BLOCK 186 LOT 50 QUALIFICATION CODE 910395 ADDRESS (SITE) 28 Clover St PERMIT NO. 13-0836

No CK

CONSTRUCTION PERMIT APPLICATION

CLOSED

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 28 Clover St Browns Mills 08015
2. Name of Owner in Fee: Allen Reigert
   Tel. [redacted] e-mail
   Address Same (street) Pemberton Twp (municipality) (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: 1 800 Heaters Inc Tel. (732) 970-8074
   Address 2 Gourmet Lane, Unit G & H e-mail
   Edison, NJ 08837
   License No. OR, if new home, Builder Reg. No. 12352 Exp. Date 6/30/2015
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH05509300
   Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. (____) ____ FAX: (____) ____
6. Responsible Person in Charge once Work has Begun Leonard Gerardo
   Tel. (732) 970-8074 FAX: (732) 417-0695

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	50		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	25		
13. TOTAL	$ 77		

00149_041513 20130836 SF 3643 *0001LJTA*

VI. BUILDING/SITE CHARACTERISTICS

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 ____

(office use)

50

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing					10/30/13	BS			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

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:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present ____ Proposed ____

150

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

* Water heater replacement

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 **1 800 Heaters Inc**

Address **2 Gourmet Lane, Unit G & H**

Edison, NJ 08837

Telephone (**732**) **970-8074**

Signature L Gerardo

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

TOWNSHIP OF PEMBERTON
500 PEMB-BROWNS MILLS RD
PEMBERTON, NJ 08068
609-8943330

CERTIFICATE
IDENTIFICATION

Date Issued: 12/12/2013
Control #: 910395
Permit #: 20130836

Block: 186 Lot :50

Work Site Location: 28 CLOVER ST
BROWNS MILLS

Owner in Fee: ALLEN REIGERT

Address: 28 CLOVER ST
BROWNS MILLS NJ 08055

Telephone: [redacted]

Agent/Contractor: 1 800 HEATERS

Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837

Telephone: 732 417-0099

Lic. No./ Bldrs. Reg.No.: 12352 Federal Emp. No.: 20-4463685

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
REPLACE HWH

Update Desc. of Wk/Use:

[ ] **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

James B Foran

Jim Foran Construction Official

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

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF PEMBERTON

11-4-13

PLUMBING SUBCODE TECHNICAL SECTION Date Received: 10/28/2013 Date Issued:

Control #: 910395 Permit #: 013-0836

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

Block: 186 Lot: 50 Qualification Code:

Work Site Location: 28 CLOVER ST

Owner in Fee : ALLEN REIGERT

Address : 28 CLOVER ST
BROWNS MILLS NJ 08055

Email:

Telephone: [redacted]

Contractor: 1 800 HEATERS
ATTN:

Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837

Telephone: (732) 417-0099
Fax: (732) 417-0695

E-mail:

Contractor License No.: 12352 Expiration Date: Federal Emp. No.: 20-4463685

Home Improvement Registration No. or Exemption Reason: 13VH05509300

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $921.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $921.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12-9-13

Approved by: BC

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	12-4-13		12-9-13	BC
Chimney Cert.				
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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
REPLACE HWH

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$13.00
	Fuel Oil Piping	
1	Gas Piping	$13.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	$25.00
Minimum Fee	$58.00
State Permit Surcharge Fee	$2.00
TOTAL FEE	$67.00

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

TOWNSHIP OF PEMBERTON
500 PEMB-BROWNS MILLS RD
PEMBERTON, NJ 08068
609 - 8943330

13-0836
Control Number: 910395
Application Date: 10/28/2013
11/4/13

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 186 Lot: 50 Qualification Code:
Work Site Location: 28 CLOVER ST BROWNS MILLS

Owner In Fee: ALLEN REIGERT
Address: 28 CLOVER ST
BROWNS MILLS NJ 08055
Telephone: [redacted]

Use Group(s): R-5

Contractor: 1 800 HEATERS
Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837
Telephone: (732) 417-0099
Lic. No. / Bldrs. Reg. No.: 12352
Federal Emp. No.: 20-4463685

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
REPLACE HWH

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	921.00
Cost of Demolition:	0.00
Total Cost:	$921.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$65.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$67.00**
All Fees Waived:	No

Amount to be Paid: **$67.00**

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.

James B Foran
Jim Foran
Construction Official

10-30-13
Date

Note:

TOWNSHIP OF PEMBERTON

11-4-13

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 10/28/2013 Date Issued:

Control #: 910395 Permit #: 0 13-0836

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

Block: 186 Lot: 50 Qualification Code:

Work Site Location: 28 CLOVER ST

Owner in Fee : ALLEN REIGERT

Address : 28 CLOVER ST
BROWNS MILLS NJ 08055

Email:

Telephone: [redacted]

Contractor: 1 800 HEATERS
ATTN:

Address: 2 GOURMET LANE UNIT G
EDISON NJ 08837

Telephone: (732) 417-0099
Fax: (732) 417-0695

E-mail:

Contractor License No.: 12352 Expiration Date: Federal Emp. No.: 20-4463685

Home Improvement Registration No. or Exemption Reason: 13VH05509300

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $921.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $921.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
REPLACE HWH

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$13.00
	Fuel Oil Piping	
1	Gas Piping	$13.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	$25.00
Minimum Fee	$58.00
State Permit Surcharge Fee	$2.00
TOTAL FEE	$67.00

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
Control #

Date Issued
Permit #

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

Block 186 Lot 50 Qualification Code

Work Site Location 28 Clover St
Browns Mills NJ 08015

Owner in Fee: Allen Reigert

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: 1 800 Heaters Inc Tel. (732) 970-8074

Address 2 Gourmet Lane, Unit G & H e-mail
Edison, NJ 08837

Contractor License No. 12352 Exp. Date 6/30/2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300

Federal Emp. ID No. 20-4463685 FAX: (732) 417-0695

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 $ 921-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: 10/30/13 Approved by: GB
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-30-13
Approved by: GB

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

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: L Gerardo

Print name here: Leonard Gerardo

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: **Replacement Hot Water Heater**

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	
1	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 186 LOT 50 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 28 Clover St

Owner in Fee Allen Reigert

Verifying Individual Leonard Gerardo Company 1 800 Heaters Inc

Address 2 Gourmet Lane, Unit G & H (Street) Edison (City) NJ (State) 08837 (Zip Code)

Tel: (732) 970-8074 Fax: (732) 417-0695

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size 4"

- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Water heater	Oil / (Gas) / Other:	36,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

L Gerardo _____
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

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.				

