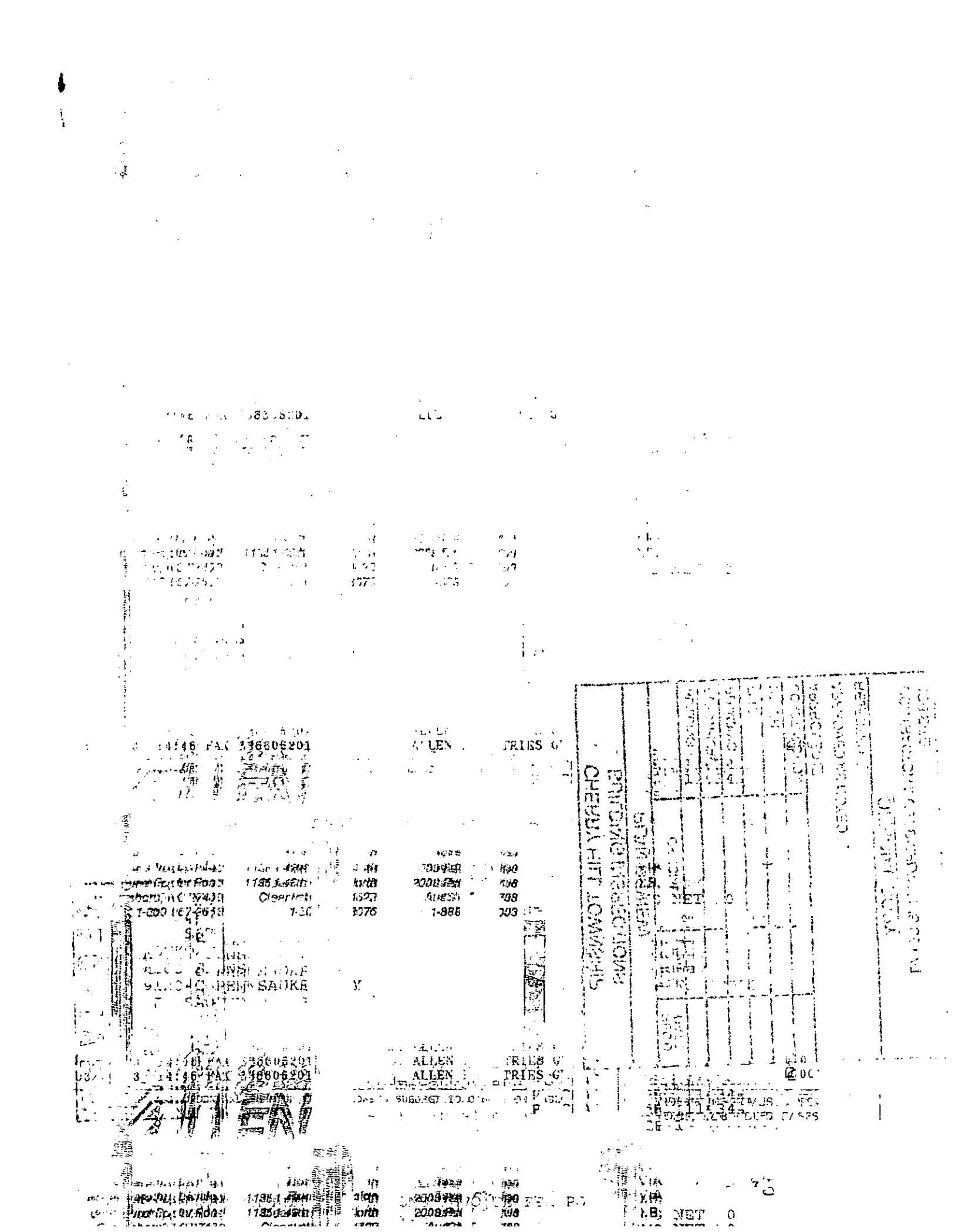


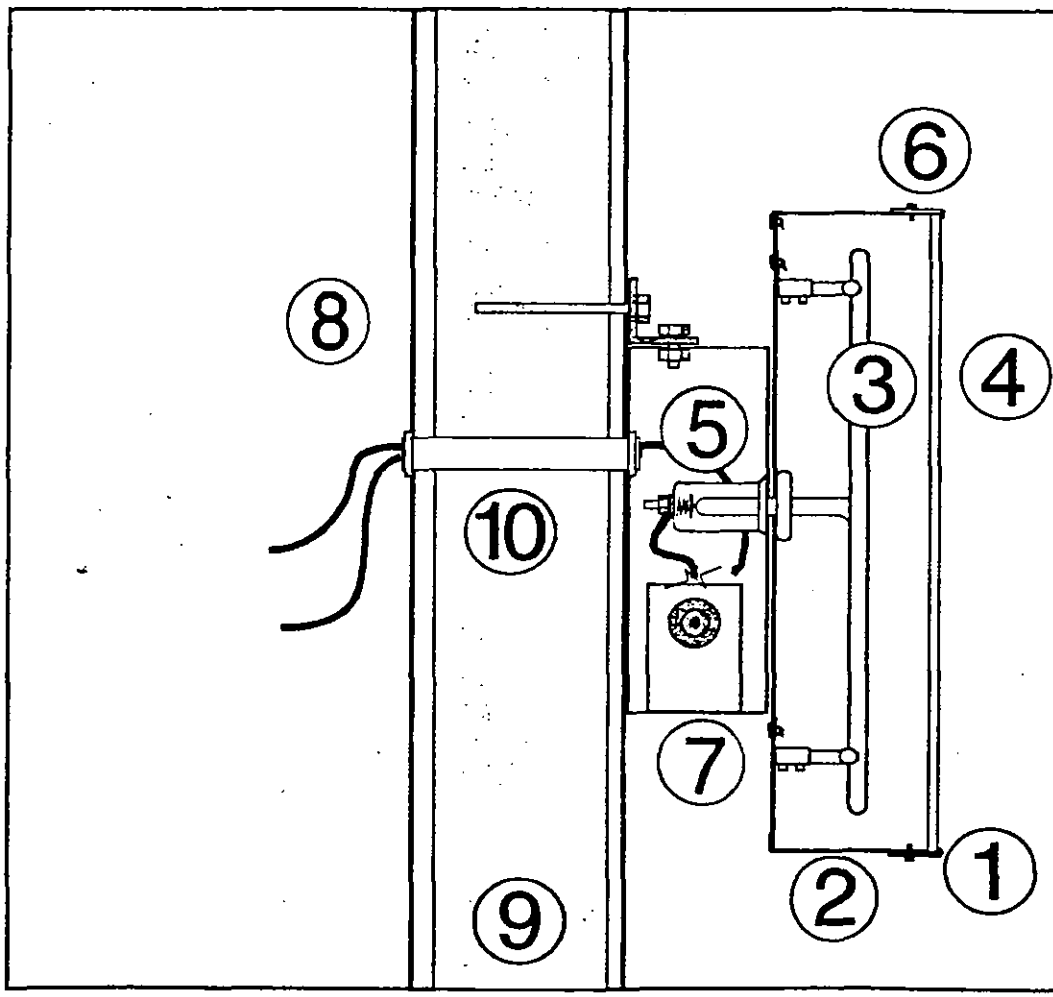
CHERRY HILL TOWNSHIP
BUILDING INSPECTIONS
PLAN REVIEW

	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY
CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.





Channel Letter on Center
TYPICAL DETAIL
nts

1) Trim Cap

2) Case

3) Neon

4) Plastic Face

5) Glass Housing

6) Sheet Metal Screw

7) Raceway w/transformer

8) 3/8" Galv.Thru Bolts to

Metal-angle Sleepers, 4' on Center

9) Wall

10) Metal Conduit for Primary Service

TOWNSHIP OF CHERRY HILL
FACADE SIGN
APPLICATION FOR PERMIT

$10.00 App. Fee

APPLICATION NUMBER 03-25

Han Chon / Hee Bang / Soe Kim

NAME OF BUSINESS Han Chon Restaurant OWNER cherry hill plaza inc

ADDRESS OF BUSINESS 1720 Rt 70E TOWN Cherry Hill ZIP 08003 PHON [redacted]

NAME OF SIGN INSTALLER ABCO Signs PHONE [redacted]

ADDRESS 9120 C Pennsauken Hwy TOWN Pennsauken STATE NJ ZIP 08110

NAME OF PROPERTY OWNER Cherry Hill Plaza Inc PHON [redacted]

ADDRESS 17-20 Whitestone Pkwy TOWN New York STATE NY ZIP 11357

BLOCK 502.01 VARIANCE # _____ NEW SIGN ✓

LOT 1 DATE _____ CHANGE OF COPY _____

ZONE B-2 PREVIOUS BUSINESS ✓

FUNCTIONAL _____

CHANGEABLE COPY _____

ILLUMINATED ✓

DIMENSIONS OF SIGN

HEIGHT 4' FEET

X WIDTH 17' FEET

TOTAL 68' SQ.FEET ✓

BUILDING HEIGHT 25 FEET

BUILDING WIDTH X 85 FEET

FAÇADE AREA = 2125 ✓ SQ. FEET

% PERMITTED X 15%

SIGN FOOTAGE PERMITTED = 318.75 SQ. FEET Max 1500

PERMITTED:

EACH BUSINESS WITH STREET FRONTAGE IS PERMITTED ONE FAÇADE SIGN FOR EACH STREET FRONTAGE.

PROJECTION BEYOND BUILDING LINE OF NO MORE THAN TWO (2) FEET

PROPOSED 1 FEET

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:

- SITE RELATED DIMENSIONS
- STRUCTURAL DESIGN
- METHOD OF ILLUMINATION AND INTENSITY OF LIGHT

NO PHONE NUMBERS OR WEB SITES PERMITTED ON SIGNS

FOR ALL SIGNS, ATTACH THE FOLLOWING:

A SCALE DRAWING OF THE SIGN:

- DIMENSIONS OF THE SIGN
- COLOR SCHEME
- MESSAGE ON EACH SIGN FACE

PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 40 FEET

WRITTEN APPROVAL FROM THE OWNER

I CERTIFY THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE.

DATE 2/28/03

SIGNATURE OF APPLICANT [signature]

TAXES PAID Yes.
ZONING APPROVAL #

PLEASE TAKE COPY TO BUILDING INSPECTIONS

COMMENTS: If any portion of the sign is changed in the future, approval must be appled for & received from the Towmsh.p. The sign is approved as submitted.

APPROVED ✓

DISAPPROVED

THIS ACTION IS CONDITIONED ON THE INFORMATION PRESENTED BEING TRUE AND ACCURATE.

3/18/03.
DATE

Mary Ellen D. Ries.
MEMBER OF COMMUNITY DEVELOPMENT

DATE 3/26/03 RECEIPT NUMBER 275886 AMOUNT $ 78.00 ($10 application, 68.00 permit)

NOTE TO ALL APPLICANTS:

SIGN PERMITS ARE SUBJECT TO AN ANNUAL RENEWAL FEE OF TEN DOLLARS ($10.00) PER SIGN. EACH YEAR A BILL WILL BE SENT INFORMING YOU THAT THE FEE IS DUE.

THANK YOU

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS CH-B 10303321

Department of
Code Enforcement and Inspections
Township of Cherry Hill
820 Mercer Street, P.O. Box 5002, Cherry Hill, NJ 08002
Phone – (856) 488-7855
Fax – (856) 486-4575
Anthony Saccomanno
Director of Code Enforcement/Construction Official

20050038

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

All applications for Certificate of Continued Occupancy must be submitted along with a floor plan showing total square footage of all space.

☐ Change of Ownership

☒ Change of Tenant

Location: 1720 70E Cherry Hill NJ 08003

Block: 502.01 Lot: 1

Suite/Unit #:

Prior Owner: Robert Danzeisen

Address: 1720 Route 70 E Cherry Hill NJ 08003

Telephone:

Prior Tenant: VACANT

Address:

Telephone:

New Owner:

Address:

Telephone:

New Tenant: Nucon Production LLC

Address: 17 annapolis Dr. Marlton NJ 08053

Telephone: [redacted]

Prior Use: Relaxation Zone - massage therapy Use Group: B

Proposed Use: Piano Store + Art Gallery Use Group: B

FOR OFFICE USE ONLY

Application Date: 5/4/05 Fee: $100.00 Cash ☒ Check ☐ Check #:

Actual Use Group: Construction Classification: Occupancy Load:

Zoning Approval Required? Yes ☐ No ☐ N/A ☐ Health Dept. Approval? Yes ☐ No ☐ N/A ☐

Inspector: Date Inspected: Pass ☐ Fail ☐

Comments:

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICIAL AFTER ALL INSPECTIONS ARE COMPLETED.

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	*DATE*	*Block*	*Lot*	*Existing Use*	*Proposed Use*
340	4/25/2005	502.01	1	Massage	Piano Store & Art Gallery

ConstControl:	*PropStrNo:*	*Street Direction:*	*Property Street Name:*
	1720		Route 70 E

Neighborhood	*Subdivision*	*Zone*
Cherry Hill	N/A	B2

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

AppOwner	*BrdApp*	*PB/ZB*	*App#*	*ApprDate*
No	No			

Application First Name	*Application Last Name*	*Telephone*
Andy	Fei	

Address	*City*	*State*	*Zip*
17 Annapolis Drive	Marlton	NJ	08053

Signature

Date 5/4/05

Owner Last Name	*Owner First Name*
Danzeisen et als	Robert

Address	*City*	*State*	*Zip*
1720 Route 70 E	Cherry Hill	NJ	08003

Improve

A retail Piano Store & Art Gallery are approved as submitted. Use is consistant with the zone. ANY SIGNAGE REQUIRES SEPARATE PERMITS. Cost is the $25.00 Non-Residential fee.

Is a Survey Waiver Required?	No

Is this a corner lot?	No

Zoning Per. App. Review Date:	*Zoning Permit No.*	*Zoning Permit Denial No.:*
4/25/2005	340	0

Signature: M E Rios Zoning Atty

Date: 4/25/05

2053369

BLOCK 502.01 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1720 RT 70E PERMIT NO. _____

RECEIVED
DEC - 7 2005
BUILDING INSPECTIONS

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1720 RT 70E, Cherry Hill, NJ 08003
2. Name of Owner in Fee: SC Chung, BNB Bank Tel. ([redacted]
   Address 1720 RT 70E, Cherry Hill, NJ 08003 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Space Sign (Unitech Design) ([redacted]
   Address 15-25 132nd ST College Point, NY 11356
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: (718) 961-5577
5. Architect or Engineer N/A Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Chang K Hahn
   Tel. [redacted] FAX: (718) 961-5577

Sign 58.5 ft BNB Bank

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	71.	
2.	Electrical		46.	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		3.	
10.	Subtotal	$		
11.	Cert. of ~~Occupancy~~			
12.	Other			
13.	TOTAL	$	120.	

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	

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									
3. ☐ Addition									
4. ☐ a. Repair / ☐ b. Alteration / ☐ c. Renovation / ☐ d. Reconstruction	1200.-				12/8/05	[illegible]			
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical	500.-				12/8/05	[illegible]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1700.-								

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: U
2. Use Group:
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

LDS CH-B 10303322

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(e)1.vii:

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.

( ) Check if contractor.

Agent Name Space Sign.

Address 19-25 132nd St.

College Point NY 11356

Telephone ([redacted]

Signature Kimberly Sob.

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**		
Building _____		Energy _____		Other _____
Electrical _____		Barrier Free _____		_____
Plumbing _____		Flood Hazard _____		_____
Fire Protection _____		As Built Elevation Cert. _____		_____
Mechanical _____		Other _____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

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

CERTIFICATE

Date Issued: 07/28/2006
Control #: 53886
Permit #: 20053369

IDENTIFICATION

Block: 502.01 Lot : 1 Qualification Code:
Work Site Location: 1720 ROUTE 70 EAST
CHERRY HILL
Owner in Fee: SC CHUNG, BNB BNANK
Address: 1720 ROUTE 70 EAST
CHERRY HILL NJ 08003
Telephone: [redacted]
Agent/Contractor: SPACE SIGN/UNITECH DESIGN INC
Address: 15-25 132nd STREET
COLLEGE POINT NY 11356
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

Sign, 58.5 sq. ft. BNB Bank

[ ] **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

Anthony Saccomanno Construction Official

Fees: $0.00
Paid| X |Check No.: 2117
Collected by: sd

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Permit Number: 20053369
Permit Date: 12/16/2005
Update Number:
Control Number: 53886
Application Date: 12/12/05

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 502.01 Lot : 1 Qualifier :

Work site Location:	1720 ROUTE 70 EAST CHERRY HILL	Contractor:	SPACE SIGN/UNITECH DESIGN INC
Owner In Fee:	SC CHUNG, BNB BNANK	Address:	15-25 132nd STREET
Address:	1720 ROUTE 70 EAST		COLLEGE POINT NY 11356
	CHERRY HILL NJ 08003	Telephone:	[redacted]
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	U	Federal Emp. No.:	

is hereby granted permission to perform the following work:

[X] BUILDING	[ ] PLUMBING	[70-43]
[X] ELECTRICAL	[ ] FIRE PROTECTION	[70-48]
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	[70-36]
[ ] LEAD HAZARD ABATEMENT	[ ] DEMOLITION	[70-37]
[ ] ASBESTOS ABATEMENT	[ ] OTHER	[70-61]
(Subchapter 8 only)		[70-38]

DESCRIPTION OF WORK:

Sign, 58.5 sq. ft. BNB Bank

[70-91]
[70-91]
[70-50]
[70-50]
[70-45]
[71-78]
[70-62]
[70-53]
[73-83]

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$1,700.00
Cost of Demolition:	$0.00
Total Cost:	$1,700.00

PAYMENTS (Office Use Only)

Building	$71.00
Electrical	$46.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$3.00
CO Fee	
CCO Fee	
Engineering	
Sewer	
Shade Tree	
Street Opening	
Street Open. Escrow	
Total :	**$ 120.00**

All Fees Waived No

Amount to be Paid: $ 120.00

Check Number: 2117
Check amount: $120.00

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.

Anthony Saccomanno
Contruction Official

12/13/05
Date

:: 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:

Collected by: sd
Total Cash Amount:
Total Check Amount: $120.00
Total CC Amount:
Grand Total: $120.00

PAID DEC 16 2005

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12-16-05
Control #
Permit # 2005-3369

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

Block 502.01 Lot 1
Work Site Location 1720 RT 70E
Cherry Hill NJ 08003
Owner in Fee S. C Chung, BNB Bank
Address 1720 RT 70E
Cherry Hill NJ 08003
Tele. [redacted]
Contractor dba Space Sign (Unitech Design, Inc.)
Address 15-25 132nd ST
College Point NY 11356
Tele. ([redacted) Fax (718) 961-5511
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

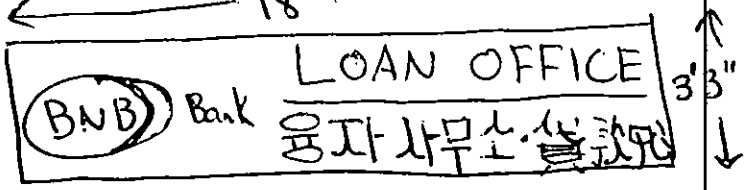
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA *Call for final inspection

DESCRIPTION OF WORK

ERECT ILLUMINATED SIGN BOX
Size 3'-3"(H) X 18'-0"(W)



JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	12/8/05	CA/10
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1.9.06
Approved by: JES

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓			1/9/06	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [X] Sign 58.5 Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
	71.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed U
Constr. Class Present _____ Proposed NA
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 ~~$~~ $1,200
3. Total (1+ 2) $ _____

58.5 ☐ x 1.20 p/☐ = 71.00

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12/16/05
Control #
Permit # 2005-3369

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

Block 502.01 Lot 1
Work Site Location [illegible]
Owner in Fee [illegible]
Address [illegible]
Tele. [redacted]
Contractor [illegible]
Address [illegible]
Tel [redacted] Fax ( ) [illegible]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

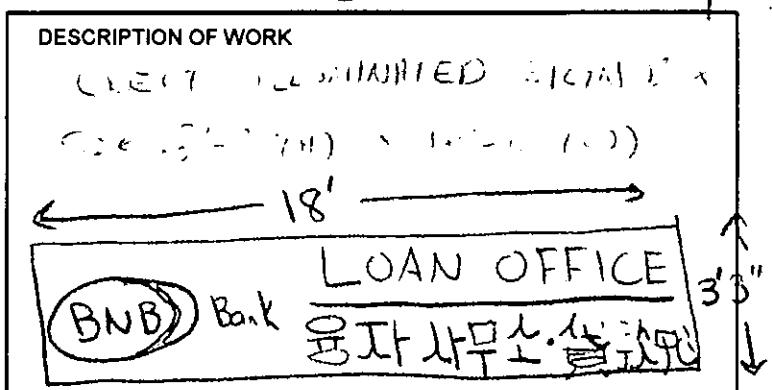
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature [illegible]

D. TECHNICAL SITE DATA *Call for final inspection

DESCRIPTION OF WORK

[illegible] ILLUMINATED SIGNAL [illegible]



JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	12/8/05	[illegible]
[ ] All		
[ ] 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				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 58.5 Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)

$	
	71.00

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed U
Constr. Class Present _____ Proposed n/a
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 $ 1,200
3. Total (1+ 2) $ _____

58.5 ☐ x 1.20 p/☐ = 71.00

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

Date Received
Control #
Date Issued 12-16-05
Permit # 2005-3369

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 RT 70E
Cherry Hill, NJ 08003

Owner in Fee S C Chung, BNB Bank

Address 1720 RT 70E
Cherry Hill, NJ 08003

Tel [redacted]

Contractor Mejia Electric Co

Address 49 Broad Ave
Palisades Pk NJ 07650

Tel [redacted] FAX (201) 943-9463

Contractor License No. 13097316

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ N/A 500

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	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 31.00
		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	
V		KW Elec. Sign/Outline Light	9.00

Administrative Surcharge $ 6.00
Minimum Fee $ 40.00
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: 12-7-2005
Approved by: TBB/gp

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA

Date: 12/27/06
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/03	
Barrier-Free				

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 12/16/05
Permit # 2005 3369

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

Block 502.01 Lot 1 Qualification Code

Work Site Location

Owner in Fee

Address

Tel [redacted]

Contractor Metro Electric Co

Address 49 Broad Ave
Palisades Pk, NJ 07650

Tel [redacted] FAX (201) 943-9463

Contractor License No. [redacted]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ X 500

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 [ ] Certfd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 31.00
		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	9.00

Administrative Surcharge $ 6.00
Minimum Fee $ 40.00
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: 12-7-2005
Approved by: TBE/

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	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

TOWNSHIP OF CHERRY HILL
FREESTANDING SIGN
APPLICATION FOR PERMIT

$10.00 App. Fee

APPLICATION NUMBER
05-283

NAME OF BUSINESS BNB Bank OWNER SC Chung
ADDRESS OF BUSINESS 1720 Rt 70E TOWN Cherry Hill ZIP 08003 PHONE 914-570-8984

NAME OF SIGN INSTALLER Space Sign (Chang K, Hahn) PHONE [redacted]
ADDRESS 15-25 132nd St. TOWN College Point STATE NY ZIP 11356

NAME OF PROPERTY OWNER More Cherry Hill Plaza, LLC PHONE [redacted]
ADDRESS 19-20 White stone Expwy #302 TOWN White Stone STATE NY ZIP 11357

BLOCK 502.01 VARIANCE # _____ NEW SIGN BNB Bank
LOT 1 DATE Nov. 28, 2025 CHANGE OF COPY N/A
ZONE B2 PREVIOUS BUSINESS N/A

FUNCTIONAL Bussiness Sign
CHANGEABLE COPY _____
ILLUMINATED ✓

DIMENSIONS OF SIGN
HEIGHT 1' - 5 1/4" FEET
X WIDTH 5' - 4 1/2" FEET
TOTAL 7.4 SQ.FEET

LINEAL FRONT FOOTAGE OF BUILDING	_____FT.	PERMITTED _____SQ.FEET
PRINCIPAL STREET	_____FT.	REQUIRED 50 FEET
SECONDARY STREET FRONTAGE	_____FT.	REQUIRED FOR 2ND SIGN
DISTANCE FROM SIDELINE	_____FT.	REQUIRED 15 FEET
DISTANCE FROM CLOSEST FREESTANDING SIGN	_____FT.	REQUIRED 50 FEET
HEIGHT TO TOP OF SIGN	_____FT.	PERMITTED 17 FEET
HEIGHT TO BOTTOM OF SIGN	*5'9" FT.	**REQUIRED 8 FEET**
DISTANCE FROM RIGHT OF WAY (PROPERTY LINE)	*15 FT.	**REQUIRED 10 FEET**
DISTANCE FROM INTERSECTION OF STREET OR DRIVEWAY	*_____FT.	**REQUIRED 50 FEET**

* ONE OF THESE THREE MUST MEET REQUIREMENTS

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:
- SITE RELATED DIMENSIONS
- STRUCTURAL DESIGN
- METHOD OF ILLUMINATION AND INTENSITY OF LIGHT

NO PHONE NUMBERS OR WEB SITES PERMITTED ON SIGNS

FOR ALL SIGNS, ATTACH THE FOLLOWING:
- A SCALE DRAWING OF THE SIGN:
  - DIMENSIONS OF THE SIGN
  - COLOR SCHEME
  - MESSAGE ON EACH SIGN FACE
- PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 40 FEET
- WRITTEN APPROVAL FROM THE OWNER

I CERTIFY THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE.

DATE Nov 28, 2005

SIGNATURE OF APPLICANT [signature]

TAXES PAID Voluntary 11/30/05
ZONING APPROVAL # 1492

PLEASE TAKE COPY TO BUILDING INSPECTIONS

COMMENTS:

The *freestanding multiple listing* sign for the BNB Bank at the 1720 Route 70 E in Cherry Hill, NJ is approved as submitted. A "Grand Opening" banner is permitted on the building facade for two (2) weeks only. There will be an annual sign renewal fee of $10.00 for each sign. Note that exposed neon, phone numbers, web addresses, "inflatables" objects or temporary signs are NOT permitted. If any portion of the sign is changed in the future, approval must be applied for and received from the Township of Cherry Hill. The township Code Enforcement Department must approve the building plans.

APPROVED ✓

DISAPPROVED _____

THIS ACTION IS CONDITIONED ON THE INFORMATION PRESENTED BEING TRUE AND ACCURATE.

11/30/05
DATE

M E Dis / ZO
MEMBER OF COMMUNITY DEVELOPMENT

DATE 12/6/05 RECEIPT NUMBER 308448 AMOUNT $ 35.00
(10 applicata @ 25 permit

NOTE TO ALL APPLICANTS:

SIGN PERMITS ARE SUBJECT TO AN ANNUAL RENEWAL FEE OF TEN DOLLARS ($10.00) PER SIGN. EACH YEAR A BILL WILL BE SENT INFORMING YOU THAT THE FEE IS DUE.

THANK YOU

More Cherry Hill Plaza, LLC
17-20 Whitestone Epxwy., #502, Whitestone, New York 11357 Tel (718) 357-2424 Fax (718) 357-7355

November 29, 2005

Township of Cherry Hill
Department of Community Development
820 Mercer Street
Cherry Hill, New Jersey 08034

Re: **Permission to Apply for sign Installation of Storefront Signage**
Tenant: Broadway National Bank ("BNB") Bank
Premises: 1720 Route 70 East, Cherry Hill, New Jersey

Dear Sir/Madam:

We are the owner and management company of the property located at the above reference premises and hereby authorize Broadway National Bank, to obtain a permit to install an illuminated sign upon approval from the Cherry Hill Township.

If you have any question, please contact this office. Thank you for your kind cooperation.

Very truly yours,

Kimberly Chon
Property Manager

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	DATE	Block	Lot	Existing Use	Proposed Use
1192	11/14/2005	502.01	1	retail sales - eye glass sales	Loan & Deposit bank office

ConstControl:	PropStrNo:	Street Direction:	Property Street Name:
	1720		Route 70 E

Neighborhood	Subdivision	Zone
Cherry Hill	N/A	B2

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

AppOwner	BrdApp	PB/ZB	App#	ApprDate
No	No			

Application First Name	Application Last Name	Telephone
Broadway	National Bank	

Address	City	State	Zip
2024 Center Avenue	Fort Lee	NJ	07024

Paid 11/14/05 #309276

Owner Last Name	Owner First Name
Cherry Hill Plaza	More

Address	City	State	Zip
hitestone Expressway; Suite 502	Whitestone	NY	11357

Signature _____

Date _____

Improve

A bank named BNB Bank is approved for a loan & deposit bank office. This is a permitted use in the B-2 zone. ANY EXTERNAL SIGNAGE REQUIRES SEPARATE PERMITS. Cost is the $25.00 non-residential fee.

