Township Of Tabernacle
163 Carranza Rd
Tabernacle, NJ 08088
(609)268-1665 FAX *(609)268-7158*

Permit No. **20180258**
Control No. **14161**
Block/Lot 503.04/26.07
Date 9/13/18

Certificate of Approval

IDENTIFICATION

Block/Lot 503.04/26.07
Work Site Location 213 OAK LA

Owner in Fee/Occupant US BANK TRUST
Address 2711 N. HASKELL AVENUE
DALLAS, TX 75204

Telephone
Contractor FABCO INC.
Address 89 YELLOWBROOK RD.
FARMINGDALE, NJ 07727

Telephone (732)571-1004 FAX
Lic. No. or Bldrs. Reg. No. 0010528- 3/31/19
Federal Emp. No. 223548981

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

TANK DEMO 1/500 GAL. UST

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 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

Thomas K. Boyd, Construction Official

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

Permit Fee $ 60
Paid [ ] Check No. 2274
Collected by: LL

18-258

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 8-27-18

Date Issued
Permit # 20180258

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

Block 503.04 Lot 26.07 Qualification Code 14/61

Work Site Location 213 OAK LANE
TABERNACLE N.J.

Owner in Fee: US BANK TRUST

Tel. 856 266-6558 e-mail

Address 2711 N. HASKELL AVE DALLAS TX 75204
street municipality zip code

Contractor: FABCO Inc. Tel. 732 571-1004

Address 89 YELLOWBROOK RD. e-mail
FARMINGDALE N.J. 07727

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

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

Fire Alarm Contractor No. 0010528 Exp. Date 3/31/19

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3574-8981 FAX: 732 571-1973

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ 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 $ 2,700.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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: 8/28/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/12/18
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			9/12/18	✓
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: ROB BEAM

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REMOVE 500 GAL UST

Water Supply Source

Method of Alarm/Suppression System Supervision

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

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

Board of Chosen Freeholders
County of Burlington
New Jersey

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard
P.O. Box 6000
Mount Holly, NJ 08060

Tele: (609) 265-5548
Fax: (609) 265-5541

MAR 3 1 2005

FILE
BLOCK
LOT

MARCH 28, 2005

President and Members
Board of Health
TABERNACLE TWP.

Re: Septic Repair Application Rep 44-05
Block 503.04 Lot 26.07
NEEDLEMAN
TABERNACLE TWP.

Gentlemen:

Pursuant to instructions, a final inspection of the repair/restoration to the individual subsurface sewage disposal system referred to above was conducted on 3-24-05.

Our findings indicate that the repair/restoration of said system was found to be in substantial compliance with the approved application and plans.

Should have any questions concerning this matter you may contact the undersigned.

Sincerely,

MICHAEL C GAVIO
PRINCIPAL SANITARY INSPECTOR
609-265-3735

bk
c Construction Code Official
Owner
file

Board of Chosen Freeholders
County of Burlington
New Jersey

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard, Westampton
P.O. Box 6000
Mount Holly, N.J. 08060

MAR 28 2005

Tele: (609) 265-5548
Fax: (609) 265-5541

MARCH 23, 2005

RANDY NEEDLEMAN
213 OAK LANE
TABERNACLE NJ 08088

Re: Repair Septic Application Rep 44-05
Block 503.04 Lot 26.07
TABERNACLE TWP.

Your application for the repair/restoration of the existing septic system on the property referenced above has been approved. Any defective parts, upon being repair or replaced, are to be left exposed in order that a representative form this Department may inspect and approve the work performed, when required. Where possible, a request for such inspection shall be make to this Department no later than 72 hours prior to the date of repair. It is the applicant's responsibility to obtain any applicable municipal permits.

NO CHANGE IN THE PLAN SHALL TAKE PLACE WITHOUT PRIOR APPROVAL FROM THIS DEPARTMENT.

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to insure that your building contractor, plumber, and/or installer of the system are made aware of this approved plan prior to the beginning of any repairs. It is also your responsibility to insure beginning of any repairs. It is also your responsibility to insure that the system is repaired in strict accordance with this approved plan. Any unauthorized deviation from the plan will render this application NULL AND VOID, and could result in legal action being instituted in municipal court against all parties concerned.

Should you have any questions you may contact the undersigned.

