

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	

[illegible]

V. FEE SUMMARY (for office use only)		V. BUILDING/SITE CHARACTERISTICS	
Update		1. Building	1. Number of Stories
Update		2. Electrical	2. Height of Structure
Update		3. Plumbing	3. Area — Largest Floor
Update		4. Fire Protection	4. New Building Area
Update		5. Elevator Devices	5. Volume of New Structure
Update		6. Subtotal	6. Construction Classification
Update		7. Less 20% for State Plan Review	7. Total Land Area Disturbed
Update		8. Subtotal	8. Flood Hazard Zone
Update		9. State Permit Surcharge Fee	9. Base Flood Elevation
Update		10. Subtotal	10. Wetlands yes
Update		11. Cert. of Occupancy	11. Max. Live Load
Update		12. Other	12. Max. Occupancy Load
Update		13. TOTAL	

1. IDENTIFICATION

1. Proposed Work Site at: 13 A Burch Rd.

2. Name of Owner in Fee: RYAN THOMAS

Address: 1451 HWY 34 S STE 201 WALK, NJ

3. Ownership in Fee: Public

4. Principal Contractor: Summe

Address: _____

License No. OR, if new home, Builder Reg. No. 023312

Federal Employee No. N/A

Architect or Engineer _____

Address: _____

Responsible Person in Charge once Work has Begun Summe

FAX: (_____) _____

Contact: Maat Hanna A / Reb Walsk

Tel. (_____) _____

Exp. Date 9/08

zip code _____

COMPLETED



CONSTRUCTION PERMIT APPLICATION

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 RYAN THOMES

Address 1451 HIGHWAY 34 SUITE 201

WALL, NJ

Telephone () _____

Signature [Signature]

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

C. CERTIFICATION IN LIEU OF OATH

[illegible]

Owner in Fee/Occupant _____
Address _____
Tel. () _____
RYAN HOMES
1451 HIGHWAY 26
LL, MI 48727
BUCKS COUNTY ELECTRIC WORKS, INC.
Address _____
100 STEAMWHISTLE DRIVE
WYLAND, PA 18974
Tel. () _____
215 357-8460
Fax () _____
LIC. #7482
FED. ID #23 240 7598
Federal Emp. No. _____
B. ELECTRICAL CHARACTERISTICS
Use Group _____ Present _____
[] Pole/Pad # _____
Building Occupied as _____
NEW HOME
Utility Co. _____
Other _____
Proposed _____
P3

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.
 Block 500.02 Lot 1
 Work Site Location 13 A E 10th

**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

ITEMS	SIZE	QTY.
LIGHTING FIXTURES		
RECEPTACKES		
SWITCHES		
DETECTORS		
LIGHT POLES		
MOTORS—FRAC. HP		
EMERGENCY & EXIT LIGHTS		
COMMUNICATIONS PORTS		
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 1/4+ HP		
KW Transformer/Generator		
AMP Service		
AMP Subpanels		
AMP Motor Control Center		
KW Elec. Sign/Outline Light		
PLC, WALL MOUNTED MARK		
ADMINISTRATIVE SURCHARGE		
MINIMUM FEE		
DCA TRAINING FEE		
TOTAL FEE		

FEE (Office Use Only)

480-2 208
20/05/07
20/11/07

Build a

Date Received 11/30/17
Control # 2/2017
Date Issued 2/2017
Permit # 2007-034



TECHNICAL SECTION
FIRE PROTECTION SUBCODE



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

Block 500.02
Lot 1
Work Site Location 12 A Bldg

Owner in Fee RYAN HOMES
1651 HIGHWAY 36
WALL, NJ 07727

Contractor RYAN HOMES
1651 HIGHWAY 36
WALL, NJ 07727

Tel. ()
FAX (74) 80-4233

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 01031

Fire Alarm Contractor No. 01031

Federal Emp. No. 01031

Use Group: Present
Constr. Class: Present

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location: [] Other
Fuel Storage Tank: [] Flammable or [] Combustible Capacity

Total Cost of Fire Protection Work \$ 100.

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

Subcode Approval
Date: 2/20/17
Approved by: [Signature]

Approved by: [Signature]
Date: [] CO [] CCO [] CA

U.C.C. F140 (rev. 1/04)
1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

INSPECTIONS	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					

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: fire suppression / kitchen / closet
Water Supply Source
Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks
Alarm Systems
[] System
[] 110v interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls
water/flow)
Supervisory Devices (i.e., lamps, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
Other Devices
TOTAL 3
Suppression Systems GPM Type 2-1

Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney
Other
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO, Suppression
Foam Suppression
RA200 Suppression
Other
Sandpiles
Sprinkler Heads (Dry and Wet)
Pre-action Valves
Dry Pipe/Alarm Valves
Fire Pump
GPM Type

Administrative Surcharge \$ 30-
Minimum Fee \$ 30-
State Permit Surcharge Fee \$ 30-
TOTAL FEE \$ 30-

1. 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.
Contractor's Signature/Seal and Signature
[Signature]

U.C.C. Form F-3508 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

JOB SUMMARY (Office Use Only)

Approved by: [Signature] Date: 4/19/97
Approved by: [Signature] Date: 4/19/97

PLAN REVIEW
[] No Plans Required
[] Building
[] Fire
[] Elevator
[] Plumbing
[] Joint Plan Review Required

INSPECTIONS
Type: Rough Temp. Serv. Const. Serv. TCO Other Service Final
Dates (Month/Day) Failure Failure Approval Initial
Final Cut-In-Card Date Issued
Temp. Cut-In-Card Date Issued

B. ELECTRICAL CHARACTERISTICS

Use Group: [] Present [] Temp.
Building Occupied as: [] Pole/Pad # []
Est. Cost of Elec. Work: \$ 400

Contractor: RYAN HOMES
Address: 1651 HIGHWAY
WALL, NJ 0772

BUCKS COUNTY ELECTRIC
100 STEAMWHEEL
WYLAND, PA 15371
Tel: 215-357-6400
FED ID #23-24075

U.C.C. Form F-3508 1 WHITE-UTILITY 2 CANARY-OFFICE/BLUE 3 PINK-OFFICE/CONTRACTOR

MUNICIPALITY: Delaware LOCATION: 13th & Union St. UTILITY CO: PSE&G

OWNER: [Signature] OCCUPANT: [Signature]