10-31-13 lgt Msg w/ [illegible]

186/ BLOCK 50 (AKA 50-53) LOT 186 CONTROL NO. 910071 ADDRESS (SITE) _____ PERMIT NO 13-0577

TOWNSHIP OF PEMBERTON
Department of Inspections
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068-1539
(609) 894-3330

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION CLOSED

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

I. IDENTIFICATION

1. Proposed Work Site at: 28 CLOVER STREET
2. Name of Owner in Fee: DUN WRIGHT LLC Tel. [redacted]
   Address 17 CARLEN COURT (street) MEDFORD (municipality) NJ 08055 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: SELF Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

DR# 3285680 60

PROJECT INSPECTION FOR ELECTRIC

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 39-	79-	
2. Electrical		45-	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% forState Plan Review			
8. Subtotal	$		
9. DCA Training Fee	1-	2-	
10. Contractor Reg.	$		
11. Cert. of Occupancy		120	
12. Administration Fees	26-	79-	
13. TOTAL	$ 66	325	325

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		

OPTIONAL (for office use only)

II. PROPOSED WORK	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									
5. ☐ Fire Protection									
6. ☑ Plumbing					10-4-13	BK			
7. ☑ Electrical	300				24/Aug 13	CAD			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: SFD
2. Use Group: R5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	1	
After Construction	1	
Net Gain or Loss	0	

B. NON-RESIDENTIAL
1. State Specific Use:
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

U.C.C. F100-1 (rev. 12/03)

3643 00149_041513 20130571 SF *0001LJTB*

186 - 50

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 8-13-15

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 NASSEF GUIRGUIS

Address 17 CORLEN COURT

MEDFORD, NJ 08055

Telephone [redacted]

Signature _____

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

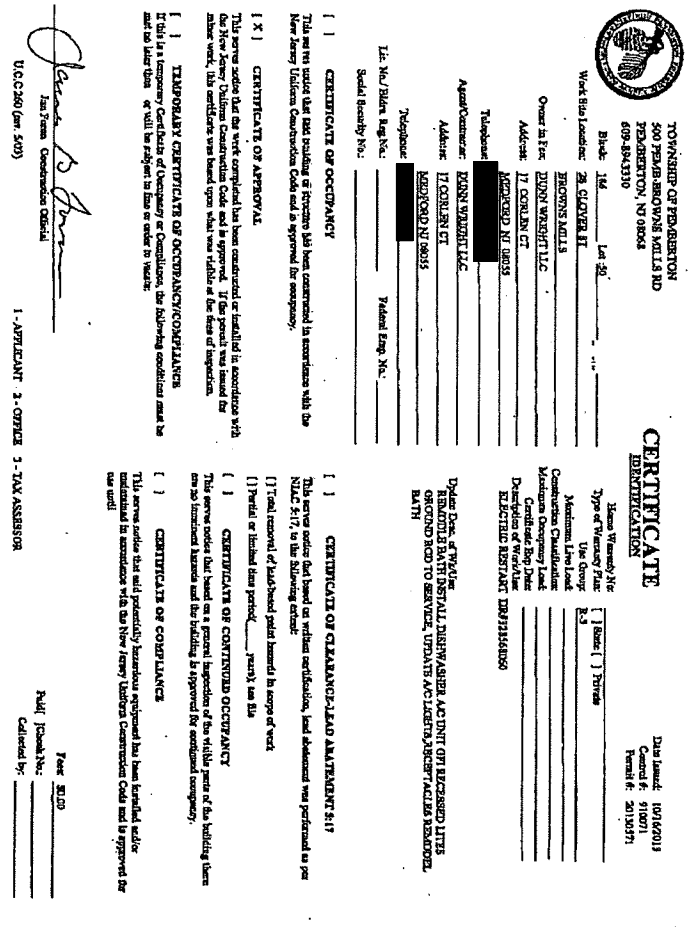
* * * Communication Result Report (Oct. 18. 2013 10:08AM) * * *

1)
2)

Date/Time: Oct. 18. 2013 10:07AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1085	Memory TX	18567971677	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax



TOWNSHIP OF FEDERATION
500 FEDERATION MILLS RD
FEDERATION, NJ 08068
609-854-3330

CERTIFICATE
IDENTIFICATION

Date Issued: 10/16/2013
Control #: 910071
Permit #: 20130571

Block: 104 Lot: 30

Name Warranty Plc
Type of Warranty Plan: [ ] Basic [ ] Premium
Use Group: R-3
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Description of Work Done:
ELECTRIC RESTART ID#3135681060

Work Site Location: 28 CLOVER ST
FEDERATION MILLS
Owner in Fee: DUNN WRIGHT LLC
Address: 17 CORLEN CT
MEDFORD NJ 08055
Telephone: [redacted]
Agent/Contractor: DUNN WRIGHT LLC
Address: 17 CORLEN CT
MEDFORD NJ 08055
Telephone: [redacted]
Lic. No./Elect. Reg.No.: _____
Patent Engr. No.: _____
Social Security No.: _____

Update Done of Work:
REMODLE BATH INSTALL DISHWASHER ADD DNT OFI RECESSED LITES
GROUND RCD TO SERVICE, UPDATE A/C LICETE,ARCHT ACCESS REMODEL BATH

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that this building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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

[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.