Is a Survey Waiver Required?	No

Is this a corner lot?	No

Zoning Per. App. Review Date:	Zoning Permit No.	Zoning Permit Denial No.:
11/15/2005	1192	0

Signature: MZ Reed / ZO

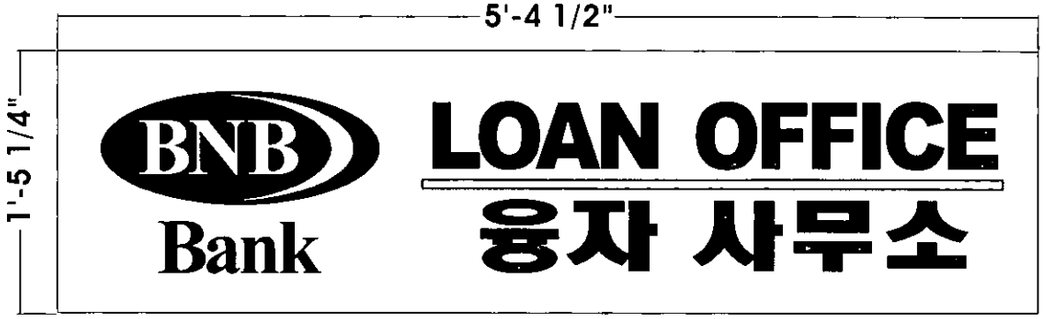
Date: 11/15/05

B n B Bank(Cherry Hill)

After the installation

Before the installation

* *L/T Box Face Change Only*



SPACE SIGN
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15-25 132nd st. College Point, NY, 11356
TEL : 718-961-1112 FAX : 718-961-5577
WWW.SPACESIGN.COM E-MAIL:SPACESIGN@AOL.COM

approved	. . 2005		
	By		
sales rep.	Min Joun		

customer	BNB BANK	**Phone #**	(c/p)917-570-8984			**E-mail ad**	danielcardone@bnbbank.com
date	Nov. 11,2005		**Revision**	1	*location*	1720 Rt. 70E. Cherry Hill NJ. 08003	
type of sign		*electric*	yes● no○		*directory*	Design1/C/John-2005/John-Working/B n B Bank(CHerry Hill)	
material	See the drawing					*Conform*	*Sales* / *Designer*

TOWNSHIP OF CHERRY HILL
FACADE SIGN
APPLICATION FOR PERMIT

$10.00 App. Fee

APPLICATION NUMBER
05-282

NAME OF BUSINESS BNB Bank OWNER SC Chung
ADDRESS OF BUSINESS 1720 Rt 70 E TOWN Cherry Hill ZIP 08003 PHONE [redacted]

NAME OF SIGN INSTALLER Space Sign (Chang K. Hahn) PHONE [redacted]
ADDRESS 15-25 132nd ST TOWN College Point STATE NY ZIP 11356

NAME OF PROPERTY OWNER More Cherry Hill Plaza, LLC PHONE [redacted]
ADDRESS 17-20 Whitestone Expwy #502 TOWN Whitestone STATE NY ZIP 11357

BLOCK 502.01 VARIANCE # _____ NEW SIGN BNB Bank
LOT 1 DATE Nov 28, 2005 CHANGE OF COPY N/A
ZONE B2 PREVIOUS BUSINESS N/A

FUNCTIONAL Business Sign
CHANGEABLE COPY N/A
ILLUMINATED X Yes

DIMENSIONS OF SIGN
HEIGHT 3'-3" FEET
X WIDTH 18'-0" FEET
TOTAL 58.5 SQ.FEET

BUILDING HEIGHT 15'-6" FEET
BUILDING WIDTH X 26'-0" FEET
FAÇADE AREA = 403 SQ. FEET
% PERMITTED X 15 %
SIGN FOOTAGE PERMITTED = 60.45 SQ. FEET

PERMITTED:

EACH BUSINESS WITH STREET FRONTAGE IS PERMITTED ONE FAÇADE SIGN FOR EACH STREET FRONTAGE.

PROJECTION BEYOND BUILDING LINE OF NO MORE THAN TWO (2) FEET

PROPOSED 58.5 FEET

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:

- SITE RELATED DIMENSIONS
- STRUCTURAL DESIGN
- METHOD OF ILLUMINATION AND INTENSITY OF LIGHT

NO PHONE NUMBERS OR WEB SITES PERMITTED ON SIGNS

FOR ALL SIGNS, ATTACH THE FOLLOWING:

- A SCALE DRAWING OF THE SIGN:
  - DIMENSIONS OF THE SIGN
  - COLOR SCHEME
  - MESSAGE ON EACH SIGN FACE
- PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 40 FEET
- WRITTEN APPROVAL FROM THE OWNER

I CERTIFY THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE.

DATE Nov 28, 2005

SIGNATURE OF APPLICANT X [signature]

TAXES PAID ok MD 11/30/05
ZONING APPROVAL # 1192

PLEASE TAKE COPY TO BUILDING INSPECTIONS

COMMENTS: **The *facade* sign for the BNB Bank at the 1720 Route 70 E in Cherry Hill, NJ is approved as submitted. A "Grand Opening" banner is permitted on the building facade for two (2) weeks only. There will be an annual sign renewal fee of $10.00 for each sign.**
Note that exposed neon, phone numbers, web addresses, "inflatables" objects or temporary signs are NOT permitted.
If any portion of the sign is changed in the future, approval must be applied for and received from the Township of Cherry Hill. The township Code Enforcement Department must approve the building plans.

APPROVED ✓

DISAPPROVED _____

THIS ACTION IS CONDITIONED ON THE INFORMATION PRESENTED BEING TRUE AND ACCURATE.

11/30/05 — DATE

M Dis — MEMBER OF COMMUNITY DEVELOPMENT

DATE 12/30/05 RECEIPT NUMBER 38448 AMOUNT $ 68.50
($10.00 application + $58.50 permit)

NOTE TO ALL APPLICANTS:

SIGN PERMITS ARE SUBJECT TO AN ANNUAL RENEWAL FEE OF TEN DOLLARS ($10.00) PER SIGN. EACH YEAR A BILL WILL BE SENT INFORMING YOU THAT THE FEE IS DUE.

THANK YOU

More Cherry Hill Plaza, LLC
17-20 Whitestone Epxwy., #502, Whitestone, New York 11357 Tel (718) 357-2424 Fax (718) 357-7355

November 29, 2005

Township of Cherry Hill
Department of Community Development
820 Mercer Street
Cherry Hill, New Jersey 08034

Re: **Permission to Apply for sign installation of Storefront Signage**
Tenant: Broadway National Bank ("BNB") Bank
Premises: 1720 Route 70 East, Cherry Hill, New Jersey

Dear Sir/Madam:

We are the owner and management company of the property located at the above reference premises and hereby authorize Broadway National Bank, to obtain a permit to install an illuminated sign upon approval from the Cherry Hill Township.

If you have any question, please contact this office. Thank you for your kind cooperation.

Very truly yours,

Kimberly Chow
Property Manager

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	DATE	Block	Lot	Existing Use	Proposed Use
1192	11/14/2005	502.01	1	retail sales - eye glass sales	Loan & Deposit bank office

ConstControl:	PropStrNo:	Street Direction:	Property Street Name:
	1720		Route 70 E

Neighborhood	Subdivision	Zone
Cherry Hill	N/A	B2

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

AppOwner	BrdApp	PB/ZB	App#	ApprDate
No	No			

Application First Name	Application Last Name	Telephone
Broadway	National Bank	

Address	City	State	Zip
2024 Center Avenue	Fort Lee	NJ	07024

Paid 11/14/05 #309276

Owner Last Name	Owner First Name
Cherry Hill Plaza	More

Address	City	State	Zip
hitestone Expressway; Suite 502	Whitestone	NY	11357

Signature

Date

Improve

A bank named BNB Bank is approved for a loan & deposit bank office. This is a permitted use in the B-2 zone. ANY EXTERNAL SIGNAGE REQUIRES SEPARATE PERMITS. Cost is the $25.00 non-residential fee.

Is a Survey Waiver Required?	No

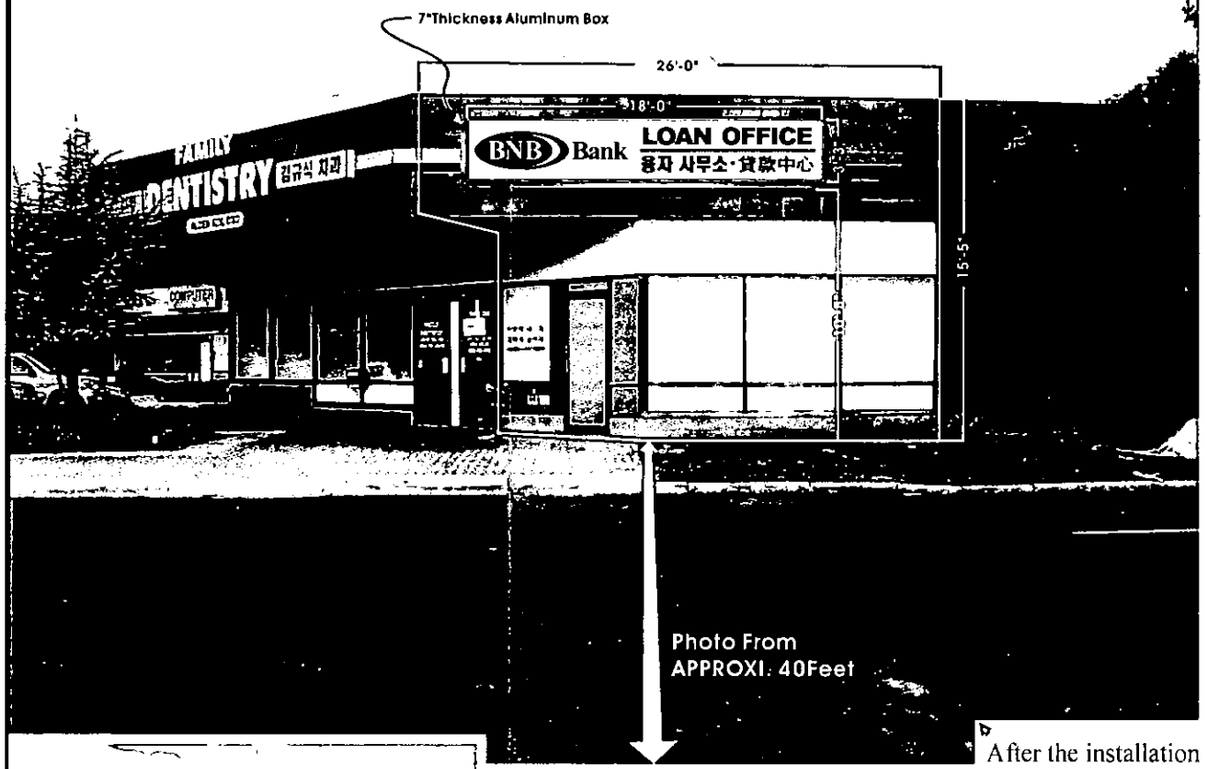
Is this a corner lot?	No

Zoning Per. App. Review Date:	Zoning Permit No.	Zoning Permit Denial No.:
11/15/2005	1192	0

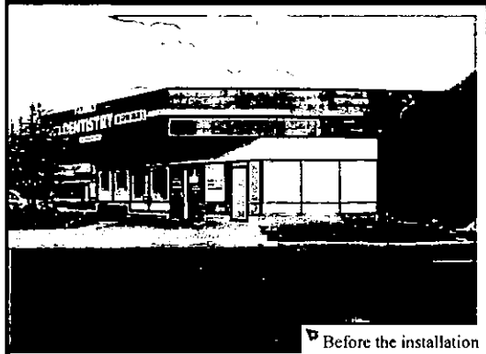
Signature: MZ Rice / ZO

Date: 11/15/05

B n B Bank(Cherry Hill)

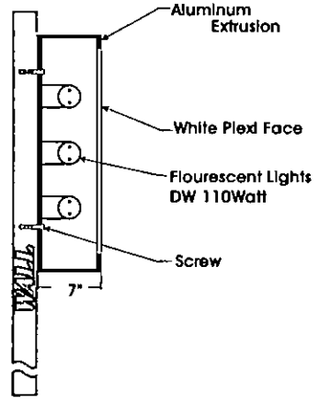


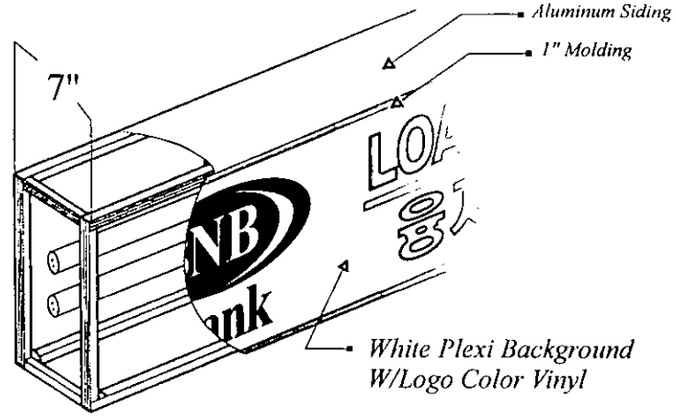
After the installation



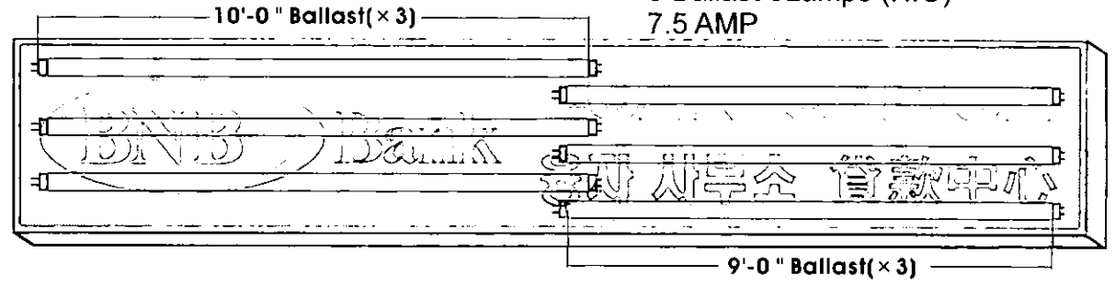
Before the installation

INSTALLATION DETAIL





3 Ballast 6Lamps (H.O)
7.5 AMP



* L/T Box

* 1/26 Scale
(39"=1.5")

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15-25 132nd st. College Point, NY, 11356
TEL : 718-961-1112 FAX : 718-961-5577
WWW.SPACESIGN.COM E-MAIL:SPACESIGN@AOL.COM

approved	. . 2005		
	By		
sales rep.	Min Joun		

customer	BNB BANK	Phone #	(c/p)917-570-8984			E-mail ad	danielcardone@bnbbank.com
date	Nov. 11,2005	Revision	1	location		1720 Rt. 70E. Cherry Hill NJ. 08003	
type of sign		electric	yes● no○	directory		Design1/C/John-2005/John-Working/B n B Bank(CHerry Hill)	
material	See the drawing						

Conform	Sales	Designer

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	*DATE*	*Block*	*Lot*	*Existing Use*	*Proposed Use*
1192	11/14/2005	502.01	1	retail sales - eye glass sales	Loan & Deposit bank office

ConstControl:	*PropStrNo:*	*Street Direction:*	*Property Street Name:*
	1720		Route 70 E

Neighborhood	*Subdivision*	*Zone*
Cherry Hill	N/A	B2

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

AppOwner	*BrdApp*	*PB/ZB*	*App#*	*ApprDate*
No	No			

Application First Name	*Application Last Name*	*Telephone*
Broadway	National Bank	

Address	*City*	*State*	*Zip*
2024 Center Avenue	Fort Lee	NJ	07024

Kimchongsolc
Signature

Date 12/16/2005

Owner Last Name	*Owner First Name*		
Cherry Hill Plaza	More		
Address	*City*	*State*	*Zip*
ıitestone Expressway; Suite 502	Whitestone	NY	11357

Improve

A bank named BNB Bank is approved for a loan & deposit bank office. This is a permitted use in the B-2 zone. ANY EXTERNAL SIGNAGE REQUIRES SEPARATE PERMITS. Cost is the $25.00 non-residential fee.

Is a Survey Waiver Required?	No

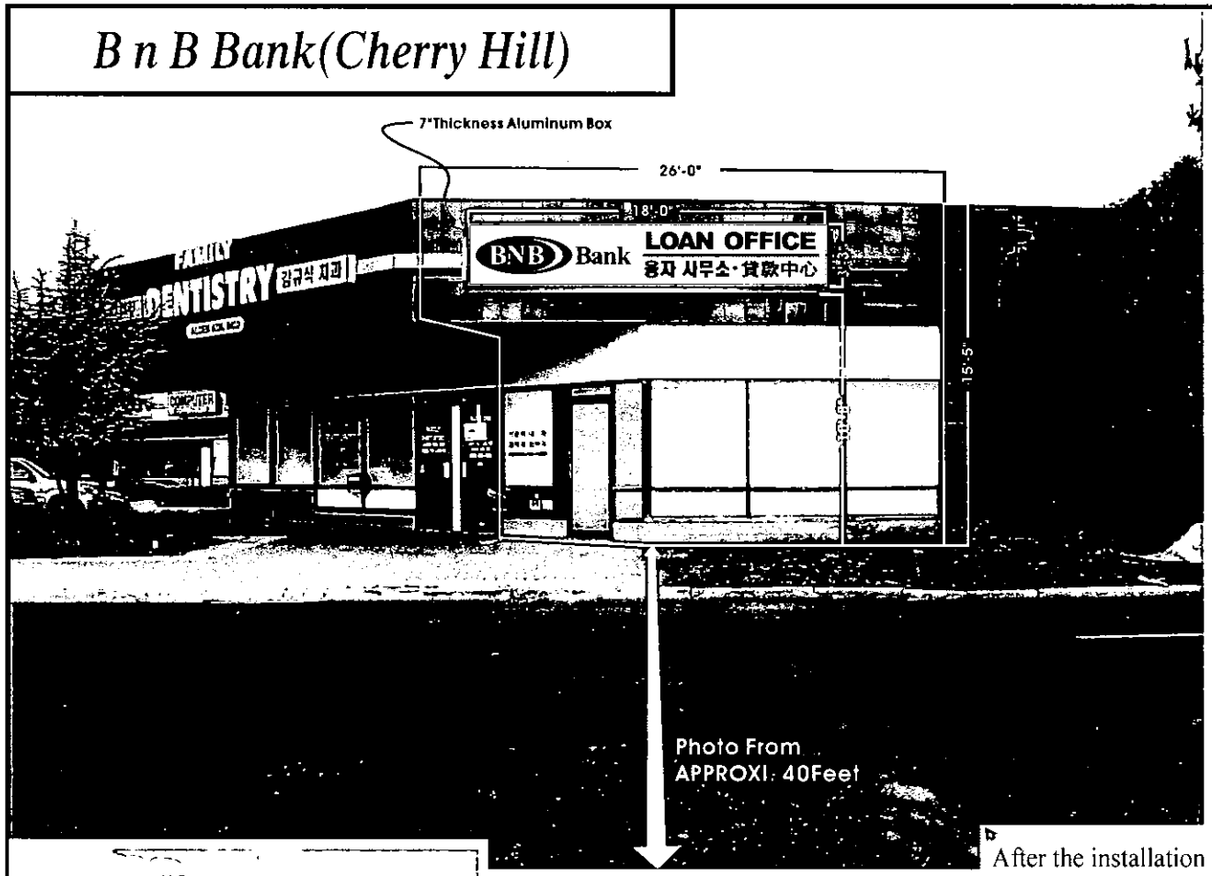
Is this a corner lot?	No

Zoning Per. App. Review Date:	*Zoning Permit No.*	*Zoning Permit Denial No.:*
11/15/2005	1192	0

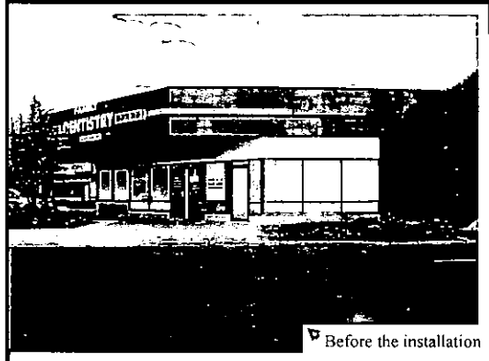
Signature: M2 Rios /ZO

Date: 11/15/05

B n B Bank(Cherry Hill)

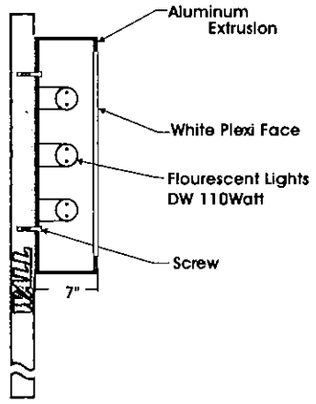


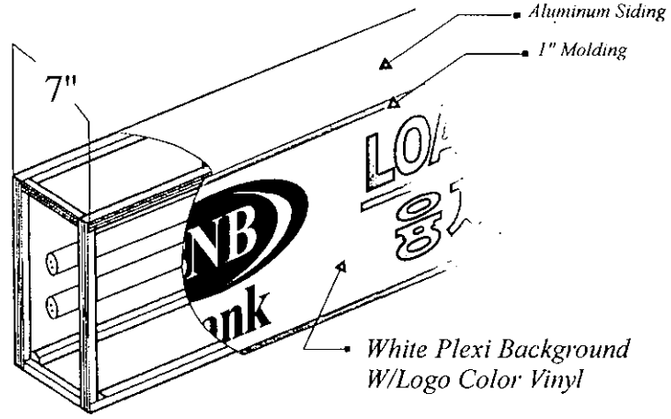
After the installation

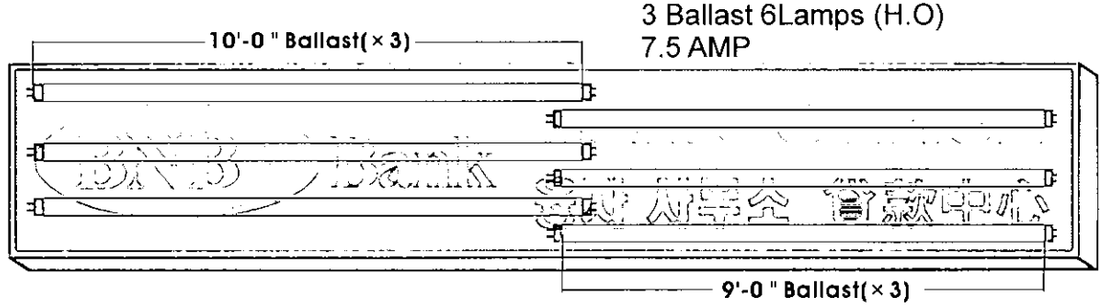


Before the installation

INSTALLATION DETAIL







* L/T Box

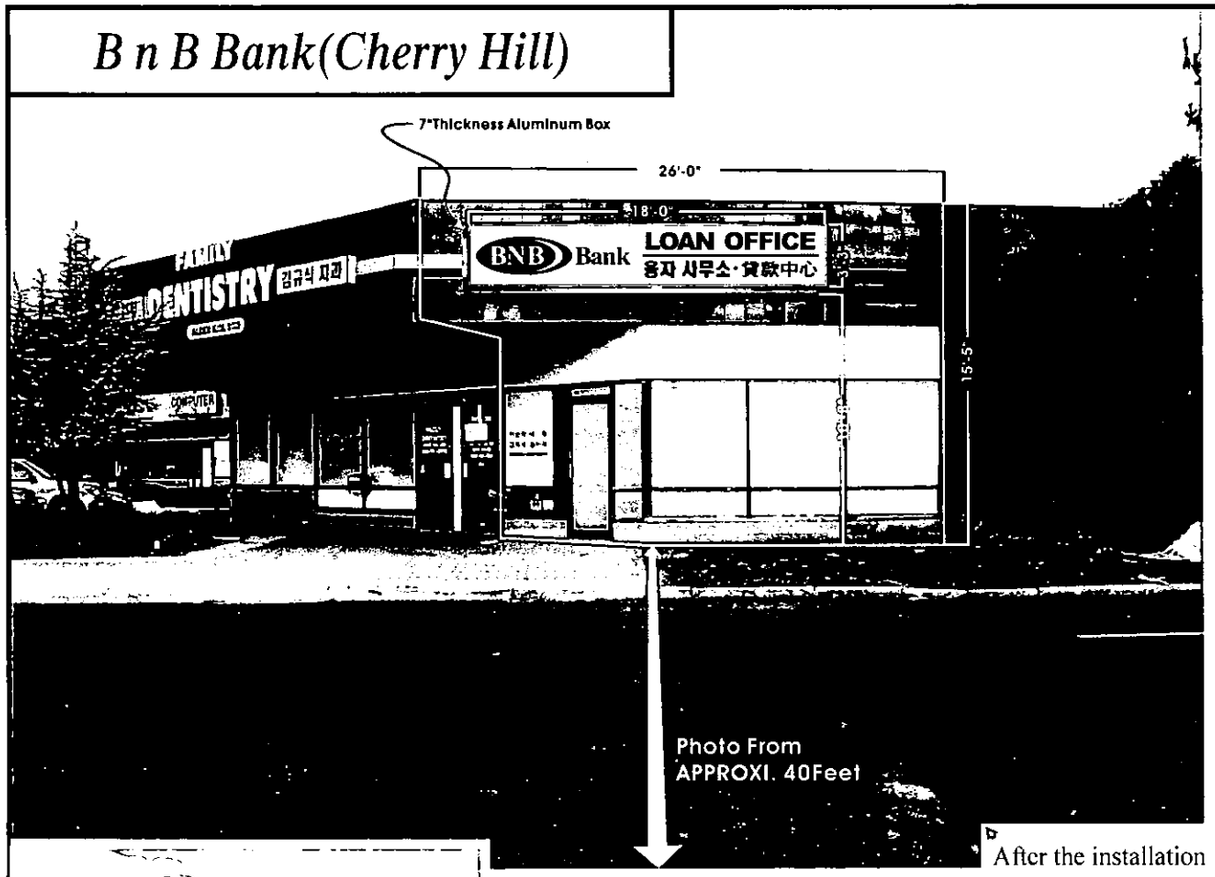
* 1/26 Scale
(39"=1.5")

SPACE SIGN 광·고·공·사®	15-25 132nd st. College Point, NY, 11356 TEL : 718-961-1112 FAX : 718-961-5577 WWW.SPACESIGN.COM E-MAIL:SPACESIGN@AOL.COM	approved	. . 2005	customer	BNB BANK	Phone #	(c/p)917-570-8984	E-mail ad	danielcardone@bnbbank.com
	This design is property of SPACE SIGN. and may not be reproduced in any manner under penalty of law without release by purchase or consent from SPACE SIGN.		By	date	Nov. 11,2005	Revision	1	location	1720 Rt. 70E. Cherry Hill NJ. 08003
	© copyright space sign., 2004, all rights reserved	sales rep.	Min Joun	type of sign		electric	yes● no○	directory	Design1/C/John-2005/John-Working/B n B Bank(CHerry Hill)
				material	See the drawing			Conform / Sales / Designer	

CHERRY HILL TOWNSHIP BUILDING INSPECTIONS			
PLAN REVIEW			
	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING		12/11/00	
ELECTRICAL		12/8/00	
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			
APPROVED ☐ APPROVED AS NOTED ☐ REJECTED ☐			
OFFICIAL COPY CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.			