DESCRIPTION OF SERVICE: [Signature]

INSTALLED BY: [Signature] LICENSE NO: 2482

DATE: 4/19/97 PERMIT # 07-034 INSPECTOR: [Signature]

U.C.C. Form F-3508 1 WHITE-UTILITY 2 CANARY-OFFICE/BLUE 3 PINK-OFFICE/CONTRACTOR

Administrative Surcharge

Minimum Fee \$ 74-
DCA Training Fee \$ 74-
TOTAL FEE \$ 74-

Administrative Surcharge

Minimum Fee \$ 74-
DCA Training Fee \$ 74-
TOTAL FEE \$ 74-

Administrative Surcharge

Minimum Fee \$ 74-
DCA Training Fee \$ 74-
TOTAL FEE \$ 74-

U.C.C. Form F-3508

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 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 RYAN HONE-S

Address 1451 HIGHWAY 34
WALL, NJ 07727

Telephone () _____

Signature [Signature]

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

CONSTRUCTION OFFICIAL

Collected by:

Paid [] Check No.

Fee \$

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:

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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 the inspection.

CERTIFICATE OF APPROVAL

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 OCCUPANCY

Block 500.02 Lot 1
Work Site Location 13 River Lane
Delanco, NJ 08075
Owner in Fee Becker
Address 13 River Lane
Delanco, NJ 08075
Tel. ()
Contractor Ryan Homes
Address 1451 Hwy. 34, Suite 201
Farmingdale, NJ 07728
Tel. (732) 938-3535
FAX ()
Lic. No. or Bids. Reg. No. 028372
Federal Employee No. 54-1394360

IDENTIFICATION



#141

CERTIFICATE

Permit # 006-262
Date Issued 6-13-07
Control # - or -

Condo

Description of Work/Use:

Maximum Occupancy Load

Construction Classification

Maximum Live Load

Use Group

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

Home Warranty No. 02423820

☐ 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 _____

☐ 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 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



TECHNICAL SECTION
BUILDING SUBCODE



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

Block Sec. 07 13 Eury Ln - Lower Lot 1 Qualification Code C30B

Work Site Location

Owner in Fee J.R. HOMES
Address 1451 HIGHWAY 34
MALL, N.J. 07727
Tel. ()
Contractor 1451 HIGHWAY 34
MALL, N.J. 07727
Address
Tel. ()
FAX (360) 938-2230
Contractor License No. or Builder Registration No. 026012
Federal Emp. No. 34-1314360

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
[X] No Plans Required
Type: Footing Foundation Slab Frame Truss Sys./Bracing Barrier-Free Insulation Finishes -Base Layer Finishes -Final Energy Mechanical TCO Other Approved by: 6/13/09
SUBCODE APPROVAL [N] CO [X] CC [] CA
Date: 6/13/09
Approved by: 6/13/09

B. BUILDING CHARACTERISTICS
Use Group Present Present
Const. Class Present
No. of Stories 3
Height of Structure 35
Area - Largest Floor 821
Sq. Ft. 1454
New Bldg. Area/All Floors 1536
Cu. Ft. 1144
Volume of New Structure
Total Land Area Disturbed
Sq. Ft. 1144
Sq. Ft. 1536
Sq. Ft. 1454
Sq. Ft. 821
Est. Cost of Bldg. Work:
1. New Bldg. \$ 10000
2. Rehabilitation \$ 70000
3. Total (1+2) \$ 80000

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

U.C.C. F-110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Applicant Copy
4 Gold = Applicant Copy

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
KeyStone Model, lower unit, parking
stone front, 1 car new entry garage,
2 bdrm, 2 bath, 3 story need frame

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

Date Received 10/20/06
Control #
Date Issued 11/21/06
Permit # 2006-202

Administrative Surcharge \$ 327
State Permit Surcharge Fee \$ 327
TOTAL FEE \$ 327

FEE (Office Use Only) \$ 409

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required

☐ Joint Plan Review Required:

☐ Plumbing ☐ Building ☐ Fire ☐ Elec. Plans Approved

Date: 11/21/06
 Approved by: [Signature]

SUBCODE APPROVAL CA CO CC []

Date: 6/15/03
 Approved by: [Signature]

INSPECTIONS

Type:	Barrier-Free	Rough	Barrier-Free	Trench	Temp. Serv.	Constr. Serv.	TCO	Other	Service	Final
Failure	4/16									
Failure	4/16									
Approval	4/17									
Initial	[Signature]									

Dates (Month/Day)

TEMP. CUT-IN-CARD DATE ISSUED

ANNUAL POOL INSPECTION

DATE OF GROUNDING AND BONDING CERTIFICATION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHERE CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.
 Block 500.02
 Lot 1
 13 First Ln - lower unit
 Qualification Code
 RYAN HOMES
 1651 HIGHWAY 34
 WALL, MI 4807227
 Address
 Owner in Fee
 Bucks County Electric Works Inc.
 100 STEAMWHISTLE DRIVE
 IVYLAND, PA 18974
 Tel ()
 Contractor
 Address
 Tel ()
 Contractor License No.
 FED. ID #23 240 7598
 B. ELECTRICAL CHARACTERISTICS
 Use Group Present
 [] Pole/Pad #
 [] Temporary [] Other
 Proposed
 R3
 Building Occupied as
 NEW HOME
 Utility Co.
 Use Cost of Elec. Work \$ 10000
 PSY 9

BENTLEY TOWNSHIP

Date Received _____

UT-IN-CARD

UNIVERSITY OF TEXAS AT DALLAS

Municipality _____
Location _____
BLK _____ LOT _____

OCCUPANT _____ OWNER _____

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

☐ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE _____

INSTALLED BY _____ LICENSE NO. _____ PERMIT #. _____ INSPECTOR _____

Lic. No.: _____

☐ CALLED IN _____

U.C.C. Form F-3508 1 WHITE-UTILITY 2 CANYARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR
Storage Pool/Spa/Hot Tub

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

1/5
 1/5
 46
 10
 10
 10
 10



PROFESSIONAL WARRANTY SERVICE CORPORATION

P.O. BOX 800 Annandale, VA 22003-0800 1-800/850-2799 FAX 1-800/851-2799

To: Municipal Construction Official
From: Professional Warranty Service Corporation
SUBJECT: CONFIRMATION OF HOME ENROLLMENT AND WARRANTY COVERAGE

This shall serve as verification that the home (structure) identified below has been accepted for final enrollment in the Professional Warranty 10-Year Limited Warranty Program. This form is validated by the signature of a PWC representative and the PWC seal affixed below. This form also affirms that the Limited Warranty document will be transmitted to the purchaser upon closing/final settlement.