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met for later date or will be subject to fine or order to vacate:

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

Fee: $0.00
Paid[ ]Check No: _____
Collected by: _____

Ian Fenn Construction Official

UCC 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF PEMBERTON
500 PEMB-BROWNS MILLS RD
PEMBERTON, NJ 08068
609-8943330

CERTIFICATE
IDENTIFICATION

Date Issued: 10/16/2013
Control #: 910071
Permit #: 20130571

Block: 186 Lot :50

Work Site Location: 28 CLOVER ST
BROWNS MILLS

Owner in Fee: DUNN WRIGHT LLC

Address: 17 CORLEN CT
MEDFORD NJ 08055

Telephone: [redacted]

Agent/Contractor: DUNN WRIGHT LLC

Address: 17 CORLEN CT
MEDFORD NJ 08055

Telephone: [redacted]

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

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
ELECTRIC RESTART DR#328568060

Update Desc. of Wk/Use:
REMODLE BATH INSTALL DISHWASHER A/C UNIT GFI RECESSED LITES GROUND ROD TO SERVICE, UPDATE A/C LIGHTS,RECEPTACLES REMODEL BATH

[ ] **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

Jim Foran Construction Official

Fees: $0.00
Paid[ ]Check No.: _____
Collected by: _____

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

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF PEMBERTON

Date Received: 07/23/2013 Control #: 910071 Date Issued: 8/2/13 Permit #: 0 13-0571

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

Block: 186 Lot: 50 Qualification Code:

Work Site Location: 28 CLOVER ST

Owner in Fee: DUNN WRIGHT LLC

Address: 17CORLEN CT
MEDFORD NJ 08055

E-mail:

Telephone: [redacted]

Contractor: DUNN WRIGHT LLC

Address: 17 CORLEN CT
MEDFORD NJ 08055

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

DESCRIPTION OF WORK:
ELECTRIC RESTART DR#328568060

Telephone: [redacted]

Fax:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $300.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $300.00

Job Summary(Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ]CO [ ]CCO [X]CA

Date: 16 Oct 13

Approved by: CA Dukes

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service			10/16/13	CAD
Final			16 Oct 13	CAD
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue			16 Oct 13	
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 Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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 Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	100.00	AMP Service	$58.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	$26.00
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$66.00

U.C.C.F120(rev. 11/09)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF PEMBERTON

Date Received: 10/02/2013 Control #: 910303 Date Issued: 10/8/13 Permit #: 20130571 - 1

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

Block: 186 Lot: 50 Qualification Code:

Work Site Location: 28 CLOVER ST

Owner in Fee: DUNN WRIGHT LLC

Address: 17CORLEN CT
MEDFORD NJ 08055

E-mail:

Telephone: [redacted]

Contractor:

Address:

E-mail:

Telephone:

Fax:

DESCRIPTION OF WORK:
REMODLE BATH INSTALL
DISHWASHER A/C UNIT GFI
RECESSED LITES GROUND ROD TO SERVICE

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $700.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $700.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 16oct13
Approved by: CA Deiss

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			16oct13	CA
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
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 Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 11	
		Pool Permit/with UW Lights	$45.00
		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	
1	6.00	KW Central A/C Unit	$13.00
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
1	30.00	AMP Subpanels	$58.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge Minimum Fee	$51.00
State Permit Surcharge Fee	$1.00
TOTAL FEE	$131.00

U.C.C.F120(rev. 11/09)

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

* * * Communication Result Report (Oct. 16. 2013 8:35AM) * * *

1)
2)

Date/Time: Oct. 16. 2013 8:34AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1073	Memory TX	J C P & L	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

CUT-IN-CARD

MUNICIPALITY Pemberton Twp
LOCATION 28 Clover St UTILITY CO JCP&L
Browns Mills BLK 186 LOT 50
OWNER Dunn Wright LLC OCCUPANT SFD - Vacant

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

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 100 A 1ϕ OH Restored
INSTALLED BY Dunn Wright LLC LICENSE NO
DATE 16 Oct 13 PERMIT # 13-0571 INSPECTOR [signature]
☐ CALLED IN / / I.D. No. 009440

N.E.C. Form F-0000 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

DR# 328-528-060

CUT-IN-CARD

MUNICIPALITY Pemberton Twp

LOCATION 28 Clover St UTILITY CO JCP&L

Browns Mills BLK 186 LOT 50

OWNER Dunn Wright LLC OCCUPANT SFD - Vacant

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

☑ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100A 1φ OH Restard

INSTALLED BY Dunn Wright LLC LICENSE NO ____

DATE 16 Oct 13 PERMIT # 13-0571 INSPECTOR [signature]

☐ CALLED IN / / Lic. No: 009440

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

DR# 328-568-060

TOWNSHIP OF PEMBERTON

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 10/02/2013 Date Issued: 10/8/13

Control #: 910303 Permit #: 20130571 - 1

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

Block: 186 Lot: 50 Qualification Code:

Work Site Location: 28 CLOVER ST

Owner in Fee : DUNN WRIGHT LLC

Address : 17 CORLEN CT
MEDFORD NJ 08055

Email:

Telephone: [redacted]

Contractor:

Address: Telephone:
Fax:

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $600.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 10-16-13

Approved by:

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10-16-13	BH
Chimney Cert.				
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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
REMODLE BATH INSTALL DISHWASHER A/C UNIT GFI RECESSED LITES GROUND ROD TO SERVICE

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$13.00
	Urinal/Bidet	
1	Bath Tub	$13.00
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	$13.00
1	Dishwasher	$13.00
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
1	Air Conditioning	$13.00
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	$28.00
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$74.00

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

* * * Communication Result Report (Oct. 15. 2013 8:49AM) * * *

1)
2)

Date/Time: Oct. 15. 2013 8:48AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1067	Memory TX	8935858	P. 2	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

TOWNSHIP OF PEMBERTON
500 PEMB-BROWNS MILLS RD
PEMBERTON, NJ 08068
609 - 8943330

Update 13-0571

Control Number: 910303
Application Date: 10/02/2013
10/8/13

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 186 Lot: 50 Qualification Code:
Work Site Location: 28 CLOVER ST BROWNS MILLS

Owner In For: DUNN WRIGHT LLC
Address: 17 CORLEN CT
MEDFORD NJ 08055
Telephone: [redacted]

Use Group(s): R-5

Contractor: DUNN WRIGHT LLC
Address: 17 CORLEN CT
MEDFORD NJ 08055
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter if only)