OFFICE

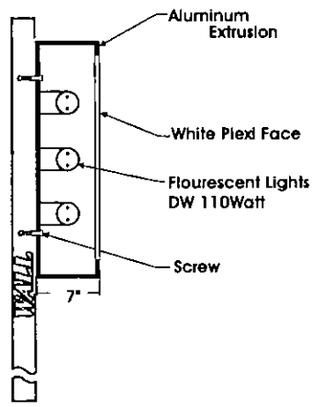
B n B Bank(Cherry Hill)

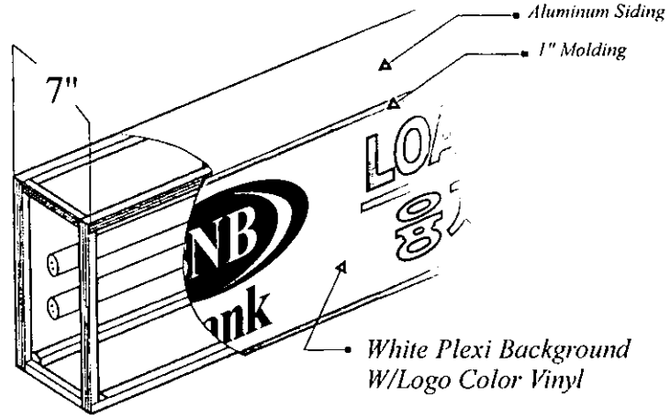


After the installation

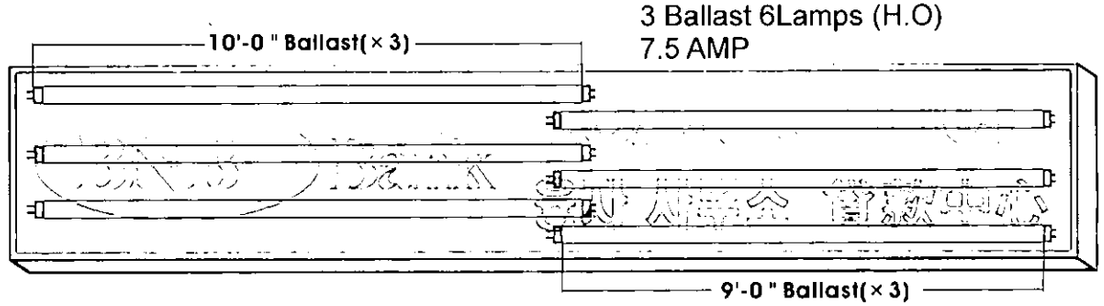
Before the installation

INSTALLATION DETAIL





3 Ballast 6Lamps (H.O)
7.5 AMP



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* 1/26 Scale
(39"=1.5")

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approved	. . 2005		
	By		
sales rep.	Min Joun		

customer	BNB BANK	Phone #	(c/p)917-570-8984			E-mail ad	danielcardone@bnbbank.com
date	Nov. 11.2005	Revision	1	location	1720 Rt. 70E. Cherry Hill NJ. 08003		
type of sign		electric	yes● no○	directory	Design1/C/John-2005/John-Working/B n B Bank(CHerry Hill)		
material	See the drawing					Conform	Sales / Designer

BLOCK 50201 LOT 1 QUALIFICATION CODE ADDRESS (SITE) 1720 Rt 70 E. PERMIT NO. 2008 2569

RECEIVED AUG 07 2008 BUILDING INSPECTIONS

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

Rolled Plans 8-20-08

I. IDENTIFICATION

1. Proposed Work Site at: ~~801 North 7th~~ 1720 Route 70E. Suite 4 Cherry Hill
2. Name of Owner in Fee: Sarah Kim
   Tel. [redacted] e-mail
   Address the same (street / municipality / zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: Young Woo Han Tel [redacted]
   Address 302 Nature Drive Cherry Hill NJ e-mail
   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 TAO Contact
   Address 1553 Glen Ave Moorestown NJ e-mail
   Tel. [redacted] FAX: ( )
6. Responsible Person in Charge once Work has Begun Young Woo Han
   Tel. [redacted] FAX: ( )

CONTACT Sam 215-432-7866

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 360		
2. Electrical	43		
3. Plumbing	50		
4. Fire Protection	101		
5. Elevator Devices			
6. Subtotal	21		
7. Less 20% for State Plan Review	$ Doc fee -		
8. Subtotal	$ 29		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	90		
12. Other			
13. TOTAL	$ 694		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories
2. Height of Structure 10 ft.
3. Area — Largest Floor 780 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	5000				8-20-08	RCS			
☒ Electrical	4,000				8-12-08	BS			
☒ Plumbing	1,000				8-20-08	MC			
☒ Fire Protection	1,000		8/11/08		8/12/08				
☐ Elevator									
TOTAL COST	21,000								

Fit-Out - Soho Optical

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

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 *(primary use)*

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

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

D. Construction Classification:

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS CH-B 10521880

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(e)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 Samuel S. Lee

Address 1028 Red Oak Dr
Cherry Hill, NJ 08003

Telephone [redacted]

Signature Samuel S. Lee

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	*Final* Date	*Prelimin.* Initial	*Final* Date	*Prelimin.* Initial	*Final* Date	*Prelimin.* Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ *Police Department*									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of *Community Affairs*									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		*Other*			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ *Continued Certificate of Occupancy*	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

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

CERTIFICATE

Date Issued: 10/14/2008
Control #: 65340
Permit #: 20082569

IDENTIFICATION

Block: 502.01 Lot : 1 Qualification Code:

Work Site Location: 1720 ROUTE 70 EAST, SUITE 4
CHERRY HILL

Owner in Fee: Robert Danzeisen

Address: 1720 Route 70 E.
Cherry Hill NJ 08003

Telephone: [redacted]

Agent/Contractor: YOUNG WON HAN

Address: 302 NATURE DDRIVE
CHERRY HILL NJ 08003

Telephone: [redacted]

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

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [X] Private

Use Group: B

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use:

Tenant Fit-Out, Soho Optical, Suite 4

[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 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

Anthony Saccomanno Construction Official

Fees: $90.00

Paid[X]Check No.: _____

Collected by: srw

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

APPLICATION FOR CERTIFICATE

~~Date Received~~
~~Date Permit Issued~~
~~Control #~~
Permit # 2008-2569
~~Date Issued~~

IDENTIFICATION

Block 502.01 Lot 1
Work Site Location 1720 Rt 70 EAST
CHERRY HILL NJ 08003
Owner in Fee Narah Hong
Address 1 STOKES Rd
Mt Laurel NJ 08054
Tel. [redacted]

Contractor Young Won HAN
Address 302 NATURE DRIVE
CHERRY HILL NJ 08003
Tel. ([redacted]
License No.
Federal Employee No. [redacted]

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: X $ 21,000.
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

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

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

DESCRIPTION OF WORK/USE:

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

SIGNED: _____
OWNER/AGENT

- [x] OWNER
- [ ] AGENT

U.C.C. F270
(rev. 3/96)

CERTIFICATE OF OCCUPANCY APPLICATION GUIDELINES

1. A completed "Application for Certificate of Occupancy" must be submitted.

2. A Certificate of Occupancy will NOT be issued until:
    1. All final inspections have been conducted and approved.
    2. All prior approvals, with supporting approval documentation, are submitted to our office.
    3. All outstanding fees and escrows paid (including COAH).
    4. All "as-built" plans submitted (when required).
    5. "HOW" warranty documentation submitted (new dwellings).

3. The Certificate of Occupancy will be issued within ten (10) business days AFTER all of the above documentation has been submitted and review for completeness. If any of the above items are incomplete or missing, the CO will NOT be issued.

4. Under no circumstance will a Certificate of Occupancy be issued in less than three days.

5. Complete Certificate of Occupancy requirements can be found in the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.23 and N.J.A.C. 5:23-2.24.

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

Permit Number: 20082569
Permit Date: 08/21/2008
Update Number:
Control Number: 65340
Application Date: 08/20/08

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 502.01 Lot : 1 Qualifier :

Work site Location: 1720 ROUTE 70 EAST, SUITE 4 CHERRY HILL
Owner In Fee: Robert Danzeisen
Address: 1720 Route 70 E.
Cherry Hill NJ 08003
Telephone: [redacted]
Use Group(s): B

Contractor: YOUNG WON HAN
Address: 302 NATURE DDRIVE
CHERRY HILL NJ 08003
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Tenant Fit-Out, Soho Optical, Suite 4

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$21,000.00
Cost of Demolition:	$0.00
Total Cost:	$21,000.00

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.

Bill Cutts, Acting

8/21/08

Anthony Saccomanno
Contruction Official

Date

:: 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:

PAID AUG 21 2008

[70-43]	Building	$360.00
[70-48]	Electrical	$43.00
[70-36]	Plumbing	$50.00
[70-37]	Fire Protection	$101.00
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$29.00
[70-50]	CO Fee	$90.00
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	DOC Imaging	$21
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	**$ 694.00**

PAYMENTS (Office Use Only)

All Fees Waived No
Amount to be Paid: $ 694.00

Cash amount: $694.00

Collected by: srw
Total Cash Amount: $694.00
Total Check Amount:
Total CC Amount:
Grand Total: $694.00

SOHO OPTICAL

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/21/08

Date Issued
Permit # 2008-2569

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

Block 502.01 Lot 1 Qualification Code _____

Work Site Location 1720 Route 70 East Suite 4 Cherry Hill NJ 08003

Owner in Fee: Sarah Kim dba soho Optical

Tel. [redacted] e-mail ROBERT DANZEISEN

Address the same
street municipality

Contractor: Young Won Han Tel. [redacted]

Address 302 Nature Dr. Cherry Hill NJ e-mail _____

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: ( ) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8.20.08	SES
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 10.13.08
Approved by: SES

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame ✓			10.13.08	SNK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
~~Energy~~ ABV ceil. ✓			10.8.08	SNK
Mechanical				
TCO				
Other				
Final ✓	10.3.08		10.13.08	SNK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure 10 ft.
Area — Largest Floor 780 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 $ 15,000.00
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.

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
- Make 2 rooms
- New ceiling
- New Flooring
- Paint

CALL FOR INSPECTIONS AS NOTED ✓
HAVE APPVD DRWGS ON SITE

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
[X] Other Tenant Fit-out
[X] Demolition

FEE (Office Use Only)
$ 360

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

15K @ 24/m 360

SNK 10.3.08 Final (fail)
No frame or Adv Coil inspections performed
Not Ready

SOHO OPTICAL

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/21/08

Date Issued
Permit # 2008-2569

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 Route 70 East Suite 4
Cherry Hill NJ 08003

Owner in Fee: Nasha Kai dba Soho Optical

Tel. [redacted] e-mail ROBERT DANZEISEN

Address the same
street municipality

Contractor: Young Won Han Tel. [redacted]

Address 302 Native Dr. Cherry Hill NJ e-mail

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: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	8.20.08	RC
[ ] 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 Subceil ✓				
Mechanical				
TCO				
Other				
Final ✓				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure 10 ft.
Area — Largest Floor 780 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 $ 15,000.00
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
- Make 2 ROOMS
- New Ceiling
- New Flooring
- Paint
CALL FOR INSPECTIONS AS NOTED ✓
HAVE APPD DRWGS ON SITE

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
[X] Other Tenant Fit-out
[X] Demolition

FEE (Office Use Only)
$ 360

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

15K @ 24/M 360

Soho Optical

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/21/08

Date Issued
Permit # 2008-2569

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

Block 502.01 Lot 1 Qualification Code 4

Work Site Location 1720 Rt. 70 East, Suite 4

Owner in Fee: Narah Kim dba Soho Optical

Tel [redacted] e-mail

Address the same
street municipality zip code

Contractor: Lincoln Electric Tel [redacted]

Address 1028 Red Oak Dr. e-mail [redacted].com

Contractor License No. Ch. Hill, NJ 08003 Exp. Date 3/31/2009
11117

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

Federal Emp. ID No. [redacted] FAX: (856) 216 7599

B. ELECTRICAL CHARACTERISTICS

Use Group Present B. Proposed B.

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

Building Occupied as Business Utility Co. PSE&G

Est. Cost of Elec. Work $ 4000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8-12-08
Approved by: MV

SUBCODE APPROVAL
[ ] CO [ ] GCO [X] CA
Date: 10/13/08
Approved by: MV

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			8/26/08	MV
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	10/3/08		10/13/08	MV
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. Samuel S Lee

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

QTY.	SIZE	ITEMS	FEE (Office Use Only)
25		Lighting Fixtures	
12		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
5		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
~~2~~ 56		TOTAL NUMBERS	$ 42.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$ 42.00
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 10/06)
Reorder From OCS Printing
609-390-1400

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

10/3/08- PROVIDED OVAL HEADS AT SINK.
SOD CAKE WALL & BKT OF SINK (3)
MADE (2) CURRENT BRACKETS W paul
Roberto telephone pan in bathroom

Solio OPTICAL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/21/08

Date Issued 2008-2569
Permit #

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

Block 502.01 Lot 1 Qualification Code 4

Work Site Location 1726 Rt. 70 East, Suite 4

Owner in Fee: Marah Kim dba Scho Optical

Tel. [redacted] e-mail

Address the same
street municipality

Contractor: Lincoln Electric Tel. [redacted]

Address 1028 Red Oak Dr. e-mail [redacted]
C.H. Hill, NJ 08003

Contractor License No. 11117 Exp. Date 3/31/2009

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

Federal Emp. ID No. [redacted] FAX: (856) 216 7599

B. ELECTRICAL CHARACTERISTICS

Use Group Present B. Proposed B.

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

Building Occupied as Business Utility Co. PSEG

Est. Cost of Elec. Work $ 4000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8-12-08
Approved by: MA

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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'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

QTY	SIZE	ITEMS
25		Lighting Fixtures
18		Receptacles
6		Switches
		Detectors
		Light Poles
5		Motors—Fract. HP
2		Emergency & Exit Lights
		Communications Points
1		Alarm Devices/F.A.C. Panel
56		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)

$ 42.00

Administrative Surcharge $
Minimum Fee $ 42.0
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 10/06)
Reorder From OCS Printing
609-390-1400

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

SOHO OPTICAL

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 8/21/08

Date Issued
Permit # 2008-2569

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 ROUTE 70 SUITE 4 CHERRY HILL N.J.

Owner in Fee: K + C MANAGEMENT CO

Tel. [redacted] Mail

Address 17-20 WHITESTONE EXP. WHITESTONE N.Y.
street municipality

Contractor: AMC FIRE PROTECTION Tel. [redacted]

Address 1530 GLEN AVE MOORESTOWN E-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P000190

Fire Protection Equipment [redacted]

Fire Alarm Contractor No. [redacted] Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (856) 608 6066

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed B

Constr. Class: Present ____ Proposed 1B

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

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

Location:

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

Location of Panel:

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 $ 400.00

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. John H Breiner
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RELOCATE 1 AND ADD 3-SPRINKLER HEADS

Water Supply Source CITY

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)	3	65
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/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		65
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved Fire Inv
Date: 8/20/08
Approved by: Cotto

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/23/08
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			9/23/08	
Other				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

SOHO OPTICAL

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/21/08

Date Issued
Permit # 2008-2569

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

Block 5201 Lot 1 Qualification Code

Work Site Location 1720 Rt. 70 East, Suite #11

Owner in Fee: Narah Kim dba Soho Optical

Tel. ([redacted] e-mail

Address the same
street municipality

Contractor: Lincoln Electric Tel. [redacted]

Address 1028 Red Oak Dr Cherry Hill NJ 08003
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: (856) 216 7599

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed B

Constr. Class: Present ____ Proposed 5B

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

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

[ ] Other

Location:

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

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [X] Existing

Location of Main Control Valve:

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 8/21/08

Approved by:

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date:

Approved by:

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				
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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

FT. Nut

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)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	2	
Other Devices		
TOTAL		0
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/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 0

SOHO OPTICAL

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/21/08

Date Issued
Permit # 2008-2569

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

Block 502.01 Lot 1 Qualification Code ____

Work Site Location 1720 Rt. 70 East, Suite #4

Owner in Fee: Sarah Kim dba Soho Optical

Tel. [redacted] e-mail ____

Address the same
street municipality

Contractor: Lincoln Electric Tel. [redacted]

Address 1028 Red Oak Dr Cherry Hill NJ 08003 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: (856) 216 7599

B. FIRE PROTECTION CHANGE PERMISSION

Use Group: Present ____ Proposed B

Constr. Class: Present ____ Proposed IIB

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

Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other ____

Location: ____

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $ ____

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

Location of Panel: ____

Fire Suppression/Standpipe System:

[ ] New OR [X] 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. Same
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

FIT-OUT

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)	2	____
Supervisory Devices (i.e., tampers, low/high air)	____	____
Signaling Devices (i.e., horn/strobes, bells)	2	____
Other Devices ____	____	35
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 [ ] Gas or [ ] Oil	____	____
Fireplace Venting/Metal Chimney	____	____
Other ____	____	____

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ 35

TOTAL FEE $ 35

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 8/21/08

Approved by: [signature]

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 9/23/08

Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	____	____	____	____
Suppression Sys.	____	____	Sprinkler Not Involved	____
Standpipe	____	____	____	____
Fire Pump	____	____	Not Required	____
Pre-Eng. System	____	____	____	____
Mechanical	____	____	____	____
Smoke Control	____	____	____	____
TCO	____	____	____	____
Flam/Combust Tanks	____	____	____	____
Fireplace Venting	____	____	9/23/08	[signature]
Final	____	____	____	____
Other ____	____	____	____	____

SOHO OPTICAL

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/21/08

Date Issued
Permit # 2008-2569

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 ROUTE 70 SUITE 4
CHERRY HILL N.J.

Owner in Fee: F + C MANAGEMENT CO

Tel. [redacted] mail

Address 17-20 WHITESTONE Exp. WHITESTONE NY
street municipality

Contractor: AMC FIRE PROTECTION Tel. [redacted]

Address 1530 GLEN AVE MOORESTOWN E-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. PCC90

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

Fire Alarm Contractor No. [redacted] Exp. Date

Home Improvement [redacted] Reason (if applicable):

Federal Emp. ID No [redacted] FAX: (856) 608 6016

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed B

Constr. Class: Present _____ Proposed 5B

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

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

[ ] Other _____

Location: _____

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

Location of Panel: _____

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 $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: 8/21/08

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS

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

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

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. Linda E. Brown
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RELOCATE 1 AND ADD 3 SPRINKLER HEADS

Water Supply Source CITY

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)	3	60
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/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		65
TOTAL FEE $		

5070
OPTICAL

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/21/08
Date Issued
Control #
Permit # 2008-2569

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

Block 502.01 Lot 1 (Optecal store)
Work Site Location 1720 Route 70 E (Suite 4)
Cherry Hill NJ 08003
Owner in Fee NARAA KIM
Address 1720 Route 70 E (Suite 4)
Cherry Hill NJ 08003
Tele. ([redacted]
Contractor MICHAEL JEN
Address 708 S. 8 TH ST
PHILA PA 19147
Tele. ([redacted] Fax (215) 629-5510
Lic. No. 10 [redacted]
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer ✓ Private Septic _____
Water Service Size 3/4" Public Water ✓ Private Well _____
Est. Cost of Plumbing Work $ 1000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 8-2008
Approved by: MC

SUBCODE APPROVAL
[✓] CO [ ] C.C.O. [ ] CA
Date: 10/3/2008
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			8/26/08	LM
Water				
Sewer				
Fixtures	10/1/2008		10/1/2008	MC
Gas Equipment				
Gas Piping				
Solar				
TCO			10/3/2008	[signature]

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
3	Sink	30
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
2	Stacks 1-2" VTR; 1 B/V?	20
	Other	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	50

U.C.C. F130 (rev 3/96)

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

10/2/2008 Flex connection not permitted

10/13/2008 Hot water burns Jodi will switch out

SOHO
OPTICAL

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/21/08
Date Issued
Control #
Permit # 2008-2569

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

Block 502 01 Lot 1 (Optical store)
Work Site Location 1720 Route 70 E (Suite 4)
Cherry Hill NJ 08003
Owner in Fee NARAH KIM
Address 1720 Route 70 E (Suite 4)
Cherry Hill NJ 08003
Tele. ([redacted]
Contractor MICHAEL JEN
Address 708 S. 8th St
PHILA PA 19147
Tele. ([redacted] Fax (215) 629-5510
Lic. No. 10643
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer ✓ Private Septic _____
Water Service Size 1" Public Water ✓ Private Well _____
Est. Cost of Plumbing Work $ 10000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-20-08
Approved by: MC

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	Sink	30
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
2	Stacks 1-2" W.R.; 1 B/V?	20
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 50.

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Township of Cherry Hill

820 Mercer Street

P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	*DATE*	*Block*	*Lot*	*Existing Use*	*Proposed Use*
4862	8/7/2008	502.01	1	vacant - retail/office	Optical Office

ConstControl:	*PropStrNo:*	*Street Direction:*	*Property Street Name:*
	1720	East	Route 70

Neighborhood	*Subdivision*	*Zone*
Cherry Hill	N/A	B2

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

AppOwner	*BrdApp*	*PB/ZB*	*App#*	*ApprDate*
No	No			

Application First Name	*Application Last Name*	*Telephone*
Naha Kim	dba Soho Optical	

Address	*City*	*State*	*Zip*
1720 Rt 70 E Suite 4	Cherry Hill	NJ	08003

Signature

Date 8-7-08

Owner Last Name	*Owner First Name*
Danzeisen	Robert

Address	*City*	*State*	*Zip*
1720 Rt 70 E	Cherry Hill	NJ	08003

Improve
APPROVED for tenant fit-out/change of occupancy only, as Optical office/retail "Soho Optical" is a permitted use in the B-2 zone, per Section 1802 of the Zoning Ordinance. Interior renovations require building permits from the Construction Department, which are required that meet all UCC requirements. Any exterior signage will require sign permits. Temporary signs on the exterior building or grounds are prohibited by ordinance. Cost: $25.00 non-residential fee.

Is a Survey Waiver Required?	No

Is this a corner lot?	No

Zoning Per. App. Review Date:	*Zoning Permit No.*	*Zoning Permit Denial No.:*
8/7/2008	0	0

Signature:

Date: 8-7-08

BLOCK 502.01 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 2009 1447

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

RECEIVED JUN 16 2009 BUILDING INSPECTIONS

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

I. IDENTIFICATION

1. Proposed Work Site at: 1720 Route 70 East Ste 4
2. Name of Owner in Fee: Soho Optical (K & C Mgt. Co.)
   Tel. [redacted] e-mail Whitestone NY 11357
   Address 17-20 Whitestone Expwy, Suite 502 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Lincoln Electric Tel. [redacted]
   Address 1028 Red Oak Dr. e-mail [redacted]
   Cherry Hill, NJ 08003
   License No. OR, if new home, Builder Reg. No. 11117 Exp. Date 3/12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (856) 216 7599
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Samuel S. Lee
   Tel. [redacted] FAX: (856) 216 7599

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		46	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	Doc fee	2	
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		4	
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$	52	

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	2600.00				61709	MN			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

Elec. Only

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: 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
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
11. ☐ LPGas Tanks

LDS CH-B 10119119

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 Samuel S. Lee dba Lincoln Electric

Address 1028 Red Oak Dr.
Cherry Hill, NJ 08003

Telephone ([redacted]

Signature Samuel S. Lee 6/15/2009

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building _____		Energy _____		Other _____
Electrical _____		Barrier Free _____		_____
Plumbing _____		Flood Hazard _____		_____
Fire Protection _____		As Built Elevation Cert. _____		_____
Mechanical _____		Other _____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

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

CERTIFICATE
IDENTIFICATION

Date Issued: 12/29/2009
Control #: 68342
Permit #: 20091447

Block: 502.01 Lot : 1 Qualification Code:

Work Site Location: 1720 ROUTE 70 E, STE 4
CHERRY HILL

Owner in Fee: SOHO OPTICAL /K & C MANAGEMENT

Address: 1028 RED OAK DRIVE
CHERRY HILL NJ 08003

Telephone: [redacted]

Agent/Contractor: LINCOLN ELECTRIC

Address: 1028 RED OAK DR.
CHERRY HILL NJ 08003

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: 11117 Federal Emp. No.: [redacted]

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: B

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:

100 AMP ELECTRIC SERVICE, SOHO OPT.

[ ] **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

Gerald E. Seneski Construction Official

Fees: $0.00

Paid[X]Check No.: 107

Collected by: LT

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Permit Number: 20091447

Control Number: 68342
Application Date: 06/17/09

CONSTRUCTION PERMIT

Permit Date: 06/23/2009

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 502.01 Lot : 1 Qualifier :

Work site Location: 1720 ROUTE 70 E, STE 4 CHERRY HILL

Owner In Fee: SOHO OPTICAL /K & C MANAGEMENT

Address: 1028 RED OAK DRIVE
CHERRY HILL NJ 08003

Telephone: [redacted]

Use Group(s): B

Contractor: LINCOLN ELECTRIC

Address: 1028 RED OAK DR.
CHERRY HILL NJ 08003

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.: 11117

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

100 AMP ELECTRIC SERVICE, SOHO OPT.

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.

Albert Hallworth III
Contruction Official

Date

:: 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:

RECEIVED
JUN 23 2009
TAX COLL.

[70-43]	Building	
[70-48]	Electrical	$46.00
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$4.00
[70-91]	DCA Minimum Fee	$0.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Document Imaging	$2
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	**$ 52.00**

PAYMENTS (Office Use Only)

All Fees Waived No

Amount to be Paid: $ 52.00

Check Number: 107
Check amount: $52.00

Collected by: LT
Total Cash Amount:
Total Check Amount: $52.00
Total CC Amount:
Grand Total: $52.00

BQ

SOHO OPTICAL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 6/23/09
Permit # 2009-1447

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 Route 70 East Ste 4

Owner in Fee: Soho Optical (K&C Mgt. Co.)

Tel. [redacted] e-mail

Address 17-20 Whitestone Expwy (street) Suite 502 (municipality) Whitestone (zip code) NY 11357

Contractor: Lincoln Electric T [redacted]

Address 1028 Red Oak Dr. (Cherry Hill, NJ 08003) e-mail [redacted].com

Contractor License No. 11117 Exp. Date 3/2012

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Comm. B Proposed B

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

Building Occupied as Retail Utility Co. PSEG

Est. Cost of Elec. Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 6/29/09 MM

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

Date:
Approved by:

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA

Date: 12/29/09
Approved by: MM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			12/29/09	MM
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			12-29-09	MM
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.

Samuel Lee
Applicant's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace existing 240V 100Amp single phase to 240V 100Amp 3ph.

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	
1	150	AMP Service 3φ	46
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

Reorder From OCS Printing (609) 390-1400

; SoHo OPTICAL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 10/30/09
Permit # 5019-1117

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 Route 70 East Ste 4

Owner in Fee: Soho Optical (KAC Mgt. Co.)

Tel. [redacted] e-mail

Address 17-20 Whitestone Expwy, Suite 502 Whitestone NY 11357
street municipality

Contractor: Lincoln Electric Tel. [redacted]

Address 1023 Red Oak Dr. e-mail [redacted]
Cherry Hill NJ 08003

Contractor License No. 11117 Exp. Date 3/2012

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Comm. B Proposed B

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

Building Occupied as Retail Utility Co. PSE&G

Est. Cost of Elec. Work $ 12,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required — Date 6/10/09 Initial

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

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
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's Signature/Contractor's Seal and Signature

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

U.C.C.-F120 (rev. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Existing 240V 100Amp Single phase To 240V 100Amp 3ph.

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	
1	150	AMP Service 3Φ	46
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

Reorder From OCS Printing (609) 390-1400

BLOCK 502.01 LOT 1 ADDRESS (SITE) 1720 Rt. 70 East PERMIT NO. 9501361

RECEIVED JUN - 3 1995

17062

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1720 Rt. 70 East
2. Name of Owner in Fee: Yongsik Choi Tel. [redacted]
   Address 1720 Rt. 70 East (street), Han Yang Bldg (municipality), Cherry Hill (zip code) NJ 08003
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Lincoln Electric Tel. [redacted]
   Address P-207 Tenby Towne, Delran NJ 08075
   License No. OR, if new home, Builder Reg. No. 11117 Exp. Date 3/97
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work Samuel S. Lee Tel. [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		200.00	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		4.00	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	204.00	

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 _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

Electric Only

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☑ Electrical	5000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	5000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			6-17-96	MJ			

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

LDS CH-B 10407210

U.C.C. Form F-100B

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(e)1.vii:

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Lincoln Electric

Address P-207 Tenby Towne
Delran, NJ, 08075

Telephone [redacted]

Signature Samuel S Lee Date 6/21/96

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST **(office use only)**	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

PAID JUN 2 1 1996

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002

CONSTRUCTION PERMIT

Date Permit Issued: 06/21/96
Permit Number: 96-1361
Update Number: - 0

Application Date: 06/21/96
Control Number: 17052

IDENTIFICATION

Work Site Location: 1720 RT. 70 E.
CHERRY HILL

Block: 502.01 Lot: 1
Unit Number:

Owner in Fee: CHOI, YONG SIK
Address: 1720 RT. 70 E.
CHERRY HILL, NJ 08003
Telephone: [redacted]

Agent: LINCOLN ELECTRIC CO.
Address: P-207 TENBY TOWNE
DELRAN, NJ 08075
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:
Social Secur. No.: [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING
[X] ELECTRICAL
[ ] PLUMBING
[ ] FIRE PROTECTION
[ ] ELEVATOR

DESCRIPTION OF WORK: Alteration

ELECTRIC ONLY

CODES	PAYMENTS (Office Use Only)	
[70-43]	Building:	$
[70-48]	Electric:	$200.00
[70-36]	Plumbing:	$
[70-37]	Fire Protection:	$
[70-61]	Elevator Devices:	$
[70-91]	DCA Training Fee (Vol):	$
[70-91]	DCA Training Fee (Alt):	$ 4.00
[70-50]	Cert. of Occupancy:	$
[70-50]	Cert. of Approval:	$
[70-50]	Cert. of Compliance:	$
[70-50]	Cert. Cont Occupancy:	$
[70-45]	Engineering	$
[71-78]	Sewer:	$
[70-62]	Shade Tree:	$
[70-53]	Street Opening	$
[73-83]	Street Opening Escrow:	$
	Total of All Permit Fees	$204.00
	Total Amount Due:	$204.00

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 alteration: $ 5,000.00
Total estimated cost of work: $ 5,000.00

Check No.: 1411 .....$204.00
Cash:.....$0
Collected By:..... SD

Use Group(s): R

CONSTRUCTION OFFICIAL: _____

- An approved set of plans must be kept at the worksite at all times.
- Failure to obtain required inspections may result in administrative action.