Builder Name: NVR, INC (via RYAN HOMES)

PWC Builder Participation Number: NVR-NJC

NJ DCA Registration Number: 28372

Purchaser(s) Name:

Municipality:

Legal Address of Home Enrolled:

Lot: 2

Block: 500-02

Street Address:

City / State / Zip:

County:

PWC Approval Number and
Builder's Limited Warranty No:

Date:

Becher
Delanco

13 River Lane
Delanco NJ 08075
Burlington
02423820

4/9/2007

PWC Representative:

Stephanie Sloan

PWC Seal:



MEMORANDUM
100 W ave Road, Mount Laurel, New Jersey 08054
Telephone (856) 234-5880
Fax (856) 722-9715

TO: Edward M. Schaefer, Construction Official
Delanco Township

BY: David V. Denton, P.E.

DATE: June 8, 2007

SUBJECT: Ryan Homes
River's Edge Phase II
Block 500.02, Lot 2
#13 River Lane
Final Survey & As-Built Lot Grading

We have inspected the subject dwelling location and we have reviewed the final "Plan of Survey" dated May 25, 2007, which was submitted to this office for review.

We have found the grading of the lot to be consistent with the approved grading plans, that the surveyed location of the building satisfies bulk requirements and that site improvements have been adequately completed. We would, therefore, have no objection to the issuance of a Certificate of Occupancy at this time.

We have enclosed for your use two (2) copies of the final plan of survey for the referenced location, which we have stamped and endorsed indicating approval.

Respectfully submitted,
LAND ENGINEERING & SURVEYING CO., INC.


David V. Denton, P.E.
Township Engineer

Enclosure

cc: Steve Corcoran, Township Administrator
Janice Lohr, Township Clerk
Matt Harted, Ryan Homes

Delanco07023 500.02-2 #13 dxd 070608

RECEIVED TOWNSHIP
FD BOX 87
BAYVILLE, NEW JERSEY 08721



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

Block 500.01
Work Site Location 13 River Ln - Lower
RYAN HOMES
Owner in Fee 1451 HIGHWAY 34
Address WALL, NJ 07727

Telephone ()
Contractor Valley Fire Protection
Address 380 GARDEN ST PH 19464
Telephone (610) 387-6360
Fax (610) 387-6368
Lic. No. 976 1136
Federal Emp No. 93-872 1001

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present
Const. Class Present
Heating Systems [] New [] Existing [] HVAC
Type [] Gas [] Oil [] Electric [] Solar
Location: [] Other

Total Cost of Fire Protection Work \$ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW [] No Plans Required
[] Joint Plan Review Required
[] Building [] Plumbing [] Electric [] Elevator
[] Fire Plans Approved
Date: 10/31/06
Approved by: [Signature]
SUBCODE APPROVAL
Date: 11/17/06
Approved by: [Signature]
TCO [Signature]
Other: [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.
Signature [Signature]



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Install residential sprinkler system according to plan

Water Supply Source
Method of Alarm/Suppression System Supervision

FEE (Office Use Only)

Storage Tanks
Type: [] Flammable Liquid [] Combustible Liquid
[] LPG [] LNG Capacity Fuel

Alarm Systems [] 110V Interconnected NUMBER

Alarm Devices (i.e., smoke, heat, pull, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices

Suppression Systems

Fire Pump GPM Type

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas [] or Oil [] Fired Appliances

Other

Administrative Surcharge

Minimum Fee

CA Training Fee

TOTAL FEE

UCC #140 (rev 3/98)

V BUILD

TECHNICAL SECTION
FIRE PROTECTION SUBCODE



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

Block 500.02
Work Site Location 13400
Owner in Fee WALL, NJ 07727

Contractor
Address
Tel ()
Bucks County Electric Works Inc.
100 STEARNS DRIVE
MYRAND, PA 18874
Tel ()
215 387 8400 FAX ()
Fire Protection Equipment, N.J. Div. of Fire Safety Insulator No. 100-100-100-100
Fire Alarm Contractor No. 100-100-100-100

B. FIRE PROTECTION CHARACTERISTICS
Federal Emp. No.
Use Group: Present
Consist. Class: Present
Heating System: New or Existing
Type: Gas [] Oil [] Electric [] Solar []
Location: Fuel Storage Tank: Fuel Type: [] Flammable or [] Combustible Capacity
Total Cost of Fire Protection Work \$ 400

PLAN REVIEW
Joint Plan Review Required: [] No Plans Required
[] Building [] Plumbing [] Electric [] Elevator
Date: 10/24/06
Approved by: [Signature]
SUBCODE APPROVAL
Date: 10/24/06
Approved by: [Signature]
U.C.C. F140 (rev. 1/04)

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

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



C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent or owner or both) and am authorized to make this application.
Applicant's Signature/Contractor's Signature
[] Certified Contractor
[] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Six 120-volt smoke detectors - 3
wire battery back up-co where required

Water Supply Source
Method of Alarm/Suppression

Flammable/Combustible Tanks
Alarm Systems
CO Detectors/110v
Waterflow
Alarm Devices (ie. smoke, heat, pull, tamper, low/noise, etc.)
Supervisory Devices (ie. tamper, low/noise, etc.)
Signaling Devices (ie. horn/strobes, bells)
Other Devices

Suppression Systems
Fire Pump
Dry Pipe/Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)

Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ 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
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

