

CONSTRUCTION PERMIT APPLICATION

Tel. (609) 864-5626

i] :

5: ☐ Pressue vessels 7: ☐ Sprinklers/stairpipes

1. LPGas tanks

13. TOTAL	\$
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12. Wetlands	yes _____	no _____
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U. Construct. Classification: Present

5: ☐ Pressue vessels 7: ☐ Sprinklers/stairpipes

1.1. LPGas tanks

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name ANCHOR BAY SERVICES, LLC / TIM CLARK

Address 120 AVENUE RD.
SOUTHAMPTON, N.J. 08000

Telephone 609-864-5626

Signature TC

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

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

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

Permit No. **20170065**
Control No. **13354**
Parcel(Block/Lot)**1306/7**
Date **3/27/2017**

Construction Permit

Work Site Location 244 ASHLEY WAY

Contractor..... ANCHOR BAY SERVICES, LLC

Owner in Fee..... MOORE, ROBERT E.

Address..... 120 AVENUE ROAD

Address..... 4 LLOYD COURT

SOUTHAMPTON, NJ 08088-

MARLTON, NJ 08053

Phone..... (609)864-5626

Phone..... (856)701-4669

Lic No.....

Fed Emp No. 46-1540885

Permission is hereby granted to do the following work:

- | | | | |
|--|-------------------------------------|--|------------------------------------|
| ☒ BUILDING | ☐ PLUMBING | ☐ DEMOLITION | ☐ ONGOING - |
| ☒ ELECTRIC | ☐ FIRE | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| ☐ ELEVATOR | ☐ MECHANICAL | ☐ LEAD HAZARD ABATEMENT | |

Description of Work:

BASEMENT FINISH

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

Estimated Cost of Work: \$25,000

Construction Official

Date

3-27-17

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

PAYMENTS * (Office Use Only)

Building	<u>\$352</u>
Electrical	<u>180</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>48</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$580</u>

Check#/Cash	<u>193</u>
Paid	<u>\$580</u>
Collected By	<u>LL</u>

Total Administrative Fee: \$0

Township Of Tabernacle

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

Permit No. 20170065
Control No. 13354
Block/Lot 1306/7
Date 4/09/18

Certificate of Approval

IDENTIFICATION

Block/Lot 1306/7
Work Site Location 244 ASHLEY WAY
Owner in Fee/Occupant MOORE, ROBERT E.
Address 4 LLOYD COURT
MARLTON, NJ 08053
Telephone
Contractor ANCHOR BAY SERVICES, LLC
Address 120 AVENUE ROAD
SOUTHAMPTON, NJ 08088-
Telephone (609)864-5626 FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No. 46-1540885

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

BASEMENT FINISH

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (_____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

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

CERTIFICATE OF COMPLIANCE

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

Thomas K. Boyd, Construction Official

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

Permit Fee \$ 580

Paid [] Check No. 193

Collected by: LL



CONSTRUCTION PERMIT APPLICATION

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

IDENTIFICATION

Proposed Work Site at: 244 Ashley Way | Tabernacle, NJ

Name of Owner in Fee: Mr. Robert Hurdle
Tel. (856) 264-4181 e-mail

Address: 4 Lloyd Street | Marlton, NJ zip code

Ownership in Fee: Public Private
Principal Contractor: Shamrock Inc. Tel. (609) 859-2424
Address: P.O. Box 537 e-mail
Vincentown, NJ

License No. OR, if new home, Builder Reg. No. Exp. Date

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

Federal Emp. ID No. 22-3080848 FAX: (609) 859-0941

Architect or Engineer Contact
Address e-mail
Tel. () FAX: ()

Responsible Person in Charge once Work has Begun
Tel. (609) 859-2424 FAX: (609) 859-0941

PROPOSED WORK

☐ Minor Work

☐ Repair

☐ Asbestos Abat. -Subch. 8

☐ New Building

☐ Addition

☐ Radon Remediation

☐ Alteration

☐ Renovation

☐ Demolition

☐ Reconstruction

☐ Annual Permit

FOR OFFICE USE ONLY (Optional)					
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer
508				3/31/17	EW
7735				4/4/17	h

SUBCODES

(check all that apply)

☐ Building

☒ Electrical

☒ Plumbing

☐ Fire Protection

☐ Elevator

TOTAL COST 10,442

PLAN REVIEW (optional)

YOU WANT:

☐ Partial Releases

☐ Prototype Processing

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

☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

☐ Refrigeration Systems

☐ Cross-Connections/Backflow Preventers

☐ Hazardous Uses/Places of Assembly

☐ High Pressure Boilers

☐ Smoke Control Systems in Open Wells

☐ Fire Alarm

☐ Underground Storage Tanks

☐ Swimming Pools, Spas and Hot Tubs

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% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____ ft.

2. Height of Structure _____ sq. 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 _____

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 _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name Shamrock, Incorporated

Address P.O. Box 2537

Telephone Vincennes IN

Signature (009-856-2424) March, 2017

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

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Township Of Tabernacle

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

Permit No. 20170085
Control No. 13372
Parcel(Block/Lot) 1306/7
Date 4/13/2017

Construction Permit

Work Site Location 244 ASHLEY WAY
Owner in Fee..... MOORE, ROBERT E.
Address..... 4 LLOYD COURT
MARLTON, NJ 08053
Phone..... (856)264-4181

Contractor..... SHAMROCK INC.
Address..... PO BOX 2357
VINCENTOWN, NJ 08088-
Phone..... (609)859-2424
Lic No.....
Fed Emp No. 22-3080848

Permission is hereby granted to do the following work:

- | | | | |
|--|--|--|------------------------------------|
| ☐ BUILDING | ☒ PLUMBING | ☐ DEMOLITION | ☐ ONGOING - |
| ☒ ELECTRIC | ☐ FIRE | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| ☐ ELEVATOR | ☐ MECHANICAL | ☐ LEAD HAZARD ABATEMENT | |

Description of Work:

INSTALL HYDRONIC BASEBOARD & AIR
HANDLER, A/C UNIT REPLACEMENT

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

Estimated Cost of Work: \$10,443

Construction Official [Signature] Date _____

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

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>55</u>
Plumbing	<u>55</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>20</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$130</u>

Check#/Cash	<u>7672</u>
Paid	<u>\$130</u>
Collected By	<u>LL</u>

Total Administrative Fee: \$0

Township Of Tabernacle

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

Permit No. 20170085
Control No. 13372
Block/Lot 1306/7
Date 7/20/17

Certificate of Approval

IDENTIFICATION

Block/Lot 1306/7
Work Site Location 244 ASHLEY WAY
Owner in Fee/Occupant MOORE, ROBERT E.
Address 4 LLOYD COURT
MARLTON, NJ 08053
Telephone
Contractor SHAMROCK INC.
Address PO BOX 2357
VINCENTTOWN, NJ 08088-
Telephone (609)859-2424 FAX
Lic. No. or Bldrs. Reg. No. None
Federal Emp. No. 22-3080848

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Thomas K. Boyd, Construction Official

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

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R-5
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

INSTALL HYDRONIC BASEBOARD & AIR HANDLER,
A/C UNIT REPLACEMENT

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 _____

Permit Fee \$ 130

Paid [] Check No. 7672

Collected by: LL

Township Of Tabernacle

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

Permit No. 20170085 A
Control No. 13393
Parcel(Block/Lot) 1306/7
Date 4/21/2017

Construction Permit

Work Site Location 244 ASHLEY WAY
Owner in Fee..... MOORE, ROBERT E.
Address..... 4 LLOYD COURT
MARLTON, NJ 08053
Phone..... (856)264-4181

Contractor..... SHAMROCK INC.
Address..... PO BOX 2357
VINCENTOWN, NJ 08088-
Phone..... (609)859-2424
Lic No.....
Fed Emp No. 22-3080848

Permission is hereby granted to do the following work:

☐ BUILDING ☒ PLUMBING ☐ DEMOLITION ☐ ONGOING -
☐ ELECTRIC ☐ FIRE ☐ ASBESTOS ABATEMENT ☐ OTHER
☐ ELEVATOR ☐ MECHANICAL ☐ LEAD HAZARD ABATEMENT

Description of Work:

BASEMENT POWDER ROOM

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

Estimated Cost of Work: \$3,000

Construction Official

Date

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

PAYMENTS * (Office Use Only)

Building	\$0
Electrical	0
Plumbing	55
Fire Protection	0
Elevator Devices	0
Mechanical.....	0
State Training Fee	6
Certificate of Occupancy	0
Other	0
Total	\$61

Check#/Cash	7683
Paid	\$61
Collected By	LL

Total Administrative Fee: \$0

14-3-65



CONSTRUCTION PERMIT APPLICATION

40 ☐ Swimming Pool Snags and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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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.

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

Signature _____ Date _____

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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.

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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 TIMOTHY CLARK ANCHOR BAY SERVICES

Address 120 AVENUE ROAD

Telephone (609) 864-9626

Signature Timothy M Clark

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

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 3/13/14
Control # C-130617
Permit # 14-3-65

IDENTIFICATION Block 1306 Lot 7 Qual

Work Site Location 244 ASHLEY WAY

Owner in Fee MOORE, ROBERT

Address 244 ASHLEY WAY

TABERNACLE, NJ 08088-

Telephone (609) 388-5273

Contractor ANCHOR BAY SERVICES, LLC

Address 120 AVENUE ROAD

SOUTHAMPTON, NJ 08088-

Telephone (609) 864-5626

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 46-1540885

Is hereby granted permission to perform the following work:

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

TANK DEMO 1/AST

PAYMENTS (Office Use Only)

Building	60
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	60
Check No.	<u>1108</u>
Cash	
Collected By	<u>gjs</u>

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 \$ 400

[Signature]
Construction Official

3/13/14
Date

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

Date Issued 06/13/14
Control #
Permit # 14-3-65

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 1306 Lot 7 Qual
Work Site Location 244 ASHLEY WAY
Owner in Fee/Occupant MOORE, ROBERT
Address 244 ASHLEY WAY
TABERNACLE, NJ 08088-
Telephone (609) 388-5273
Contractor ANCHOR BAY SERVICES, LLC
Address 120 AVENUE ROAD
SOUTHAMPTON, NJ 08088-
Telephone (609) 864-5626 Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 46-1540885

Home Warranty No.
[] State [] Private
Use Group U-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TANK DEMO 1/AST

[] 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 the owner 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 _____.