DESCRIPTION OF WORK:
REMODLE BATH INSTALL DISHWASHER A/C UNIT GFI RECESSED LITES GROUND ROD TO SERVICE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,300.00
Cost of Demolition:	0.00
Total Cost:	$1,300.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$130.00
Plumbing	$73.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$120.00
CCO Fee	
Minimum Fee	
Total	$325.00
All Fees Waived:	No

Amount to be Paid: $325.00

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

Jim Ryan
Construction Official

10-7-13
Date

Note:

TOWNSHIP OF PEMBERTON
500 PEMB-BROWNS MILLS RD
PEMBERTON, NJ 08068
609 - 8943330

Update 13.0571

Control Number: 910303
Application Date: 10/02/2013
10/8/13

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 186 Lot: 50 Qualification Code:
Work Site Location: 28 CLOVER ST BROWNS MILLS

Owner In Fee: DUNN WRIGHT LLC
Address: 17 CORLEN CT
MEDFORD NJ 08055

Telephone: [redacted]

Use Group(s): R-5

Contractor: DUNN WRIGHT LLC
Address: 17 CORLEN CT
MEDFORD NJ 08055

Telephone: [redacted]

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
REMODLE BATH INSTALL DISHWASHER A/C UNIT GFI RECESSED LITES GROUND ROD TO SERVICE

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	1,300.00
Cost of Demolition:	0.00
Total Cost:	$1,300.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$130.00
Plumbing	$73.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$120.00
CCO Fee	
Minimum Fee	
Total	**$325.00**
All Fees Waived:	No

Amount to be Paid: **$325.00**

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.

James B Foran 10-7-13

Jim Foran
Construction Official

Date

Note:

10/8/13

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF PEMBERTON

Date Received: 10/02/2013 Control #: 910303 Date Issued: Permit #: 20130571 - 1

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

Block: 186 Lot: 50 Qualification Code:

Work Site Location: 28 CLOVER ST

Owner in Fee: DUNN WRIGHT LLC

Address: 17CORLEN CT
MEDFORD NJ 08055

E-mail:

Telephone: [redacted]

Contractor:

Address:

E-mail:

Telephone:

Fax:

DESCRIPTION OF WORK:
REMODLE BATH INSTALL
DISHWASHER A/C UNIT GFI
RECESSED LITES GROUND ROD TO SERVICE

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $700.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $700.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] 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
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 Issue				
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 Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 11	
		Pool Permit/with UW Lights	$45.00
		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	
1	6.00	KW Central A/C Unit	$13.00
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
1	30.00	AMP Subpanels	$58.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge Minimum Fee	$51.00
State Permit Surcharge Fee	$1.00
TOTAL FEE	$131.00

U.C.C.F120(rev. 11/09)

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

10/8/13

TOWNSHIP OF PEMBERTON

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 10/02/2013 Date Issued:

Control #: 910303 Permit #: 20130571 - 1

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

Block: 186 Lot: 50 Qualification Code:

Work Site Location: 28 CLOVER ST

Owner in Fee : DUNN WRIGHT LLC

Address : 17 CORLEN CT
MEDFORD NJ 08055

Email:

Telephone: [redacted]

Contractor:

Address: Telephone:
Fax:

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $600.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
REMODLE BATH INSTALL DISHWASHER A/C UNIT GFI RECESSED LITES GROUND ROD TO SERVICE

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$13.00
	Urinal/Bidet	
1	Bath Tub	$13.00
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	$13.00
1	Dishwasher	$13.00
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
1	Air Conditioning	$13.00
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	$28.00
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$74.00

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

Update 13.0571

PERMIT REQUEST FORM

Date Received: 10/2/13

[Office use Only] [Please Print]

Control Number: 9 10303

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone Numbers, Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION , WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block : _____ Lot : _____ Agent: _____

Work Site Location: 28 Clover Address : _____

Owner In Fee : Dunwright Properties _____

Address : 17 Collen CT Telephone : _____ Fax : _____

Medford NJ 08055 LicenseNo : _____ Fed Id Number: _____

Telephone : [redacted] Is this a rental property ? [ ]-Yes [ ] - No Number of Tenants: _____

BUILDING SECTION

Description Of Work:

[ ] New Building [ ] Sign _____ Sq.Ft Contractor _____

[ ] Addition [ ] Pool Address _____

[ ] Alteration [ ] Asbestos Abatement Subchapter 8 Phone _____

[ ] Roofing [ ] Lead hazard Abatement N.J.A.C. 5:17 Lic. No. _____ Fed. Emp. No. _____

[ ] Siding [ ] Demolition

[ ] Fence [ ] Other

Ht _____ (Exceeds 6')

Est Cost Of Bldg. Work:

1. New Bldg $_____ 3. Demolition $_____

2. Alteration $_____ 4. Total(1+2+3) $_____

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

X _____

(Signature)

Office Use Only

Plan Review Date Initial

[ ] No Plans Reqd _____ _____

[ ] All _____ _____

[ ] Footing _____ _____

[ ] Foundation _____ _____

[ ] Frame _____ _____

[ ] Other _____ _____

Joint Plan review Required:

[ ] Elec [ ] Plumb [ ] Fire

Cubic Ft: _____

Square Ft: _____

% Land Distributed _____

PLUMBING SECTION

Description Of Work: Remodel BATH New Vanity, Tub, & Tiles Install Dishwasher, Swt, AC Unit

No.	Fixture/Equipmt	No.	Fixture/Equipmt
1	Water Closet		LPGas Tank
1	Urinal Bidet		Steam Boiler
1	Bath Tub		Hot water Boiler
	Lavatory		Sewer Pump
	Shower		Interceptor/Separator
	Floor Drain		Back flow Preventor
1	Sink		Greasetrap
1	Dishwasher	1	Residential A/C Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bib		Stacks
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

Estimated Cost of Plumbing Work: $ 600.00

Contractor Duane Aretz

Address 428 Evesboro / Medford Rd Marlton NJ 08053

Phone 856-985-6163

Lic. No. 398 Fed. Emp. No. _____

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

X _____

Applicant's Signature/Contractor's Seal and Signature

Office Use Only

Joint Plan Review Required: [ ] No Plans Required

[ ] Building [ ] Electric [ ] Plumbing Plans Approved

[ ] Fire [ ] Elevator

Date: 10-4-13 Approved By: _____

FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type: [ ] Flamm.Liquid [ ] Comb Liquid