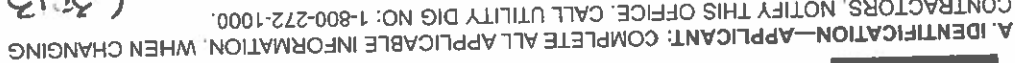
Other
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Other
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Other
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Other
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Other
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney



CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
 IDENTIFICATION AND ADDRESS
 Block 500.02 Lot 1
 Work Site Location 13 Elysia Ln - Lemay
 Qualification Code C3013

RYAN HOMES
1451 HIGHWAY 36
WALL, NJ 07727

Tel Contractor Address
926 St g Thomas J Kohler & Sons Plumbing + Heating

Tel (782) 237-2400
FAX (732) 237-0064
Contractor License No. 10833
Federal Emp. No. 88-345791

B. PLUMBING CHARACTERISTICS

Use Group	Present	Proposed	Private Septic	Private Well	Public Sewer	Public Water	Building Sewer Size	Water Service Size	Est. Cost of Plumbing Work \$
	3'	4'					1"		600

JOB SUMMARY (Office Use Only)

[illegible]

C. CERTIFICATION IN LIEU OF OATH

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

Kenney Kato

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

NO. 2

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

Date Received _____
Control # _____

Date issued

11/2/2011
11/2/2011

FEE (Office Use Only) 266

0001
0001
0001
0001
0001

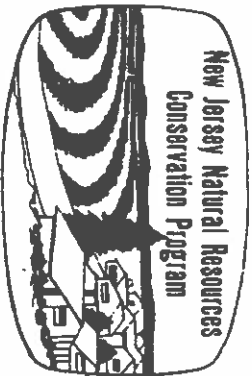
20,50

Figure 1 consists of two horizontal bar charts. The top chart is for 'Respondents' and the bottom chart is for 'Non-respondents'. Both charts show percentages for 'Yes', 'No', and 'Don't know' categories.

Category	Yes (%)	No (%)	Don't know (%)
Respondents	~85	~10	~5
Non-respondents	~85	~10	~5

521
85

676



BURLINGTON COUNTY SOIL CONSERVATION DISTRICT

1971 Jacksonville - Jobstown Road, Columbus, NJ 08022
Telephone: 609-267-7410

CERTIFICATE OF COMPLIANCE

TO: Construction Code Official MUNICIPALITY: Delaware
PROJECT: River's Edge

APPLICATION NO: 25105-005

BLOCK NO.(s) 500.02 LOT NO.(s) 1

Final Compliance ☒ Conditional Compliance ☒

Block No.	Lot No.	Conditions
500.02	1	Final on lots only (1,3,5,7,9,11,13,15 RiverLn *Any area of poor germination will be resodded within 30 days *Maintain all silt erosion controls and keep streets clean.

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Burlington County Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT: _____
AUTHORIZED DISTRICT SIGNATURE: [Signature]

DATE: 6/14/07



APPLICATION FOR
CERTIFICATE

Permit #
Date Issued
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 13 River Lane Block Lot Qualification Code
Belmont NJ
Owner in Fee Ryan Hones Contractor Ryan Hones
Address 1451 Highway 34 Suite 201 Address 1451 Highway 34 Suite 201
Farmingdale NJ 07728 Farmingdale NJ 07728
License No. 008-372 Tel. (848) 207-6520
Tel. (848) 207-6520 Federal Employee No. 54-1394360

ACTION

- ☒ 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: \$ 100,000
(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.)

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

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

DESCRIPTION OF WORK/USE:

Single family dwelling

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

SIGNED: [Signature]

OWNER/AGENT

☐ OWNER

☒ AGENT

JOB SUMMARY (Office Use Only)

PLAN REVIEW [] No Plans Required
[] Joint Plan Review Required
[] Building [] Plumbing
[] Electric [] Elevator
[] Fire Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL [] CO [] CCO [] CA
Date: _____
Approved by: _____
Final _____
Other _____

INSPECTIONS

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

Total Cost of Fire Protection Work \$ 100

Fuel Storage Tank
Location: _____
Type: [] Gas [] Oil [] Electric [] Solar
Heating System: [] New or [] Existing [] HVAC
Fire Suppression/Standpipe System: _____
Location of Panel: _____
Fire Alarm System: [] New or [] Existing
FAX: (973) 975-1133
Exp. Date: 9/05

B. FIRE PROTECTION CHARACTERISTICS
Federal Emp No. _____
Fire Alarm Contractor No. 016376
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Address: RYAN HOMES
1451 HIGHWAY 34
WALL, NJ 07727
Contractor: _____
Tel. () _____
e-mail _____
Owner in Fee: _____
Tel. () _____
e-mail _____

Work Site Location 13 River Ln
Block 500-02
Lot 1047
Qualification Code C3013
A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.



D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: gas appliance
Water Supply Source: Public
Method of Alarm/Suppression System Supervision: KAM

Alarm Systems
Fammmable/Combustible Tanks _____
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
[] CO Detectors/110v _____
[] System _____
Supervisory Devices (i.e., tamper, low/high air) _____
Other Devices _____
TOTAL _____
Suppression Systems _____
Fire Pump _____
GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fired Appliances [] Gas or [] Oil _____
Fireplace Venting/Metal Chimney _____
Other _____

FEE (Office Use Only)

NUMBER	FEE
1	76.00
2	11
3	68
4	87
5	76
6	11
7	68
8	87
9	76
10	11
11	68
12	87
13	76
14	11
15	68
16	87
17	76
18	11
19	68
20	87
21	76
22	11
23	68
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25	76
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85	76
86	11
87	68
88	87
89	76
90	11
91	68
92	87
93	76
94	11
95	68
96	87
97	76
98	11
99	68
100	87

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent or owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

B. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent or owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

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

TECHNICAL SECTION

DATE RECEIVED _____
CONTROL # _____
DATE ISSUED 11/10/00
PERMIT # 2000-000



TECHNICAL SECTION
FIRE PROTECTION SUBCODE

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

500.02
15 RAIL LN
LOT

Block Work Site Location
Owner in Fee
Address
Tel ()
Contractor
Address
Tel ()
BUCKS COUNTY ELECTRIC WORKS INC.
100 STEAMWHISTLE DRIVE
WYLAND, PA 18974
215 357-8460
AXX ()
LIC #7482
FED ID #23240 7598
Fire Protection Equipment, NJ Div. of Fire Safety Insurer No.