Fee \$ 0
Paid [X] Check No. 1100
Collected by: LAL

Construction Official

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



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 244 Ashley Way

2. Name of Owner in Fee: Robert Moore
Tel. (609) 388-5273 e-mail Tabernacle

Address 244 Ashley Way Tabernacle 08088
street municipality zip code

3. Ownership in Fee: Public Private Y

4. Principal Contractor: Foster & McMullen Mech. Tel. (609) 678-0120
Address PO Box 2360 e-mail jon@fosterandmullen.com
Tabernacle NJ 08088

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13440528700

Federal Emp. ID No. 27-0283182 FAX: (856) 203-6021

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun Jon Foster
Tel. (609) 678-0120 FAX: (856) 203-6021

IIa. PROPOSED WORK

- ☐ Minor Work
☒ Repair
☐ Asbestos Abat. -Subch. 8

IIb. SUBCODES
(Check all that apply)

- ☐ Building
☒ Electrical
☒ Plumbing
☒ Fire Protection
☐ Elevator

TOTAL COST 7500.00

III. PLAN REVIEW (optional)

- DO YOU WANT:
1. ☐ Partial Releases

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks 4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers

8. ☐ Smoke Control Systems in Open Wells 12. ☐ Fire Alarm
9. ☐ Underground Storage Tanks

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% for State Plan Review		
8. Subtotal		
9. State Permit Surcharge Fee		
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories		ft.
2. Height of Structure		sq. 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

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 _____

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 Robert E. Moore, Jr. Date 3/12/2013

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 Jon Foster @ Foster & Mc Mullen Mechanical

Address PO Box 2360

Tabernacle, NJ 08088

Telephone (609) 678-0120

Signature [Signature]

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

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

Date Issued 4/19/13
Control # C-1306/7
Permit # 13-4-150

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1306 Lot 7 Qual

Work Site Location 244 ASHLEY WAY
Owner in Fee MOORE, ROBERT
Address 244 ASHLEY WAY
Telephone (609) 388-5273
Contractor FOSTER & MCMULLEN MECHANICAL
Address 32 FOX HILL DRIVE
Telephone (609) 678-0120
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 27-0283182

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

OIL TO NATURAL GAS CONVERSION, BOILER

PAYMENTS (Office Use Only)
Building 0
Electrical 55
Plumbing 100
Fire Protection 55
Elevator Devices 0
Other
DCA State Permit Fee 12
Cert. of Occupancy 0
Total 222
Check No. 1356
Cash
Collected By

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 \$ 7,500

Construction Official
Date 4/19/13

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

Date Issued 05/31/13
Control #
Permit # 13-4-150

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1306 Lot 7 Qual
Work Site Location 244 ASHLEY WAY
Owner in Fee/Occupant MOORE, ROBERT
Address 244 ASHLEY WAY
Telephone (609) 388-5273
Contractor FOSTER & MCMULLEN MECHANICAL
Address 32 FOX HILL DRIVE
Telephone TABERNACLE, NJ 08088-
Lic. No. or Bldrs. Reg. No. (609) 678-0120 Fax (856) 203-6021
Federal Emp. No. 27-0283182

Home Warranty No.
☐ State ☐ Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

OIL TO NATURAL GAS CONVERSION, BOILER

☐ CERTIFICATE OF OCCUPANCY

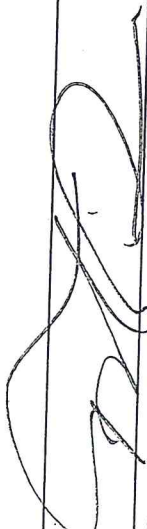
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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


Construction Official

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

☐ 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 _____.

Fee \$ _____
Paid ☒ Check No. 1356
Collected by: LAL

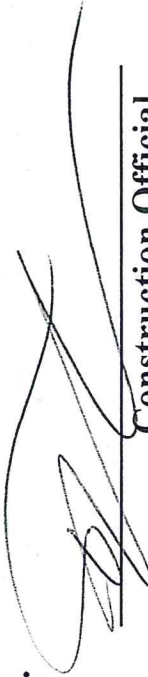
TABERNACLE TOWNSHIP #55-12-08
CERTIFICATE OF COMPLIANCE WITH ORDINANCE 1987-4,
N.J.A.C. 5:70-4.19 (d), AND N.J.S.A. 52:27D-198.1
SMOKE DETECTORS, CARBON MONOXIDE DETECTORS,
AND FIRE EXTINGUISHERS

Property: 244 Ashley Way

Owner: Ronald & Gaye Strac

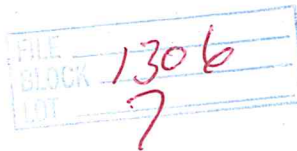
Block: 1306 Lot: 7

This property does comply.

Date: 3-7-12  Construction Official

Board of Chosen Freeholders
County of Burlington
New Jersey

February 10, 2012



FEB 28 2012

President and Members
Board of Health
TABERNACLE TWP.

Re: Septic Repair Application Rep 15-12
Block 1306 Lot 7
STARC
TABERNACLE TWP.

Gentlemen:

Pursuant to instructions, a final inspection of the repair/restoration to the individual subsurface sewage disposal system referred to above was conducted on 2-10-12.

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

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

Sincerely,

MICHAEL C GAVIO
PRINCIPAL REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST 609-265-3735

bk
c Construction Code Official
Owner
file

Board of Chosen Freeholders
County of Burlington
New Jersey

February 10, 2012



FEB 16 2012

President and Members
Board of Health
TABERNACLE TWP.

Re: Septic Repair Application Rep 15-12
Block 1306 Lot 7
~~STARC~~ STRAC
TABERNACLE TWP.

Gentlemen:

Pursuant to instructions, a final inspection of the repair/restoration to the individual subsurface sewage disposal system referred to above was conducted on 2-10-12.

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

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

Sincerely,

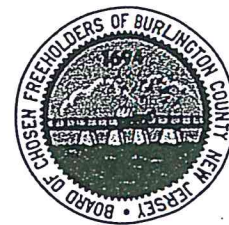
MICHAEL C GAVIO
PRINCIPAL REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST 609-265-3735

bk

c

Construction Code Official
Owner
file

Board of Chosen Freeholders
County of Burlington
New Jersey



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

Tele: (609) 265-5548
Fax: (609) 265-3152

1306
7

FEB 28 2012

FEBRUARY 3, 2012

GAYE STARC
244 ASHLEY WAY
TABERNACLE NJ 08088

Re: Repair Septic Application Rep 15-12
Block 1306 Lot 7
TABERNACLE TWP.

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

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

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

Should you have any questions you may contact the undersigned.

Sincerely,

Michael C. Gavio
Principal Registered Environmental
Health Specialist 609-265-3735

bk
c: Construction Code Official
Board of Health
file

BCHD Application Number

Rep15-12

Date 2-2-12

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

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

- Location Of Project:
Municipality Tabernacle Block 1306 Lot 1007
Street Address 244 Ashley Way Zip 08088
- Name Of Applicant (print): Gaye STRAC
- Applicant's Present Address: same 4. Phone Number: 609-839-6017
- Type Of Facility: ☒ Residential ☐ Commercial/Institutional
- Name Of Installer (print) AJC Septic Service 6. Phone Number: 609-268-2453
- I hereby certify that the information furnished above on this Septic Repair/Replace application is true. I am aware that false swearing is a crime in this State and subject to prosecution.
- Signature Of Owner [Signature] Date 2-2-12
- Signature Of Installer [Signature] Date 2-2-12

FOR AGENCY USE ONLY	
☐ Application Denied - Reason For Denial/Citation Of Rules Violated:	
☒ Application Approved	☐ Application Approved Subject To Approval By NJDEP
Date Of Action <u>2/3/12</u>	Signature Of Authorized Agent <u>[Signature]</u>
Name & Title <u>M. C. GAVIO, PRES</u>	

GENERAL INFORMATION:

Reason For Repair Distribution box breaking down (Replace D-box)
How Old Is System 25 yrs Has System Had Any Previous Malfunction? ☐ Yes ☒ No
If Yes, Briefly Explain Type Of Malfunction And When It Occurred _____

Is Property For Sale? ☐ Yes ☐ No

Check Off All Components Of System To Be Replaced:

☐ Tank ☒ D-Box ☐ Distribution Laterals ☐ Stone ☐ Filter Fabric

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

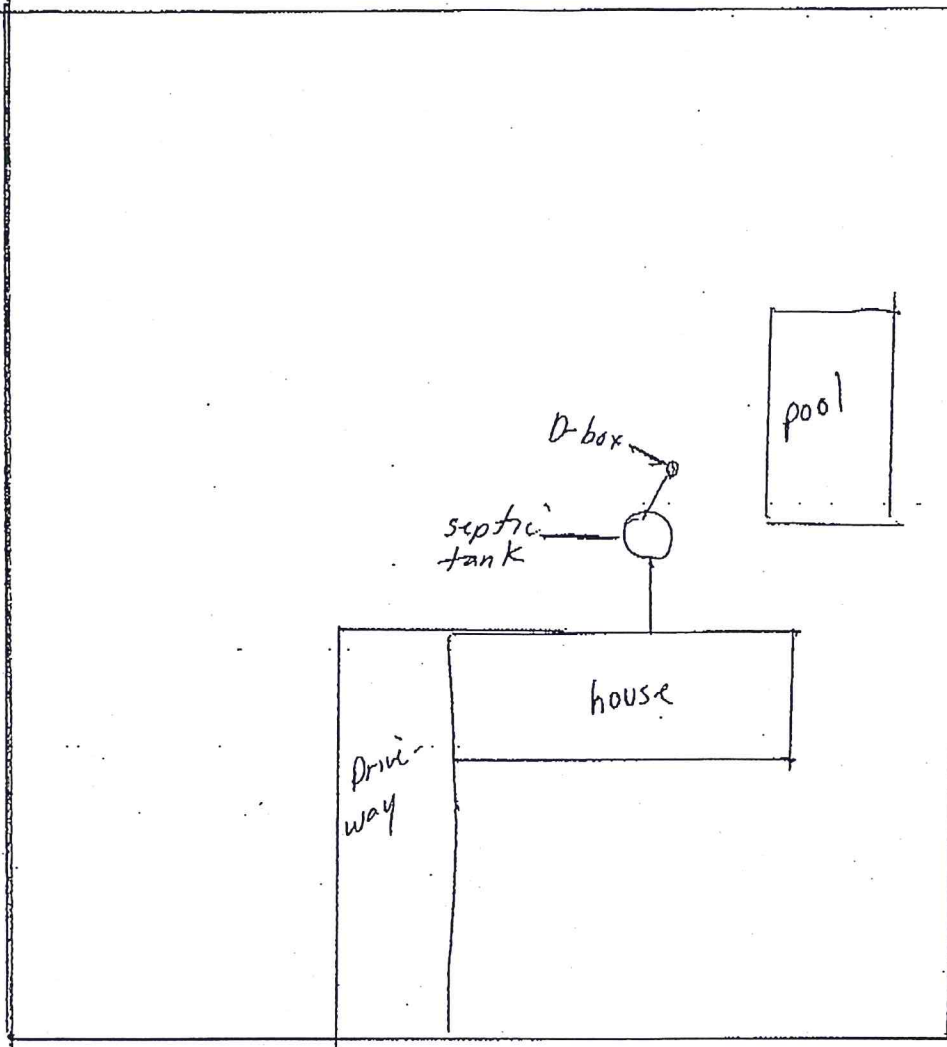
Removal of bio-mat build-up is allowed under a repair application.

Repairs to cesspools are not allowed.

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

BCHD/rev03/03

APPROVED	
AS BEING IN SUBSTANTIAL COMPLIANCE WITH CHAPTER 199, P.L. 1954	
BY <u>[Signature]</u>	
DATE <u>2/3/12</u>	
BURLINGTON COUNTY HEALTH DEPARTMENT	
COUNTY NUMBER <u>Rep15-12</u>	



Gaye Strac
244 Ashley Way
Tabernacle

Block 01306
Lot 00007

APPROVED	
AS BEING IN SUBSTANTIAL COMPLIANCE WITH CHAPTER 199, P.L. 1954	
BY	<u>M. C. Jones</u>
DATE	<u>2/3/11</u>
BURLINGTON COUNTY HEALTH DEPARTMENT	
COUNTY NUMBER	<u>RE15-12</u>



CONSTRUCTION PERMIT APPLICATION

BLOCK 1306 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) _____
APPLICANT Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at 244 Ashley Way Tabernacle NJ
2. Name of Owner in Fee: Row & Gaye Strac
Tel. (609) 339-6017 e-mail STRAC777@comcast.net
Address 244 Ashley Way Tabernacle NJ 08088
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. (_____) _____
Address _____ e-mail _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (_____) _____ FAX: (_____) _____

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	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☒ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>400,000</u>							

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

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% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories		(office use only)
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	_____	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: _____

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:

PERMIT NO. 09-10-272

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

5/21/09

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.