Sincerely,

Michael C. Gavio
Principal Sanitary Inspector
609-265-3735

bk
c: Construction Code Official
Board of Health
file

form BCHD90/1 *BCHD Application Number* REP44-05 *Date* ______

BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD, WESTAMPTON
P O BOX 6000 MOUNT HOLLY, NEW JERSEY 08060

APPLICATION FOR APPROVAL TO REPAIR OR REPLACE COMPONENTS TO EXISTING SEPTIC SYSTEM

1. Location of Project:
   Municipality Tabernacle Block: 503.01 Lot: 26.07
   Street Address 213 Oak La Tabernacle, N.J. Zip 08088
2. Name of Applicant (print): Randy Marshman
3. Applicant's Present Address: Same 4. Phone number: 859-0362
5. Type of Facility: ☑ Residential ☐ Commercial/Institutional
6. Name of Installer (print) A+L Septic Serv 7. Phone Number: 268-6411
8. I hereby certify that the information furnished above on this Septic Repair/Replace application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Owner/Applicant ______ Date 3-22-05

Signature of Installer ______ Date 3-22-05

FOR AGENCY USE ONLY

☐ Application Denied - Reason For Denial/Citation Of Rules Violated: ______

☑ Application Approved ☐ Application Approved Subject To Approval By NJDEP
Date of Action 3/22/05 Signature of Authorized Agent ______
Name & Title M. C. Gavin, P.S.I.

GENERAL INFORMATION:

Reason for Repair Bad D-Box, To Replace D-Box

How Old is System 17 Has System Had Any Previous Malfunction? ☐ Yes ☑ No

If Yes, Briefly Explain Type of Malfunction and When It Occurred ______

Is Property for Sale? ☐ Yes ☑ No

Check Off All Components Of System To Be Replaced: ☐ Filter Fabric ☑ D-Box

☐ Distribution Laterals ☐ Stone ☐ Tank

Enlargement and/or soil replacement is **not** allowed under a repair approval. The services of a N.J. licensed engineer must be employed for soil evaluation and application submitted to this Department for any enlargement and/or soil replacement of septic systems.

Removal of bio-mat build-up **is** allowed under a repair application.

Repairs to cesspools are **not** allowed.

Include a sketch with this application showing the lot and approximate location of system.

REP/rev9/03

APPROVED
AS BEING IN SUBSTANTIAL COMPLIANCE WITH CHAPTER 199, P.L. 1954
BY ______
DATE 3/22/05
BURLINGTON COUNTY HEALTH DEPARTMENT
COUNTY NUMBER REP44-05