Federal Emp. No.
Fire Alarm Contractor No.
Heating System: [] Gas [] Oil [] Electric [] Solar
Type: [] New or [] Existing
Fire Alarm System: [] New or [] Existing
Location of Panel: [] New or [] Existing
Fire Suppression/Standpipe System:
Location of Main Control Valve:
Fuel Storage Tank:
Fuel Type: [] Flammable or [] Combustible Capacity
Total Cost of Fire Protection Work \$

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Electric [] Elevator
[] Fire Plans Approved
Approved by: [] CO [] CCO [] CA
Date: 11/1/14
SUBCODE APPROVAL
Approved by: [] CO [] CCO [] CA
Date: 11/1/14

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

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Electric [] Elevator
[] Fire Plans Approved
Approved by: [] CO [] CCO [] CA
Date: 11/1/14
SUBCODE APPROVAL
Approved by: [] CO [] CCO [] CA
Date: 11/1/14

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Electric [] Elevator
[] Fire Plans Approved
Approved by: [] CO [] CCO [] CA
Date: 11/1/14
SUBCODE APPROVAL
Approved by: [] CO [] CCO [] CA
Date: 11/1/14

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Electric [] Elevator
[] Fire Plans Approved
Approved by: [] CO [] CCO [] CA
Date: 11/1/14
SUBCODE APPROVAL
Approved by: [] CO [] CCO [] CA
Date: 11/1/14

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Electric [] Elevator
[] Fire Plans Approved
Approved by: [] CO [] CCO [] CA
Date: 11/1/14
SUBCODE APPROVAL
Approved by: [] CO [] CCO [] CA
Date: 11/1/14



D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water Supply Source
Method of Alarm/Suppression

Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
Other Devices
TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
Other Devices
TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
Other Devices
TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe Alarm Valves
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Dry Chemical
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Foam Suppression
FM200 Suppression
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Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
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Fire Pump GPM Type
Dry Pipe Alarm Valves
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Standpipes
Pre-engineered Systems
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Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression
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Smoke Control System
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Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
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Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
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Suppression Systems
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Dry Pipe Alarm Valves
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Standpipes
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Wet Chemical
Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression
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Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
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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
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

1 White = Office Copy
3 Pink = Office Copy
2 Green = Office Copy
4 Gold = Applicant Copy

Six 120-volt smoke detectors - 3
wire battery back up-co where
required

Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
Other Devices
TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
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Fire Pump GPM Type
Dry Pipe Alarm Valves
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Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
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Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
Other Devices
TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ Suppression
Foam Suppression
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Other Systems
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Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
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Other Devices
TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
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CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horn/strobes, bells)
Other Devices
TOTAL
Suppression Systems
Fire Pump GPM Type
Dry Pipe Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes
Pre-engineered Systems
Wet Chemical
Dry Chemical
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

Flammable/Combustible Tanks
Alarm Systems
[] System
[] CO Detectors/110V
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, waterflow)
Supervisory Devices (i.e., tamper, low/high air)
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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
CO₂ Suppression
Foam Suppression
FM200 Suppression
Other
Other Systems
Kitchen Hood Exhaust System
Smoke Control System
Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney

1 White = Office Copy
3 Pink = Office Copy
2 Green = Office Copy
4 Gold = Applicant Copy

V BUILD

Approved by: _____

Date: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved by: 11/7/06

Date: 11/7/06

Joint Plan Review Required:

[] Building [] Plumbing [] Fire [] Elevator [] Elec. Plans Approved

PLAN REVIEW

No Plans Required []

PLAN REVIEW (Office Use Only)

Date Initial

INSPECTIONS

Type: Rough Barrier-Free Trench Temp. Serv. Const. Serv. TCO Other Service Final

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

Dates (Month/Day)

Failure Failure Approval Initial

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Occupied as _____ [] Temporary [] Other _____

Utility Co. _____

Est. Cost of Elec. Work \$ 600

Owner in Fee

Address 1651 N. HWY 36
WYLLIE, WI 07727

Tel. _____

Contractor BUCKS COUNTY ELECTRIC WORKS INC.
100 STEAMWHISTLE DRIVE
WYLAND, PA 18974
215 357-8460 FAX ()
LIC. #7482

Contractor License No. _____

Federal Emp. No. _____

FED. ID #23 240 7598

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

Block 500.02 Lot 1

Work Site Location 13 ELY LN - LONG UNIT

Qualification Code C3013



ELECTRICAL SUBCODE

TECHNICAL SECTION



BERKELEY TOWNSHIP
P.O. Box B
Bayville, NJ 08721

Date Received _____ Control # _____
Date Issued 11/7/06 Permit # 12006-062

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.

Applicants Signature/Contractors Seal and Signature _____
[] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA
QTY. SIZE ITEMS

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors—Fract. HP _____
Emergency & Exit Light _____
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 150A _____
AMP Subpanels _____
AMP Motor Control Center _____
KW Elec. Sign/Outline Light _____
Garage door opener _____

FEE (Office Use Only) \$ 48-

Administrative Surcharge \$ 115-

Minimum Fee \$ 115-

State Permit Surcharge Fee \$ 115-

TOTAL FEE \$ 115-

V BUILD



BUILDING SUBCODE
TECHNICAL SECTION



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

Block 500.02 Lot 10471 Qualification Code C5013

Work Site Location RYAN HOMES 1651 HIGHWAY 34 WALL, NJ 07727

Owner in Fee RYAN HOMES 1651 HIGHWAY 34 WALL, NJ 07727

Contractor RYAN HOMES 1651 HIGHWAY 34 WALL, NJ 07727
Tel. ()
Address
Fax () 150-2233
Contractor License No. or Builder Registration No. 014142