[ ] LPG [ ] LNG

Alarm Systems [ ] 110v Interconnected [ ] System

_____Alarm Devices (i.e, smoke, heat, pulls, waterflow)

_____Supervisory Devices (i.e. tampers, low/high air)

_____Signalling Devices (i.e, horn, strobes, bells)

_____Other Devices _____

Suppressoin 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

_____ C02 Suppression

_____ Foam Suppression

_____ Halon Suppression

_____Other_____

____Kitchen Hood Exh Sys

____Smoke Control System

___ Gas [ ] or Oil [ ] Fired Appl.

Estimated Cost Of Fire Protection Work : $ _____

Contractor _____

Address _____

_____

Phone _____

Lic. No. _____ Fed. Emp. No._____

Fire Protection Cert. No. _____

Security Alarm Cert. No._____

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

X _____

Applicant's Signature/Contractor's Seal and Signature

Office Use Only [ ] No Plans Required

Joint Plan Review Required: [ ] Fire Plans Approved

[ ] Building [ ] Plumbing Date: _____

[ ] Electric [ ] Fire Approved By:_____

ELECTRICAL SECTION

Description Of Work: ADD 30 amp A/C LINE, ADD GFI by A/C, ADD GROUNDS TO WATER HEATER 9103 VL
TO RECESSED LIGHTS, ADD GROUND ROD TO existing SERVICE

QTY.	SIZE	ITEMS
10		Lighting Fixtures
✓		Receptacles
		Switches
		Detectors
		Light Poles
		Motors-Fract.HP
		Emergency & Exit Lights
		Communication Points
		Alarm Devices F.A.C Panel
		Other _____
		TOTAL NUMBERS
		Pool Permit/w Uw Lights
		Storable Pool/Spa/Hot Tub
		KW Elec.Range /Receptacle
		KW Oven/Surface Unit

QTY.	SIZE	ITEMS
		KW Elec.Water Heater
		KW Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
1	16	KW Central A/c Unit
		HP/KW Space Htr/Air Handler
		KW Base Board Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
1	30	AMP SubPanels
		AMP Motor Control Center
		KW Elec Sign/Outline Light Unit
		Other ground rod
		Other _____

Contractor MEGA Electric

Address 408 MAIN LANE
Warminster PA 18974

Phone 856 262 2652

Lic. No. 16576 Fed. Emp. No. 463514687

Irrigation Cert. No. _____

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

X _____

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Elec Contractor [ ] Exempt Applicant

Office Use Only [✓] No Plans Required

Joint Plan Review Required: [ ] Electric Plans Approved Approved

[ ] Building [ ] Electric

[ ] Fire [ ] Plumbing

Date : 04/04/13 Approved By: CA Burke

Estimated Cost Of Electric Work : $ 760.00

TOWNSHIP OF PEMBERTON
500 PEMB-BROWNS MILLS RD
PEMBERTON, NJ 08068
609 - 8943330

13-0571
Control Number: 910071
Application Date: 07/23/2013
8/2/13

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 186 Lot: 50 Qualification Code:
Work Site Location: 28 CLOVER ST BROWNS MILLS

Owner In Fee: DUNN WRIGHT LLC
Address: 17 CORLEN CT
MEDFORD NJ 08055

Telephone: [redacted]

Use Group(s): R-5

Contractor: DUNN WRIGHT LLC
Address: 17 CORLEN CT
MEDFORD NJ 08055

Telephone: [redacted]

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
ELECTRIC RESTART DR#328568060

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	300.00
Cost of Demolition:	0.00
Total Cost:	$300.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$65.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$66.00**
All Fees Waived:	No

Amount to be Paid: **$66.00**

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.

James B Foran
Jim Foran
Construction Official

7-26-13
Date

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

TOWNSHIP OF PEMBERTON

Date Received: 07/23/2013
Control #: 910071

Date Issued: 8/2/13
Permit #: 0 13-0571

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

Block: 186 Lot: 50 Qualification Code:

Work Site Location: 28 CLOVER ST

Owner in Fee: DUNN WRIGHT LLC

Address: 17CORLEN CT
MEDFORD NJ 08055

E-mail:

Telephone: [redacted]

Contractor: DUNN WRIGHT LLC

Address: 17 CORLEN CT
MEDFORD NJ 08055

E-mail:

Telephone [redacted]

Fax:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

DESCRIPTION OF WORK:
ELECTRIC RESTART DR#328568060

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $300.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $300.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] 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
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 Issue				
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 Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		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 Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
1	100.00	AMP Service	$58.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	$26.00
Minimum Fee	
State Permit Surcharge Fee	$1.00
TOTAL FEE	$66.00

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

FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type: [ ] Flamm.Liquid [ ] Comb Liquid