U.C.C. Form F-170C

1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

Music Studio (Basement)
Suit B-01

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6/3/96
Date Issued 6/21/96
Control #
Permit # 9601361

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

Block 502.01 Lot
Work Site Location 1720 Rt. 70 East Suit B01
Music Studio, Han Hong Bldg.
Owner in Fee Yong Sik Choi
Address 1720 Rt. 70 East, Korea Garden Bldg
Cherry Hill, NJ 08003
Tele. [redacted]
Contractor Lincoln Electric
Address P.207 Tenby Towne
Delran, NJ 08075
Tele. [redacted]
Lic. No. 11117
Federal Emp. No. _____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Business Utility Co. PSE&G
Est. Cost of Elec. Work $ 5600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-11-96
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Samuel S [illegible]
Signature—Contractor, Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
~~39~~ 12		Fixtures (1)
~~24~~ 40		Receptacles (2)
~~9~~ 28		Switches (3)
42		Total 1 + 2 + 3
	Kw	Range
	Kw	Oven(s)
	Kw	Surface Unit
	hp	Dishwasher
	hp	Garbage Disposal
	Kw	Dryer
	Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
	hp	Whirlpool/spa
		Pool Bonding
	hp	Pool Filter Motor
		Pool Lights
	Kw	Water Heater(s)
	Kw	Central heat:
		oil, gas or elec.
	Kw	Baseboard Heat Units
		Thermostats
	hp	Heat Pump
	hp	Pump(s)
1	100 Amp	~~Motor Control Center~~/Sub Panels
2	1.00	~~Signs~~
		Light Standards
	hp	Motors—Fractional H.P.
	hp	Motors—All Others
	Kw	Transformers
	Kw	Generators
	Amp	Service Entrance
		Other

FEE (Office Use Only)

	30
	4.0
	9.2
Administrative Surcharge	~~12~~ 26
Minimum Fee	~~150~~ 174
DCA Training Fee	~~45~~ 200
TOTAL FEE	

Paid [X] Check # 1411
Collected by: S.D

U.C.C. Form F-120B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002

DATE OF REPORT: JULY 13, 1999
TIME OF REPORT: 10:07:43
OFFICE OF THE CONSTRUCTION OFFICIAL

INSPECTION HISTORY FOR PERMIT NUMBER 96-1361 ISSUED ON JUNE 21, 1996

PROJECT INFORMATION:
Block: 502.01, Lot: 1, Located at 1720 Rt. 70 E.,
Work Type: Altrtn Subcodes: Elec
Description: ELECTRIC ONLY
Status: Project was closed on November 04, 1996

INSPDATE	P F	S B	NME	TYPES INSPECTION	COMMENT
06/28/96	P	E	***	Rough	WALLS ONLY
11/04/96	P	E	***	Final	

BLOCK 502.01 LOT 1 ADDRESS (SITE) 1720 E Rt 70 PERMIT NO. 9700521

3-12-97

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1720 E. RT. 70 CHERRY HILL 08003
2. Name of Owner in Fee: STEPHEN SCHNEIER Tel. [redacted]
   Address 401 COOPER LAND Rd. #204 CHERRY HILL NJ. 08002 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SELF Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work RAY SIRACUSE Tel. [redacted]

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 43.00		
2.	Electrical	42.00		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	2.00		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 87.00		

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 _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

Int. Alterations

		Est. Cost
1.	☐ Minor work (single trade)	
2.	☐ Small Job ($5,000 and no prior approvals)	
3.	☐ New Building	
4.	☐ Addition	
5.	☑ Alteration	1500.00
6.	☐ Fire Protection	
7.	☐ Plumbing	
8.	☑ Electrical	250.00
9.	☐ Elevator Devices	
10.	☐ Asbestos Abatement	
11.	☐ Demolition	
	TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			5/13/97	L			
			5-13-97	[signature]			

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

LDS CH-B 10416991

U.C.C. Form F-100B

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(e)1.vii:

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

PAID MAR 14 1997

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
PH: (609) 488-7855

CONSTRUCTION PERMIT

Date Permit Issued: 03/14/97
Permit Number: 97-0521
Update Number: - 0

Application Date: 03/12/97
Control Number: 19983

IDENTIFICATION

Work Site Location: 1720 E. ROUTE 70
CHERRY HILL

Block: 502.01 Lot: 1
Unit Number:

Owner in Fee: SCHNEYER, STEPHEN
Address: 1720 E. ROUTE 70
CHERRY HILL, NJ 08003
Telephone: [redacted]

Agent: SCHNEYER, STEPHEN
Address: 1720 E. ROUTE 70
CHERRY HILL, NJ 08003
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Exp. No.:

is hereby granted permission to perform the following work:

[X] BUILDING
[X] ELECTRICAL
[ ] PLUMBING
[ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

INT. ALTERATIONS FOR PRACTICE ROOMS

CODES	PAYMENTS (Office Use Only)	
[70-43]	Building:	$43.00
[70-40]	Electric:	$42.00
[70-36]	Plumbing:	$
[70-37]	Fire Protection:	$
[70-61]	Elevator Devices:	$
[70-91]	DCA Training Fee (Vol):	$
[70-91]	DCA Training Fee (Alt):	$ 2.00
[70-50]	Cert. of Occupancy:	$
[70-50]	Cert. of Approval:	$
[70-50]	Cert. of Compliance:	$
[70-50]	Cert. Cont Occupancy:	$
[70-45]	Engineering	$
[71-78]	Sewer:	$
[70-62]	Shade Trees	$
[70-53]	Street Opening	$
[73-83]	Street Opening Escrow:	$
	Total of All Permit Fees	$87.00
	Total Amount Due:	$87.00

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 alteration: $ 1,750.00
TOTAL estimated cost of work: $ 1,750.00

Check No.: 8686 .....$87.00
Cash:.....$0
Collected By:..... SRW

Use Group(s): M

Construction Official — Date 3-14-97

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

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

1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/14/97
Control #
Permit # 97-0521

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

Block 502.01 Lot 1
Work Site Location 1720 E. ROUTE 70
CHERRY HILL NJ. 08003
Owner in Fee STEPHEN SCHNEYER
Address 1720 E. ROUTE 70
CHERRY HILL NJ. 08003
Tele. [redacted]
Contractor SAME
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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

BUILD FOUR PRACTICE ROOMS WITH ONE CEILING LIGHT & ONE RECEPTACLE PER ROOM.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3/12/97	B.C. (Elec.)
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ 43.00

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed
Constr. Class Present 2-C 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 $ 1500.00
3. Total (1+2) $ 1500.00

Paid [X] Check # 8186 Administrative Surcharge $
Collected by: S.U.C. Minimum Fee $
DCA TRAINING FEE $
TOTAL FEE $ 43.00

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

One and Two Family Inspections Only!

Item.	Date	Insp..	Pass	Fail	Footing, Foundation and Slab Inspections
1	_____	_____	[ ]	[ ]	Approved plans and zoning approval are on site.
2	_____	_____	[ ]	[ ]	Footing location complies with approved plan.
3	_____	_____	[ ]	[ ]	Verifies the excavation and soil conditions.
4	_____	_____	[ ]	[ ]	Verifies reinforcement is in place (if required).
5	_____	_____	[ ]	[ ]	Inspects foundation wall forms: Verifies reinforcement Verifies window and vent openings Verifies anchorage bolts or strap size and spacing. Verifies keyway is clean.
6	_____	_____	[ ]	[ ]	Inspects masonry wall: Correct block size and type pier/pilasters locations Verifies window and vent openings Verifies anchorage bolt or strap size and spacing.
7	_____	_____	[ ]	[ ]	Inspects parging and waterproofing.
8	_____	_____	[ ]	[ ]	Inspects perimeter drainage system
9	_____	_____	[ ]	[ ]	Inspects fill, vapor barrier, slab thickness, prim insulation, reinforcement, haunch footing and isolated piers.

Item.	Date	Insp.	Pass	Fail	Framing and Insulation Inspections
10	_____	_____	[ ]	[ ]	Checks sill plate for proper anchorage and for termite and decay protection.
11	_____	_____	[ ]	[ ]	Verify rooms, doors, and windows for size, height, light and ventilation requirements.
12	_____	_____	[ ]	[ ]	Inspects wall framing and bracing.
13	_____	_____	[ ]	[ ]	Inspects floor, ceiling, and roof framing. Checks size, grade, species, spacing, span, nailing, hardware, support, and bearing.
14	_____	_____	[ ]	[ ]	Inspects beams, girders, columns, and post for spacing, span, size, grade, species, bearing, and installation.
15	_____	_____	[ ]	[ ]	Verifies trusses match approved drawings and layouts. All bracing, hangers, bearing, and lumber grades match approved drawings
16	_____	_____	[ ]	[ ]	Inspects exterior walls and roof sheathing.
17	_____	_____	[ ]	[ ]	Inspects subflooring.
18	_____	_____	[ ]	[ ]	Inspects all stairs and stairway framing.
19	_____	_____	[ ]	[ ]	Verifies that allowable limits of cutting, notching, and boring have not been exceeded.
20	_____	_____	[ ]	[ ]	Inspects fireplace construction and installation.
21	_____	_____	[ ]	[ ]	Checks for clearances from combustibles.
22	_____	_____	[ ]	[ ]	Checks for firestopping and draft stopping.
23	_____	_____	[ ]	[ ]	Inspects attics and crawl spaces for access and ventilation.
24	_____	_____	[ ]	[ ]	Inspects fire rated assemblies.
25	_____	_____	[ ]	[ ]	Verifies that framed structures complies with approved plans.
26	_____	_____	[ ]	[ ]	Checks all insulation: walls, ceilings, floors, and ductwork.

Item.	Date	Insp.	Pass	Fail	Final Inspection Tasks
27	_____	_____	[ ]	[ ]	Checks interior finishes.
28	_____	_____	[ ]	[ ]	Verify exhaust fan and dryer vent operation
29	_____	_____	[ ]	[ ]	Checks egress windows and safety glazing.
30	_____	_____	[ ]	[ ]	Inspects mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31	_____	_____	[ ]	[ ]	Inspects exterior siding, roofing, and flashin
32	_____	_____	[ ]	[ ]	Inspects all stairs, balconies, and decks for handrails and guards.
33	_____	_____	[ ]	[ ]	Verifies compliance with approved plans or are as-builts and permit updates required
34	_____	_____	[ ]	[ ]	Inspects concrete flat work.
35	_____	_____	[ ]	[ ]	Inspects exterior grading for topo compliance

Comments

This inspection check off list shall serve as a general guide line and may not include all the necessary inspections required to insure code compliance.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3/14/97
Date Issued
Control #
Permit # 97-0521

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

Block 520.01 502.01 Lot 1
Work Site Location 1720 RT. 70 E.
CHERRY HILL NJ. 08003
Owner in Fee/Occupant STEPHEN SCHNEYAR
Address 1720 RT. 70
CHERRY HILL NJ. 08003
Tele. [redacted]
Contractor Flash Electrical Contractors
Address 626 Johnson Rd
Sicklerville NJ 08081
Tele. [redacted] Fax ( )
Lic. No. 10622
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 3-19-97
Approved by:

INSPECTIONS — Dates (Month/Day)

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

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

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.

Brian Schaefer
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

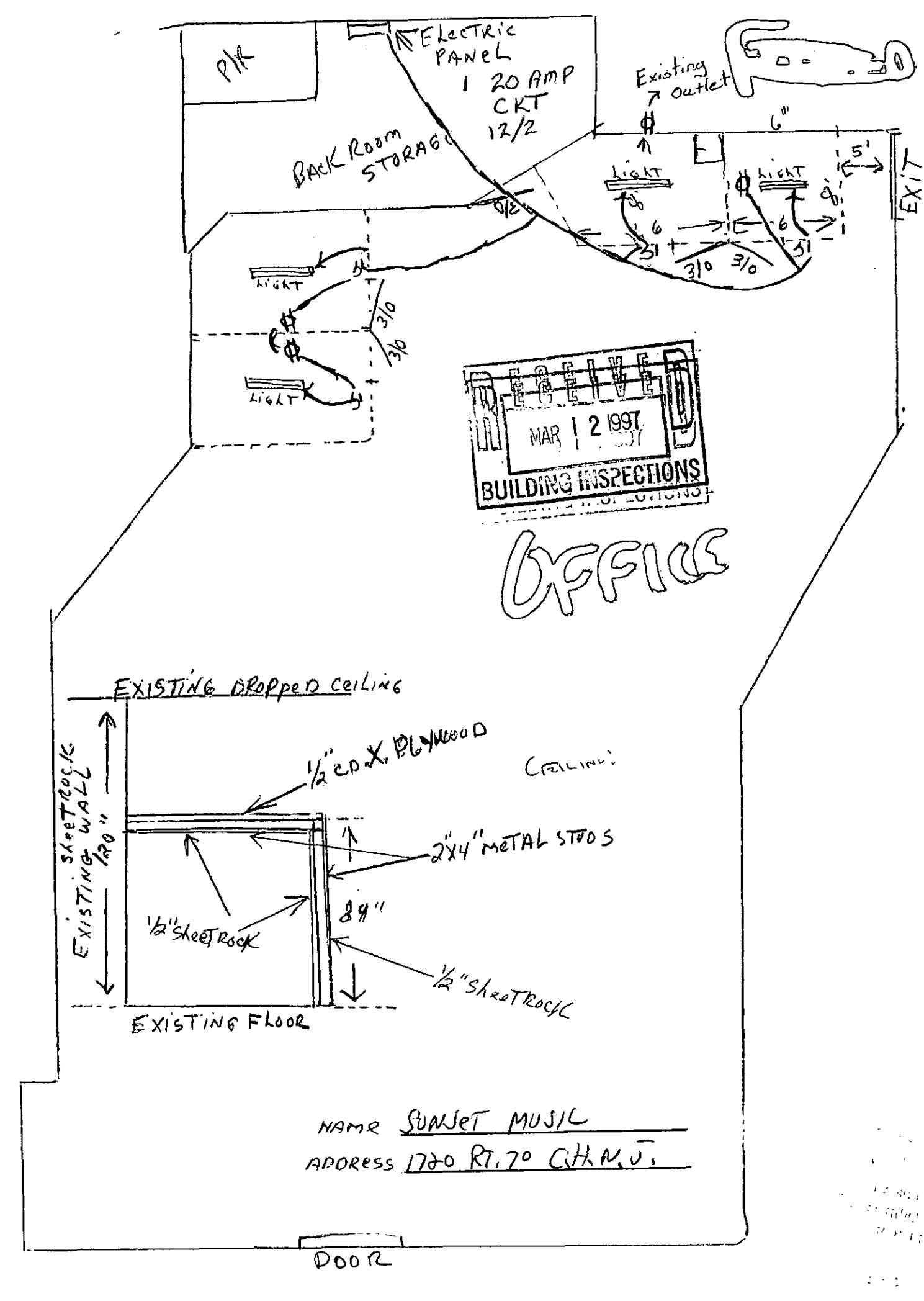
D. TECHNICAL SITE DATA

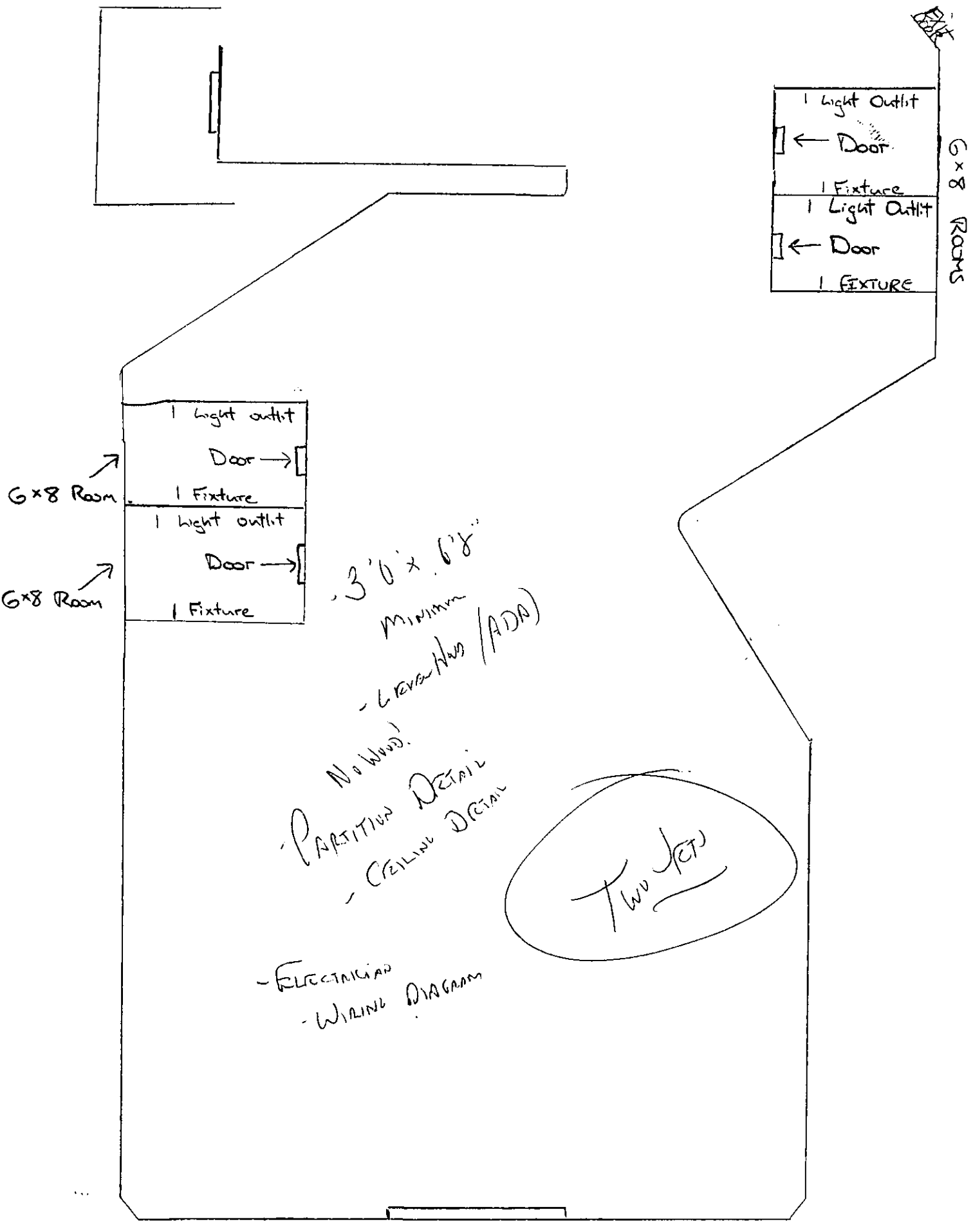
QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
4		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
12		TOTAL NUMBERS	$ 34
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$ 4
Minimum Fee	$ 30
DCA Training Fee	$
TOTAL FEE	$ 112

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

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


P/K
ELECTRIC PANEL
1 20 AMP CKT 12/2
BACK ROOM STORAGE
Existing outlet
6"
LIGHT
LIGHT
5'
9'
EXIT
6
6
3/0
3/0
3/0
3/0
LIGHT
LIGHT
RECEIVED
MAR 12 1997
BUILDING INSPECTIONS
OFFICE
EXISTING DROPPED CEILING
1/2" C.D.X. PLYWOOD CEILING
EXISTING SHEETROCK WALL 120"
2X4" METAL STUDS
1/2" SHEETROCK
84"
1/2" SHEETROCK
EXISTING FLOOR
NAME SUNJET MUSIC
ADDRESS 1720 RT. 70 CH. N.J.
DOOR


Exit
1 Light Outlit
Door
1 Fixture
6×8 Rooms
1 Light Outlit
Door
1 FIXTURE
1 Light outlit
Door
1 Fixture
6×8 Room
1 Light outlit
Door
1 Fixture
6×8 Room
3'0" x 6'8"
Minimum
- Leverhandles (ADA)
No Wood!
- Partition Detail
- Ceiling Detail
Two Doors
- Electrician
- Wiring Diagram
- Name
- Address

TOWNSHIP OF CHERRY HILL

820 MERCER STREET, CHERRY HILL, NEW JERSEY 08034

RECEIPT NUMBER
197096

DEPARTMENT: Bldg. Inspec.

RECEIPT FOR: CCO's

CODE: 70-50

DOCUMENT NO.: _____ BLOCK 502.01 LOT 1

DATE: 3/11/97

RECEIVED BY: J.W.

AMOUNT: 90.00

150

CASH ☐ CHECK ☒ M.O. ☐

IF NECESSARY, COMPLETE THE FOLLOWING:

NAME Sunset Music - Stephen Schreyer

ADDRESS 1722 E. Rt 70

CITY Cherry Hill, NJ

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill NJ 08002
856-488-7855

CERTIFICATE

IDENTIFICATION

Date Issued: 03/26/2003
Control #: 42942
CCO #: 20030020

Block: 502.01 Lot: 1 Qual:
Work Site: 1720 E. ROUTE 70
CHERRY HILL
Owner in Fee: Hee C. Bang
Address: 105 Bortons Road
Marlton NJ 08053
Telephone: [redacted]
Agent/Contractor: Hee C. Bang
Address: 105 Bortons Road
Marlton, NJ 08053
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.:
Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: A-3
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: CHANGE IN TENANT AND/OR OCCUPANCY-Restaurant Use - HON CHON

[ ] **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.

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

This serves notice that based on a 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

[X] **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

Anthony Sacconmano, Construction Official

Fees
Paid [X] Check No
Collected by SRW

U.C.C 250 (rev. 3/96) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Department of
Code Enforcement and Inspections
Township of Cherry Hill
820 Mercer Street, P.O. Box 5002, Cherry Hill, NJ 08002
Phone – (856) 488-7855
Fax – (856) 486-4575
Anthony Saccomanno
Director of Code Enforcement/Construction Official

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

All applications for Certificate of Continued Occupancy must be submitted along with a floor plan showing total square footage of all space.

☑ Change of Ownership ☐ Change of Tenant

Location: 1720 E RT 70 CHERRY HILL NJ
Block: 502.01 Lot: 1
Suite/Unit #

Prior Owner: YONG CHOI
Address: 1720 E. Rt. 70 Cherry Hill, NJ 08003
Telephone:

Prior Tenant:
Address:
Telephone:

New Owner: HEE C BANG
Address: 105 BORTONS RD MARLTON NJ 08053
Telephone: [redacted]

New Tenant:
Address:
Telephone:

Prior Use: Restaurant
Use Group:

Proposed Use: Restaurant
Use Group:

FOR OFFICE USE ONLY

Application Date: 3/26/03 Fee: $100.00 Cash ☒ Check ☐ Check #:
Actual Use Group: A-3 Construction Classification: Occupancy Load:
Zoning Approval Required? Yes ☐ No ☐ N/A ☐ Health Dept. Approval? Yes ☐ No ☐ N/A ☐
Inspector: Date Inspected: Pass ☐ Fail ☐
Comments:

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICIAL AFTER ALL INSPECTIONS ARE COMPLETED.

ZONING APPROVAL APPLICATION

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill, NJ 08002
(856) 488-7870

Part
$25.00

ZONING APPROVAL No 1250

☐ Building Permit ☑ Certificate of Occupancy

Block 502.01 Lot 1 Zone R2.

Property Owner Cherry Hill Plaza Inc Hot Chon Restaurant

Address of Property 1720 Route 70 East Cherry Hill NJ 08003

Address of Owner 17-20 Whitestone Pkwy. NY, NY 11357 Phone No [redacted]

Existing Use Restaurant Proposed Use Restaurant

Type of Structure Proposed existing structure stays the same.

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all application laws of this jurisdiction.

[redacted] 105 Bortons Rd. Marlton N.J 08053. [redacted]
Signature Address Telephone

Hee Bang

** DO NOT COMPLETE BELOW THIS LINE **

SETBACKS: ☐ Corner Lot ☐ Inside Lot

Front _____ Rear _____ Smallest side _____ Aggregate _____ Second front _____

Sq. Ground Floor _____ Height _____ Gross Floor Area _____

For swimming pool only:

Distance of pool from the foundation wall _____ Front _____ Rear _____ Side _____

ZONING BOARD ACTION	P.O.A. _____	Date Granted _____
PLANNING BOARD ACTION	P.B.C. _____	Date Granted _____

THIS APPROVAL IS BASED ON THE INFORMATION ON THIS FORM AND THE ATTACHED PLAN(S).

COMMENTS: Approved - Restaurant use is consistent w/ Zone. Restaurant must contain a minimum of 200 seats at tables. Must Comply w/ UCC & BOCA regulations.

OTHER PAYMENTS AND FEES:

Taxes Paid: _____

Contributions-In-Aid:

Road Improv. $ _____

Sewer Improv. $ _____

Other _____ $ 25.00

Housing Impact Fee:

(a) Estimated equalized value of the improvements $ _____

(b) Fee calculation:

1) Residential use - 0.5% of (a) $ _____

2) Non-Residential use - 1.0% of (a) $ _____

[redacted] ZONING BOARD ADMIN. 3/17/03
Name Title Date

PPCo

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS CH-B 10303320

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

CERTIFICATE

Date Issued: 01/12/2006
Control #: 54138
CCO #: 20060003

IDENTIFICATION

Block: 502.01 Lot : 1 Qualification Code:
Work Site Location: 1720 E. ROUTE 70
CHERRY HILL
Owner in Fee: Cherry Hill Plaza
Address: Whitestone Expwy. Suite 502
Whitestone NY 11357
Telephone:
Agent/Contractor: BNB Bank
Address: 250 Fifth Avenue
New York NY 10001
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [X] Private
Use Group: B
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

CHANGE IN TENANT AND/OR OCCUPANCY-Loan & deposit bank office

[ ] **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 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, t
the following extent:

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

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

[X] **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

Anthony Saccomanno Construction Official

Fees $100.00
Paid[X]Check No. 019294
Collected by: srw

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

1/12/06

Department of
Code Enforcement and Inspections
Township of Cherry Hill
820 Mercer Street, P.O. Box 5002, Cherry Hill, NJ 08002
Phone – (856) 488-7855
Fax – (856) 486-4575
Anthony Saccomanno
Director of Code Enforcement/Construction Official

20060003

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

All applications for Certificate of Continued Occupancy must be submitted along with a floor plan showing total square footage of all space.

☐ Change of Ownership

Location: 1720 Route 70 East

Prior Owner: _____
Address: _____

Telephone: _____

New Owner: _____
Address: _____

Telephone: _____

☒ Change of Tenant

Block: 502.01 Lot: 1
Suite/Unit #: _____

Prior Tenant: Retail eye glass sales
Address: _____

Telephone: _____

New Tenant: BNB Bank
Address: c/o Richard Palmer, Controller
250 Fifth Avenue, NY, NY 10001
Telephone: [redacted]

Prior Use: retail - eye glass sales Use Group: _____

Proposed Use: loan + deposit bank office Use Group: _____

FOR OFFICE USE ONLY

Application Date: _____ Fee: $ 100.00 Cash ☐ Check ☒ Check #: 019294

Actual Use Group: B Construction Classification: 3B Occupancy Load: _____

Zoning Approval Required? Yes ☒ No ☐ N/A ☐ Health Dept. Approval? Yes ☐ No ☒ N/A ☐

Inspector: Victor Nordberg Date Inspected: 1/12/06 Pass ☒ Fail ☐

Comments: _____

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICIAL AFTER ALL INSPECTIONS ARE COMPLETED.

Friday
tom.

Department of
Code Enforcement and Inspections
Township of Cherry Hill
820 Mercer Street, P.O. Box 5002, Cherry Hill, NJ 08002
Phone – (856) 488-7855
Fax – (856) 486-4575
Anthony Saccomanno
Director of Code Enforcement/Construction Official

20060003

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

All applications for Certificate of Continued Occupancy must be submitted along with a floor plan showing total square footage of all space.