Federal Emp. No. 418142

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	Type	INSPECTIONS
☒ No Plans Required				
☐ All				
☐ Footing				
☐ Foundation				
☐ Frame				
☐ Other				
Joint Plan Review Required:				
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	
Insulation				
Barrier-Free				
Truss Sys./Bracing				
Foundation				
Footing Bonding				
Footing				
Type:				
Failure	Failure	Failure	Approval	Initial
Dates (Month/Day)				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	5A
Constr. Class	Present	Proposed	3
No. of Stories			35
Height of Structure			147
Area — Largest Floor			1454
New Bldg. Area/All Floors			1538
Volume of New Structure			1441
Total Land Area Disturbed			Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	\$ 10000
2. Rehabilitation	\$ 70000
3. Total (1+2)	\$ 80000

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Applicant Copy
4 Gold = Applicant Copy

DESCRIPTION OF WORK

KeyStone Model, lunch unit, granite stone front, floor can empty quickly. 2 bdrm, 2 bath, 3 story wood frame

D. TECHNICAL SITE DATA

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

C. CERTIFICATION IN LIEU OF OATH

Date Received
Control #
Date Issued
Permit #

11/21/00
2006-269

V BUILD

TYPE OF WORK:

☒ New Building	15138X, C07
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Sq. Ft.	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

Administrative Surcharge \$ 327
State Permit Surcharge Fee \$ 327
TOTAL FEE \$ 327

FEE (Office Use Only) \$ 409

Approved by: _____

Date: _____

Subcode Approval

[] CO [] CCO [] CA

Approved by: _____

Date: 2/6/07

[] Elec. Plans Approved

[] Fire [] Elevator

[] Building [] Plumbing

Joint Plan Review Required:

Barrier-Free

Trench

Temp. Serv.

Const. Serv.

TCO

Other

Service

Final

Barrier-Free

PLAN REVIEW

No Plans Required

Initial

Date

Initial

INSPECTIONS

Dates (Month/Day)

Failure

Failure

Approval

Initial

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Est. Cost of Elec. Work \$ 191

Building Occupied as [] Pole/Pad # [] Temporary [] Other

Use Group Present Proposed

B. ELECTRICAL CHARACTERISTICS

Federal Emp. No. # 25-1666844

Contractor License No. 610 521-0375

610 521-6186 FAX

Guardian Protection Services

204 Diplomat Drive

Lester, PA 19113

610 521-0375

610 521-6186

Owner in Fee

Address

Work Site Location

Block

Lot

Qualification Code C 3013

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



ELECTRICAL SUBCODE

TECHNICAL SECTION



GUARDIAN

protection services

One of the Armstrong Group of Companies

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 _____

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

TOTAL NUMBERS

Pool Permit/with UV 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 1/4 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 \$

DATE RECEIVED 1/31/07 V BUILD

DATE ISSUED 2/2/07

PERMIT # 110107

GUARDIAN PROTECTION SERVICES

204 DIPLOMAT DRIVE

LESTER, PA 19113

610 521-0375

610 521-6186

FEDERAL EMP. NO. # 25-1666844

CONTRACTOR LICENSE NO. 610 521-0375

OWNER IN FEE

ADDRESS

WORK SITE LOCATION

BLOCK

LOT

QUALIFICATION CODE C 3013

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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 1/4 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 \$

DATE RECEIVED 1/31/07 V BUILD

DATE ISSUED 2/2/07

PERMIT # 110107

GUARDIAN PROTECTION SERVICES

204 DIPLOMAT DRIVE

LESTER, PA 19113

610 521-0375

610 521-6186

FEDERAL EMP. NO. # 25-1666844

CONTRACTOR LICENSE NO. 610 521-0375

OWNER IN FEE

ADDRESS

WORK SITE LOCATION

BLOCK

LOT

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KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 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 \$

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KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 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 \$

DATE RECEIVED 1/31/07 V BUILD

DATE ISSUED 2/2/07

PERMIT # 110107

GUARDIAN PROTECTION SERVICES

204 DIPLOMAT DRIVE

LESTER, PA 19113

610 521-0375

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HP Garbage Disposal

KW Central A/C Unit

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KW Baseboard Heat

HP Motors 1/4 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 \$

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HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 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 \$