[ ] LPG [ ] LNG

Alarm Systems [ ] 110v Interconnected [ ] System

_____Alarm Devices (i.e, smoke, heat, pulls, waterflow)

_____Supervisory Devices (i.e. tampers, low/high air)

_____Signalling Devices (i.e, horn, strobes, bells)

_____Other Devices _____

uppressoin 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

_____ C02 Suppression

_____ Foam Suppression

_____ Halon Suppression

_____Other_____

____Kitchen Hood Exh Sys

____Smoke Control System

___ Gas [ ] or Oil [ ] Fired Appl.

Estimated Cost Of Fire Protection Work : $ _____

Contractor _____

Address _____

_____

Phone _____

Lic. No. _____ Fed. Emp. No._____

Fire Protection Cert. No. _____

Security Alarm Cert. No. _____

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

X _____

Applicant's Signature/Contractor's Seal and Signature

Office Use Only [ ] No Plans Required

Joint Plan Review Required: [ ] Fire Plans Approved

[ ] Building [ ] Plumbing Date: _____

[ ] Electric [ ] Fire Approved By:_____

ELECTRICAL SECTION

Description Of Work: Panel Inspection

QTY.	SIZE	ITEMS	QTY.	SIZE	ITEMS
_____		Lighting Fixtures	_____	_____	KW Elec Water Heater
_____		Receptacles	_____	_____	KW Dryer/Receptacle
_____		Switches	_____	_____	KW Dishwasher
_____		Detectors	_____	_____	HP Garbage Disposal
_____		Light Poles	_____	_____	KW Central A/c Unit
_____		Motors-Fract.HP	_____	_____	HP/KW Space Htr/Air Handler
_____		Emergency & Exit Lights	_____	_____	KW Base Board Heat
_____		Communication Points	_____	_____	HP Motors 1/+ HP
_____		Alarm Devices F.A.C Panel	_____	_____	KW Transformer/Generator
_____		Other _____	1	100	AMP Service
_____		TOTAL NUMBERS	_____	_____	AMP SubPanels
_____		Pool Permit/w Uw Lights	_____	_____	AMP Motor Control Center
_____		Storable Pool/Spa/Hot Tub	_____	_____	KW Elec Sign/Outline Light Unit
_____		KW Elec.Range /Receptacle	_____		Other _____
_____		KW Oven/Surface Unit	_____		Other _____

Contractor MECH Electric

Address 408 Natalie Lane

Wilmington PA 18974

Phone 856 262 2652

Lic. No. 16576 Fed. Emp. No 261934711

Irrigation Cert. No. _____

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

X _____

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec Contractor [ ] Exempt Applicant

Office Use Only [ ] No Plans Required

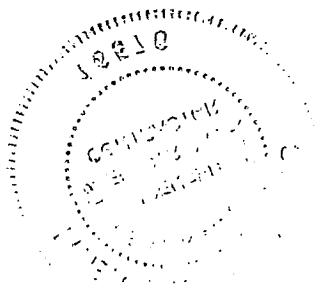
Joint Plan Review Required: [ ] Electric Plans Approved

[ ] Building [ ] Electric

[ ] Fire [ ] Plumbing

Date : 7/24/17 Approved By: _____

Estimated Cost Of Electric Work : $ 300.00



UPDATE 13-0577

BLOCK 50 LOT 186 CONTROL NO. _____ ADDRESS (SITE) 28 Clover ST Pemberton PERMIT NO _____

TOWNSHIP OF PEMBERTON
Department of Inspections
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068-1539
(609) 894-3330

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: 28 Clover ST
2. Name of Owner in Fee: DUNN WRIGHT Tel. [redacted]
   Address 17 Colleen CT (street) MEDFORD (municipality) 08055 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: MECH Electric Tel. (856) 2622652
   Address 408 Natali Lane Warminster PA 18974
   License No. OR, if new home, Builder Reg. No. 16576 Exp. Date 3-15
   Federal Employee No. 46 3514687 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun MARGET GIORGIUS
   Tel. (610) 730-8316 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% forState Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Contractor Reg.	$		
11.	Cert. of Occupancy			
12.	Administration Fees			
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.	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	

PROJECT _____

OPTIONAL (for office use only)

II. PROPOSED WORK	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									
5. ☐ Fire Protection									
6. ☐ Plumbing	700				04/13 CD				
7. ☑ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: SFD
2. Use Group: R5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction	1	
Net Gain or Loss	0	

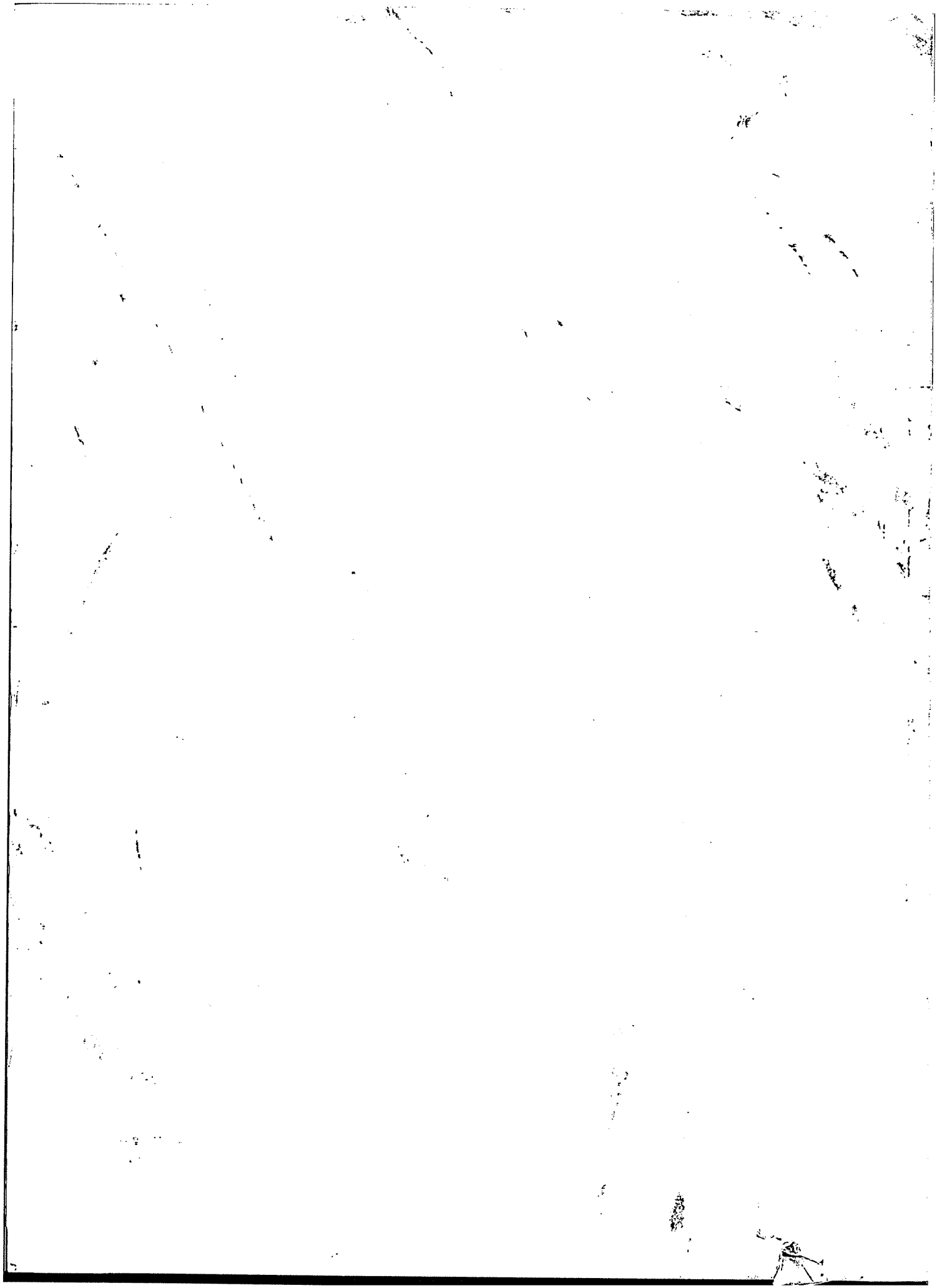
B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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