☐ Change of Ownership

Location: 1720 Route 70 East

Prior Owner:
Address:

Telephone:

New Owner:
Address:

Telephone:

☒ Change of Tenant

Block: 502.01 Lot: 1
Suite/Unit #

Prior Tenant: Retail eye glass sales
Address:

Telephone:

New Tenant: BNB Bank
Address: c/o Richard Palmer, Controller
250 Fifth Avenue, NY, NY 10001
Telephone: [redacted]

Prior Use: retail - eye glass sales Use Group:

Proposed Use: loan + deposit bank office Use Group:

FOR OFFICE USE ONLY

Application Date: Fee: $ 100.00 Cash ☐ Check ☒ Check #: 019294
Actual Use Group: Construction Classification: Occupancy Load:
Zoning Approval Required? Yes ☒ No ☐ N/A ☐ Health Dept. Approval? Yes ☐ No ☐ N/A ☐
Inspector: Date Inspected: Pass ☐ Fail ☐
Comments:

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICIAL AFTER ALL INSPECTIONS ARE COMPLETED.

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	DATE	Block	Lot	Existing Use	Proposed Use
1192	11/14/2005	502.01	1	retail sales - eye glass sales	Loan & Deposit bank office

ConstControl:	PropStrNo:	Street Direction:	Property Street Name:
	1720		Route 70 E

Neighborhood	Subdivision	Zone
Cherry Hill	N/A	B2

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

AppOwner	BrdApp	PB/ZB	App#	ApprDate
No	No			

Application First Name	Application Last Name	Telephone
Broadway	National Bank	

Address	City	State	Zip
2024 Center Avenue	Fort Lee	NJ	07024

Paid 11/14/05 #309276

Owner Last Name	Owner First Name
Cherry Hill Plaza	More

Address	City	State	Zip
hitestone Expressway; Suite 502	Whitestone	NY	11357

Signature

Date

Improve

A bank named BNB Bank is approved for a loan & deposit bank office. This is a permitted use in the B-2 zone. ANY EXTERNAL SIGNAGE REQUIRES SEPARATE PERMITS. Cost is the $25.00 non-residential fee.

Is a Survey Waiver Required?	No

Is this a corner lot?	No

Zoning Per. App. Review Date:	Zoning Permit No.	Zoning Permit Denial No.:
11/15/2005	1192	0

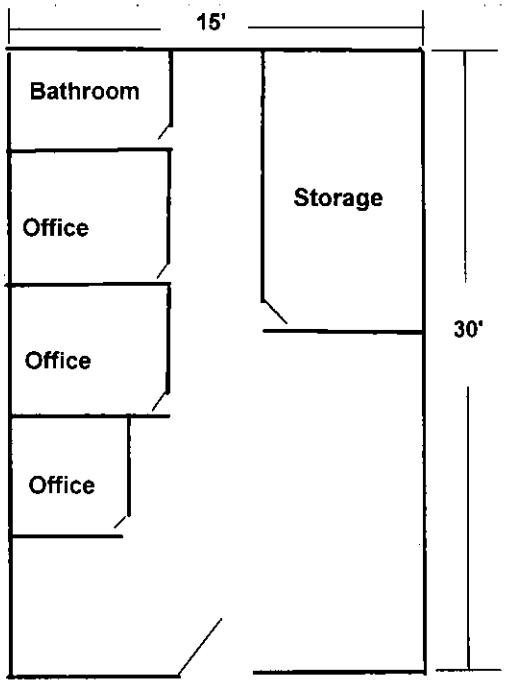
Signature: MS Rice / ZO

Date: 11/15/05

1720 Route 70 East, Cherry Hill, NJ 08002
Block 502.01 Lot 1

FLOOR PLAN

(Not to Scale)



BNB BANK LOAN OFFICE

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS CH-B 10303326

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

CERTIFICATE

Date Issued: 03/20/2007
Control #: 59079
CCO #: 20070013

IDENTIFICATION

Block: 502.01 Lot : 1 Qualification Code:
Work Site Location: 1720 Route 70 E. Suite 8
CHERRY HILL
Owner in Fee: More Cherry Hill Plaza, Inc.
Address: 1720 Route 70 E. Suite 8
Cherry Hill NJ 08003
Telephone: [redacted]
Agent/Contractor: Assured Lending Corporation
Address: 1720 Route 70 E. Suite 8
Cherry Hill NJ 08003
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [X] Private
Use Group: B
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

CHANGE IN TENANT AND/OR OCCUPANCY-Mortgage Office

[ ] **CERTIFICATE OF OCCUPANCY**

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[ ] **CERTIFICATE OF APPROVAL**

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

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

[X] **CERTIFICATE OF CONTINUED OCCUPANCY**

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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

Anthony Saccomanno Construction Official

Fees: $100.00
Paid[X]Check No.: 2184
Collected by: srw

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

3/20/07

Department of
Code Enforcement and Inspections
Township of Cherry Hill
820 Mercer Street, P.O. Box 5002, Cherry Hill, NJ 08002
Phone – (856) 488-7855
Fax – (856) 486-4575
Anthony Saccomanno
Director of Code Enforcement/Construction Official

Hyun Shin [redacted]

20070013

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

All applications for Certificate of Continued Occupancy must be submitted along with a floor plan showing total square footage of all space.

☐ Change of Ownership ☒ Change of Tenant

Location: 1720 Route 70 E. Block: 502.01 Lot: 1
Suite/Unit # 8

~~Prior~~ Owner: More Cherry Hill Plaza Inc. Prior Tenant:
Address: 1720 Rt 70 E. Address:
Cherry Hill NJ 08034
Telephone: [redacted] Telephone:

New Owner: N/A New Tenant: Assured Lending Corp.
Address: Address: 1720 Rt 70 E. Suite #8
Cherry Hill NJ 08034
Telephone: Telephone: [redacted]

Prior Use: mortgage ~~office~~ vacant Use Group:

Proposed Use: mortgage office Use Group:

FOR OFFICE USE ONLY

Application Date: 3/19/07 Fee: $100.00 Cash ☐ Check ☒ Check #: 2184
Actual Use Group: Construction Classification: Occupancy Load:
Zoning Approval Required? Yes ☒ No ☐ N/A ☐ Health Dept. Approval? Yes ☐ No ☒ N/A ☐
Inspector: Date Inspected: Pass ☐ Fail ☐
Comments:

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICIAL AFTER ALL INSPECTIONS ARE COMPLETED.

3/20/07

Department of
Code Enforcement and Inspections
Township of Cherry Hill
820 Mercer Street, P.O. Box 5002, Cherry Hill, NJ 08002
Phone – (856) 488-7855
Fax – (856) 486-4575
Anthony Saccomanno
Director of Code Enforcement/Construction Official

Hyun Shin
[redacted]

20070013

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

All applications for Certificate of Continued Occupancy must be submitted along with a floor plan showing total square footage of all space.

☐ Change of Ownership ☒ Change of Tenant

Location: 1720 Route 70 E. Block: 502.01 Lot: 1
Suite/Unit # 8

~~Prior~~ Owner: More Cherry Hill Plaza Inc. Prior Tenant:
Address: 1720 Rt 70 E. Address:
Cherry Hill NJ 08034
Telephone: [redacted] Telephone:

New Owner: N/A New Tenant: Assured Lending Corp.
Address: Address: 1720 Rt 70 E. Suite #8
Cherry Hill NJ 08034
Telephone: Telephone: [redacted]

Prior Use: mortgage ~~office~~ vacant Use Group:

Proposed Use: mortgage office Use Group:

FOR OFFICE USE ONLY

Application Date: 3/19/07 Fee: $100.00 Cash ☐ Check ☒ Check #: 2184
Actual Use Group: Construction Classification: Occupancy Load:
Zoning Approval Required? Yes ☒ No ☐ N/A ☐ Health Dept. Approval? Yes ☐ No ☒ N/A ☐
Inspector: Victor Novoseltsev Date Inspected: 3/20/07 Pass ☐ Fail ☒
Comments:

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICIAL AFTER ALL INSPECTIONS ARE COMPLETED.

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	*DATE*	*Block*	*Lot*	*Existing Use*	*Proposed Use*
3004	3/9/2007	502.01	1	office use	Assured Lending Corp

ConstControl:	*PropStrNo:*	*Street Direction:*	*Property Street Name:*
	1720	East	Rt. 70

Neighborhood	*Subdivision*	*Zone*
Cherry Hill	N/A	B2

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

AppOwner	*BrdApp*	*PB/ZB*	*App#*	*ApprDate*
No	No			

Application First Name	*Application Last Name*	*Telephone*
Assured	Lending Corp.	

Address	*City*	*State*	*Zip*
1818 Old Cuthbert Rd.Ste 300	Cherry Hill	NJ	

Signature

Date 3/19/07

Owner Last Name	*Owner First Name*
Hill Plaza, LLC	More Cherry

Address	*City*	*State*	*Zip*
1720 Rt. 70 E	Cherry Hill	NJ	

Improve

APPROVED for change of occupancy only, as mortgage office "Assured Lending Corporation" is a permitted use in the B-2 zone, per Section 1802 of the Zoning Ordinance. Interior renovations require building permits from the Construction Department, which are required that meet all UCC requirements. Any exterior signage will require sign permits. Cost: $25.00 non-residential fee.

Is a Survey Waiver Required?	No

Is this a corner lot?	No

Zoning Per. App. Review Date:	*Zoning Permit No.*	*Zoning Permit Denial No.:*
3/13/2007	0	0

Signature:

Date: 3-13-07

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

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

CERTIFICATE

Date Issued: 12/05/2008
Control #: 66558
CCO #: 20080099

IDENTIFICATION

Block: 502.01 Lot : 1 Qualification Code:

Work Site Location: 1720 Route 70 E.
CHERRY HILL

Owner in Fee: MINWA JO
Address: 144-43 29TH AVENUE
FLUSHING NY 11354
Telephone:

Agent/Contractor: MINWA JO
Address: 144-43 29TH AVENUE
FLUSHING NY 11354
Telephone:

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

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [X] Private
Use Group: A-2
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

CHANGE IN TENANT AND/OR OCCUPANCY - BEAWON

[ ] **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 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

[X] **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

Anthony Saccomanno Construction Official

Fees: $100.00
Paid[X]Check No.:
Collected by: LT

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Thursday
12/4/08

Department of
Code Enforcement and Inspections
Township of Cherry Hill
820 Mercer Street, P.O. Box 5002, Cherry Hill, NJ 08002
Phone – (856).488-7855
Fax – (856) 486-4575
Anthony Saccomanno
Director of Code Enforcement/Construction Official

20080099

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

All applications for Certificate of Continued Occupancy must be submitted along with a floor plan showing total square footage of all space.

☒ Change of Ownership ☐ Change of Tenant

Location: 1720 Route 70 East Cherry Hill
Block: 502.01 Lot: 1
Suite/Unit #

Prior Owner:
Address:
Telephone:

Prior Tenant:
Address:
Telephone:

New Owner: Min Wa Jo (Beawon)
Address: 144-43 29th Avenue Flushing NY 11354
Telephone:

New Tenant:
Address:
Telephone:

Prior Use: Restaurant
Use Group: A-2

Proposed Use: Restaurant
Use Group: A-2

FOR OFFICE USE ONLY

Application Date: 12/2/08 Fee:$ 100.00 Cash ☐ Check ☒ Check #: 4
Actual Use Group: A-2 Construction Classification: 2B Occupancy Load:
Zoning Approval Required? Yes ☐ No ☐ N/A ☐ Health Dept. Approval? Yes ☐ No ☐ N/A ☐
Inspector: SNK Date Inspected: 12.4.08 Pass ☑ Fail ☐
Comments:

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Thursday
12/4/08

Department of
Code Enforcement and Inspections
Township of Cherry Hill
820 Mercer Street, P.O. Box 5002, Cherry Hill, NJ 08002
Phone – (856) 488-7855
Fax – (856) 486-4575
Anthony Saccomanno
Director of Code Enforcement/Construction Official

20080099

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

All applications for Certificate of Continued Occupancy must be submitted along with a floor plan showing total square footage of all space.

☑ Change of Ownership ☐ Change of Tenant

Location: 1720 Route 70 East Cherry Hill
Block: 502.01 Lot: 1
Suite/Unit #

Prior Owner:
Address:
Telephone:

Prior Tenant:
Address:
Telephone:

New Owner: Min Wa Jo (Beawon)
Address: 144-43 29th Avenue Flushing NY 11354
Telephone:

New Tenant:
Address:
Telephone:

Prior Use: Restaurant
Use Group: A-2

Proposed Use: Restaurant
Use Group: A-2

FOR OFFICE USE ONLY

Application Date: 12/2/08 Fee: $100.00 Cash ☑ Check ☐ Check #:
Actual Use Group: Construction Classification: Occupancy Load:
Zoning Approval Required? Yes ☐ No ☐ N/A ☐ Health Dept. Approval? Yes ☐ No ☐ N/A ☐
Inspector: Date Inspected: Pass ☐ Fail ☐
Comments:

THIS APPLICATION IS NOT A CERTIFICATE OF CONTINUED OCCUPANCY!

YOUR CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED BY THE CONSTRUCTION OFFICIAL AFTER ALL INSPECTIONS ARE COMPLETED.

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	*DATE*	*Block*	*Lot*	*Existing Use*	*Proposed Use*
4330	4/4/2008	502.01	1	restaurant	change of owner

ConstControl:	*PropStrNo:*	*Street Direction:*	*Property Street Name:*
	1720		Route 70 East

Neighborhood	*Subdivision*	*Zone*
Cherry Hill	N/A	B2

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

AppOwner	*BrdApp*	*PB/ZB*	*App#*	*ApprDate*
Yes	No			

Application First Name	*Application Last Name*	*Telephone*
Minwa	Jo	

Address	*City*	*State*	*Zip*
144-43 29th Avenue	Flushing	NY	11354

Owner Last Name	*Owner First Name*

Address	*City*	*State*	*Zip*

Signature

Date 12-02-08

Improve

APPROVED for change of owner only, as restaurant "Beawon" is a permitted use in the B-2 zone, per Section 1802 of the Zoning Ordinance. Interior renovations require building permits from the Construction Department, which are required that meet all UCC requirements. Any exterior signage will require sign permits. Cost: $25.00 non-residential fee.

Is a Survey Waiver Required?	No

Is this a corner lot?	No

Zoning Per. App. Review Date:	*Zoning Permit No.*	*Zoning Permit Denial No.:*
4/4/2008	0	0

Signature:

Date: 4-4-08

TOWNSHIP OF CHERRY HILL

820 MERCER STREET, CHERRY HILL, NEW JERSEY 08034

RECEIPT NUMBER 339085

DEPARTMENT: Building Inspections

RECEIPT FOR: CO's

DOCUMENT NO.: ______ BLOCK 502.01 LOT ______

RECEIVED BY: [signature]

CODE: 70-50

DATE: 12/2/08

AMOUNT: 100.00

CASH [X] CHECK [ ] M.O. [ ]

Payment for: MISC Due 12/02/08
OCCUPANCY PERMITS
Batch: 002 12/02/2008
Chk. Amt: .00 Int: .00
Cash Amt: 100.00 Int: .00
12/02/2008 11:45 02 SM 052

IF NECESSARY, COMPLETE THE FOLLOWING:

NAME Minna Jo

ADDRESS 144-43 29th Avenue

CITY Flushing NY 11354

BLOCK 502.01 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 2013 0012

CALL BEFORE YOU DIG 1-800-272-1000

CONSTRUCTION PERMIT APPLICATION

RECEIVED MAIR DEC 10 2012 BUILDING INSPECTION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1720 E. Rt 20
2. Name of Owner in Fee: Dawjesen Inc
   Tel. ([redacted] e-mail _____
   Address 1720 E Rt 70 street
3. Ownership in Fee: Public _____ Private
4. Principal Contractor: _____
   Address _____
   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 Steve Hastings
   Tel. [redacted] FAX: ( ) _____

HUTCHINSON
821 CHAPEL AVENUE CHERRY HILL, NJ 08034
PH: [redacted] FAX: 856-429-4995
NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON III
NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
CHRIS DAVIS 26484 EXP 2012
FEDERAL EMPLOYEE NUMBER [redacted]
NJ HOME IMPROVEMENT LIC.# 13VH01747500

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 290		
2. Electrical	130		
3. Plumbing	135		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	Doc fee		
7. Less 20% for State Plan Review	$ 22		
8. Subtotal	$		
9. State Permit Surcharge Fee	37		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	814		
13. TOTAL	$		

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 ____

C2612

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	500				12.17.12				
☑ Plumbing	1000				12.17.12				
☑ Fire Protection	20,000				12/19/12				
☐ Elevator									
TOTAL COST	21500								

Remove Replace 5 RTU's

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: M
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

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.

(✓) Check if contractor.

Agent Name HUTCHINSON

Address 821 CHAPEL AVENUE, CHERRY HILL, NJ 08034
PH: [redacted] FAX: 856-429-4995
NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON III
NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
CHRIS DAVIS #9484 EXP 2012
FEDERAL EMPLOYEE NUMBER [redacted]
NJ HOME IMPROVEMENT LIC.# 13VH01747500

Telephone ([redacted]

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

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

CERTIFICATE
IDENTIFICATION

Date Issued: 07/18/2013
Control #: 83420
Permit #: 20130012

Block: 502.01 Lot : 1 Qualification Code:

Work Site Location: 1720 Route 70 E.
CHERRY HILL

Owner in Fee: DANZIESEN INC

Address: 1720 E RT 70
CHERRY HILL NJ 08003

Telephone: [redacted]

Agent/Contractor: HUTCHINSON

Address: 621 CHAPEL AVENUE
CHERRY HILL NJ 08002

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: 34EB00928500 Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: M
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

REMOVE AND REPLACE 5 RTUs - DANZIESEN & QUIGLEY

[ ] **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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 7979
Collected by: sd

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Permit Number: 20130012
Control Number: 83420
Application Date: 12/20/12

CONSTRUCTION PERMIT

Permit Date: 01/02/2013

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 502.01 Lot : 1 Qualifier :

Work site Location: 1720 Route 70 E. CHERRY HILL
Owner In Fee: DANZIESEN INC
Address: 1720 E RT 70
CHERRY HILL NJ 08003
Telephone: [redacted]
Use Group(s): M

Contractor: HUTCHINSON
Address: 621 CHAPEL AVENUE
CHERRY HILL NJ 08002
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: 34EB00928500
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

REMOVE AND REPLACE 5 RTUs - DANZIESEN & QUIGLEY

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$21,500.00
Cost of Demolition:	$0.00
Total Cost:	$21,500.00

[035]	
[039]	
[032]	
[033]	
[042]	
[034]	
[046]	
[046]	
[046]	
[040]	
[040]	
[037]	
[043]	
[044]	

PAYMENTS (Office Use Only)

Building	
Electrical	$290.00
Plumbing	$130.00
Fire Protection	$335.00
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$37.00
DCA Minimum Fee	$0.00
CO Fee	
CCO Fee	
Engineering	
Document Imaging	$22
Zoning	
Total :	**$ 814.00**

All Fees Waived No
Amount to be Paid: $ 814.00

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
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:

RECEIVED
JAN 3 - 2013
TAX COLLECTOR

Check Number: 7979
Check amount: $814.00

Collected by: sd
Total Cash Amount:
Total Check Amount: $814.00
Total CC Amount:
Grand Total: $814.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 1-2-13
Date Issued Permit # 2013-0012

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

Block 502.01 Lot 2 Qualification Code

Work Site Location 1720 E. Rt 70

Owner in Fee: Dawzie Seal Inc

Tel. ([redacted] e-mail

Address 1720 E. Rt 70 (street)

Contractor: HUTCHINSON
621 CHAPEL AVENUE, CHERRY HILL, NJ 08034
PH: [redacted] FAX: 856-429-4995
NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON III
ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
CHRIS DAVIS #9484 EXP [redacted]
FEDERAL EMPLOYEE NUMBE [redacted]
NJ HOME IMPROVEMENT LIC.# 13VH01747500

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 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.

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: [signature] 1/2/1986

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove & Replace 3-5 ton R+U 1-7.5 ton R+U 1-10 ton R+U

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	
1	19.8A	~~HP Motors 1/4 HP~~ 10 ton R+U	58
		KW Transformer/Generator	
1	23.8A	~~AMP Service~~ 7.5 ton R+U	58
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
3	15.9A	5 ton R+U	174

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 290

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 12.12.12
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12.17.12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-15-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-15-13	
Barrier-Free				

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

D&Q

Date Received
Control #

Date Issued 1-2-13
Permit # 2013-0012

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

Block 502.01 Lot 2 Qualification Code

Work Site Location 1720 E. R+ 20

Owner in Fee: DANZIESEN INC HUTCHINSON
Tel. [redacted] mail 621 CHAPEL AVENUE, CHERRY HILL, NJ 08034 PH: [redacted] FAX: 856-429-4895
Address 1720 E. Rt 20 street
NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON III
NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC
Contractor: CHRIS DAVIS 19484 EXP 2012 Tel. [redacted]
Address FEDERAL EMPLOYEE NUMBER [redacted]
NJ HOME IMPROVEMENT LIC.# 13VH01747500

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. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed
Constr. Class: Present IIB Proposed

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 $ 20000

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. Steve Nalys
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove & replace
3-5 ton R+U 1-10 ton R+U
1-7.5 ton R+U

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)	2	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices	(2)	46 45
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	5 @ 58	290
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 335
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab 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: 12/19/12
Approved by: GS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1/11/13
Approved by: [redacted]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System	2-15-13			
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			2-15-13	
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			7/11/13	
Final				
Other				

Dates (Month/Day)

* See Back

2 - HVAC UNITS WITH DUCT DETECTORS; DUCT DETECTORS SHUT UNITS DOWN, BUT DUCT DETECTORS ARE NOT CONNECTED TO FIRE ALARM SYSTEMS.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 1-2-13
Permit # 2013-0012

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

Block 502.01 Lot 2 Qualification Code
Work Site Location 1720 E. Rt. 70

Owner in Fee: DANZIE SEW INC. HUTCHINSON
Tel. [redacted] e-mail [redacted] FAX: 856-429-4886
Address 1720 E. Rt 70 (street) NJ ELECTRICAL CONTRACTOR SPOTLIGHT ELECTRIC, LLC (municipality) CHRIS DAVIS 09484 EXP 2012 (zip code)
Contractor: FEDERAL EMPLOYER ID NUMBER [redacted]
Address e-mail NJ HOME IMPROVEMENT LIC.# 13VH01747600

Contractor License No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[S] 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: 1-2-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2-15-13
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			2-15-13	

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:
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Remove & Replace 3-5 ton R+U, 1-10 ton R+U, 1-7.5 ton R+U

QTY.	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	
5	Gas Piping Recovery	65.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
5	Other Condensate Drains	65.00

Administrative Surcharge $	
Minimum Fee $	130.00
State Permit Surcharge Fee $	
TOTAL FEE $	

SUBMITTAL

Project

HUTCHINSON DAZIENZEN AND QUIQLEY

Date

Monday, November 19, 2012

Contractor

HUTCHINSON

BOB NIMMO

Table Of Contents

Project: HUTCHINSON DAZIENZEN AND QUIQLEY 11/19/2012
Prepared By: BOB NIMMO 09:58AM

RTU-1 2 3

Tag Cover Sheet
Unit Report
Certified Drawing
Performance Report
Spec Sheet
Unit Feature Sheet
Spec Sheet

Unit Report For-RTU-1 2 3

Project: HUTCHINSON DAZIENZEN AND QUIQLEY 11/19/2012
Prepared By: BOB NIMMO 09:58AM

Unit Parameters

Unit Model: 48HCEA06A2A5-0A0A0
Unit Size: 06 (5 Tons)
Volts-Phase-Hertz: 208-3-60
Heating Type: Gas
Duct Cfg: Vertical Supply / Vertical Return
Medium Heat
Single stage cooling models

Dimensions (ft. in.) & Weight (lb.) ***

Unit Length: 6' 2.375"
Unit Width: 3' 10.75"
Unit Height: 3' 5.375"
*** Total Operating Weight: 669 lb

*** Weights and Dimensions are approximate. Weight does not include unit packaging. Approximate dimensions are provided primarily for shipping purposes. For exact dimensions and weights, refer to appropriate product data catalog.

Lines and Filters

Gas Line Size: 1/2
Condensate Drain Line Size: 3/4
Return Air Filter Type: Throwaway
Return Air Filter Quantity: 4
Return Air Filter Size: 16 x 16 x 2

Unit Configuration

Medium Static Option - Belt Drive
Al/Cu - Al/Cu
Base Electromechanical Controls
Standard Packaging

Warranty Information

1-Year parts
5-Year compressor parts
10-Year heat exchanger - Aluminized

No optional warranties were selected.

NOTE: Please see Warranty Catalog 500-089 for explanation of policies and ordering methods.