APPROVED

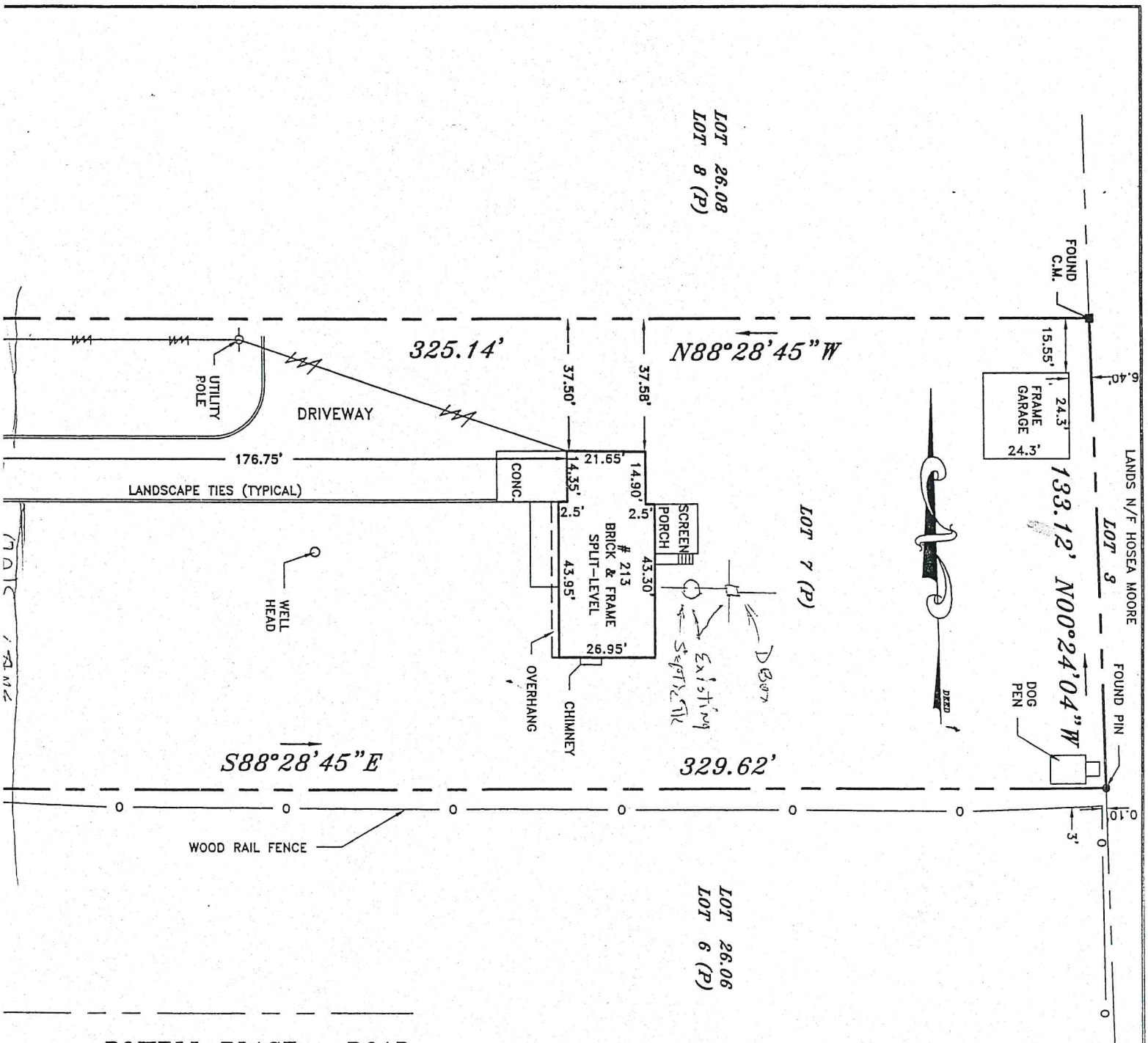
AS BEING IN SUBSTANTIAL COMPLIANCE WITH CHAPTER 199, P.L. 1954

BY _____

DATE 3/22/05

BURLINGTON COUNTY HEALTH DEPARTMENT

COUNTY NUMBER R EP44-05



REV.	DATE	DESCRIPTION	ENGINEER/SURVEYOR

AMERICAN ABSTRACT & SEARCH INC.

CITIZENS FINANCIAL MORTGAGE INC. ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR.

TO THE OWNER RANDY E. NEEDLEMAN & LISA A. NEEDLEMAN TO THE INSURER OF TITLE RELYING HEREON, IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY IN ACCORDANCE WITH THE DESCRIPTION FURNISHED, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS NOT VISIBLE) AS AN INDUCEMENT FOR THE INSURER OF TITLE TO TO THE LANDS AND PREMISES SHOWN HEREON.
THIS RESPONSIBILITY LIMITED TO THE CURRENT MATTER AS OF THE DATE OF THIS SURVEY.
NOTE: PROPERTY CORNERS SET PER CONTRACTUAL AGREEMENT.

JAMES T. SAPIO
PROFESSIONAL LAND SURVEYOR
N. J. LIC. 17780

1-21-05
DATE

SURVEY OF PREMISES

213 OAK LANE

LOT: 26.07 BLOCK: 503.04 PLATE: 5.03

SITUATE:

TOWNSHIP OF TABERNACLE
COUNTY OF BURLINGTON, NEW JERSEY

DATE: 3-17-86	DRAWN BY: D.S.	SHEET No. 1 OF 1
SCALE: 1"=40'	CHECKED BY: C.D.	PROJECT No. 86-261

JTS ENGINEERS AND LAND SURVEYORS, INC.
AUTHORIZATION CERT. #24GA28018700 EXP. 08/31/2006

19 STRATFORD AVENUE, STRATFORD, N.J. 08084
(856) 783-0055

H:\BURLINGTON\TABERNACLE\503.04 LOT 26.07\dwg\213 OAK LANE.dwg

Rec 4-4-05