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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

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

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 10/20/04
Control # C-130617
Permit # 04-10-22

IDENTIFICATION Block 1306 Lot 7 Qual _____

Work Site Location 244 ASHLEY WAY Contractor HOME OWNER
Address _____

Owner in Fee STRAC, RONALD & GAYE Telephone ()
Address 244 ASHLEY WAY Lic. No. or Bldrs. Reg. No.
TABERNACLE, NJ 08088- Federal Emp. No. HO-

Telephone (609) 268-3443 839-6017

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:
BATHROOM ALTERATIONS

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 \$ 400
Construction Official *[Signature]*

Date 10/20/04

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	45
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	46
Check No. 4236	
Cash	
Collected By <i>[Signature]</i>	

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

Date Issued 06/08/11
Control #
Permit # 09-10-272

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1306 Lot 7 Qual
Work Site Location 244 ASHLEY WAY
Owner in Fee/Occupant STRAC, RONALD & GAYE
Address 244 ASHLEY WAY
TABERNACLE, NJ 08088-
Telephone (609) 268-3143
Contractor H O M E O W N E R
Address
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

[] 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 the owner will be subject to fine or order to vacate:

Home Warranty No.
[] State [] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
BATHROOM ALTERATIONS

[] 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 / .

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

Fee \$ 0
Paid [X] Check No. 4236
Collected by: LAL

BLOCK 1506 LOT 9 QUALIFICATION CODE ADDRESS (SITE)

PERMIT NO.

06-8-386



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 244 Ashley Way Tabernacle NJ 08088
2. Name of Owner in Fee: Way State Tel. (609) 839 6017
Address 244 Ashley Way street municipality zip code

3. Ownership in Fee: Public Private
4. Principal Contractor: Sebastiao Builders Tel. (886) 988 3243
Address 110 Peabody Ln Marlton NJ 08053
License No. OR, if new home, Builder Reg. No. 13VTH01078900 Exp. Date 12/06
FAX: ()
Federal Employee No. SI-0489134 Tel. ()
Architect or Engineer Address Harren Marind
Responsible Person in Charge once Work has Begun
Tel. (886) 988 3243 FAX: ()

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	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair <u>ROOF</u>	<u>7095</u>							
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>7095</u>							

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. ☐ Refrigeration Systems
4. ☐ Cross-Connections/Backflow Preventers
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Smoke Control Systems in Open Wells
7. ☐ Underground Storage Tanks
8. ☐ Swimming Pools, Spas and Hot Tubs

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% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories		(office use only)
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	ft.	
9. Base Flood Elevation	ft.	
10. Wetlands	yes	
11. Max. Live Load	no	
12. Max. Occupancy Load		

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units, restricted
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:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☒ Check if contractor.

Agent Name Sebastian Builders

Address 110 Peabody Ln

Martinez NJ 08053

Telephone (856) 988 3243

Signature [Signature]

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

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/10/06
Control #
Permit # 06-8-386

IDENTIFICATION Block 1306 Lot 7 Qual

Work Site Location 244 ASHLEY WAY

Contractor SEBASTIAN BUILDERS
Address 110 PEABODY LANE
MARLTON, NJ 08053-

Owner in Fee STRAC, RONALD & GAYE
Address 244 ASHLEY WAY
TABERNACLE, NJ 08088-

Telephone (609) 268-3143
Telephone () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 51-0489134

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:

(Subchapter 8 only)

ROOF 31 SQ.

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 \$ 7,695

Construction Official

Robert Poni

08/10/06
Date

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

PAYMENTS (Office Use Only)

Building	50
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	10
Cert. of Occupancy	0
Other	
Total	60
Check No.	272
Cash	
Collected By	LAL

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

Date Issued 09/05/06
Control #
Permit # 06-8-386

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 1306 Lot 7 Qual
Work Site Location 244 ASHLEY WAY
Owner in Fee/Occupant STRAC, RONALD & GAYE
Address 244 ASHLEY WAY
TABERNACLE, NJ 08088-
Telephone (609) 268-3143
Contractor SEBASTIAN BUILDERS
Address 110 PEABODY LANE
MARLTON, NJ 08053-
Telephone () - Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 51-0489134

[] 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 the owner will be subject to fine or order to vacate:

Home Warranty No.

[] State [] Private

Use Group R-5

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

ROOF 31 SQ.

[] 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 _____.

Construction Official

U.C.C. #260 (rev. 3/96)

Fee \$ 0
Paid [X] Check No. 272
Collected by: LAL

BLOCK 1306 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 244 ASHLEY WAY

PERMIT NO.

06-1-23
06-1-23



CONSTRUCTION PERMIT APPLICATION

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

1. IDENTIFICATION	
1. Proposed Work Site at:	<u>244 ASHLEY WAY</u>
2. Name of Owner in Fee:	<u>ROH STRAC</u> Tel: (<u>609</u>) <u>268-3143</u>
Address:	<u>244 ASHLEY WAY TABERNAACLE</u> <u>08088</u>
street	municipality zip code
3. Ownership in Fee:	Public ☒ Private ☐
4. Principal Contractor:	<u>Medford Heating Oil</u> Tel: (<u>609</u>) <u>654-2188</u>
Address:	<u>188 Route 70</u> <u>Medford, NJ 08055</u>
License No. OR if new home, Builder Reg. No.	Exp. Date <u>21-07-17852</u> Fax: (<u>609</u>) <u>654-2802</u>
Fed. I.D./Soc. Sec. #	Tel: ()
6. Architect or Engineer:	Address _____
Responsible Person in Charge of Work:	<u>AUBREY EVANS</u>
Tel: (<u>609</u>) <u>654-2188</u>	Fax: (<u>609</u>) <u>654-2802</u>

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☒ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS								

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% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units Income-restricted

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

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

- | | | |
|--|---|---|
| 1. ☐ Elevators/Escalators/Lifts/Dumbwheels/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| 2. ☐ Hazardous Waste/Plants of Assembly | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks |
| 3. ☐ Liquefied Petroleum Gases | 6. ☐ Hazardous Waste/Plants of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs |

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:
I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

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

I further certify that I will perform the following work:

- C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name _____

Address **Medford Heating Oil**
188 Route 70

Medford, NJ 08055

Telephone (609) 654-2188

Signature *Ch. M. Chen*

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

TOWNSHIP OF TABERNACLE
163 CARANZA ROAD
(609) 268-1665

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date issued 1/13/96
Control # C-130617
Permit # 86-1-22

IDENTIFICATION Block 1306 Lot 7 Qual _____
Work Site Location 244 ASHLEY WAY Contractor MEDFORD HEATING OIL
Address 188 ROUTE 70
Owner in Fee STRAC, RONALD & GAYE MEDFORD, NJ 08055-
Address 244 ASHLEY WAY Telephone (609) 654-2188
TABERNACLE, NJ 08088- Lic. No. or Bldrs. Reg. No.
Telephone (609) 268-3143 Federal Emp. No. 21-0717852

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TANK DEMO 1/290 GAL.

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 \$ 1,200

Construction Official Robert Ben' Jay

Date 1/14/96

PAYMENTS (Office Use Only)
Building 43
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other _____
DCA State Permit Fee 0
Cert. of Occupancy 0
Other _____
Total 43
Check No. 8673
Cash _____
Collected By 8673

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 1/24/06
Control # C-1306/71
Permit # 06-1-23

IDENTIFICATION Block 1306 Lot 7 Qual _____
Work Site Location 244 ASHLEY WAY
Owner in Fee STRAC, RONALD & GAYE
Address 244 ASHLEY WAY
TABERNACLE, NJ 08088-
Telephone (609) 268-3143
Contractor MEDFORD HEATING OIL
Address 188 ROUTE 70
MEDFORD, NJ 08055-
Telephone (609) 654-2188
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 21-0717852

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____

(Subchapter 8 only)

DESCRIPTION OF WORK:

TANK INSTALL 1/275 GAL.

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 \$ 1,600

Construction Official

Robert Davis
Date 1/24/06

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 50
Fire Protection 0
Elevator Devices 0
Other _____
DCA State Permit Fee 3
Cert. of Occupancy 0
Other _____
Total 53
Check No. 8073
Cash _____
Collected By [Signature]

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

Date Issued 03/16/06
Control #
Permit # 06-1-22

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 1306 Lot 7 Qual
Work Site Location 244 ASHLEY WAY
Owner in Fee/Occupant STRAC, RONALD & GAYE
Address 244 ASHLEY WAY
TABERNACLE, NJ 08088-
Telephone (609) 268-3143
Contractor MEDFORD HEATING OIL
Address 188 ROUTE 70
MEDFORD, NJ 08055-
Telephone (609) 654-2188 Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0717852

Home Warranty No.
[] State [] Private
Use Group U-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
TANK DEMO 1/290 GAL.

[] 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 the owner 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 _____.


Construction Official

Fee \$ 0
Paid [X] Check No. 8073
Collected by: LAL

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 05/10/11
Control #
Permit # 06-1-23

Block 1306 Lot 7 Qual
Work Site Location 244 ASHLEY WAY
Owner in Fee/Occupant STRAC, RONALD & GAYE
Address 244 ASHLEY WAY
TABERNACLE, NJ 08088-
Telephone (609) 268-3143
Contractor MEDFORD HEATING OIL
Address 188 ROUTE 70
MEDFORD, NJ 08055-
Telephone (609) 654-2188 Fax () -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0717852

[] 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 the owner will be subject to fine or order to vacate:


Construction Official

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

Home Warranty No.
[] State [] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TANK INSTALL 1/275 GAL.

[] 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 / .

Fee \$ 0
Paid [X] Check No. 8073
Collected by: LAL



CONSTRUCTION PERMIT APPLICATION

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

1. IDENTIFICATION

1. Proposed Work-site at: 244 Ashley way
2. Name of Owner Ron + Gaye STROC Tel. (609) 268-3143
- Address 244 Ashley way Tabernacle NJ 08088
- street municipally zip code
3. Ownership 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

- | | |
|--|--|
| 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. ☐ Elevator Devices | |
| 10. ☐ Asbestos Abatement | |
| 11. ☐ Demolition | |
| TOTAL COSTS | |

[illegible]

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

III. DO YOU WANT: (optional)

- CONTAIN ANY OF THE FOLLOWING?**
- | | |
|---|---|
| 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| 5. ☐ Cross-Connections/Backflow Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| 6. ☐ Hazardous Uses/Places of Assembly | 9. ☐ Underground Storage Tanks |

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% for		
State Plan Review		
8. Subtotal		
9. DCA Training Fee		
10. Subtotal		
11. Cert. of Occupancy		
12. Other		
13. TOTAL		

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL
- ☐ Hotels (R-1)
 - ☐ Multi-Family (R-2)
 - ☐ Two-Family (R-3) BOCA
 - ☐ Two-Family (R-4) CABO
 - ☐ One-Family (R-3) BOCA
 - ☐ One-Family (R-4) CABO
- No of dwelling units: _____
- Before Construction _____
- After Construction _____
- Net gain or loss _____
- B. NON-RESIDENTIAL
- State Specific Use: _____
 - Use Group: _____
 - Change in Use Group, Indicate Former: _____

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. (X) Building C.2. (X) Fire Protection

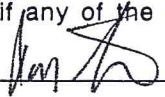
I further certify that I will perform the following work:

C.3. (X) Electrical C.4. () Plumbing

- D. (X) 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 3-21-08

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 _____

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 4/16/03
Control # C-1306/17
Permit # 03-4-96

IDENTIFICATION Block 1306 Lot 7 Qual _____

Work Site Location 244 ASHLEY WAY

Owner in Fee STRAC RONALD & GAYE

Address 244 ASHLEY WAY
TABERNACLE, NJ 08088-

Telephone ()

Contractor HOMEOWNER

Address _____

Telephone ()

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. HO- _____

Is hereby granted permission to perform the following work:

EX) BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

EX) ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:
REFINISH ATTIC OF GARAGE

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 \$ 2,550

F. Robert Penn
Construction Official Date 4/16/03

PAYMENTS (Office Use Only)

Building 45

Electrical 43

Plumbing 0

Fire Protection 0

Elevator Devices 0

Other _____

DCA State Permit Fee 2

Cert. of Occupancy 0

Other _____

Total 90

Check No. 20417

Cash _____

Collected By Ray

TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD
(609) 268-1665

Date Issued 05/12/2003
Control #
Permit # 03-4-96

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 1306 Lot 7 Qual
Work Site Location 244 ASHLEY WAY
Owner in Fee/Occupant STRAC RONALD & GAYE
Address 244 ASHLEY WAY
TABERNACLE, NJ 08088-
Telephone ()
Contractor HOMEOWNER
Address
Telephone () Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
Type of Warranty Plans: ☐ State ☐ Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
REFINISH ATTIC OF GARAGE

☐ CERTIFICATE OF OCCUPANCY

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

☐ CERTIFICATE OF APPROVAL

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

☐ 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 no later than _____ or the owner will be subject to fine or order to vacate:

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and is approved for use until _____.