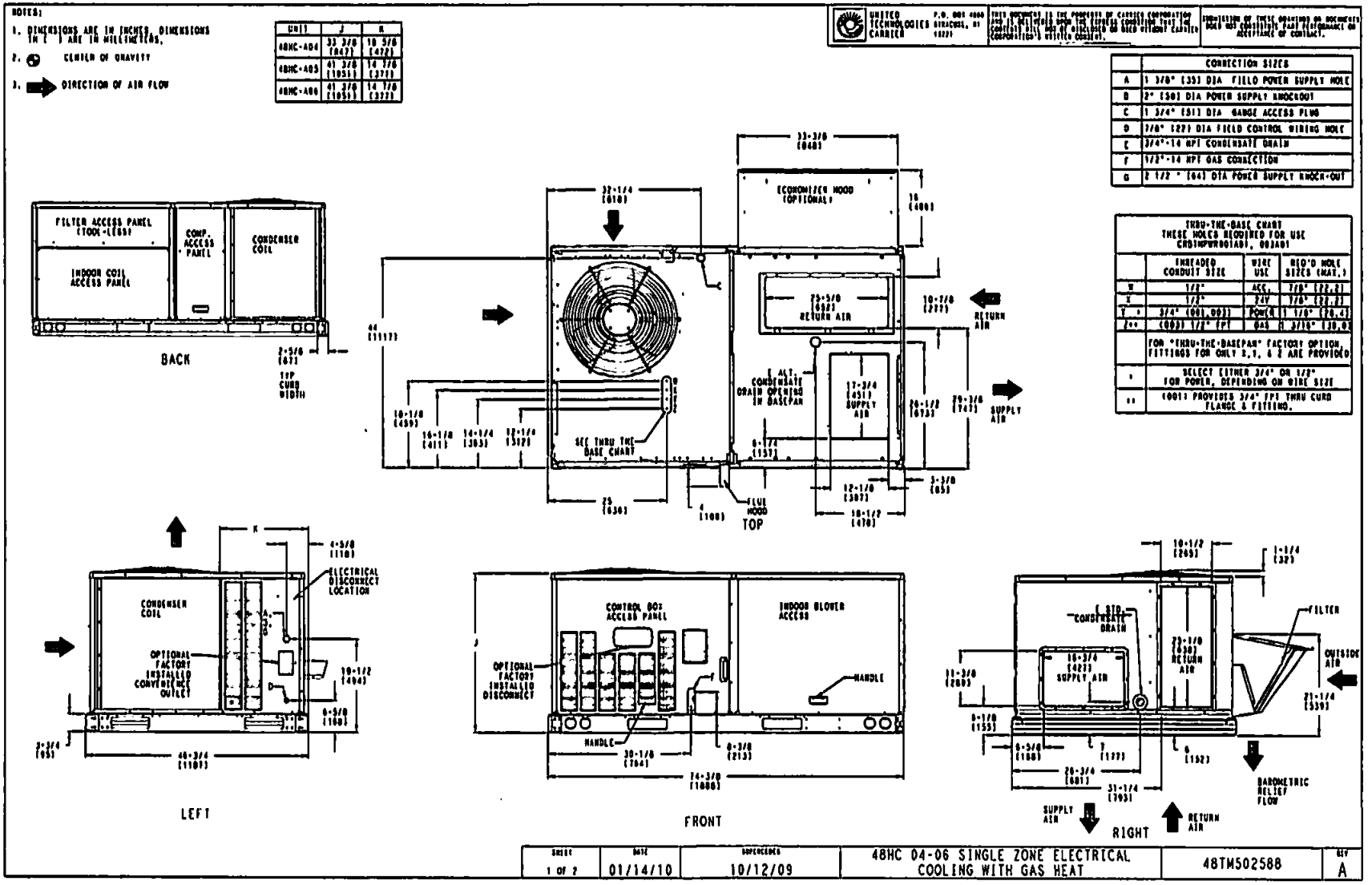
Ordering Information

Part Number	Description	Quantity
48HCEA06A2A5-0A0A0	Rooftop Unit	3
	Base Unit	
	Medium Static Option - Belt Drive	
	Electromechanical control, No intake or exhaust option	
	None	
Accessories		
CRECOMZR020A02	Vertical EconoMi$er IV with solid-state controller	3
--HH--57AC-078	Accusensor II Economizer Differential Enthalpy Control Upgrade	3
CRENTDIF004A00	Return Air Enthalpy Sensor	3

Certified Drawing for RTU-1 2 3

Project: HUTCHINSON DAZIENZEN AND QUIQLEY
Prepared By: BOB NIMMO

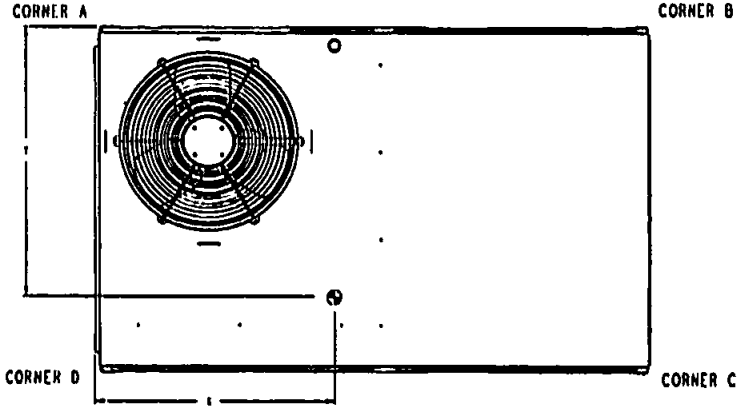
11/19/2012
09:58AM



SHEET	DATE	SUPERCEDES		
1 OF 2	01/14/10	10/12/09	48HC 04-06 SINGLE ZONE ELECTRICAL COOLING WITH GAS HEAT	48TM502588	A

UNIT	BASIC UNIT WEIGHT		CORNER WEIGHT (A)		CORNER WEIGHT (B)		CORNER WEIGHT (C)		CORNER WEIGHT (D)		C.G.		HEIGHT
	LBS.	KG.	LBS.	KG.	LBS.	KG.	LBS.	KG.	LBS.	KG.	X	Y	Z
48HC*A04	585	270	124	56	117	53	120	54	124	57	36 1/8 (918)	24 7/8 (631)	19 (483)
48HC*A05	590	268	131	59	144	65	144	65	131	59	36 1/4 (921)	23 3/8 (594)	20 1/8 (511)
48HC*A06	600	271	156	71	145	66	144	65	155	70	35 1/8 (911)	23 1/4 (591)	19 1/2 (495)

†- STANDARD UNIT WEIGHT IS WITH LOW GAS HEAT AND WITHOUT PACKAGING.
FOR OTHER OPTIONS AND ACCESSORIES REFER TO THE PRODUCT DATA CATALOG



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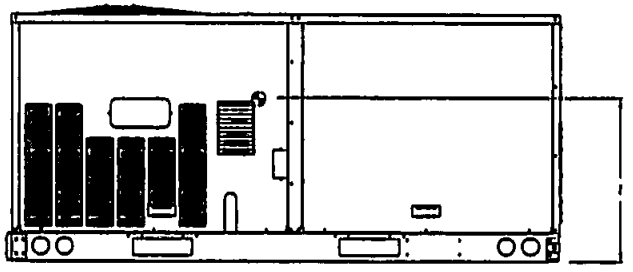


FRONT

SHEET	DATE	SUPERCEDES			REV
2 OF 2	01/14/10	10/12/09	48HC 04-06 SINGLE ZONE ELECTRICAL COOLING WITH GAS HEAT	48TM502588	A

Performance Summary For RTU-1 2 3

Project: HUTCHINSON DAZIENZEN AND QUIQLEY — 11/19/2012
Prepared By: BOB NIMMO — 09:58AM

Part Number:48HCEA06A2A5-0A0A0

ARI SEER:	15.20	
Base Unit Dimensions		
Unit Length:	74.4	in
Unit Width:	46.8	in
Unit Height:	41.4	in
Operating Weight		
Base Unit Weight:	600	lb
Medium Heat:	9	lb
Medium Static Option - Belt Drive:	10	lb
Accessories		
Vertical EconoMi$er IV with solid-state controller:	50	lb
Total Operating Weight:	669	lb
Unit		
Unit Voltage-Phase-Hertz:	208-3-60	
Air Discharge:	Vertical	
Fan Drive Type:	Belt	
Actual Airflow:	2000	CFM
Site Altitude:	0	ft
Cooling Performance		
Condenser Entering Air DB:	95.0	F
Evaporator Entering Air DB:	80.0	F
Evaporator Entering Air WB:	67.0	F
Entering Air Enthalpy:	31.44	BTU/lb
Evaporator Leaving Air DB:	57.8	F
Evaporator Leaving Air WB:	57.5	F
Evaporator Leaving Air Enthalpy:	24.72	BTU/lb
Gross Cooling Capacity:	60.42	MBH
Gross Sensible Capacity:	47.99	MBH
Compressor Power Input:	3.96	kW
Coil Bypass Factor:	0.198	
Heating Performance		
Heating Airflow:	2000	CFM
Entering Air Temp:	70.0	F
Leaving Air Temp:	113.1	F
Gas Input Capacity:	82.0 / 115.0	MBH
Gas Heating Capacity:	93.00	MBH
Temperature Rise:	43.1	F
NOTE:	Second Stage	
Supply Fan		
External Static Pressure:	0.50	in wg
Options / Accessories Static Pressure		
EconoMi$erIV / EconoMi$er2:	0.12	in wg
Total External Static:	0.62	in wg
Fan RPM:	1248	
Fan Power:	1.22	BHP
NOTE:	Selected IFM RPM Range: 1035 - 1466	
Electrical Data (Before July 30, 2012)		
Minimum Voltage:	187	
Maximum Voltage:	253	
Compressor #1 RLA:	15.9	
Compressor #1 LRA:	110	

Outdoor Fan Motor Qty: 1
Outdoor Fan FLA (ea): 1.4
Indoor Fan Motor Type: MED
Indoor Fan Motor FLA: 5.2
Combustion Fan Motor FLA (ea): 0.48
Power Supply MCA: 26.5
Power Supply MOCP (Fuse or HACR): 40
Min. Unit Disconnect FLA: 26
Min. Unit Disconnect LRA: 143
Electrical Convenience Outlet: None

Electrical Data (July 30, 2012 and Beyond)

Indoor Fan Motor FLA: 6.9
Power Supply MCA: 29
Power Supply MOCP: 40
Disconnect Size FLA: 28
Disconnect Size LRA: 170

July 30th and beyond units can be identified by serial number 3112XXXXXXXXX and higher

Control Panel SCCR: 5kA RMS at Rated Symmetrical Voltage

Acoustics

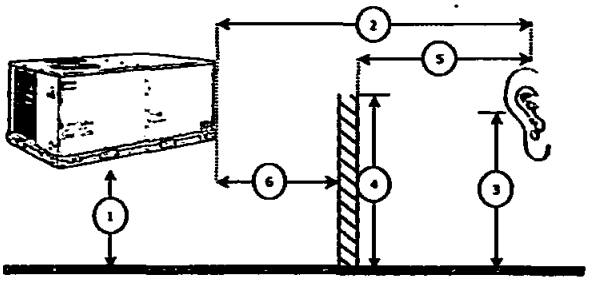
Sound Power Levels, db re 10E-12 Watts

	Discharge	Inlet	Outdoor
63 Hz	87.5	87.2	87.5
125 Hz	82.7	79.5	82.5
250 Hz	75.5	66.6	76.1
500 Hz	71.2	63.9	73.6
1000 Hz	67.8	63.2	71.3
2000 Hz	62.1	57.3	67.1
4000 Hz	63.9	53.2	64.1
8000 Hz	59.5	45.7	60.0
A-Weighted	74.6	69.2	77.0

Advanced Acoustics

Advanced Accoustics Parameters

1. Unit height above ground: 30.0 ft
2. Horizontal distance from unit to receiver: 50.0 ft
3. Receiver height above ground: 5.7 ft
4. Height of obstruction: 0.0 ft
5. Horizontal distance from obstruction to receiver: 0.0 ft
6. Horizontal distance from unit to obstruction: 0.0 ft



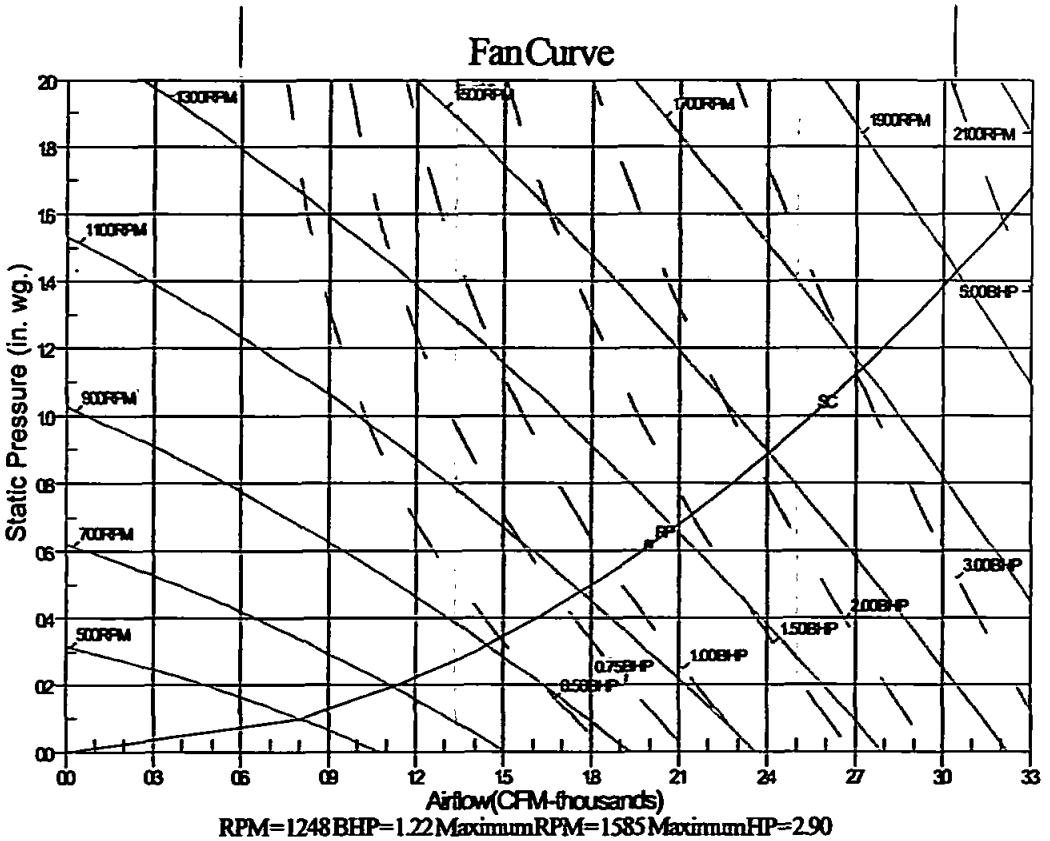
Detailed Acoustics Information

Octave Band Center Frequency, Hz	63	125	250	500	1k	2k	4k	8k	Overall
1. Sound Power Levels at Unit's Acoustic Center, Lw	87.5	82.5	76.1	73.6	71.3	67.1	64.1	60.0	89.2 Lw
2. A-Weighted Sound Power Levels at Unit's Acoustic Center, LwA	61.3	66.4	67.5	70.4	71.3	68.3	65.1	58.9	76.7 LwA
3. Sound Pressure Levels at Specific Distance from Unit, Lp	55.1	50.1	43.7	41.2	38.9	34.7	31.7	27.6	56.8 Lp
4. A-Weighted Sound Pressure Levels at Specific Distance from Unit, LpA	28.9	34.0	35.1	38.0	38.9	35.9	32.7	26.5	44.3 LpA

Performance Summary For RTU-1 2 3

Project: HUTCHINSON DAZIENZEN AND QUIQLEY 11/19/2012
Prepared By: BOB NIMMO 09:58AM

Calculation methods used in this program are patterned after the ASHRAE Guide; other ASHRAE Publications and the AHRI Acoustical Standards. While a very significant effort has been made to insure the technical accuracy of this program, it is assumed that the user is knowledgeable in the art of system sound estimation and is aware of the tolerances involved in real world acoustical estimation. This program makes certain assumptions as to the dominant sound sources and sound paths which may not always be appropriate to the real system being estimated. Because of this, no assurances can be offered that this software will always generate an accurate sound prediction from user supplied input data. If in doubt about the estimation of expected sound levels in a space, an Acoustical Engineer or a person with sound prediction expertise should be consulted.

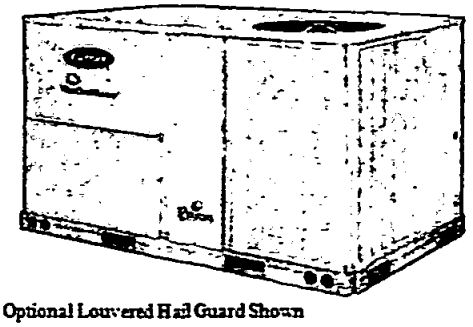


RPM=1248 BHP=1.22 Maximum RPM=1585 Maximum HP=2.90
Note: Please contact application engineering for selections outside the shaded region.
SC-System Curve RP-Rated Point

Carrier

WeatherMaster® – 48HC

PACKAGED ROOFTOP GAS HEATING/ELECTRIC COOLING UNITS
3, 4, 5, 6, 7.5, 8.5, 10 and 12.5 TONS



Optional Louvered Hail Guard Shown

WEATHERMASTER SERIES

WeatherMaster (48HC) units are high efficiency, single packaged gas heating, electric cooling units that are pre-wired and charged with Puron® (R-410) refrigerant. They are factory tested in both heating and cooling modes, and rated in accordance with AHRI Standards 210/240 (04-05 sizes) and 340/360 (07-14 sizes). WeatherMaster units are designed in accordance with UL Standard 1995, and listed by the Underwriters' Laboratories.

Certified to ISO 9001

For a complete list of options and accessories refer to the product data catalog

STANDARD FEATURES INCLUDE:

- Puron® (R-410A) HFC refrigerant charged
- ASHRAE 90.1 compliant and Energy Star qualified
- Scroll compressors with internal line break and overload protection
- Single-stage cooling capacity control on all 04-07 models
- Two-stage cooling capacity control on 08-14 models
- SEERs up to 15.5 and EERs up to 13.0
- IEERs up to 13.0 with single speed indoor fan motor
- IEERs up to 13.5 with 2-speed/VFD indoor fan motor
- TXV metering device on each independent circuit
- 04-05 models use X-13 (5 Speed/Torque) Direct Drive Motor standard
- Belt drive fan and pulley combinations - all three phase models
- Exclusive non-corrosive composite condensate pan in accordance with ASHRAE Standard 62, sloping design, side or center drain
- Standard cooling operation to 125°F (52°C) to 35°F (2°C)
- Units use high performance copper tube / aluminum fin condenser and evaporator coils
- Pre-painted exterior panels and prime-coated interior panels tested to 500 hours salt spray protection
- Fully insulated cabinet
- Exclusive IGC solid-state control for on-board diagnostics with LED error code designation, owner control logic and energy saving indoor fan motor delay
- Low NOx models that meet California Air Quality Management
- Induced draft gas heat combustion design
- Redundant gas valves with up to two stages of heating
- Low pressure and high pressure switch protected

MAINTENANCE FEATURES:

- Access panels with easy grip handles
- Innovative easy starting, no-strip screws on unit access panels
- Two-inch cleanable return air filters and Tool-less filter access
- New terminal board facilitating simple safety circuit troubleshooting and simplified control box arrangement
- Exclusive IGC solid-state control for on-board diagnostics with LED error code designation, owner control logic and energy saving indoor fan motor delay

INSTALLATION FEATURES:

- Thru-the-bottom power entry capability
- Single point gas and electric connections
- Full perimeter base rail with built-in rigging adapters and fork slots
- Convertible from vertical to horizontal airflow for slab mounting

STANDARD PARTS WARRANTY:

- 10-year heat exchanger – 15-year stainless steel option
- 5-year compressor
- 1-year parts
- Many options upgrades also available

OPTIONS INCLUDE BUT ARE NOT LIMITED TO:

- Premier Link™ and Mod Protocol Direct Digital Controls (DDC)
- Comfort Link controls
- Supply and Return Air Smoke Detectors, high static motors
- Louvered condenser coil guards and coil coating options
- Economizer, disconnect and convenience outlet options
- Stainless Steel heat exchanger (standard with Low Nox)
- Hinged access doors
- Humidi-Mizer dehumidification system
- Foil faced insulation throughout entire cabinet
- Low ambient cooling operation controls
- HACR circuit breaker

RTU-4

Tag Cover Sheet
Unit Report
Certified Drawing
Performance Report
Spec Sheet
Unit Feature Sheet
Spec Sheet

Unit Report For RTU-4

Project: HUTCHINSON DAZIENZEN AND QUIQLEY — 11/19/2012
Prepared By: BOB NIMMO — 09:58AM

Unit Parameters

Unit Model: 48HCED11A2A5-0A0A0
Unit Size: 11 (10 Ton (12.0 EER))
Volts-Phase-Hertz: 208-3-60
Heating Type: Gas
Duct Cfg: Vertical Supply / Vertical Return
Medium Heat
Two stage cooling models

Dimensions (ft. in.) & Weight (lb.) ***

Unit Length: 7' 4.125"
Unit Width: 4' 11.5"
Unit Height: 4' 1.375"
*** Total Operating Weight: 1207 lb

*** Weights and Dimensions are approximate. Weight does not include unit packaging. Approximate dimensions are provided primarily for shipping purposes. For exact dimensions and weights, refer to appropriate product data catalog.

Lines and Filters

Gas Line Size: 3/4
Condensate Drain Line Size: 3/4
Return Air Filter Type: Throwaway
Return Air Filter Quantity: 4
Return Air Filter Size: 20 x 20 x 2

Unit Configuration

Medium Static Option - Belt Drive
Al/Cu - Al/Cu
Base Electromechanical Controls
Standard Packaging

Warranty Information

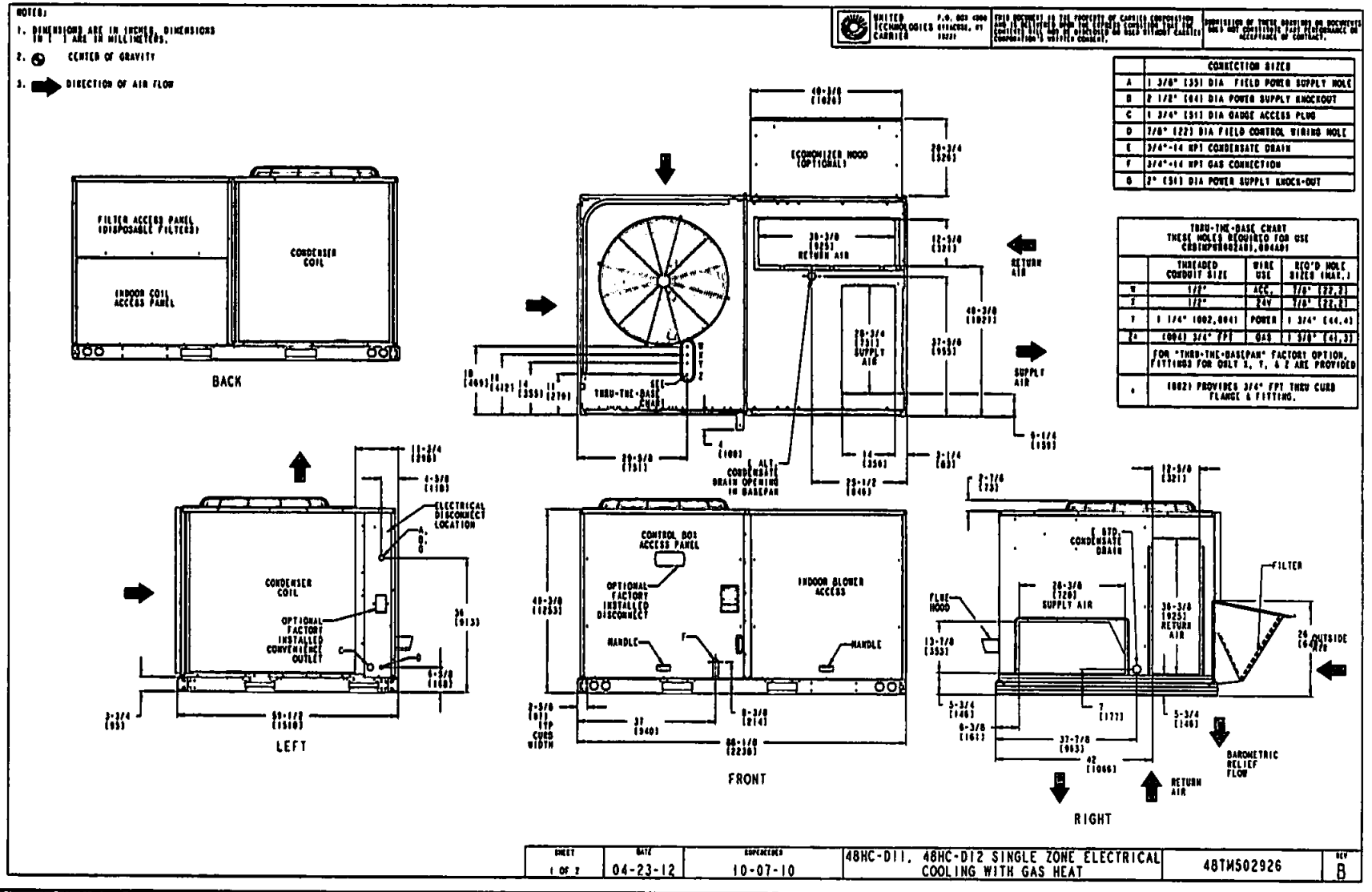
1-Year parts
5-Year compressor parts
10-Year heat exchanger - Aluminized

No optional warranties were selected.

NOTE: Please see Warranty Catalog 500-089 for explanation of policies and ordering methods.

Ordering Information

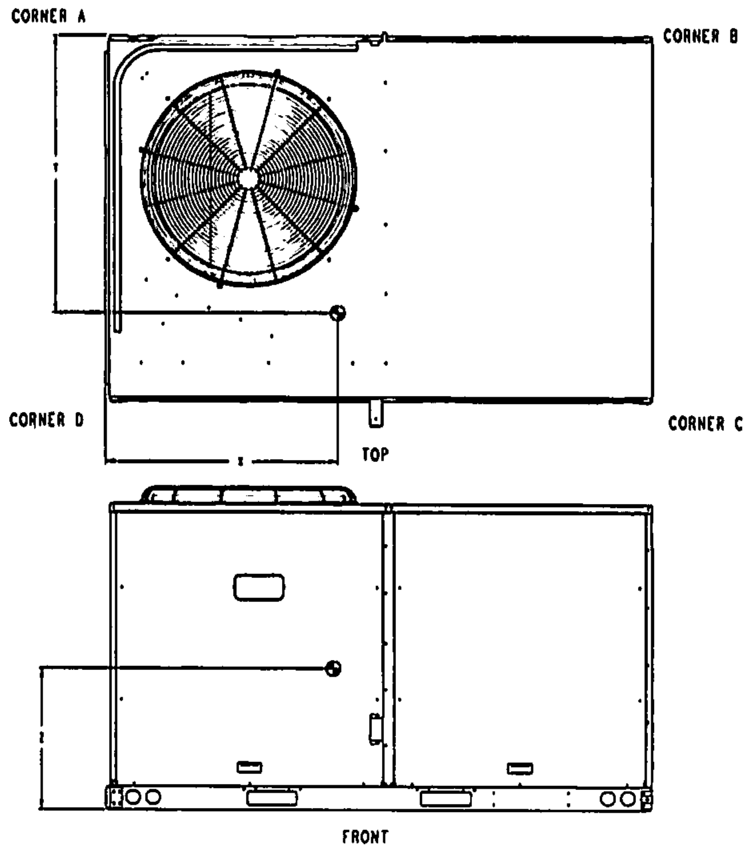
Part Number	Description	Quantity
48HCED11A2A5-0A0A0	Rooftop Unit	1
	Base Unit	
	Medium Static Option - Belt Drive	
	Electromechanical control, No intake or exhaust option	
	None	
Accessories		
CRECOMZR021A03	Vertical EconoMi$er IV with solid-state controller	1
--HH--57AC-078	Accusensor II Economizer Differential Enthalpy Control Upgrade	1
CRENTDIF004A00	Return Air Enthalpy Sensor	1


NOTES:
1. DIMENSIONS ARE IN INCHES. DIMENSIONS IN [ ] ARE IN MILLIMETERS.
2. CENTER OF GRAVITY
3. DIRECTION OF AIR FLOW
CONNECTION SIZES
A 1 3/8" [35] DIA FIELD POWER SUPPLY HOLE
B 2 1/2" [64] DIA POWER SUPPLY KNOCKOUT
C 1 3/4" [51] DIA GAUGE ACCESS PLUG
D 7/8" [22] DIA FIELD CONTROL WIRING HOLE
E 3/4"-14 NPT CONDENSATE DRAIN
F 3/4"-14 NPT GAS CONNECTION
G 3" [51] DIA POWER SUPPLY KNOCK-OUT
THRU-THE-BASE CHART
THESE HOLES REQUIRED FOR USE CRBTMPWR002A01,004A01
THREADED CONDUIT SIZE
WIRE USE
REQ'D HOLE SIZES (MAX.)
W 1/2" ACC. 7/8" [22.2]
X 1/2" 24V 7/8" [22.2]
Y 1 1/4" [002,004] POWER 1 3/4" [44.4]
Z* [004] 3/4" FPT GAS 1 3/8" [41.3]
FOR "THRU-THE-BASEPAN" FACTORY OPTION, FITTINGS FOR GAS Y, Y, & Z ARE PROVIDED
* [002] PROVIDES 3/4" FPT THRU CURB FLANGE & FITTING.
FILTER ACCESS PANEL (DISPOSABLE FILTERS)
INDOOR COIL ACCESS PANEL
CONDENSER COIL
BACK
ECONOMIZER HOOD (OPTIONAL)
RETURN AIR
SUPPLY AIR
THRU-THE-BASE PANEL
ALL CONDENSATE DRAIN OPENING IN BASEPAN
ELECTRICAL DISCONNECT LOCATION
OPTIONAL FACTORY INSTALLED CONVENIENCE OUTLET
LEFT
CONTROL BOX ACCESS PANEL
OPTIONAL FACTORY INSTALLED DISCONNECT
INDOOR BLOWER ACCESS
HANDLE
FRONT
STD CONDENSATE DRAIN
FLUE HOOD
FILTER
OUTSIDE AIR
BAROMETRIC RELIEF FLOW
RETURN AIR
RIGHT
SHEET 1 OF 2
DATE 04-23-12
SUPERCEDES 10-07-10
48HC-D11, 48HC-D12 SINGLE ZONE ELECTRICAL COOLING WITH GAS HEAT
48TM502926
REV B

UNIT	STD. UNIT WEIGHT *		CORNER WEIGHT (A)		CORNER WEIGHT (B)		CORNER WEIGHT (C)		CORNER WEIGHT (D)		C.G.		
	LBS.	KG.	LBS.	KG.	LBS.	KG.	LBS.	KG.	LBS.	KG.	X	Y	Z
48HC-D12	1099	499	337	153	307	139	217	98	238	108	42 (1067)	24 3/8 (619)	23 (584)
48HC-D11	1099	499	337	153	307	139	217	98	238	108	42 (1067)	24 3/8 (619)	23 (584)

UNITED TECHNOLOGIES CARRIER

* STANDARD UNIT WEIGHT IS WITH LOW GAS HEAT AND WITHOUT PACKAGING.
FOR OTHER OPTIONS AND ACCESSORIES, REFER TO THE PRODUCT DATA CATALOG.