DATE RECEIVED 1/31/07 V BUILD

DATE ISSUED 2/2/07

PERMIT # 110107

GUARDIAN PROTECTION SERVICES

204 DIPLOMAT DRIVE

LESTER, PA 19113

610 521-0375

610 521-6186

FEDERAL EMP. NO. # 25-1666844

CONTRACTOR LICENSE NO. 610 521-0375

OWNER IN FEE

ADDRESS

WORK SITE LOCATION

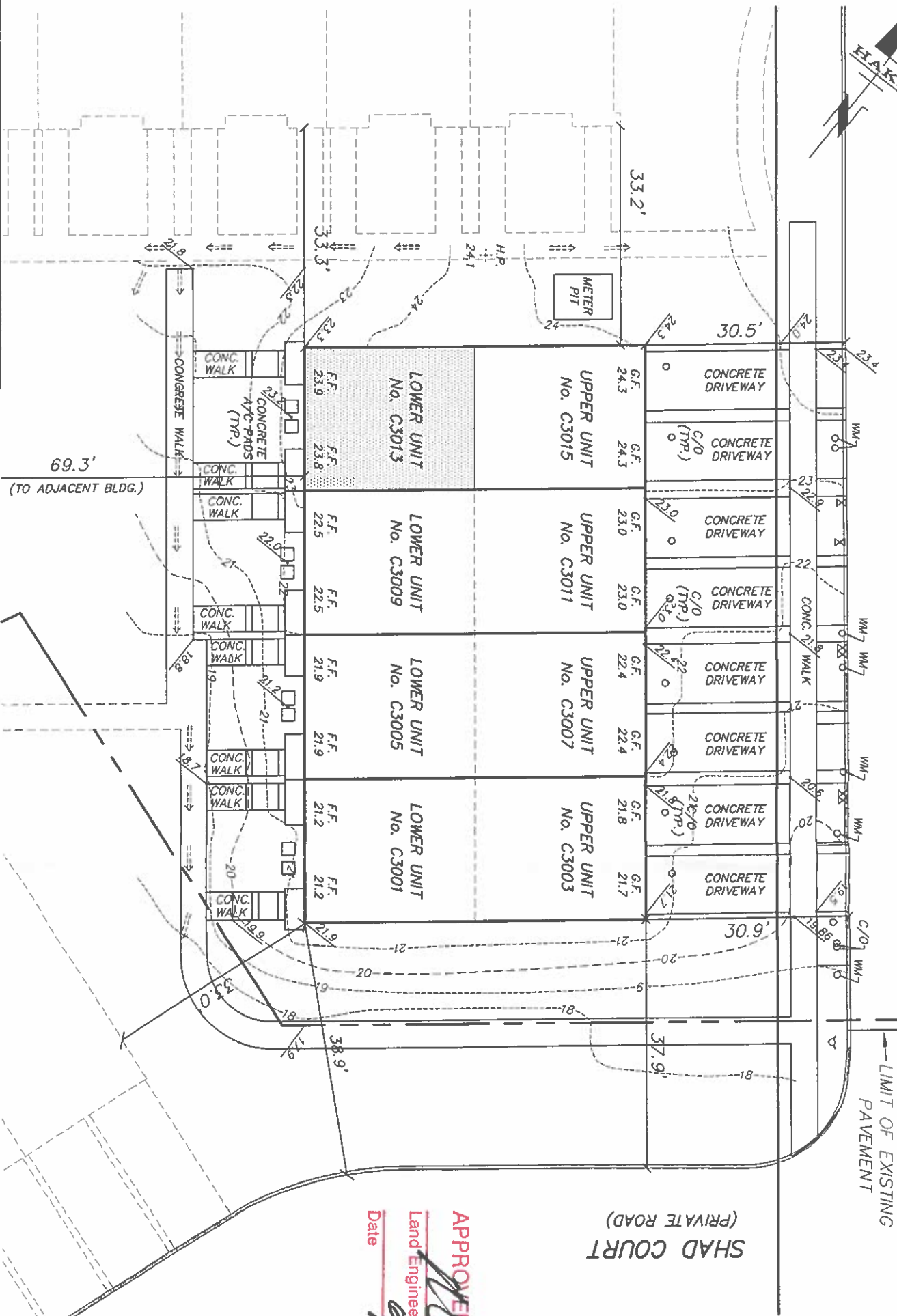
BLOCK

LOT

QUALIFICATION CODE C 3013

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

RIVER LANE
(50' R.O.W.)



NOTE:
THE LIMIT SHOWN ON THIS PLAN, TO DELINEATE THE UPPER UNIT FROM THE LOWER UNIT, IS FOR GRAPHIC PURPOSES ONLY, AND DOES NOT REPRESENT THE ACTUAL INTERIOR UNIT SEPARATION NOR THE ACTUAL AREA OF OWNERSHIP FOR EACH LEVEL.

THIS PLAN CONSTITUTES A CORRECT REPRESENTATION OF THE IMPROVEMENTS DESCRIBED.

JOHN SCHWEPENHEISER JR., P.E., L.S. & P.P.
NEW JERSEY LICENSE NO. 24190

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SHAD COURT
(PRIVATE ROAD)

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PAVEMENT

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 5. ALL BEARINGS ARE SHOWN IN DEGREES, MINUTES AND SECONDS.
 6. REFERENCES:
A PLAN ENTITLED "PLAN OF LOTS, FINAL MAJOR SUBDIVISION, PHASE III, RIVER'S EDGE AT DELANCO, PLATE 5, BLOCK 500, LOT 1.05, TOWNSHIP OF DELANCO, BURLINGTON COUNTY, NEW JERSEY" PREPARED BY KEY ENGINEERS, INC., DATED 3-17-03 AND LAST REVISED 4-22-05, AS FILED ON 9-2-05 AS MAP No. 4205530 IN THE BURLINGTON COUNTY CLERK'S OFFICE.
- A PLAN ENTITLED "AMENDED FINAL MAJOR SUBDIVISION PLAN, PHASE III, LOT 2, BLOCK 500.02, TAX MAP PLATE No. 5, FOR RIVER'S EDGE AT DELANCO, DELANCO TOWNSHIP, BURLINGTON COUNTY, NEW JERSEY" PREPARED BY HAKS ENGINEERS, P.C., DATED 7-24-06 AND LAST REVISED 2-8-07, AS FILED IN THE BURLINGTON COUNTY CLERK'S OFFICE ON 4/26/07 AS MAP No. 4439622.

APPROVED
Land Engineering & Survey Co.
Date 6/8/07

WM = WATER METER
GPO = CLEAN OUT

THIS SURVEY WAS PREPARED WITHOUT
THE BENEFIT OF A TITLE REPORT

PLAN OF SURVEY

N/F LOT 1 (TAX MAP) BLOCK 500.02 - BUILDING V UNIT No. C3013
LOT 2 (FILED MAP)