CONSTRUCTION OFFICIAL

U.C.C. F230 (rev. 3/95) NJ UDAMS 5.24E

Fee \$ 0
Paid ☐ Check No. 2047
Collected by: LAL

LOCK 1306 LOT 7 ADDRESS(site) 244 Ashley Way PERMIT NO 95-145



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Shed

2. Name of Owner in Fee: Ken Strac Tel. (609) 267.3143

Address 244 Ashley Way Taborade 08086
street municipality zip code

3. Ownership in Fee: Public self Private X

4. Principal Contractor: self Tel. ()

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. 23-266-8974 Social Security No. _____

5. Architect or Engineer _____ Tel. ()

Address _____

6. Responsible Person _____ Tel. ()

In Charge of Work _____

II. PROPOSED WORK

1. ☐ Minor work (single trade)

2. ☐ Small Job (\$5,000 and no prior approvals)

3. ☒ New Building \$1800.00

4. ☐ Addition

5. ☐ Alteration

6. ☐ Fire Protection

7. ☐ Plumbing

8. ☐ Electrical

9. ☐ Elevator Devices

10. ☐ Asbestos Abatement

11. ☐ Demolition

TOTAL COSTS _____

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Rejection	Re-viewer
			<u>7-15-55</u>	<u>BP</u>			

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

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>35.00</u>	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	\$ _____	
7. Less 20% for State Plan Review		
8. Subtotal	\$ _____	
9. DCA Training Fee	\$ <u>1.00</u>	
10. Subtotal	\$ _____	
11. Cert. of Occupancy	\$ <u>10.00</u>	
12. Other		
13. TOTAL	\$ <u>46.00</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories one

2. Height of Structure 8 FT ft.

3. Area—Largest Floor 96 sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed 96 sq. ft.

8. Flood Hazard Zone _____ ft.

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____ no X sq. ft.

11. Max. Live Load _____

12. 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. ☐ One-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: Storage shed

2. Use Group: _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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

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

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

Signature

Date

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

() Check if contractor.

Agent Name

Address

Telephone ()

Signature

Date



CONSTRUCTION PERMIT

Date Issued 7/19/95
Control #
Permit # 95-145

IDENTIFICATION Block 1306 Lot 7

Work Site Location 244 Ashley Way Contractor same as owner
Tabernacle, NJ Address _____

Owner in Fee Ron Strac Tele. (____) _____
Address same as above Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Tele. (____) 268-3143 Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

2 8x12x8 storage sheds

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 \$ 800.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)

Building	<u>35.00</u>
Plumbing	_____
Electrical	_____
Fire Protection	_____
Other	_____
Other	_____
DCA Training Fee	<u>1.00</u>
Cert. of Occ.	<u>10.00</u>
Other	_____
Total	<u>46.00</u>
Check No.	<u>1007</u>
Cash	_____
Collected By:	

(see reverse side)

PRO 108



IDENTIFICATION

PRO 223B

TOWNSHIP OF TABERNACLE
BURLINGTON COUNTY, NEW JERSEY

ZONING PERMIT

Permit No. 950719 Date Issued _____

Location of Property: 244 Ashley Way

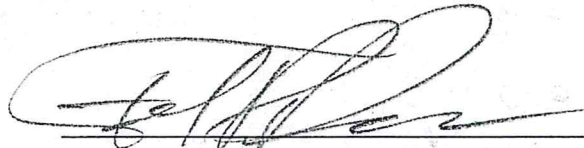
Owner of Property: Ron Strac

Contractor's Name: same as owner

Permit Issued For: two 8 x 12 x 8 storage sheds

I, Robert Perri, Zoning Officer of the Township of
Tabernacle, in the County of Burlington and State of New Jersey, do hereby certify
that:

- ☐ a. The existing use of the subject property complies with all the applicable zoning
regulations as of this date.
- ☒ b. The proposed use of the subject property as a storage sheds
will comply with the applicable zoning regulations.
- ☐ c. The district classification of the subject property as _____
originated on _____ and terminated on _____,
and the use of said premises as _____
having begun on _____, continuing to the present date,
constitutes a nonconforming use thereof.



Zoning Officer

Row + Gaye Strac
244 Ashley Way
Tabernacle NJ 08088

609-268-3143
3142

T.M. LOT 2 N/F TABERNACLE, INC.

FND. PIN & CAP

S 88° 42' 11" E

184.63'

FND.

T.M. BLOCK 1306 LOT 7

AREA = 1.01 ACS.

DRAINAGE EASEMENT

N 01° 17' 49" E

240.00'

Wood Deck Ground Level less than 12" High
4' Wood Rail

Shed

CONC. APRON

TWO STORY
FRAME DWELLING

65.59'

5.3'

CONC. WALK

DRIVEWAY

56.5'

75.05'

WELL
(approx loc.)

184.63'

N 88° 42' 11" W

ASHLEY WAY

240.00'

DRAINAGE EASEMENT

S 01° 17' 49" W

Point of
Beginning

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. () I further certify that I will perform or supervise the following work:

- C.1. () Building C.2. () Fire Protection
I further certify that I will perform the following work:
C.3. () Electrical C.4. () Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor:

Agent Name Henry A Gomez

Address 191 Mathis town Rd

Tuckerton N.J. 08087

Telephone (609) 296-1056

Signature Henry A Gomez Date 6/22/94

TABERNACLE
TOWNSHIP
(609) 268-1665



CONSTRUCTION PERMIT

Date Issued 7/8/94

Control #

Permit # 94-123

IDENTIFICATION Block 1306 Lot 7

Work Site Location 244 Ashley Way

Contractor Gomez Bros.

Tabernacle, N.J.

Address 191 Mathistown Road

Owner in Fee Ron Strac

Tuckerton, N.J. 08087

Address 244 Ashley Way

Tele. (609) 296-1056

Tabernacle, N.J. 08088

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Tele. (609) 268-3143

Federal Emp. No. _____

or Social Security No. _____

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____

☒ ELECTRICAL ☐ FIRE PROTECTION _____

DESCRIPTION OF WORK:

Install one piece Fiberglass Pool & Spa w/
wood deck enclosed with 4'0 min. fence with
self-latching & self-closing-gate around pool
area and door alarms on dwelling.

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 \$ 9500.00

[Signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)

Building 150.00

Plumbing _____

Electrical _____

Fire Protection _____

Other _____

Other _____

DCA Training Fee 8.00

Cert. of Occ. 10.00

Other _____

Total 209.00

Check No. 346

Cash _____

Collected By: HR 7/8/94

(see reverse side)

PRO 108



CERTIFICATE

Date Issued 6/16/95
Control #
Permit # 94-123

IDENTIFICATION

Block 1306 Lot 7
Work Site Location 244 Ashley Way
Tabernacle, N.J. 08088
Owner in Fee Ron Strac
Address 244 Ashley Way
Tabernacle, N.J. 08088
Tele. (609) 268-3143
Contractor Gomez Bros.
Address 197 Mathisonstown Road
Tuckerton, N.J. 08087
Tele. (609) 296-1056
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on 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 _____.

Home Warranty No. _____

Type of Warranty Plan: [] State [] Private

Use Group U

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use:

Install one piece fiberglass pool & spa w/ enclosed wood deck with 4'0 min. fence around pool area with door alarms.

FINAL COST OF CONSTRUCTION: \$ 9500.00

Fee \$ 10.00
Paid [] Check No. 346
Collected by: HR

CONSTRUCTION-OFFICIAL

TOWNSHIP OF TABERNACLE
BURLINGTON COUNTY, NEW JERSEY

ZONING PERMIT

Permit No. 942806 Date Issued June 29, 1994

Location of Property: 244 Ashley Way Blk. 1306 - Lot 7

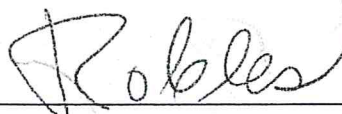
Owner of Property: Ron Strac

Contractor's Name: Gomez Bros. Tuckerton, N.J.

Permit Issued For: One piece fiberglass pool & deck; door
alarms & enclosed with 4'0 min. fence.

I, Dutch Robles, Zoning Officer of the Township of
Tabernacle, in the County of Burlington and State of New Jersey, do hereby certify
that:

- ☐ a. The existing use of the subject property complies with all the applicable zoning
regulations as of this date.
- ☒ b. The proposed use of the subject property as a Pool, fence & deck
will comply with the applicable zoning regulations.
- ☐ c. The district classification of the subject property as _____
originated on _____ and terminated on _____,
and the use of said premises as _____
having begun on _____, continuing to the present date,
constitutes a nonconforming use thereof.



Zoning Officer

BLOCK 1306 LOT 7 ADDRESS (SITE) 44 ASHLEY WAY PERMIT NO. 92-178



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

I. IDENTIFICATION

1. Proposed Work-site at: 44 ASHLEY WAY - TABERNACLE

2. Name of Owner in Fee: MR. MRS. RONALD STRAC Tel. (609) 268-3143
Address 44 ASHLEY WAY - TABERNACLE 08088
street municipality zip code

3. Ownership in Fee: Public X Private

4. Principal Contractor: LAUREN ENTERPRISES Tel. (609) 654-7441
Address 19 VIRGINIA TRAIL - MEDFORD NJ 08055

License No. OR, if new home, Builder Reg. No. 222195919 Exp. Date
Federal Emp. No. Social Security No.

5. Architect or Engineer Tel. ()
Address

6. Responsible Person ROBERT G. SCOMO Tel. (609) 654-7441
In Charge of Work

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job (\$5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	<u>2075.00</u>
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	Re-Approval	Rejection	Re-viewer

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 Rollers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
6. ☐ Hazardous Uses/Places of Assembly
7. ☒ Sprinklers LAWN
8. ☐ Smoke Control Systems in Open Wells

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>15.00</u>	
2. Plumbing		
3. Electrical		
4. Fire Protection		
5. Other		
6. Subtotal	\$ <u> </u>	
7. Less 20% for State Plan Review		
8. Subtotal	\$ <u> </u>	
9. DCA Training Fee	\$ <u> </u>	
10. Subtotal	\$ <u> </u>	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u> </u>	

VII. BUILDING/SITE CHARACTERISTICS

1. Number of Stories ft.

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 sq. ft.