SHEET	DATE	SUPERCEDES			REV
2 OF 2	04-23-12	10-07-10	48HC-D11, 48HC-D12 SINGLE ZONE ELECTRICAL COOLING WITH GAS HEAT	48TM502926	B

Performance Summary For RTU-4

Project: HUTCHINSON DAZIENZEN AND QUIQLEY — 11/19/2012
Prepared By: BOB NIMMO — 09:58AM

Part Number:48HCED11A2A5-0A0A0

ARI EER:	12.00	
IEER:	12.6	
Base Unit Dimensions		
Unit Length:	88.1	in
Unit Width:	59.5	in
Unit Height:	49.4	in
Operating Weight		
Base Unit Weight:	1099	lb
Medium Heat:	18	lb
Medium Static Option - Belt Drive:	15	lb
Accessories		
Vertical EconoMi$er IV with solid-state controller:	75	lb
Total Operating Weight:	1207	lb
Unit		
Unit Voltage-Phase-Hertz:	208-3-60	
Air Discharge:	Vertical	
Fan Drive Type:	Belt	
Actual Airflow:	4000	CFM
Site Altitude:	0	ft
Cooling Performance		
Condenser Entering Air DB:	95.0	F
Evaporator Entering Air DB:	80.0	F
Evaporator Entering Air WB:	67.0	F
Entering Air Enthalpy:	31.44	BTU/lb
Evaporator Leaving Air DB:	58.6	F
Evaporator Leaving Air WB:	57.6	F
Evaporator Leaving Air Enthalpy:	24.78	BTU/lb
Gross Cooling Capacity:	119.85	MBH
Gross Sensible Capacity:	92.51	MBH
Compressor Power Input:	8.44	kW
Coil Bypass Factor:	0.250	
Heating Performance		
Heating Airflow:	4000	CFM
Entering Air Temp:	70.0	F
Leaving Air Temp:	112.6	F
Gas Input Capacity:	180.0 / 224.0	MBH
Gas Heating Capacity:	184.00	MBH
Temperature Rise:	42.6	F
NOTE:	Second Stage	
Supply Fan		
External Static Pressure:	0.50	in wg
Options / Accessories Static Pressure		
EconoMi$erIV / EconoMi$er2:	0.20	in wg
Total External Static:	0.70	in wg
Fan RPM:	916	
Fan Power:	2.28	BHP
NOTE:	Selected IFM RPM Range: 838 - 1084	
Electrical Data (Before July 30, 2012)		
Voltage Range:	187 - 253	
Compressor #1 RLA:	15.9	
Compressor #1 LRA:	110	

Compressor #2 RLA:	15.9
Compressor #2 LRA:	110
Indoor Fan Motor Type:	MED
Indoor Fan Motor FLA:	10
Combustion Fan Motor FLA (ea):	0.48
Power Supply MCA:	54
Power Supply MOCP (Fuse or HACR):	60
Min. Unit Disconnect FLA:	57
Min. Unit Disconnect LRA:	300
Electrical Convenience Outlet:	None
Outdoor Fan [Qty / FLA (ea)]:	1 / 7.4

Electrical Data (July 30, 2012 and Beyond)

Indoor Fan Motor FLA:	10.6
Power Supply MCA:	54
Power Supply MOCP:	60
Disconnect Size FLA:	57
Disconnect Size LRA:	313

July 30th and beyond units can be identified by serial number 3112XXXXXXXXX and higher

Control Panel SCCR: 5kA RMS at Rated Symmetrical Voltage

Acoustics

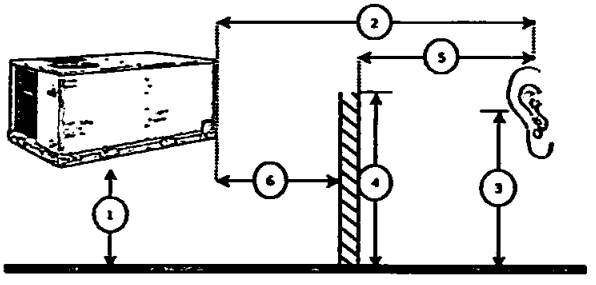
Sound Power Levels, db re 10E-12 Watts

	Discharge	Inlet	Outdoor
63 Hz	97.7	94.4	85.9
125 Hz	93.7	86.9	87.9
250 Hz	80.3	71.5	85.6
500 Hz	74.3	67.3	84.4
1000 Hz	70.2	64.8	82.8
2000 Hz	67.6	60.6	78.5
4000 Hz	70.8	60.5	74.9
8000 Hz	71.9	59.1	72.5
A-Weighted	81.6	74.7	87.0

Advanced Acoustics

Advanced Accoustics Parameters

1. Unit height above ground:	30.0	ft
2. Horizontal distance from unit to receiver:	50.0	ft
3. Receiver height above ground:	5.7	ft
4. Height of obstruction:	0.0	ft
5. Horizontal distance from obstruction to receiver:	0.0	ft
6. Horizontal distance from unit to obstruction:	0.0	ft



Detailed Acoustics Information

Octave Band Center Frequency, Hz	63	125	250	500	1k	2k	4k	8k	Overall
1. Sound Power Levels at Unit's Acoustic Center, Lw	85.9	87.9	85.6	84.4	82.8	78.5	74.9	72.5	92.9 Lw
2. A-Weighted Sound Power Levels at Unit's Acoustic Center, LwA	59.7	71.8	77.0	81.2	82.8	79.7	75.9	71.4	87.3 LwA
3. Sound Pressure Levels at Specific Distance from Unit, Lp	53.5	55.5	53.2	52.0	50.4	46.1	42.5	40.1	60.5 Lp
4. A-Weighted Sound Pressure Levels at Specific Distance from Unit, LpA	27.3	39.4	44.6	48.8	50.4	47.3	43.5	39.0	54.9 LpA

HUTCHINSON
Mechanical Services

DATE: 11-27-12

THE ENCLOSED PERMIT IS FOR:

NAME Pawlesew & Quigley

ADDRESS 1720 E. R+70

PLEASE CONTACT ME WHEN THE PERMIT IS APPROVED AND A CHECK WILL BE MAILED TO YOUR OFFICE PROMPTLY WITH A SELF ADDRESSED ENVELOPE FOR YOUR CONVENIENCE.

THANK YOU FOR YOUR COOPERATION.

SINCERELY,

STEVE HASTINGS

[redacted]

HUTCHINSON
Mechanical Services

Thank you for choosing Hutchinson Mechanical Services for your HVAC installation. This letter is to inform you that your Township may have a requirement that you have your HVAC smoke detector connected to your building alarm system.

Per the *2009 International Mechanical Code*, section 606 *"Smoke Detection System Control"*, all ventilation equipment (HVAC) above 2,000 CFM must contain smoke detectors. Furthermore, sub section 606.4.1 "Supervision" which sites *International Fire Code* 907.2, requires that the smoke detectors activate a central fire alarm notification system. The exception to this is, in the absence of an existing central alarm system, a local audio/visual alarm notification system with remote testing capabilities will be installed.

Hutchinson is not permitted to connect the HVAC smoke detection to a central alarm system, only a licensed fire alarm company can perform this function. Please be aware, until such time you correct this issue, the building will remain in violation of the above building code(s).

Should your equipment require a smoke detector monitoring system (either local or central) this notice serves as an acknowledgment by the owner that Hutchinson Mechanical Services is not responsible for these upgrades. Hutchinson will provide the required Smoke detector at the unit and wire from the smoke detector to the new unit only. All additional wiring and monitoring (and associated costs), will need to be installed by others and is not covered by Hutchinson.

By signing below, you acknowledge your responsibility to correct this potential issue should it arise and agree to hold harmless Hutchinson Mechanical Services for any costs or damages that may result in performing, or failing to perform this upgrade.

Please contact your local township construction office for any assistance you may require or for answers to any questions about your obligations under the building code.

Owner Bel Dangerin Date 12/4/12

Hutchinson _____ Date _____

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

Spotlight Electric,LLC
CHRISTOPHER R DAVIS
310 Roberts Avenue
Haddonfield NJ 08033

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/29/2012 TO 03/31/2016
VALID

34EB00948400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

GEORGE H. HUTCHINSON III
T/A HUTCHINSON P and H and COOL LLC
116 NO HADDON AVE - SUITE C
HADDONFIELD NJ 08033

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

06/01/2011 TO 06/30/2013
VALID

36BI00631100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

SIGNATURE

New Jersey Division of Consumer Affairs, Office of the Attorney General

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
GEORGE H. HUTCHINSON III
Master Plumber

VALID: 06/01/2011 TO: 06/30/2013

36BI00631100

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATIO
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Board of Exam. of Master Plumbe
P.O. Box 45008
Newark, NJ 07101

PLEASE DETACH HERE

2013 1419

BLOCK 502.01 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

Burlington Township
Dept. Licenses & Inspections
851 Old York Road
Burlington Township, NJ 08016
609-239-5847

CONSTRUCTION PERMIT APPLICATION

RE IV
MAR 17 2013
BUI SPE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1720 Rt 70
2. Name of Owner in Fee: Danzeisen + Quigley
   Tel. [redacted] e-mail _____
   Address 5AM6 (street) _____ (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: A-D+S Electric Tel. [redacted]
   Address PO 4970 Palo Po 19115 e-mail [redacted]
   License No. OR, if new home, Builder Reg. No. NJEC 6966 Exp. Date 5-2015
   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 Andy Luderman
   Tel. [redacted] FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
(2) Electrical		58	
3. Plumbing			
(4) Fire Protection		116	
5. Elevator Devices			
(6) ~~Subtotal~~ Doc fee		3	
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
(9) State Permit Surcharge Fee		5	
10. Subtotal	$		
11. Cert. of Occupancy			
~~12.~~ Other			
(13) TOTAL	$	182	

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 _____

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					5-22-13				
☐ Plumbing									
☒ Fire Protection	2700				5/22/13				
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
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 *(primary use)*
1. State Specific Use: Retail Sales
2. Use Group: M
3. Change in Use Group, Indicate Former:

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

REPLACE FIRE ALARM PANEL

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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(e)1.vii:

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 [illegible]

Address PO [illegible]

[illegible]

Telephone ([redacted] e-mail ______________

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: 10/17/2013
Control #: 85168
Permit #: 20131479

Block: 502.01 Lot : 1 Qualification Code:

Work Site Location: 1720 Route 70 E.
CHERRY HILL

Owner in Fee: DANZIESEN INC

Address: 1720 E RT 70
CHERRY HILL NJ 08003

Telephone: [redacted]

Agent/Contractor: A-D & S ELECTRICAL CONTRACTORS

Address: P. O. BOX 4970
PHILADELPHIA PA 19119

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: 6968 Federal Emp. No.: [redacted]

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: M
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

REPLACE FIRE ALARM PANEL

[ ] **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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 50479
Collected by: srw

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/17/13
Control # 6/5/13
Date Issued
Permit # 2013-1479

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 Route 70

Owner in Fee Danzeisen & Quigley

Address 1720 Route 70 Cherry Hill, NJ 08003

Tel ([redacted])

Contractor A-D & S Electrical Contractors of New Jersey

Address 314 Monmouth Drive Cherry Hill NJ 08002

Tel ([redacted] FAX (215-)843-5268

Contractor License [redacted]

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1200

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed 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	
1		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle.	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 58

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required — Date 5.22.13 Initial

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 7.11.13

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final			7.11.13	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/17/13
Control # 6/5/13
Date Issued
Permit # 2013-0479

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

Block 502.01 Lot 7 Qualification Code

Work Site Location 1720 Route 70

Owner in Fee: Danzeisen & Quigley

Tel. [redacted] e-mail

Address 1720 Route 70 Cherry Hill NJ 08003

Contractor: A-D (street) & S Electrical Contractors (municipality) Tel. [redacted]

Address PO Box 4970 Phila., PA 19119 e-mail Lic# 6968

[redacted]

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. NJ Elec #6968 Exp 3-2015

Fire Alarm Contractor No. 166359 Exp. Date 4-30-2013

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

Federal Emp. ID No. [redacted] FAX: (215) 843-5268

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed

Constr. Class: Present II B Proposed

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 $ 1500

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.

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Panel - Tie in existing devices, Sprinklers, pull, smoke detector

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)	Circuit / New Device	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Panel		
TOTAL	1	116
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		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		116

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required.

[ ] 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 5/22/13

Approved by

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date 10/16/13

Approved by

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initial
Alarm System			10/16/13	BC
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng System	Need ROC			
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks			10/16/13	BC
Fireplace Venting				
Final			10/16/13	BC
Other	CALLED 10/14/13 FOR ROC SPOKE TO JUDY			

U.C.C. F140 (rev. 12/07) Internet version

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

COMPLETE NFPA 72 "RECORD OF COMPLETION" FOR FINAL

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. Protected Property Information

Name of property: Danzeisen & Quigley

Address: 1720 Route 70 Cherry Hill, NJ 08003

Description of property: Sporting Goods Retailer – 3-story masonry and steel

Occupancy type: commercial

Name of property representative:

Address:

Phone: Fax: E-mail:

Authority having jurisdiction over this property: TWP OF CHERRY HILL

Phone: 856.488.7855 Fax: E-mail:

2. Fire Alarm System Installation, Service, and Testing Information

Installation contractor for this equipment: Emergency Response Associates

Address: Post Office Box 4970 Philadelphia, PA 19119

Phone: [redacted] Fax: 215-843-5268 E-mail: [redacted]

Service organization for this equipment:

Address:

Phone: Fax: E-mail:

Location of as-built drawings: on site Location of Historical Test Reports: on site

Location of system operation and maintenance manuals:

A contract for test and inspection in accordance with NFPA standards is in effect as of

Contracted testing company: Stanley Convergent Security Solutions

Address: 2000 W. Cabot Blvd. Suite 120

Phone: Fax: E-mail:

Contract expires: Contract number: Frequency of routine inspections:

3. Type of Fire Alarm System or Service

NFPA 72®, Chapter Reference of System Type:

Name of organization receiving alarm signals with phone numbers *(if applicable)*:

Alarm: Stanley Convergent Security Solutions Phone: [redacted]

Supervisory: // Phone: //

Trouble: // Phone: //

Entity to which alarms are retransmitted: // Phone: //

Method of retransmission of alarms to that organization or location: //

If Chapter 8, note the means of transmission from the protected premises to the central station:

☒ Digital alarm communicator ☐ McCulloh ☐ Multiplex ☐ 2-way radio ☐ 1-way radio ☐ N/A

If Chapter 9, note the type of connection: ☐ Local energy ☐ Shunt ☐ N/A

3.1 System Software

Operating system (executive) software revision level:

Site-specific software revision date: Revision completed by:

4. Signaling Line Circuits

Characteristics of signaling line circuits connected to this system (see NFPA 72®, Table 6.6.1):

Quantity: 1 Style: Class:

5. Alarm-Initiating Devices and Circuits

Characteristics of initiating device circuits connected to this system (see NFPA 72®, Table 6.5):

Quantity: 8 Style: Y Class: B

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: 1

Type of devices: ☐ Addressable ☒ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: 1

Type of coverage: ☐ Complete area ☒ Partial area ☐ Nonrequired partial area ☐ N/A

Type of devices: ☐ Addressable ☒ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: 2

Type of coverage:

Type of devices: ☐ Addressable ☒ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Type of smoke detector sensing technology: ☐ Ionization ☒ Photoelectric

5.2.3 Heat Detectors Number of heat detectors: 0

Type of coverage: ☐ Complete area ☐ Partial area ☐ Nonrequired partial area ☐ N/A

Type of devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: 1

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification:

Alarm verification on this system is: ☐ Enabled ☐ Disabled ☐ Set for seconds

6. Supervisory Signal-Initiating Devices and Circuits

6.1 Sprinkler System Number of valve supervisory switches: 4

Type of devices: ☒ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

6.2 Fire Pump

Type of fire pump: ☐ Electric ☐ Diesel

Type of fire pump supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

Fire Pump Functions Supervised

☐ Fire pump power ☐ Fire pump running ☐ Fire pump phase reversal ☐ Selector switch not in auto

☐ Engine or control panel trouble ☐ Low fuel

Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: ☐ Addressable ☐ Conventional ☐ Coded ☐ Transmitter ☐ N/A

☐ Engine or control panel trouble ☐ Generator running ☐ Selector switch not in auto ☐ Low fuel

Other: _____

7. Annunciators

7.1 Annunciator 1 ☒ Local ☐ Remote

Type: ☒ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: front door

7.2 Annunciator 2 ☐ Local ☐ Remote

Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

7.3 Annunciator 3 ☐ Local ☐ Remote

Type: ☐ Addressable ☐ Directory ☐ Graphic ☐ N/A Location: _____

8. Alarm Notification Devices and Circuits

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of speakers: _____ Number of speaker zones: _____

8.2 Telephone Jacks

Number of telephone jacks installed: _____ Number of telephone handsets stored on site: _____

Type of telephone system installed: ☐ Electrically powered ☐ Sound powered ☐ N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72®, Table 6.5):

Quantity: _____ Style: _____ Class: _____

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells:	With visual device:	Horns: 1	With visual device: 1
Chimes:	With visual device:	Bells:	With visual device:
Visual devices without audible devices:		Other (describe):	

9. Emergency Control Functions Activated

☐ Hold-open door releasing devices ☐ Smoke management or smoke control

☐ Door unlocking ☐ Elevator recall ☐ Other

10. System Power Supply

10.1 Primary Power

Nominal voltage: 120 VAC Amps: 15

Overcurrent protection: Type: Breaker Amps: 15

Location (of primary supply panelboard): Elect Room

Disconnecting means location: House Panel

10.2 Secondary Power

Location: in FACP Type: batteries Nominal voltage: 12 Current rating: 7Ah

Number of standby batteries: 1 Amp hour rating: 7

Location of emergency generator: N/A

Location of fuel storage:

Calculated capacity of secondary power to drive the system

In standby mode: In alarm mode:

11. Record of System Installation

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

☒ *NFPA 72®* ☐ *NFPA 70®*, Article 760

☐ Manufacturer's published instructions ☐ Other (please specify):

System deviations from referenced NFPA standards:

Signed: Printed name: PER SANDSTROM Date: 10/14/13

Organization: Emergency Response Assoc Title: Operations Phone: [redacted]

12. Record of System Operation

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

☒ *NFPA 72®* ☐ *NFPA 70®*, Article 760

☐ Manufacturer's published instructions ☐ Other (please specify):

☐ Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3 of *NFPA 72®*) is attached

Signed: Printed name: PER SANDSTROM Date: 10/14/13

Organization: EMERGENCY RESPONSE Title: Operations Phone: [redacted]

13. Certifications and Approvals

13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: Andrew Lieberman Date: 10/14/13

Organization: Emergency Response Title: Owner Phone: [redacted]

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: 10/14/13

Organization: Emergency Respon Title: Operations Phone: [redacted]

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: Bill Cotton Date: 7/11/13

Organization: Twp of Caernarvon Title: Fire Suppression Operation Phone: [redacted]

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

Permit Number: 20131479

Control Number: 85168
Application Date: 06/04/13

CONSTRUCTION PERMIT

~~Permit Date: 06/05/2013~~

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 502.01 Lot : 1 Qualifier :

Work site Location: 1720 Route 70 E. CHERRY HILL

Owner In Fee: DANZIESEN INC

Address: 1720 E RT 70
CHERRY HILL NJ 08003

Telephone: [redacted]

Use Group(s): M

Contractor: A-D & S ELECTRICAL CONTRACTC

Address: P. O. BOX 4970
PHILADELPHIA PA 19119

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.: 6968

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

REPLACE FIRE ALARM PANEL

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$2,700.00
Cost of Demolition:	$0.00
Total Cost:	$2,700.00

PAYMENTS (Office Use Only)

[035]	Building	
[039]	Electrical	$58.00
[032]	Plumbing	
[033]	Fire Protection	$116.00
[042]	Elevator Devices	
[034]	Mechanical	
[046]	VolFee (DCA)	
[046]	AltFee (DCA)	$5.00
[046]	DCA Minimum Fee	$0.00
[040]	CO Fee	
[040]	CCO Fee	
[037]	Engineering	
[043]	Document Imaging	$3
[044]	Zoning	
	Total :	**$ 182.00**

All Fees Waived No

Amount to be Paid: $ 182.00

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 6.4.13

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:

RECEIVED
JUN 5 - 13
TAX COLLECTOR

Check Number: 50479
Check amount: $182.00

Collected by: srw
Total Cash Amount:
Total Check Amount: $182.00
Total CC Amount:
Grand Total: $182.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/17/13
Control # 4/5/13
Date Issued
Permit # 2013-1419

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 Route 70

Owner in Fee Danzeisen & Quigley

Address 1720 Route 70 Cherry Hill, NJ 08003

Tel [redacted]

Contractor A-D & S Electrical Contractors of New Jersey

Address 314 Monmouth Drive Cherry Hill NJ 08002

Tel [redacted] FAX (215-)843-5268

Contractor License No. #6968

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1200

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed 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	
1		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 58

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required 5-32-13 [illegible]

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 5/17/13
Control # 6/5/13
Date Issued
Permit # 2013-1419

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 Route 70

Owner in Fee: Danzeisen & Quigley

Tel. ([redacted]) e-mail

Address 1720 Route 70 Cherry Hill NJ 08003

Contractor: A-D (street) & S Electrical Contractors (municipality) Tel. ([redacted]

Address PO Box 4970 Phila., PA 19119 e-mail Lic# 6968

[redacted]

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. NJ Elec #6968 Exp 3-2015

Fire Alarm Contractor No. 166359 Exp. Date 4-30-2013

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

Federal Emp. ID No. [redacted] FAX: (215) 843-5268

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed

Constr. Class: Present II B Proposed

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 $ 1500

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.

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: New Panel - Tie in existing ducts, Sprinklers, pull, smoke detector

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected	Circuit	New
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	Duct	Detector
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Panel		
TOTAL	1	116
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		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	116

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] 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: 5/24/13

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				

U.C.C. F140 (rev. 12/07) Internet version

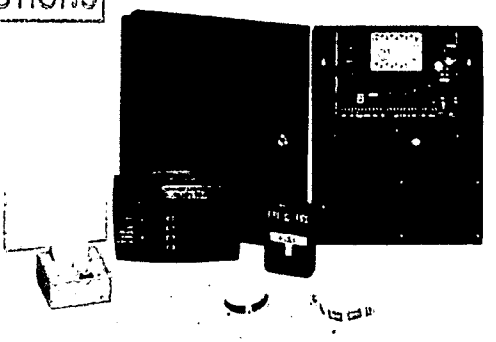
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

COMPLETE NFPA 72 "RECORD OF COMPLETION" FOR FINAL

Honeywell

VISTA-32FB

COMMERCIAL PARTITIONED FIRE AND BURGLARY ALARM CONTROL PANEL



OFFICIAL

Now UL864 9th Edition Approved

Designed to integrate seamlessly with CCTV, access control and Honeywell's full range of fire and burglary components, the new VISTA-32FB provides the ultimate protection of life and property. The UL Listed commercial fire and burglary control panel supports up to two partitions and up to 32 zones/points using hardwired, wireless and V-Plex® addressable technologies. A diverse line of Honeywell initiating devices, notification circuits, communication devices, keypads, RF receivers and relays are also supported. The VISTA-32FB has been designed to mount quickly and easily.

FEATURES

- Supports addressable V-Plex access control points using VistaKey (One to Four doors)
- Supports eight hardwired zones, 24 V-Plex addressable points/zones, or 32 wireless points/zones
- Can control two separate areas (partitions) independently
- Stores up to 512 events and can accommodate 75 user codes
- Easily programmed and maintained with newly upgraded Compass Downloader Software
- Automatic smoke detector sensitivity maintenance testing
- Commercial Wireless Fire and Burglary
- Notification Appliance Circuits (two):
  - Programmable
  - Individually silenceable
- Carbon monoxide (CO) zone support (Rev 5 and higher)
- Programmable on-board auxiliary relay
- False alarm reduction features:
  - Exit error logic
  - Exit delay reset
  - Cross zoning
  - Call waiting defeat
  - Recent close report
- Supports commercial hardwired, addressable V-Plex polling loop and wireless zones
- Listed to UL864 9th Edition (Rev 5 and higher)

VISTA-32FB

COMMERCIAL PARTITIONED FIRE AND BURGLARY ALARM CONTROL PANEL

Honeywell

ADDITIONAL FEATURES

- Hardwired zones
  - Provides nine style B hardwired zones
  - EOLR supervised for Fire and UL burglary installations
  - Supports N.O. or N.C. sensors
  - Individually assignable to one of eight partitions
  - Up to 16 two-wire smoke detectors each on zone one and two (32 total)
- Patented addressable V-Plex polling loop technology
  - Supports up to 24 two-wire V-Plex zones/points
  - Global polling technology for faster processing
  - Supervised by panel
  - Individually assignable to partitions, notification circuit (bell) output or aux relay
  - 4,000 ft. capability without the use of shielded cable
  - Extender/Isolation bus modules
  - Two-wire smoke detector zone/group expansion module adds two or four zones
  - Eight zone – Class A and B extender module
  - Eight zone – Class B extender module
  - One zone supervised contact monitor module
- UL Listed wireless expansion
  - Supports up to 32 wireless zones/ points using 5881ENHC or 5883H Receiver
  - Supervised by control for check-in signals
  - Tamper protection for transmitters
  - Individually assignable up to eight partitions
  - Supports wireless smoke detectors
- Event reporting
- Local printer for access or VISTA related event
- Up to four doors using VistaKey V-Plex Access Control
- Stored events for one call retrieval
- Communication
  - Panel operation during download
  - Split/Dual Reporting

Applications

The VISTA-32FB control is well suited for a variety of applications as an integrated fire and burglary control. Some of the applications supported are: medical and professional buildings, churches or synagogues, office buildings, schools, strip malls, residences and factory or warehouse environments.

Installation

The VISTA-32FB alarm system has been designed to mount both quickly and easily. It meets all applicable requirements for UL commercial fire and burglary installations.

Honeywell

SPECIFICATIONS

Electrical

- Primary power: 18VAC @ 72VA ADEMCO No. 1451
- Quiescent current draw: 300mA
- Backup battery:
  - 12VDC, 7AH min to 34.4AH max
  - Lead acid battery (gel type)
- Alarm power: 12VDC, 1.7A max for each notification (bell) circuit output
- Aux. standby pwr: 12VDC, 1A max
- Total power: 2.3A at 12VDC, 3.4A at 24VDC from all sources
- 24 hours with 1A standby load

Fusing

- Battery input, aux. and notification (bell) circuit outputs are protected using PTC circuit protectors. All outputs are power limited.

Main Dialer

- Line seize: Double Pole
- Ringer equiv.: 0.7B
- Formats: ADEMCO Low Speed, ADEMCO 4+2 Express, ADEMCO High Speed, ADEMCO Contact ID, Sescoa and Radionics

Cabinet dimensions

- 14.5" H X 12.5" W X 3" D

Environmental

- Storage temp: 14° F to 158° F (-10° C to 70° C)
- Operating temp: 32° F to 122° F (0° C to 50° C)
- Humidity: 85% RH
- EMI: Meets or exceeds the following requirements:
  - FCC Part 15, Class B Device
  - FCC Part 68
  - IEC EMC Directive

Agency Listings

- FCC Part 15, Class B; FCC Part 68
- UL864/NFPA 72, Central Station and Remote Station (Fire)
- UL609 Local Mercantile Premises/Mercantile Safe & Vault
- UL365 police station connected burglar alarm
- UL610 Central Station Burglar Alarm
- California State Fire Marshal
- FM
- CAN/ULC S304 – Central and Monitoring Station Burglar Alarm Unit
- CAN/ULC S527 – Central Unit for Fire Alarm Systems
- CAN/ULC S303 – Local Burglar Alarm Unit
- CAN/ULC S525 – Audible Signal Appliances

VISTA-32FB

COMMERCIAL PARTITIONED FIRE AND BURGLARY ALARM CONTROL PANEL

COMPATIBLE DEVICES

Auxiliary Devices
- 4204 – Relay Module, four form C contacts
- 4204CF – Two supervised output circuits
- 5140DLM – Supervised Dialer
- 5881ENHC – RF Receiver
- 5883H – RF Receiver
- 6160CR-2 – Red Alpha Keypad
- 6160 – Burglary Keypad
- 6220S – System printer used with 4100SM serial module

Two-Wire Smoke Detectors
Conventional
- System Sensor
- ESL
- DSC

Horn/Strobes
- System Sensor
- Wheelock
- Gentex

Manual Pull Stations
- 5140MPS-1
- 5140MPS-2

V-Plex (Addressable) Devices
- 4101SN Relay Zone Module
- 4190SN Remote Point Module – two zones
- 4190WH
- 4193SN Two Zone Serial Interface Module
- 4208U Loop Expansion Module – eight zones
- 4208SNF Eight Zone/2 Class A/6 Class B Expander Module
- 4293SN One Zone Serial Interface Module
- 4297 Isolator/Extender Module
- V-Plex VSI Isolator Module

V-Plex Smoke Detectors
- 5193SD
- 5193SDT

V-Plex Passive Infrared Detectors
- 998MX
- IS2500SN
- DT7500SN
- QUEST2260SN

V-Plex Contacts
- 4194WH
- 4939SN-WH
- 4944SN-WH
- 4959SN

V-Plex Glassbreak Detectors
- FG1625SN

AlarmNet Communicators
- 7545i-ENT – Internet/Intranet Communicator
- 7845GSM – Digital Cellular Communicator
- 7845i-GSM – Internet and Digital Cellular Communicator

Access Control
- VistaKey V-Plex (addressable) Access Control
- VistaKey-SK Starter Kit
- VistaKey-EX Expansion Kit

Commercial Wireless Devices
- 5808W3 – Photoelectronic Smoke/Heat Detector
- 5806W3 – Photoelectric Smoke Detector
- 5809 – Wireless Heat Detector
- 5817CB – Wireless Commercial Transmitter
- 5869 – Hold-Up Transmitter
- 5881ENHC – RF Receiver
- 5883H – RF Receiver

Product specifications subject to change.