FOR
RIVER'S EDGE AT DELANCO
No. 13 RIVER LANE
DELANCO TOWNSHIP BURLINGTON COUNTY NEW JERSEY

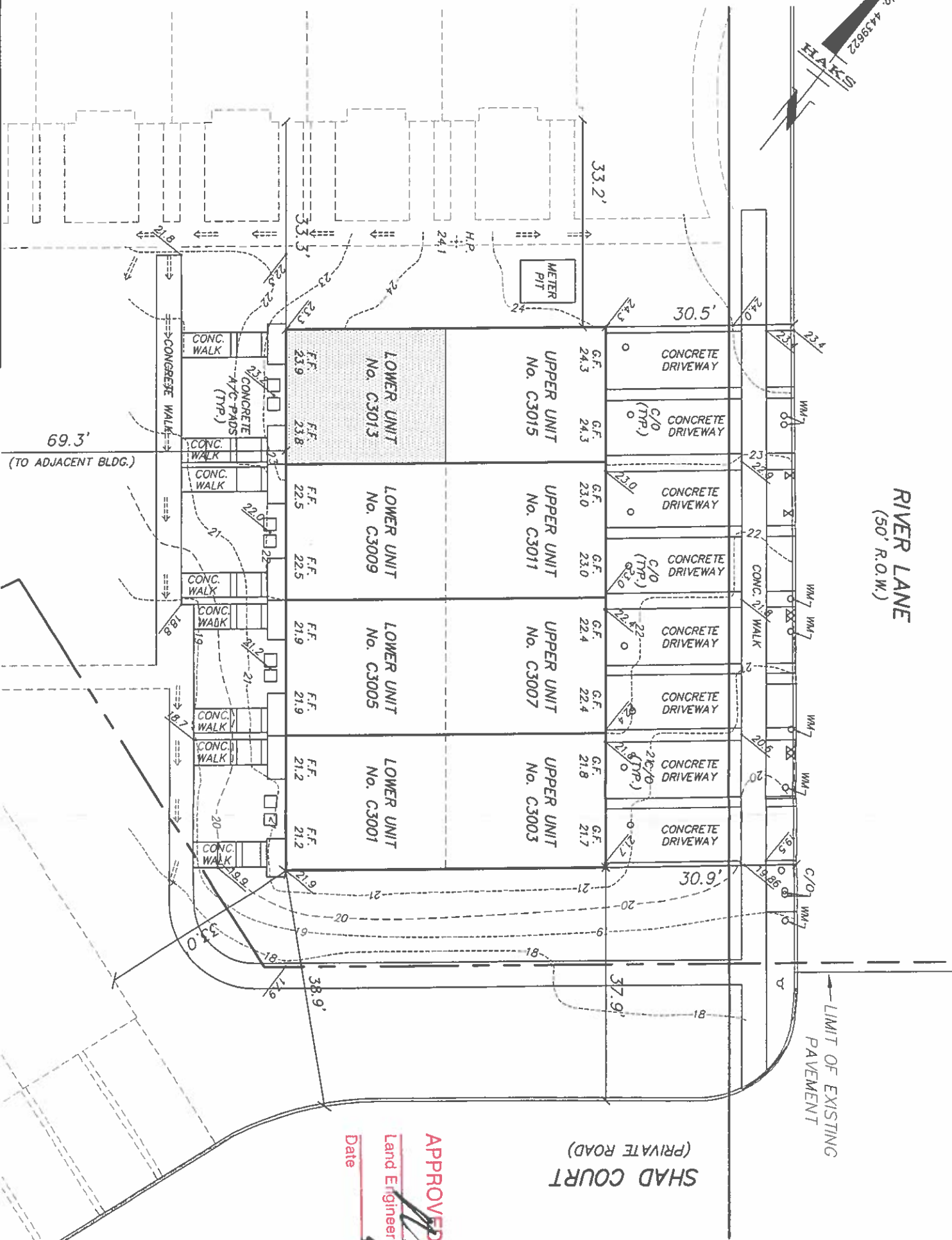
HAKS
HAKS ENGINEERS, P.C.
P.O. BOX 1028 (MAIL), 176 ROUTE 70 EAST
MEDFORD, NEW JERSEY 08055
Phone: (609) 654-0459 - Fax: (609) 654-0469
Website: www.haks.net

JOHN SCHWEPENHEISER JR., P.E., L.S. & P.P.
PROFESSIONAL ENGINEER & LAND SURVEYOR N.J. LIC. NO. 24190
PROFESSIONAL PLANNER N.J. LIC. NO. 2588
DATE: 5-25-07

DRAWN BY: LD ACD
CHECKED BY: J.S. JR.
SCALE: 1"=20'
JOB NO.: JM06-046
DRAWER NO.: BOOK
DWG. NO.: V001F

THIS SURVEY WAS PERFORMED TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEFS OF THE PROPERTY IN QUESTION, AND IN MY PROFESSIONAL OPINION, IS REPRESENTATIVE OF THE EXISTING CONDITIONS AS OF 5/24/07 (EXCEPT ANY EASEMENTS RECORDED AND/OR UNRECORDED WHICH MAY NOT BE VISIBLE ON THE SURFACE OF THE LAND.) ONLY COPIES FROM THE ORIGINAL OF THIS PLAN BEARING THE PROFESSIONAL LAND SURVEYOR'S EMBOSSED SEAL SHALL BE CONSIDERED VALID COPIES.

TO: RYAN HOMES.



NOTE:
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JOHN SCHWEPENHEISER JR., P.E., L.S. & P.P.
NEW JERSEY LICENSE NO. 24190

COPYRIGHT 2007 BY HAKS ENGINEER, P.C.

TO: RYAN HOMES.

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SHAD COURT
(PRIVATE ROAD)

LIMIT OF EXISTING
PAVEMENT

APPROVED
Land Engineering & Survey Co.
Date 4/6/07
WM = WATER METER
C/O = CLEAN OUT

THIS SURVEY WAS PREPARED WITHOUT
THE BENEFIT OF A TITLE REPORT

- NOTES:
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A PLAN ENTITLED "PLAN OF LOTS, FINAL MAJOR SUBDIVISION, PHASE III, RIVERS EDGE AT DELANCO, PLATE 5, BLOCK 500, LOT 1.05, TOWNSHIP OF DELANCO, BURLINGTON COUNTY, NEW JERSEY" PREPARED BY KEY ENGINEERS, INC., DATED 3-17-03 AND LAST REVISED 4-22-05, AS FILED ON 9-2-05 AS MAP No. 4205530 IN THE BURLINGTON COUNTY CLERK'S OFFICE.
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PLAN OF SURVEY

N/F LOT 1 (TAX MAP) BLOCK 500.02 - BUILDING V UNIT No. C3013
LOT 2 (FILED MAP)

FOR
RIVER'S EDGE AT DELANCO
No. 13 RIVER LANE
DELANCO TOWNSHIP BURLINGTON COUNTY NEW JERSEY

HAKS ENGINEERS, P.C.

HAKS

P.O. BOX 1028 (MAIL), 176 ROUTE 70 EAST
MEDFORD, NEW JERSEY 08055
Phone: (609) 654-0458 - Fax: (609) 654-0469
Website: www.haks.net

JOHN SCHWEPENHEISER JR., P.E., L.S. & P.P.
PROFESSIONAL ENGINEER & LAND SURVEYOR N.J. LIC. NO. 24190
PROFESSIONAL PLANNER N.J. LIC. NO. 2588

DATE: 5-25-07
DRAWN BY: JLD
CHECKED BY: JLD
REL. BY: JLD
JOB NO. JM06-046
DWC NO. V001F