7. Total Land Area Disturbed sq. ft.

8. Flood Hazard Zone ft.

9. Base Flood Elevation sq. 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:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

X) Check if contractor.

Agent Name Taurean Enterprises, Inc

Address 19 Virginia Trail

Medford New Jersey 08055

Telephone (609) 654-7441

Signature Robert Glomco CS Date 8-11-92

Inspections 667-9200
Tabernacle Township



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued 8/21/92
Control #
Permit # 92-1778

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 1305 Lot 7
Work Site Location 44 ASHLEY WAY
TAPERNACLE, N.J. 08068

Owner in Fee MR. S. MRS. RONALD STEAC
Address 44 ASHLEY WAY
TAPERNACLE, N.J. 08068

Tele. (609) 268-3443
Contractor TAMEAN ENTERPRISES, INC.
Address 49 VIRGINIA TRAIL
MELROD, N.J. 08055

Tele. (609) 554-7444
Lic. No. 479 (WILLIAM HENRY S. SONS PLUMBING)
Federal Emp. No. 22 2405949 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present RA Proposed U
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work \$ 2075.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW: ☒ No Plans Required
Type: Sanitary Sanitary Approval Initial

Joint Plan Review Required: Slab
[] Bldg. [] Elec. [] Fire Rough
[] Plumb. Plans Approved Water
Date: 8-21-92 Sewer
Approved by: [Signature] Fixtures
Gas Equipment
Gas Final
Solar
TCO

SUBCODE APPROVAL:
[] CO [] CCOK [] CH
Approved by: [Signature]
Date: 8-21-92

C. CERTIFICATION IN LIEU OF OATH

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

Signature of Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

NO. FEE (Office Use Only)

Water Closet	
Urinal/Bidet	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
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	
Other	

Administrative Surcharge \$ 5.00
Paid [] Check # 6520 Minimum Fee \$ 60.00
Collected by: BR 8/24/92 TOTAL \$ 65.00

U.C.C. Form F-130A

1 White=Inspector Copy
3 Pink=Office Copy

2 Canary=Office Copy
4 Gold=Applicant Copy

BLOCK 1306 LOT 7 ADDRESS (SITE) 44 ASHLEY Way PERMIT NO. 90-269



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 44 ASHLEY Way
2. Name of Owner in Fee: Rev Strac Tel. (609) 268-3143
Address 44 ASHLEY Way Tabernacle 08088
street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: Joe Handley SA Tel. (609) 268-1727
Address 84 Path Douke Rd. Tabernacle, N.J. 08088
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Emp. No. Social Security No. 136 42 3719
5. Architect or Engineer Tel. ()
Address Rev Strac
6. Responsible Person In Charge of Work Rev Strac Tel. (609) 268-3143

II. PROPOSED WORK

1. ☐ Minor Work (single trade)	Est. Cost	OPTIONAL (for office use only)					
		Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-Approval
2. ☐ Small Job (\$5,000 and no prior approvals)							
3. ☐ New Building							
4. ☒ Addition	<u>15,000.00</u>						
5. ☒ Alteration	<u>1,500.00</u>						
6. ☐ Fire Protection							
7. ☒ Plumbing	<u>10,000.00</u>						
8. ☒ Electrical	<u>1,000.00</u>						
9. ☐ Asbestos Abatement							
10. ☐ Demolition							
TOTAL COSTS	<u>18,500.00</u>						

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

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>55.00</u>	
2. Electrical	\$ <u>38.00</u>	
3. Plumbing	\$ <u>38.00</u>	
4. Fire Protection		
5. Other		
6. Subtotal	\$	
7. Less 20% for State Plan Review		
8. Subtotal	\$ <u>6.00</u>	
9. DCA Training Fee	\$	
10. Subtotal	\$ <u>10.00</u>	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>147.00</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	<u>1</u>	(office use only)
2. Height of Structure	<u>13' 9 1/2"</u>	ft.
3. Area—Largest Floor	<u>3,576</u>	sq. ft.
4. Building Area—All Floors	<u>4,576</u>	sq. ft.
5. Volume of Structure	<u>550</u>	cu. ft.
6. Construction Classification	<u>550</u>	sq. ft.
7. Total Land Area Disturbed	<u>550</u>	sq. ft.
8. Flood Hazard Zone		ft.
9. Base Flood Elevation		ft.
10. Wetlands	yes <u>no</u>	sq. ft.
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: 1
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:

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

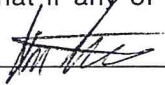
I further certify that I will perform the following work:

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 10/3/90

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.

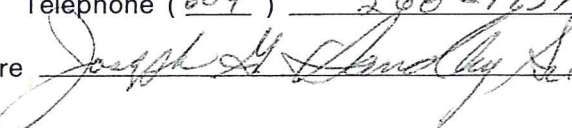
I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name JOE HANDLEY SR.

Address 84 PATHY BOWKER RD.
TABERNACLE N.J. 08088

Telephone (609) 200-1237

Signature  Date 10/2/90



CONSTRUCTION PERMIT

Date Issued 10/24/90
Control #
Permit # 90-269

IDENTIFICATION Block 1306 Lot 7

Work Site Location 44 Ashley Way
Tabernacle, N.J. 08088

Contractor Joe Handley
84 Patty Bowker Road
Tabernacle, N.J. 08088

Owner in Fee Ron Strac
44 Ashley Way
Tabernacle, N.J. 08088

Address
Tele. (609) 268-3143 (5443) 1737
Lic. No. or Bids. Reg. No. Exp. Date

Federal Emp. No. 136 42 3719

or Social Security No. 136 42 3719

is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

8'0 x 20'0 kitchen addition and 12'0 x 16'0
addition on crawl space, aluminum siding.

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 \$18,500.00

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

(see reverse side)

PAYMENTS (Office Use Only)	
Building	55.00
Plumbing	38.00
Electrical	38.00
Fire Protection	
Other	
DCA Training Fee	6.00
Cert. of Occ.	10.00
Other	
Total	147.00
Check No.	770
Cash	
Collected By:	HR 10/25/90

TOWNSHIP OF TABERNACLE
BURLINGTON COUNTY, NEW JERSEY

ZONING PERMIT

Permit No. 90-10-3

Date Issued October 8, 1990

Location of Property: 44 Ashley Way Block 1306 - Lot 7

Owner of Property: Ron Strac

Contractor's Name: Joe Handley

Permit Issued For: 8'0 x 20'0 addition & 12'0 x 16'0 addition
per applicant's survey and plans.

I, Dutch Robles, Zoning Officer of the Township of
Tabernacle, in the County of Burlington and State of New Jersey, do hereby certify
that:

- ☒ a. The existing use of the subject property complies with all the applicable zoning
regulations as of this date.
- ☐ b. The proposed use of the subject property as a _____
will comply with the applicable zoning regulations.
- ☐ c. The district classification of the subject property as _____
originated on _____ and terminated on _____,
and the use of said premises as _____
having begun on _____, continuing to the present date,
constitutes a nonconforming use thereof.



Zoning Officer



CERTIFICATE

CERT. NO.	90-269		
DATE ISSUED	4/17/91		
Block	1306	Lot	7
Subdivision			

IDENTIFICATION

Owner	<u>Ron Strac</u>	Agent	<u>Joe Handley</u>
Address	<u>44 Ashley Way</u>	Address	<u>84 Patty Bowker Rd.</u>
	<u>Tabernacle, N.J.</u>		<u>Tabernacle, N.J.</u>
Tel.	<u>(609) 268-1343</u>	Tel.	<u>(609) 268-1737</u>
Work Site Address	<u>44 Ashley Way</u>	Lic. No.	
	<u>Tabernacle, N.J.</u>	Federal Emp. No.	<u>136 423719</u>

PAYMENTS

Fees Remitted	\$	<u>10.00</u>
☒ Check No.		<u>770</u>
☐ Cash		
☐ Other		
Collected By:	<u>HR</u>	
Date:	<u>10/25/90</u>	

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY

☐ 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.

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

8'0 x 20'0 addition to existing kitchen and 12'0 x 16'0 addition on crawl space, aluminum siding.

USE GROUP R4 FIRE GRADING SFD

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Kitchen and Hobby Rooms

FINAL COST OF CONSTRUCTION: \$ 18,500.00

A. Kobles
CONSTRUCTION OFFICIAL



CONSTRUCTION PERMIT APPLICATION

K NO 1306
LOT NO 7
SUBDIVISION SHADDOCK CREEK
PERMIT NO 88-734

IDENTIFICATION

Proposed Work at: 44 ASHLEY WAY
Owner Name: RON STRAC Tel. (609) 268-3143
Address: 44 ASHLEY WAY TABERNACLE
Principal Contractor: OWNER Tel. ()
Address: _____
City, No. or Builder Reg. No. _____ Federal Emp. No. _____
Architect or Engineer: _____ Tel. ()
Address: _____
Responsible Person in Charge of Work: _____ Tel. ()

PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
☒ Minor Work (Single Trade) ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i> ☐ New Building ☐ Addition ☐ Alteration ☐ Repair, Replacement ☐ Demolition ☐ Other: _____	<table border="1"><thead><tr><th>Permit/Category</th><th>Estimated</th></tr></thead><tbody><tr><td>1. ☐ Building/Structural</td><td>\$ _____</td></tr><tr><td>2. ☐ Plumbing</td><td>_____</td></tr><tr><td>3. ☐ Electrical</td><td>_____</td></tr><tr><td>4. ☐ Fire Protection</td><td>_____</td></tr><tr><td>5. ☐ Other _____</td><td>_____</td></tr><tr><td>6. ☐ Other _____</td><td>_____</td></tr><tr><td colspan="2">TOTAL COST \$ _____</td></tr></tbody></table> C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing	Permit/Category	Estimated	1. ☐ Building/Structural	\$ _____	2. ☐ Plumbing	_____	3. ☐ Electrical	_____	4. ☐ Fire Protection	_____	5. ☐ Other _____	_____	6. ☐ Other _____	_____	TOTAL COST \$ _____		1. ☐ Elevators/Dumbwaiters 2. ☐ High-Pressure Boilers 3. ☐ Refrigeration Systems 4. ☐ Pressure Vessels 5. ☐ Hazardous Uses/Places of Assembly 6. ☐ Cross-connections/Backflow Preventors 7. ☐ Sprinklers 8. ☐ Smoke Control Systems in Open Wells
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$ _____																	
2. ☐ Plumbing	_____																	
3. ☐ Electrical	_____																	
4. ☐ Fire Protection	_____																	
5. ☐ Other _____	_____																	
6. ☐ Other _____	_____																	
TOTAL COST \$ _____																		

DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b) If other than new construction, enter no. of dwelling units:
4. ☐ One-Family (R-3a) Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

NON-RESIDENTIAL

- | | |
|--|---|
| ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmarys (I-2) |
| ☐ Night Clubs (A-2) | 18. ☐ Group Homes (I-3) |
| ☐ Restaurants, Libraries, Museums (A-3) | 19. ☐ Mercantile (M) |
| ☐ Religious Assembly (A-4) | 20. ☐ Moderate-Hazard Warehouse (S-1) |
| ☐ Outdoor Assembly (A-5) | 21. ☐ Low-Hazard Warehouse (S-2) |
| ☐ Business (B) | 22. ☐ Temporary, Misc. (U) |
| ☐ Educational (E) | 23. ☐ Other _____ |
| ☐ Moderate-Hazard Factory (F-1) | |
| ☐ Low-Hazard Factory (F-2) | |
| ☐ High-Hazard (H) | |

State Specific Use: _____
Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

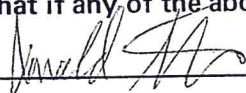
I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE



DATE

4/25/86

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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.