ORDERING

VISTA-32FB	Commercial Fire and Partitioned Burglary Alarm Platform
V32FB-9	UL864 Rev 9 Version (Rev 5 and higher)

Automation and Control Solutions
Honeywell Security & Communications
2 Corporate Center Dr. Suite 100
Melville, NY 11747
1.800.467.5875
www.honeywell.com

Honeywell

L/VIST32FB/D
October 2010

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

BLOCK 5020.01 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1720 E Rt 70 PERMIT NO. 2013 1802

RECEIVED
JUN 11 2013
BUILDING INSPECTIONS

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: 1720 E. Rt 70
2. Name of Owner in Fee: Bob Panzelsen
   Tel. [redacted] e-mail _____
   Address 1720 E Rt 70 (street) Cherry Hill (municipality) 08003 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Sign Pros Tel. [redacted]
   Address 121 S Black Horse Pike e-mail _____
   Gibbsboro N.J 08026
   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: (856) 939-2099
5. Architect or Engineer Murdoch Engineering Contact Steve
   Address 8308 Avalon Cir W e-mail Long Branch
   Tel. [redacted] FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Jean Chustie
   Tel. [redacted] FAX: (856) 939-2099

7-8-13

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 422		
2. Electrical	56		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. ~~Subtotal~~ Doc Fee	18		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	31		
10. Subtotal	$		
11. ~~Cert. of Occupancy~~			
12. Other			
13. TOTAL	$ 529		

BUILDING/SITE CHARACTERISTICS (office use only)

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	16500				6.11.13	RES			
☑ Electrical	1200				6.11.13	RES			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	17700								

Sign - D4 9

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: U
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

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

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

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

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.

(✓ Check if contractor.

Agent Name Sign Pro

Address 1215 Black Horse Pike
Blendora N. J. 08029

Telephone (856) 939-1099

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: 12/31/2013
Control #: 85606
Permit #: 20131802

Block: 502.01 Lot : 1 Qualification Code:

Work Site Location: 1720 Route 70 E.
CHERRY HILL

Owner in Fee: DANZIESEN INC
Address: 1720 E RT 70
CHERRY HILL NJ 08003
Telephone: [redacted]

Agent/Contractor: SIGN PROS
Address: 1215 BLACK HORSE PIKE
GLENDORA NJ 08029
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: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____

Description of Work/Use:

Sign-Danzeisen and Quigley

[ ] **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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 9154
Collected by: kcm

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

D & Q PLAZA

Date Received Control # 7-8-13

Date Issued Permit # 2013-1802

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 E Rt 70
Cherry Hill NJ 08-

Owner in Fee: Bob Danzeisen

Tel. [redacted] e-mail

Address 1720 E Rt 70 Cherry Hill NJ.
street municipality

Contractor: Sign Pros Tel. [redacted]

Address 215 Blackhorse Pike e-mail
Glendora N.J 08029

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) 939-2099

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: Sean Christie

Print name here: Sean Christie

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(1) D/S Pylon Sign w/ internally illuminated Sign Cabinets & Decorative Pole Covers.

- Have Plans on Site 150 Sq ft.
- Call for Footing Insp

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/11/13	RES
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 6.12.13
Approved by: RES

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12.30.13
Approved by: RES

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing ✓	7/25/13		7/26/13	SC
Footing Bonding				
Foundation NO Plans				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical		10/4/13		
TCO				
Other ✓		NO PLANS		
Final			12/30/13	BV
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [/] Sign 150 Sq. Ft. 22.81 /M =
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ 422

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 422

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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 NO

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 17,700

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/10/13
Control # 7-8-13
Date Issued
Permit # 2013-1802

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 Rt. 70 East (O&R Plaza)

Owner in Fee: Bob Danzeisen

Tel. [redacted] e-mail

Address 1720 Rt. 70 East (street) Cherry Hill (municipality) 08003

Contractor: Schooley Electric, Inc. Tel. [redacted]

Address PO Box 3125, Cherry Hill, NJ e-mail

Contractor License No. 4769 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (856) 424-0272

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,200.—

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: Joseph T. Schooley

Print name here: Joseph T. Schooley

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
(1) Install electric for new road sign

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	
1	3	KW Elec. Sign/Outline Light	58

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 6.11.13 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 6.11.13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10.4.13
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
*Final	9.27.13		10.4.13	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 58

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

* 9.27.13 - NO VISIBLE UL LISTING ON DISCONNECT

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

Permit Number: 20131802

Control Number: 85606
Application Date: 07/05/13

CONSTRUCTION PERMIT

~~Permit Date: 07/08/2013~~

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 502.01 Lot : 1 Qualifier :

Work site Location: 1720 Route 70 E. CHERRY HILL

Owner In Fee: DANZIESEN INC

Address: 1720 E RT 70
CHERRY HILL NJ 08003

Telephone: [redacted]

Use Group(s): U

Contractor: SIGN PROS

Address: 1215 BLACK HORSE PIKE
GLENDORA NJ 08029

Telephone: [redacted]

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Sign-Danzeisen and Quigley

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$17,700.00
Cost of Demolition:	$0.00
Total Cost:	$17,700.00

PAYMENTS (Office Use Only)

[046]	Building	$422.00
[046]	Electrical	$58.00
[046]	Plumbing	
[040]	Fire Protection	
[040]	Elevator Devices	
[037]	Mechanical	
[043]	VolFee (DCA)	
[044]	AltFee (DCA)	$31.00
	DCA Minimum Fee	$0.00
	CO Fee	
	CCO Fee	
	Engineering	
	Document Imaging	$18
	Zoning	
	Total :	**$ 529.00**

All Fees Waived No

Amount to be Paid: $ 529.00

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

Contruction Official

Check Number: 9154
Check amount: $529.00

:: 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:

RECEIVED
JUL 08 13
TAX COLLECTOR

Collected by: kcm
Total Cash Amount:
Total Check Amount: $529.00
Total CC Amount:
Grand Total: $529.00

BUILDING SUBCODE
TECHNICAL SECTION

D & Q PLAZA

Date Received 7-8-13
Control #
Date Issued
Permit # 2013-1802

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

Block 502.01 Lot 1 Qualification Code
Work Site Location 1720 E Rt 70
Cherry Hill NJ 08
Owner in Fee: BOB Danzeisen
Tel. ([redacted] mail
Address 1720 E Rt 70 Cherry Hill NJ.
street municipality
Contractor: Sign Pros Tel. [redacted]
Address 1215 Black Horse Pike e-mail
Gleadora N.J 08029
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) 939-2099.

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: Jean Christie
Print name here: Jean Christie

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
(1) D/S Pylon Sign w/ Internally Illuminated Sign Cabinets & Decorative Pole Covers.
- Have Plans @ Site 150 sq ft.
- Call for Footing Insp

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/11/13	JES
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 6.12.13
Approved by: JES

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 150 Sq. Ft. 22.81 /M =
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 422

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 422

B. BUILDING CHARACTERISTICS

Use Group Present _____ 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 N/A

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 17,700

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/10/13
Control # 7-8-13
Date Issued
Permit # 2013-1802

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

Block 502.01 Lot 1 Qualification Code

Work Site Location 1720 Rt. 70 East (Office Plaza)

Owner in Fee: Bulz Quarrier

Tel. [redacted] e-mail

Address 1720 Rt. 70 East (street) Cherry Hill (municipality) 08003

Contractor: Schooley Electric, Inc. Tel. [redacted]

Address PO Box 3125, Cherry Hill, NJ e-mail

Contractor License No. 4769 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: (856) 424-0372

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,200.—

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: Joseph E. Schooley

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
(1) Install electric for new road sign

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	
1	3	KW Elec. Sign/Outline Light	51

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	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

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

RECEIVED
JUN 11 2013
BUILDING INSPECTIONS

Office
MAY 13 2013

TOWNSHIP OF CHERRY HILL
FREESTANDING SIGN
APPLICATION FOR PERMIT

$20.00 App. Fee

APPLICATION NUMBER
13-2001659

NAME OF BUSINESS Danzeisen Quigley OWNER Bob Danzeisen
ADDRESS OF BUSINESS 1720 E Rt 70 TOWN Cherry Hill NJ 08003 PHONE 424-5969

NAME OF SIGN INSTALLER Sign Pros PHONE [redacted]
ADDRESS 1215 Black Horse TOWN Clementon STATE NJ ZIP 08029

NAME OF PROPERTY OWNER Bob Danzeisen PHONE [redacted]
ADDRESS 1720 E. Rt 70 TOWN Cherry Hill STATE NJ ZIP 08003

BLOCK 502.01 VARIANCE # PBL-04P-61 NEW SIGN ✓
LOT 1 DATE (PBL-9024) CHANGE OF COPY ✓
ZONE B-2 Jan 17, 2006 PREVIOUS BUSINESS

FUNCTIONAL ✓
CHANGEABLE COPY
ILLUMINATED ✓

15.5 x 8.5 DIMENSIONS OF SIGN
4.5 x 4
HEIGHT 27' FEET
X WIDTH FEET
TOTAL 150 total SQ.FEET

LINEAL FRONT FOOTAGE OF BUILDING	450 FT.	PERMITTED SQ.FEET
PRINCIPAL STREET	50 FT.	REQUIRED 50 FEET
SECONDARY STREET FRONTAGE	21 FT.	REQUIRED FOR 2ND SIGN
DISTANCE FROM SIDELINE	20 FT.	REQUIRED 15 FEET
DISTANCE FROM CLOSEST FREESTANDING SIGN	none FT.	REQUIRED 50 FEET
HEIGHT TO TOP OF SIGN	27 FT.	PERMITTED 17 FEET
HEIGHT TO BOTTOM OF SIGN	* 8 **FT.**	**REQUIRED 8 FEET**
DISTANCE FROM RIGHT OF WAY (PROPERTY LINE)	* 10 **FT.**	**REQUIRED 10 FEET**
DISTANCE FROM INTERSECTION OF STREET OR DRIVEWAY	* **FT.**	**REQUIRED 50 FEET**

- **ONE OF THESE THREE MUST MEET REQUIREMENTS**

FOR A NEW SIGN, ATTACH A PLOT PLAN SHOWING:

- ✓ SITE RELATED DIMENSIONS
- ✓ STRUCTURAL DESIGN **NO PHONE NUMBERS OR WEB SITES PERMITTED ON SIGNS**
- ✓ METHOD OF ILLUMINATION AND INTENSITY OF LIGHT

04-P-61
VARIANCES for 27ft height; multitenant @ 166sqft

FOR ALL SIGNS, ATTACH THE FOLLOWING:

A SCALE DRAWING OF THE SIGN:

- ✓ DIMENSIONS OF THE SIGN
- ✓ COLOR SCHEME
- ✓ MESSAGE ON EACH SIGN FACE
- ✓ PHOTO OF THE SITE WITH NORMAL LENS FROM APPROXIMATELY 40 FEET
- ✓ WRITTEN APPROVAL FROM THE OWNER

up to 165

- only 1 sign for the Id: internally illuminated No Neon

9 tenants max. Blue Pillars

I CERTIFY THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE.

DATE 5/13/13

SIGNATURE OF APPLICANT [signature]

TAXES PAID_____
ZONING APPROVAL # _____

PLEASE TAKE COPY TO BUILDING INSPECTIONS

COMMENTS: **Submitted sign is approved as shown. Any changes in the future must be submitted to the Department of Community Development for review and approval.**

Approved as per Resolution # 04-P-61 for multi tenant sign / 166 sq ft max; 27 Ft Height
X Conditions of Approval include: Only 1 sign total for Both Lots; All tenants must obtain individual permits; only 1 color Allowed for Lettering; No Neon; Internally Illuminated; 9 tenants Maximum. Approved as Submitted.

APPROVED X

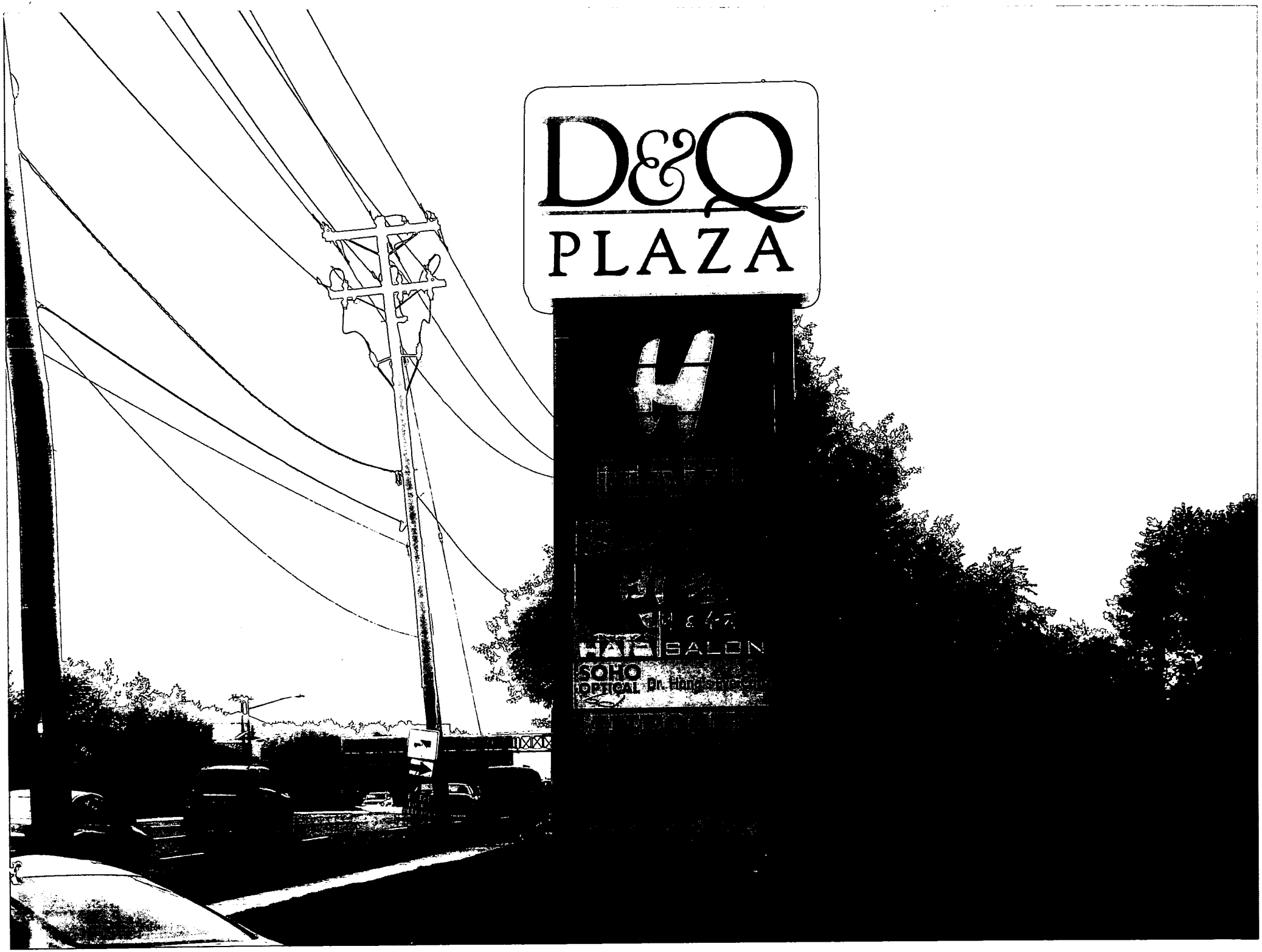
DISAPPROVED_____

THIS ACTION IS CONDITIONED ON THE INFORMATION PRESENTED BEING TRUE AND ACCURATE.

5/22/13
DATE

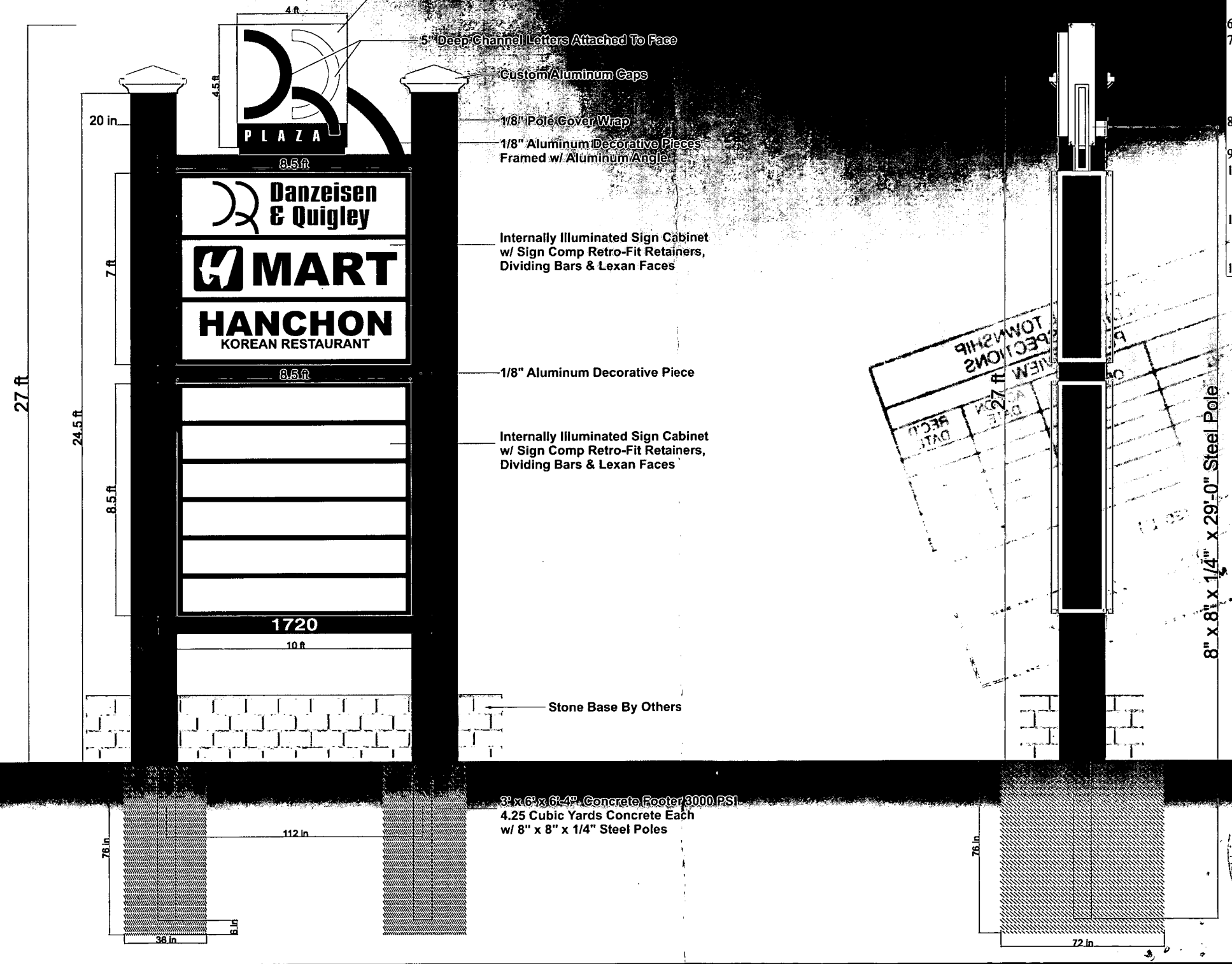
[signature]
MEMBER OF COMMUNITY DEVELOPMENT

DATE 5/28/13 RECEIPT NUMBER 385350 AMOUNT $ 320.00 check # 9131


D&Q
PLAZA
SALON
SOHO
OPTICAL

(1) D/S Pylon Sign w/ internally Illuminated Sign Cabinets & Lexan Faces

150 Sq. Ft. Total



General Notes:

1.) Minimum concrete strength shall be 3,000 psi (Unless otherwise noted).
2.) All plate, angle, channel, tee and wide flange shall be ASTM A36 grade unless otherwise specified.
3.) Square and rectangular tube shall be ASTM A500 Grade B
4.) Round pipe shall be ASTM A53 Grade B or equivalent
5.) Design and fabrication according to AISC Steel Construction Manual 13th edition
6.) Concrete design & construction to be in accordance with ACI 318-05
7.) Concrete poured into constrained earth excavations must cure under proper conditions for 4 days prior to sign box installation. (Exception: if the overall height of the sign is less than 20 feet and the sign pole is adequately braced against wind loads for a minimum of 4 days, the box may be installed the same day as the footing is poured.
8.) For pier and caisson footings, concrete must be poured against undisturbed earth (Backfill is unacceptable).
9.) Maintain a minimum 3" cover over all embedded steel.
10.) Provide a minimum of 4" cover between bottom of support pole and bottom of concrete footing on all direct burial footings, unless otherwise noted.
11.) If clay, silt or organic soil properties are present upon excavation, it is the contractor's responsibility to contact Murdoch Engineering for design modification.
12.) Galvanic protection is required where dissimilar metals contact.

Designed per IBC -2009 NJ edition

Snow Loads:
Ground Snow Load.....Pg-30 psf
Snow Exposure Factor...Ce=1.0
Snow Load Importance..1s=1.1
Thermal Factor.....Ct=1.0

Wind Loads:
Basic Wind Speed.....95 mph
Wind Importance Factor..1=1.15
Wind Exposure.....C
ASCE Force Coef.....1.8
Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

Murdoch Engineering
8308 Avalon Ct.
West Long Branch, NJ 07764
(973)-570-9215
Jere Murdoch, P.E.
Professional Engineer
NJ P.E. License #48980

SignPros
DESIGN • BUILD • INSTALL • SERVICE
1215 BLACK HORSE PIKE, GLENDORA, NJ 08029
856-939-1099 • FAX 939-2099
www.signprosnj.com

Customer: *D & Q Plaza*		**Folder Name:** *\\signs\Design in Progress\D & Q Plaza*	
Contact: *Bob Danzeisen*		**File Name:** *DQ pylon Final.FS*	
Address: *1720 E Rt. 70*		**Designed By:** *SignPros Design*	
City: *Cherry Hill*	**State/ZIP:** *NJ 08003*	**Date:** *2/15/2013*	
Phone: *856-424-5969*	**Fax:**	**Salesperson:** *Nick Kappatos*	
Customer Email:		**Comments:**	

#HC 165910

REVISED

Approved By: X _____

Date Signed: _____

RECEIVED
JUN 11 2013
BUILDING INSPECTIONS

CHERRY HILL TOWNSHIP
BUILDING INSPECTIONS
PLAN REVIEW

	OFFICIAL	ACTION DATE	RECD DATE
BUILDING			
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☑ PROVIDE DISCONNECT PER 2011 NEC
REJECTED ☐

OFFICIAL COPY
CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

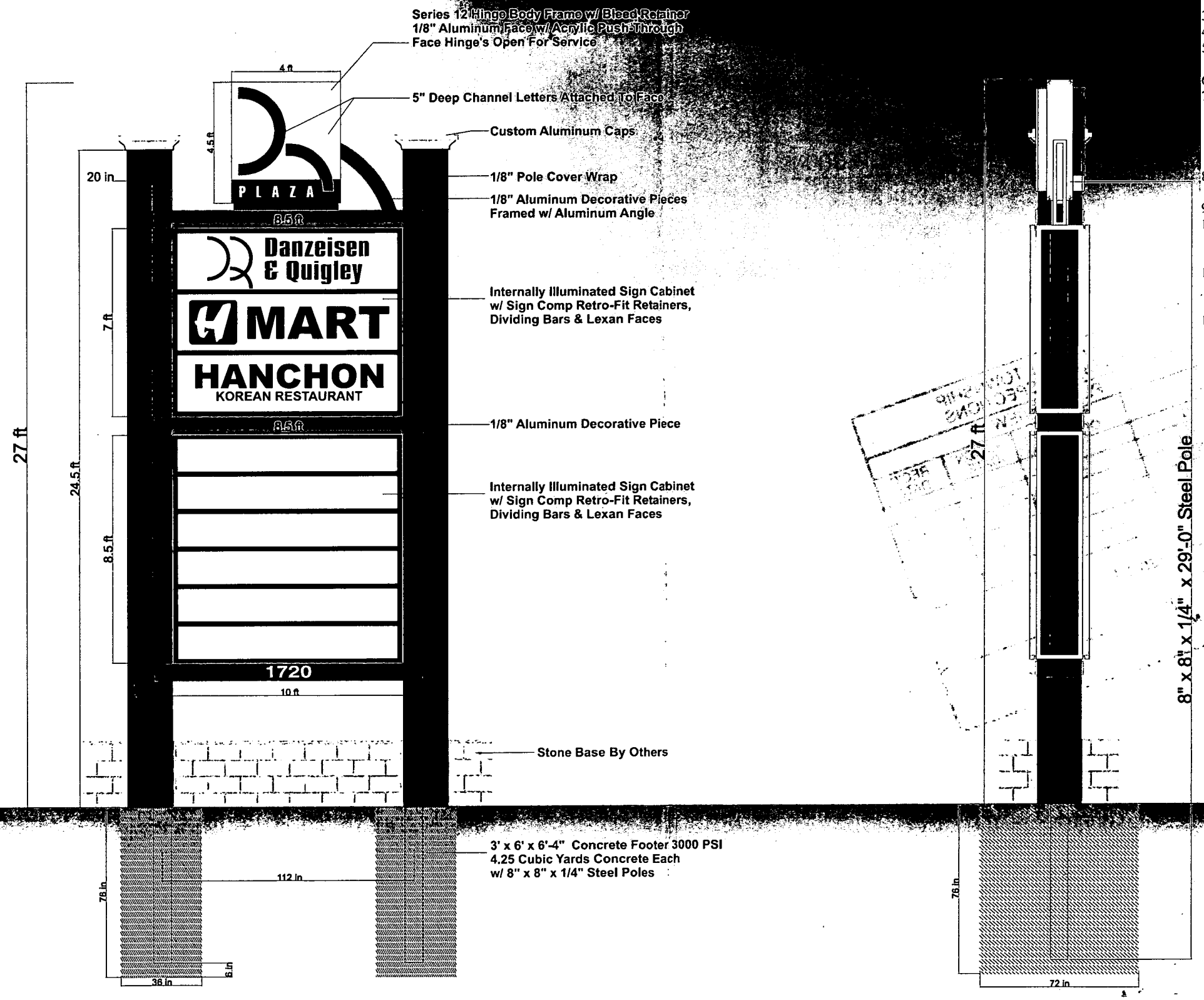
- CALL FOR FOOTING INSPECTION
- VERIFY SOILS CONDITION

1720 RT 70 E

Office

(1) D/S Pylon Sign w/ Internally Illuminated Sign Cabinets

150 Sq. Ft. Total



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12.) Galvanic protection is required where dissimilar metals contact.

Designed per IBC -2009 NJ edition

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Ground Snow Load.....Pg-30 psf
Snow Exposure Factor...Ce=1.0
Snow Load Importance..1s=1.1
Thermal Factor.....Ct=1.0

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Basic Wind Speed.....95 mph
Wind Importance Factor..1=1.15
Wind Exposure.....C
ASCE Force Coef.....1.8
Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

Murdoch Engineering
8308 Avalon Ct.
West Long Branch, NJ 07764
(973)-570-8215

Jere Murdoch, P.E.
Professional Engineer
NJ P.E. License #48980

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www.signprosnj.com

Customer: *D & Q Plaza*		**Folder Name:** *\\signs\Design in Progress\D & Q Plaza*	
Contact: *Bob Danzeisen*		**File Name:** *DQ pylon Final.FS*	
Address: *1720 E Rt. 70*		**Designed By:** *SignPros Design*	
City: *Cherry Hill*	**State/ZIP:** *NJ 08003*	**Date:** *2/15/2013*	
Phone: *856-424-5969*	**Fax:**	**Salesperson:** *Nick Kappatos*	
Customer Email:		**Comments:**	

#HC 165910
REVISED

Approved By: X _____

Date Signed: _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				