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. _____	_____	_____	_____	_____

10/8 Cont (B3)

CONSTRUCTION PERMIT

closed

Date Issued 1/16/2004
Control # 895464
Permit # 20040034

IDENTIFICATION Block: 186 Lot: 50 Qualifier
Work Site Location: 28 CLOVER ST BROWNS MILLS, NJ
Owner in Fee KAPUSCINSKI, KEVIN W & WENDY L
28 CLOVER ST BROWNS MILLS NJ 08015
Telephone: [redacted]

Contractor AMERICAN ICON
Address 443 RT 73 N. W. BERLIN NJ 08091
Telephone: (856) 767-3555
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SUNROOM

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 Work $10,200

Construction Official _____ Date _____

U.C.C. F170
equiv (rev 1/04)

PAYMENTS (Office Use Only)

Building	$95
Electrical	$25
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	$28.00
Other	$18
Total	$175
Check No.	
Cash	$175
Credit	$0
Collected By	

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Control # 895464
Date Issued 1/16/2004
Permit # 20040034

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

Block 186 Lot 50 Qualification Code

Work Site Location: 28 CLOVER ST BROWNS MILLS, NJ

Owner in Fee: KAPUSCINSKI, KEVIN W & WENDY L

Address 28 CLOVER ST BROWNS MILLS NJ 08015

Tel. [redacted] Email

Contractor: AMERICAN ICON

Address 443 RT 73 N. W. BERLIN NJ 08091

Email

Tel. (856) 767-3555 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.

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 R-4 Proposed 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 250 Sq. Ft.
Volume of New Structure 3500 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $10,000
2. Rehabilitation
3. Total (1+2)

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

SUNROOM

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
- ☐ Demolition

FEE (Office Use Only)

	$95
Administrative Surcharge	$14
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12/10/2003
Date Issued 1/16/2004
Control # 895464
Permit # 20040034

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

Block 186 Lot 50 Qualification Code

Work Site Location: 28 CLOVER ST BROWNS MILLS, NJ

Owner in Fee: KAPUSCINSKI, KEVIN W & WENDY L

Address 28 CLOVER ST BROWNS MILLS NJ 08015

Email

Tel. [redacted]

Contractor: AMERICAN ICON

Address 443 RT 73 N. W. BERLIN NJ 08091

Email

Tel. (856) 767-3555 Fax:

Lic No. Exp. Date

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

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-4

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $200

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: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 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
SUNROOM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
6		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	
		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	
		KW Central A/C Unit	
		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	$4
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

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

Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Inspection Activity Report

Inspections for Permit Number 20040034

Permit Number

20040034

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
03/01/2004	Final	GSE	Electrical	Fail	KAPUSCINSKI, KEVIN W & WENDY L 28 CLOVER ST	Addition		Inspection: Inspection Type 1: Final Date Requested: 3/1/2004 Date Inspected: 3/1/2004 Requested by: Requested by Phone: Inspector: GSE Entered By: Admin Special Instructions: Comments:
03/02/2004	Final	GSB	Building	Fail	KAPUSCINSKI, KEVIN W & WENDY L 28 CLOVER ST	Addition		Inspection: Inspection Type 1: Final Date Requested: 3/2/2004 Date Inspected: 3/2/2004 Requested by: Requested by Phone: Inspector: GSB Entered By: Admin Special Instructions: Comments:
03/05/2004	Final	GSB	Building	Pass	KAPUSCINSKI, KEVIN W & WENDY L 28 CLOVER ST	Addition		Inspection: Inspection Type 1: Final Date Requested: 3/5/2004 Date Inspected: 3/5/2004 Requested by: Requested by Phone: Inspector: GSB Entered By: cclemens Special Instructions: Comments:
03/05/2004	Final	GSE	Electrical	Pass	KAPUSCINSKI, KEVIN W & WENDY L 28 CLOVER ST	Addition		Inspection: Inspection Type 1: Final Date Requested: 3/5/2004 Date Inspected: 3/5/2004 Requested by: Requested by Phone: Inspector: GSE Entered By: cclemens Special Instructions: Comments:

Pemberton Township
500 Pemberton-Browns Mills Road
Pemberton, NJ 08068

Certificate

Construction Code Division
(Certificate of Occupancy)

Date Issued 3/11/2004
Control Number 895464
Permit Number 20040034
Permit Issue Date 1/16/2004
Certificate Number 20040034

Identification

Block: 186 Lot: 50 Qual:
Work Site Location: 28 CLOVER ST BROWNS MILLS, NJ

Owner in Fee: KAPUSCINSKI, KEVIN W & WENDY L
Owner Address: 28 CLOVER ST BROWNS MILLS NJ 08015
Telephone: [redacted]

Contractor AMERICAN ICON
Address 443 RT 73 N. W. BERLIN NJ 08091
Telephone: (856) 767-3555 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: Use Group: R-4
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
SUNROOM

Certificate Comments:

☑ **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.