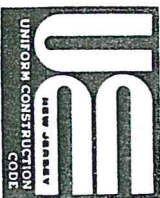
☐ Check if contractor.

AGENT NAME

TEL.()

ADDRESS

SIGNATURE



CONSTRUCTION PERMIT

PERMIT NO. 88-73 A
DATE ISSUED 4/27/88
Block 1306 Lot 7
Subdivision Shadow Oaks

A. IDENTIFICATION

Owner Ron Strac Agent Owner
Address 44 Ashley Way Address Same
Tabernacle, N.J.
Tel. (609) 268-3143 Tel. ()
Work Site Address Same as above Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee \$ 20.00
Fees Remitted \$
☒ Check No. 230
☐ Cash
☐ Other
Collected By: hr
Date: 4/29/88

is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Extend existing deck
3'0 x 12'0 "L" shaped

Use group R4 - 5B construction

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: \$ 280.00

CONSTRUCTION OFFICIAL

TOWNSHIP OF TABERNACLE
BURLINGTON COUNTY, NEW JERSEY

ZONING PERMIT

Permit No. 88-04-13 Date Issued 4/23/88
Location of Property: 44 ASHLEY WAY BLOCK 1306 LOT 7
Owner of Property: MRS. R. STRAC
Contractor's Name: _____
Permit Issued For: EXTENSION OF EXISTING DECK PER
APPLICANT'S DRAWINGS

I, JOHN SANDMAN, Zoning Officer of the Township of
Tabernacle, in the County of Burlington and State of New Jersey, do hereby certify
that:

- ☒ a. The existing use of the subject property complies with all the applicable zoning
regulations as of this date.
- ☐ b. The proposed use of the subject property as a _____
will comply with the applicable zoning regulations.
- ☐ c. The district classification of the subject property as _____
originated on _____ and terminated on _____,
and the use of said premises as _____
having begun on _____, continuing to the present date,
constitutes a nonconforming use thereof.

John Sandman
Zoning Officer



CERTIFICATE

CERT. NO.	88-73
DATE ISSUED	2/24/89
Block	1306 Lot 7
Subdivision	

IDENTIFICATION

Owner	Ron Strac	Agent	Owner
Address	44 Ashley Way	Address	
	Tabernacle, N.J. 08088		
Tel. (609)	268-3143	Tel. ()	
Work Site Address	Same	Lic. No.	
		Federal Emp. No.	

PAYMENTS

Fees Remitted	\$	
☐ Check No.		
☐ Cash		
☐ Other		
Collected By:		
Date:		

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY

☐ 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.

B. ☒ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

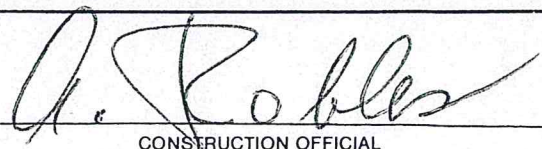
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Extend existing deck 3'0 x 12'0 "L" shaped.

USE GROUP	U	FIRE GRADING	5B
MAXIMUM LIVE LOAD		MAXIMUM OCCUPANCY LOAD	
SPECIFIC USE	Residential		

FINAL COST OF CONSTRUCTION: \$ 280.00


CONSTRUCTION OFFICIAL

TOWNSHIP OF TABERNACLE 268-1665



PERMIT NO. 88-03
 DATE ISSUED 1/13/88
 REVISION DATE _____
 Block 1306 Lot 7
 Subdivision Shelden Oaks

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner RON STRAC Contractor SELF
 Address 44 ASHLEY WAY Address _____
Tabernacle NJ
 Tel. (609) 268-3147 Tel. () _____
 Work Site Address 597E Lic. No. _____
 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
 (Complete for Minor Work and Small Job Only)
 I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
 AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.
400 ft of split Rail Fence.

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☒ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis	Fee
Minimum Building Fee (if applicable)	\$ <u>5.00</u>
Total Building Fee (Greater of Minimum or Subtotal)	\$ <u>5.00</u>
SUBTOTAL	\$ _____

☐ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: K4 Present U Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work: \$ 11200

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



CONSTRUCTION PERMIT

PERMIT NO.	88-03
DATE ISSUED	1/13/88
Block	1306 Lot 7
Subdivision	Shadow Oaks

A. IDENTIFICATION

Owner	Ron Strac	Agent	Owner
Address	44 Ashley Way	Address	Same
	Tabernacle, N.J.		Same
Tel. (609)	268-3143	Tel. ()	Same
Work Site Address	Same as above	Lic. No.	
		Federal Emp. No.	

PAYMENTS

Permit Fee	\$ 5.00
Fees Remitted \$	
☒ Check No.	256
☐ Cash	
☐ Other	
Collected By:	htr
Date:	1/13/88

is hereby granted permission
to perform the following work:

- | | |
|-----------------------------------|--|
| ☐ BUILDING | ☐ ELECTRICAL |
| ☐ PLUMBING | ☐ FIRE PROTECTION |
| ☐ OTHER | Fence |

Description of work:
Installation of approx. 400 feet of
split rail fence.

Use group U

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: \$ 1200.00

[Signature]
CONSTRUCTION OFFICIAL

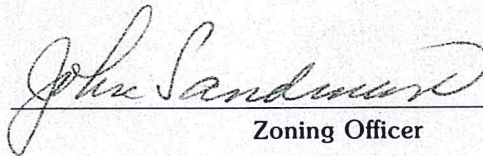
TOWNSHIP OF TABERNACLE
BURLINGTON COUNTY, NEW JERSEY

ZONING PERMIT

Permit No. 87-11-05 Date Issued 11/14/87
Location of Property: 44 ASHLEY WAY BLOCK 1306 LOT 7
Owner of Property: MR & MRS.
Contractor's Name: _____
Permit Issued For: FENCING PER APPLICANT SURVEY IN
REAR OF HOUSE

I, JOHN SANDMAN, Zoning Officer of the Township of
Tabernacle, in the County of Burlington and State of New Jersey, do hereby certify
that:

- ☒ a. The existing use of the subject property complies with all the applicable zoning
regulations as of this date.
- ☐ b. The proposed use of the subject property as a _____
will comply with the applicable zoning regulations.
- ☐ c. The district classification of the subject property as _____
originated on _____ and terminated on _____,
and the use of said premises as _____
having begun on _____, continuing to the present date,
constitutes a nonconforming use thereof.


Zoning Officer



CONSTRUCTION PERMIT APPLICATION

JCK NO. 1306
LOT NO. 7
SUBDIVISION Shadow Lakes
PERMIT NO. 87-86

IDENTIFICATION

Proposed Work at: ASHLEY WAY TACERNALL N.J.
 Owner Name: FOX CHASE HOMES Tel. () 953-0600
 Address: Box 485 MEDFORD N.J. 08055
 Principal Contractor: FOX CHASE HOMES Tel. () 953-0600
 Address: Box 485 MEDFORD N.J.
 State No. or Builder Reg. No. 01643 Federal Emp. No. 22-2140247
 Architect or Engineer: KNABO ASSOC. Tel. () 688-7066
 Address: 132 WEST WAYNE AVE. WAYNE PENNSA. 19087
 Responsible Person in Charge of Work: JIM CONNER Tel. () 953-0600

PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
☐ Minor Work (Single Trade) ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i> ☒ New Building ☐ Addition ☐ Alteration ☐ Repair, Replacement ☐ Demolition ☐ Other:	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. ☒ Building/Structural</td> <td>\$ 70,000-</td> </tr> <tr> <td>2. ☒ Plumbing</td> <td>4,500-</td> </tr> <tr> <td>3. ☒ Electrical</td> <td>3,000-</td> </tr> <tr> <td>4. ☒ Fire Protection</td> <td>1,000-</td> </tr> <tr> <td>5. ☐ Other</td> <td></td> </tr> <tr> <td>6. ☐ Other</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL COST \$ 77,500-</td> </tr> </tbody> </table> C. DO YOU WANT: 1. ☐ Partial Releases 2. ☒ Prototype Processing	Permit/Category	Estimated	1. ☒ Building/Structural	\$ 70,000-	2. ☒ Plumbing	4,500-	3. ☒ Electrical	3,000-	4. ☒ Fire Protection	1,000-	5. ☐ Other		6. ☐ Other		TOTAL COST \$ 77,500-		1. ☐ Elevators/Dumbwaiters 2. ☐ High-Pressure Boilers 3. ☐ Refrigeration Systems 4. ☐ Pressure Vessels 5. ☐ Hazardous Uses/Places of Assembly 6. ☐ Cross-connections/Backflow Preventors 7. ☐ Sprinklers 8. ☐ Smoke Control Systems in Open Wells
Permit/Category	Estimated																	
1. ☒ Building/Structural	\$ 70,000-																	
2. ☒ Plumbing	4,500-																	
3. ☒ Electrical	3,000-																	
4. ☒ Fire Protection	1,000-																	
5. ☐ Other																		
6. ☐ Other																		
TOTAL COST \$ 77,500-																		

DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL	
☐ Hotels (R-1) ☐ Multi-Family (R-2) HMD Reg. No.: _____ ☐ Two-Family (R-3b) ☒ One-Family (R-3a)	If new construction, enter no. of dwelling units: _____ If other than new construction, enter no. of dwelling units: Before Construction: _____ After Construction: _____ Net Gain (or loss): _____
NON-RESIDENTIAL	
☐ Theatres with Stage (A-1-A) ☐ Movie Theatres (A-1-B) ☐ Night Clubs (A-2) ☐ Restaurants, Libraries, Museums (A-3) ☐ Religious Assembly (A-4) ☐ Outdoor Assembly (A-5) ☐ Business (B) ☐ Educational (E) ☐ Moderate-Hazard Factory (F-1) ☐ Low-Hazard Factory (F-2) ☐ High-Hazard (H)	☐ Institutional Detention Center (I-1) ☐ Hospitals, Infirmarys (I-2) ☐ Group Homes (I-3) ☐ Mercantile (M) ☐ Moderate-Hazard Warehouse (S-1) ☐ Low-Hazard Warehouse (S-2) ☐ Temporary, Misc. (U) ☐ Other: _____

Specific Use: _____
 Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP		
1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)		
2. ☐ Public (State, County or Local Govt.)		
B. HEATING FUEL		
Principal	Secondary	Type
3. ☐	☐	Gas
4. ☒	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____
C. TYPE OF SEWAGE DISPOSAL		
10. ☐ Public or Private Company		
11. ☒ Private (Septic Tank, Etc.)		
D. TYPE OF WATER SUPPLY		
12. ☐ Public or Private Company		
13. ☒ Private (Well, Etc.)		
E. BUILDING CHARACTERISTICS		
14. No. of Stories	2	
15. Height of Structure	29	Ft.
16. Area—Largest Floor	114.9	Sq. Ft.
17. Bldg. Area—All Fls.	2324	Sq. Ft.
18. Volume of Structure	43621	Cu. Ft.
19. Total Land Area Disturbed	2000	Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
- B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

FOX CHASE HOMES

TEL. (

953-0600)

ADDRESS

Box 485

MEDFORD N.J. 08055

SIGNATURE

Walter A. Maguire, Pres.