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $28.00

Check Number:
Collected By:

U.C.C. F260 (rev. 08/05)

Date Printed: 9/21/2022

BLOCK 186 LOT 50-53 ADDRESS (SITE) _____ PERMIT NO. 91-0600

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: 28 Clover Street.
2. Name of Owner in Fee: Jack Veenstra Tel. [redacted]
   Address 28 (street) Clover (municipality) Street. 08015 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ 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 _____ Tel. (____) _____

II. PROPOSED WORK

Gas Piping & furnace

	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	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
BLS	11/19/91						

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

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	120.00		
4. Fire Protection			
5. Other Ad Fee	18.00		
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	26.00		
12. Other			
13. TOTAL 11/19/91	$ 164.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

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:

Box 8105

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 John Vennit Date 11/19/91

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 Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ 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.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

final plumb. p/15/11 a/k/a EM

Lot # 50-53

TOWNSHIP OF PEMBERTON
P.O.175 NEW LISBON,NJ
609-894-7932

Date Issued 12/18/91
Control #
Permit # 91-0600

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 186 Lot 50-53
Work Site Location 28 CLOVER ST
BROWNS MILLS, NJ
Owner in Fee VEENSTRA, JOHN GAS PIPE/FURN.
Address 28 CLOVER ST.
BROWNS MILLS, NJ 08015-
Telephone [redacted]
Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-
or Social Security No.

Home Warranty No.
Use Group R-4
Maximum Live Load 0
Description of Work/Use:

GAS PIPING AND FURNACE

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load 0

CERTIFICATE OF OCCUPANCY/APPROVAL

[ ] CERTIFICATE OF OCCUPANCY [X] CERTIFICATE OF APPROVAL
This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

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

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

CONSTRUCTION OFFICIAL

Fee $ 26
Paid [X] Check No. Cash
Collected by: RA

REQUEST FOR INSPECTION

Supplied

186 — BLOCK

91-5680 — PERMIT

28 Oliver St — STREET ADDRESS

50-53 — LOT

PROJECT

Type of Inspection: final plumbing

Date Received 12-17-91 Date Requested 12-18-91

Date Inspected 12/18/91

Location

Results of Inspection

☑ Approved ☐ Approved with conditions

☐ Disapproved (State Reasons Below)

Final Complete

☑ Sticker Posted On Job

INSPECTORS INITIALS

Department

Garden State Electrical Inspection Services, Inc.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/19/91
Control #
Permit # 91-0600

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

Block 186 Lot 50-53
Work Site Location 28 Clover Street.

Owner in Fee John Veenstra
Address 28 Clover St Roums Mills N.J.

Tele. ([redacted]
Contractor
Address

Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

John Veenstra
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	60.00
1	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other furnace	60.00

Administrative Surcharge $ 18.00
Paid [ ] Check # Minimum Fee CA $ 26.00
Collected by: TOTAL $ 104.00

update water heater, 12-17-91
$9.00
INC.#11209

U.C.C. Form F-130A

APPLICANT COPY

12/4/91 Ran Pipe of District 15/6
12/18/91 Final Complete

TOWNSHIP OF PEMBERTON
Dept. of Inspections
PO Box 175
New Lisbon, NJ 08064-0175
(609) 894-7932

CONSTRUCTION PERMIT

Date Issued 11-19-91
Control #
Permit # 91-0600

IDENTIFICATION Block 186 Lot 50-53

Work Site Location 28 Clover St (Pleasant Mills N.J.)
Owner in Fee John Veenstra
Address Same

Tele. ( )

Contractor Self
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:
[ ] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Gas piping & furnace

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 Work $2000.-

PAYMENTS (Office Use Only)	
Building	
Plumbing	120.00
Electrical	
Fire Protection	
Other adfee	18.00
Other	
DCA Training Fee	
Cert. of Occ.	26.00
Other	
Total	164.00
Check No.	
Cash	
Collected By:	Cashier

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

Paid 11/05 (see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

Brooklyn

REQUEST FOR INSPECTION

184 (BLOCK) 0600 (PERMIT)

28 Clover St. (STREET ADDRESS)

50-53 (LOT) Gas Repiping (PROJECT)

Type of Inspection: final plumb

Date Received 11/26 Date Requested ~~12/3~~ 12/4

Date Inspected 12/4/91

Veenstra.

Results of Inspection

☑ Approved ☐ Approved with conditions

☐ Disapproved (State Reasons Below)

Completed Initial

☑ Sticker Posted On Job

Ellen
INSPECTORS INITIALS

Department _____

CONSTRUCTION PERMIT

Date Issued 11/4/1988
Control # 880191
Permit # 19730004

IDENTIFICATION Block: 186 Lot: 50 Qualifier

Work Site Location: 28 CLOVER ST. PEMBERTON, NJ

Owner in Fee: VEENSTRA, JOBE (WOOD STOVE)
28 CLOVER ST. NJ

Telephone:

Contractor
Address
Telephone:
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
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

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 Work $1,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$35
Electrical	$0
Plumbing	$0
Fire Protection	$34
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$69
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/4/1988
Control # 880191
Date Issued 11/4/1988
Permit # 19730004

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

Block 186 Lot 50 Qualification Code _____

Work Site Location: 28 CLOVER ST. PEMBERTON, NJ

Owner in Fee: VEENSTRA, JOBE (WOOD STOVE)

Address 28 CLOVER ST. NJ

Tel. _____ Email _____

Contractor: _____

Address NJ

_____ Email _____

Tel. _____ 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. _____

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 _____ Proposed _____ If Industrial Building:
Constr. Class Present _____ Proposed _____ State Approved _____
Number of Stories _____ HUD _____
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. Rehabilitation _____
3. Total (1+2) _____

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

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 _____
☐ Demolition

FEE (Office Use Only)

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

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.

FIRE SUBCODE
TECHNICAL SECTION

Date Received 11/4/1988
Control # 880191
Date Issued 11/4/1988
Permit # 19730004

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

Block 186 Lot 50 Qualification Code _____

Work Site Location: 28 CLOVER ST. PEMBERTON, NJ

Owner in Fee: VEENSTRA, JOBE WOOD STOVE

Address 28 CLOVER ST. NJ Email _____

Tel. _____

Contractor: _____ Tel. _____

Address NJ Email _____

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. _____ Fax. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-4

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 _____

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

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 (tampers, low/high air)		
Signaling Devices (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		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: _____ by: _____

☐ Fire Protection Plans Approved
Date: _____

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.