CONSTRUCTION PERMIT

PERMIT NO. 87-86
 DATE ISSUED 5/4/87
 Block 1306 Lot 7
 Subdivision Shadow Oaks

A. IDENTIFICATION

Owner FoxChase Homes Agent FoxChase Homes
 Address Box 485 Address Box 485
Medford, N.J. Medford, N.J.
 Tel. (609) 953-0600 Tel. (609) 953-0600
 Work Site Address Ashley Way Lic. No. 01643
Tabernacle, N.J. Federal Emp. No. 22-2140247

PAYMENTS

Permit Fee \$ 539.24
 Fees Remitted \$ 303.22
☒ Check No. 3032
☐ Cash
☐ Other _____
 Collected By: [Signature]
 Date: 5-14-87

is hereby granted permission to perform the following work:

- ☒ **BUILDING** ☒ **ELECTRICAL**
☒ **PLUMBING** ☒ **FIRE PROTECTION**
☐ **OTHER** Residential Home

Description of work:
 60'0 x 32'6, 2 story, 4 bedroom, 2 1/2 bath, fireplace basement and crawl space, asphalt shingles, #15 felt, 1/2" CDX plywood sheathing, aluminum siding, 3/4" thermamax, 2 car garage.

Use group U - 5B construction

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: \$ 70,000.00

CONSTRUCTION OFFICIAL

[Signature]



CERTIFICATE

CERT. NO.	87-86		
DATE ISSUED	10/26/87		
Block	1306	Lot	7
Subdivision			

IDENTIFICATION

Owner	Fox Chase Homes	Agent	FoxChase Homes
Address	Box 485	Address	Same
	Medford, N.J., 08055		Same
Tel. (609)	953-0600	Tel. ()	Same
Work Site Address	Ashley Way	Lic. No.	01643
	Tabernacle, N.J.	Federal Emp. No.	22 2140247

PAYMENTS

Fees Remitted	\$	25.00
☒ Check No.	3464	
☐ Cash		
☐ Other		
Collected By:	hr	
Date:	10/26/87	

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY

☐ 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.

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

60'0 x 32'6, 2 story, 4 bedroom, 2½ bath, fireplace, basement & Crawl space, aluminum siding, 2 car garage

USE GROUP R4 FIRE GRADING 5B

MAXIMUM LIVE LOAD 40 lbs. MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Residential Home

FINAL COST OF CONSTRUCTION: \$ 77,600.00

A. Robles
CONSTRUCTION OFFICIAL

BOARD OF CHOSEN FREEHOLDERS
OF THE COUNTY OF BURLINGTON
MOUNT HOLLY, NEW JERSEY

OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
Telephone 267-0631
Area Code 609

October 14, 1987

President & Members
Board of Health
Tabernacle Twp.

RE: Septic Application 91-87
Block 1306 Lot 7
Fox Chase Homes
Tabernacle Twp.

Gentlemen:

Pursuant to instructions set forth in Chapter 199, Public Law 1954 a final inspection of the individual subsurface sewage disposal system referred to above was conducted on 7/17/87

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

Sincerely,


Robert Lawrence
Senior Sanitary Inspector

RL/jh

cc: Building Inspector
Owner
File

BCHD-E-24-77

BOARD OF CHOSEN FREEHOLDERS

OF THE COUNTY OF BURLINGTON
MOUNT HOLLY, NEW JERSEY



OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
Telephone 267-0431
Area Code 609

October 14, 1987

President & Members
Board of Health
Tabernacle Twp.

RE: Well Application 91-87
Block 1306 Lot 7
Fox Chase Homes
Tabernacle Twp.

Gentlemen:

Pursuant to instructions set forth in Chapter 199, Public Law 1954 and Standards for the Construction of Public Non-Community and Non-Public Water Systems a final inspection of the individual water supply referred to above was conducted on 8/4/87

Our findings indicate that installation of said system appears to be in substantial compliance with state and local regulations. Analytical results for bacteriological, physical and chemical quality of the raw water from a Certified Laboratory have been received by this Department and found to be satisfactory at the time of sampling.

Sincerely,

Robert Lawrence
Senior Sanitary Inspector

RL/jh

cc: Building Inspector
Owner
File

Board of Chosen Freeholders
Of The County of Burlington
MOUNT HOLLY, NEW JERSEY
08060



OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
(609)-265-5548

April 13, 1987

Fox Chase Homes
P.O. Box 485
Medford, N.J. 08055

RE: Well Application 91-87
Block 1306 Lot 7
Tabernacle Twp.

Gentlemen:

Your application for the installation of a proposed individual water supply system is approved to be in compliance with provisions of applicable state and local laws.

THIS APPROVAL BECOMES NULL AND VOID 1/29/88

This approval is not a permit to install the system. If a local permit is required, such permit must be obtained from your municipal agent.

This Department shall be notified three (3) working days in advance of starting installation and the installation shall be inspected by a representative of this Department. Inspection shall consist of: WELL CONSTRUCTION; SANITARY WELL SEAL; PROPER VENTING AT WELL SEAL; CONNECTION OF WATER SUPPLY TO TANK and INSTALLATION OF WATER TREATMENT SYSTEM when required. Final certification for use of the well will not be given until this Department has received the analytical results for bacteriological, physical and chemical quality of the raw water from a New Jersey State Certified Laboratory. Analysis shall be identified by the block and lot number, county application number and signed by the responsible laboratory official, and certified that the laboratory has drawn the raw sample

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to insure that your building contractor, plumber, and the installer of the system are made aware of this approved application prior to the beginning of any construction. It is also your responsibility to insure that the system is installed in strict accordance with this approved application. Any unauthorized deviation from the plan could result in legal action being instituted in Municipal Court against all parties concerned.

Sincerely,

RL

Robert Lawrence
Senior Sanitary Inspector

RL /jh

cc: Board of Health
Construction Code Official
Well Driller

Board of Chosen Freeholders
Of The County of Burlington
MOUNT HOLLY, NEW JERSEY
08060



OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
(609)-265-5548

April 13, 1987

Fox Chase Homes
P.O. Box 485
Medford, N.J. 08055

RE: Septic Application 91-87
Block 1306 Lot 7
Tabernacle Twp.

Gentlemen:

Your application for the installation of a proposed individual subsurface sewage disposal system is certified to be in compliance with the provisions of applicable state and local laws.

☒ Based on Engineering Data Only. / / Based on Engineering Data and Percolation Test(s) and Soil Boring(s) being witnessed by a representative of this Dept.

THIS CERTIFICATION BECOMES NULL AND VOID 1/29/88 Should this system not be installed by this date contact this office for recertification instructions.

This certification and approved design is not a permit to install the system. Such permit must be obtained from your local municipal agent.

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

At the time of installation, the system shall not be covered from view until it has been inspected by a representative of this Department and permission to cover same has been given by that representative. Request for such inspection shall be made to this Department no later than seventy-two (72) hours prior to the date of installation. FINAL CERTIFICATION WILL NOT BE GIVEN BY THIS DEPARTMENT UNTIL THE DESIGN ENGINEER HAS CERTIFIED IN WRITING, BY SIGNATURE AND SEAL TO THE FOLLOWING:

☒ Excavation to a depth of 98 inches and ~~back-filled to bottom of disposal field~~ with material having a percolation rate of + or - 5% of 15 minutes per inch. *Wicks only!*

/ inches of fill extending twenty (20) feet beyond the limits of the disposal field with a percolation rate of + or - 5% of minutes per inch.

/ Pumping Equipment. / / Alarm System. / / Final Grading & Stabilization.

☒ Other: *Wicks To 98"*

/ None of the above.

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to insure that your building contractor, plumber, and the installer of the system are made aware of this approved design prior to the beginning of any construction. It is also your responsibility to insure that the system is installed in strict accordance with this approved plan. Any unauthorized deviation from the plan could result in legal action being instituted in Municipal Court against all parties concerned.

Sincerely,

RL/jh

cc: Board of Health
Construction Code Official

RL
Robert Lawrence
Senior Sanitary Inspector

BURLINGTON COUNTY HEALTH DEPARTMENT
WOODLANE ROAD
MOUNT HOLLY, N.J.
08060

APPLICATION FOR A PROPOSED:

- ☒ Individual Subsurface Sewage Disposal System
☐ Alteration of an Existing Individual System
☒ Conventional Design ☐ Alternative Design ☐ Ruck System

FOR COUNTY USE ONLY

County No: 91-87
Date Received:

INSTRUCTIONS TO APPLICANT:

Four (4) copies of the application must be submitted for conventional designs and five (5) for alternative designs. Only clear, legible copies will be accepted. The white copy must be original. Each copy of the application must be accompanied by an accurate sketch, drawn to scale, showing all pertinent distances & locations of the following:

BUILDING TO BE SERVED
EACH UNIT OF DISPOSAL AREA
BUILDINGS OR LARGE TREES IN DISPOSAL AREA
DRIVEWAYS
WATER COURSES

EXISTING WELLS WITHIN 200 FEET OF SYSTEM
LOCATION OF PROPOSED WELL
LOCATION OF PERC TEST & SOIL BORING
LOCATION OF OLD SEPTIC SYSTEM IF APPLICABLE
LOCATION OF EXISTING SEPTIC, 200 FT. FROM

IS MUNICIPAL SEWAGE AVAILABLE WITHIN 200 FEET
OF THE PROPERTY LINE? No

PROPOSED WELL
MUNICIPALITY Tabernacle Twp.
BLOCK 1306 LOT 7

OWNER OF PROPERTY Fox Chase Homes

Phone # 953-0600

Present Mailing Address P.O. Box 485, Medford, NJ 08055

(The certified copy of application will be mailed to this address)

LOCATION: Give directions to property, from Mount Holly, including landmarks & distances.
South on Route 206 to Medford Lakes-Tabernacle Road. Left on Medford Lakes-Tabernacle Road to Washington Way. Left on Washington Way to Ashley Way. Left on Ashley Way approximately 550' to Lot 7 on right.

TYPE OF BUILDING TO BE SERVED:

☒ Residence

4 No. of Bedrooms

Expansion Attic yes no

Expandable to Bedrooms

Garbage Disposal yes no

Commercial or Other:

Type of Waste: Sanitary Industrial Other

Specify:

Type of Business:

No. of Employees

gallons

This plan for a sewerage facility is

CERTIFIED

to be in substantial compliance with the provisions of Chap 199, Pt 1964 and the Standards for Construction of Sewerage Facilities for Basis of estimated flow in Dept. and those established by local

By RL 4/13/87

BURLINGTON COUNTY HEALTH DEPT.

CO. # 91-87

DISPOSAL AREA TO BE:

DISPOSAL TRENCHES DISPOSAL BED

OTHER Specify:

*Design & Minimum construction requirements shall be submitted

MINIMUM CONSTRUCTION REQUIREMENTS FOR TRENCHES OR BED

Width of each disposal trench 4 inches

or Bed 18 feet. Length of each 46 feet

Distance between lines 4 feet.

Distance from edge of bed to nearest line 3 feet

Depth of excavation 30" (+) plan inches.

Depth of Filter Material 12 inches.

Size & Type of Distribution Lines 4" perforated pipe

Slope of lines (in 100 ft.) 2/4 inches.

FILL MATERIAL WHERE REQUIRED - Specify: inches of fill at Percolation rate.

A GRADING PLAN SHALL BE REQUIRED AS PART OF THIS APPLICATION WHEN FILL IS 2 FEET OR GREATER.

SUPPORTING DATA:

Percolation test performed by Soiltech for Shaw, O'Donnell & Hornor Assoc., Inc. Date 1-14-87

*Soil Boring performed by Same Date 1-14-87

Depth of Soil Test Boring 10' Water encountered N.E. Feet. Permanent, fluctuating or seasonal high water table is 8'2" feet (Must be completed)

*A minimum of 10 feet, unless otherwise specified. WITNESSED BY: Waived by BCHD

PERCOLATION DATA (Rate, Depth & Equalizations) & Soil Log MUST APPEAR ON SCHEMATIC

(If any change in the physical conditions of any lands of a realty improvement, which will materially affect the operation of the water supply system or sewerage facilities covered by any certification issued under the act, shall be made after certification, the certification shall become null and void and a new certification shall be obtained before construction proceeds. If 50 or more realty improvements are covered by such a valid certification a copy of the application for a new certification shall be mailed to the State Department on the date upon which it is submitted to the Board.)

The undersigned agrees to construct the described subsurface sewage disposal system in accordance with the provisions of Chapter 199, and the standards for construction of such subsurface sewage facilities promulgated by the State Department, and those established by local ordinance, where such local ordinance prescribe higher standards than those promulgated by the State Department.

NAME & ADDRESS OF ENGINEER:

Shaw, O'Donnell & Hornor Assoc., Inc.
RD #2 Jackson Rd., Vincentown, NJ 08098

SIGNATURE OF OWNER OR AGENT

[Signature]

SIGNATURE & SEAL: J.P.O'Donnell 2-26-87

BURLINGTON COUNTY HEALTH DEPARTMENT
Woodlane Road
Mount Holly, N.J.

APPLICATION FOR CERTIFICATION OF A PROPOSED
INDIVIDUAL WATER SUPPLY SYSTEM

FOR COUNTY USE ONLY
County No. 91-87
Date Received 2-27

INSTRUCTIONS TO APPLICANT:

Four (4) copies of the application must be submitted. Only clear, legible copies will be accepted. The white copy must be original. Only one copy will be returned to owner after approval. Each copy of application must be accompanied by an accurate sketch (preferable drawn to scale) showing all pertinent distances and locations of the following: (Sketch may be omitted if submitted in conjunction with sewage disposal design.)

CHECK OFF EACH INSTRUCTION WHEN COMPLIED WITH

- ☐ Dimension of Lot
☐ Location of all buildings within 150 feet of water source.
☐ Location of proposed water supply system
☐ Location of all sewerage facilities within 150 feet of well & proximity of storm drains or other sources of pollution.
☐ Location of any abandoned sewage disposal areas on building lot.

All information requested on this application form must be supplied. Failure to do so may require that the application be returned to you for completion.

Any other data which may affect the system should be included.

NOTE: The Health Department shall issue or deny certification of this application within 15 days after receipt thereof, and the certification will not be issued until the property has been physically inspected by a representative of this Department.

OWNER of property Fox Chase Homes Phone: 953-0600

Present mailing address: P.O. Box 485 Medford, N.J. 08055

ADDRESS OF PROPERTY: MUNICIPALITY Tabernacle Twp. BLOCK 1306 LOT 7

LOCATION: Give directions to property from Mount Holly - to include landmarks & distances in order that the inspector may locate the site.

Well Head: Pitless Installation ☐ or Sanitary Seal ☒
Is Municipal Water located within 100 feet of the property
line ☐ Yes ☒ No

NJDEP Permit No. 32-13248 Diversion Permit

Depth of Well 100 ft. Diameter of Well 4"

Pressure Line Plastic Suction Line

Type of Pump & Capacity Sub. 600 GPH Method of disinfection chlorine

Type of Screen 10 ft. PVC Distance from Supply Line to Building Sewer 50 ft

Method of Venting - Describe Vent line into bldg.

Name of Pump Installer if Other Than Well Driller & License No.

TYPE OF BUILDING TO BE SERVED:

- ☒ Individual dwelling
☐ Other - Specify

Type of Casing PVC

Storage Facility WX-202

Annular Space Grout & Benseal

REMARKS:

The undersigned agrees to construct the described water supply system in accordance with the Provisions of Chapter 199, P.L. 1954 and the standards for construction of such water supply promulgated by the State Department and those established by local ordinance, where such local ordinances prescribe higher standards than those promulgated by the State Department.

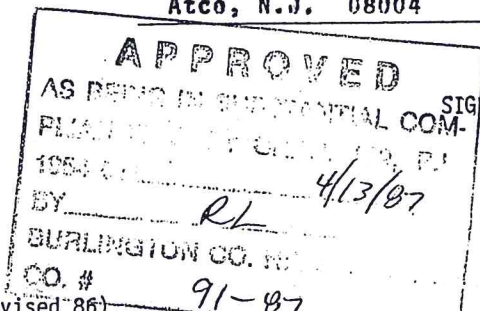
NAME OF WELL DRILLER Al Tirro

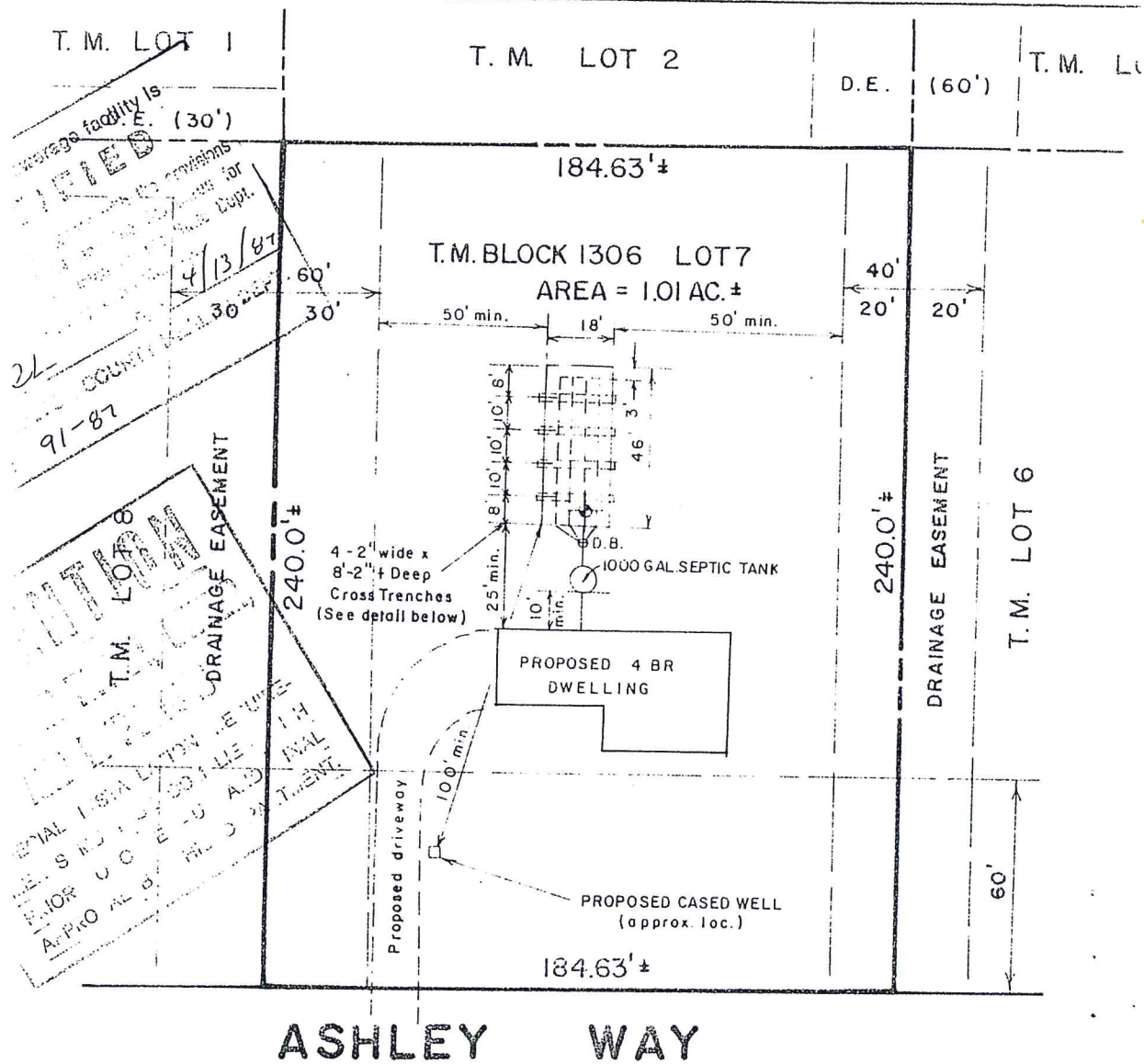
License # 1056

ADDRESS OF WELL DRILLER 328 Jackson Road

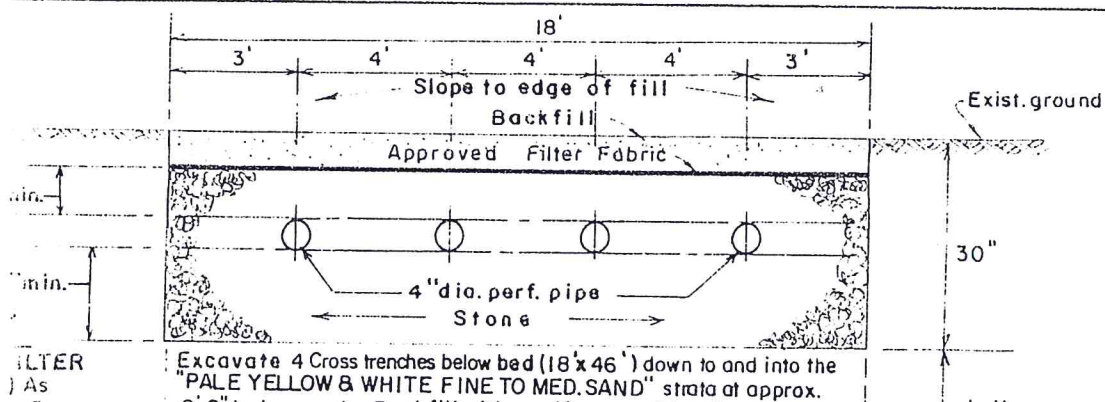
Atco, N.J. 08004

Signature Al Tirro





1. Distribution box must be set and accurately leveled on undisturbed virgin ground. Backfill & tamp carefully to avoid displacement.
2. House must be constructed high enough above ground so that waste water can flow by gravity to septic system.
3. Exact location and depth of well to be determined by well contractor.
4. There are no existing wells or septic systems within 200' of proposed construction.



STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
NEW HOME WARRANTY PROGRAM
This is to certify that

FOX CHASE HOMES

is a registered builder under
the New Home Warranty and
Builder Registration Act,
(N.J.S.A. 46:3B-1 et seq.).
(This registration expires on
the date stamped.)

William M. Chasley
Director

1643 NOV 30 87

REGISTERED
BUILDER

SEY
Y AFFAIRS
Y PROGRAM

REGISTRATION APPLICATION ON FILE WITH US, (ie.
change of address, phone, name change, etc.)
YOU ARE REQUIRED TO FILE THESE CHANGES WITH THIS
BUREAU WITHIN 30 DAYS OF THAT CHANGE BY FILING AN
AMENDED APPLICATION. FAILURE TO SUBMIT AN AMENDED
APPLICATION WITHIN 30 DAYS OF ANY CHANGE IS CAUSE
FOR SUSPENSION OR REVOCATION OF YOUR REGISTRATION.

NOTE:

WHEN SUBMITTING A CERTIFICATE OF PARTICIPATION, YOU
ARE REQUIRED TO INDICATE A STREET ADDRESS NOT A
POST OFFICE BOX, WHERE THE BUILDER CAN BE CONTACTED.

A CERTIFICATE OF PARTICIPATION WITH AN ADDRESS
CONSISTING OF A POST OFFICE BOX WILL NOT BE PROCESSED.

REPORT ANY CHANGE IMMEDIATELY TO US AT:

DEPARTMENT OF COMMUNITY AFFAIRS
NEW HOME WARRANTY PROGRAM
CN 805
TRENTON, NJ 08625-0805

(609) 984-1700

(609) 984-1701

(609) 984-5071