Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20200434
Update Number:
Control Number: 49240
Application Date: 06/15/20
Permit Date: 6/18/2020

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 5301.01 Lot : 32.04 Qualifier :
Work Site Location: 2 QUAIL RIDGE COURT MEDFORD

Owner In Fee: QUIGLEY, DARREN & CHERYL
Address: 2 QUAIL RIDGE COURT
MEDFORD NJ, 08055
Telephone: ()
Use Group(s): R-5

Contractor: RPM HEATING AND AIR CONDITIONING
Address: 17 COOPER AVE
MARLTON NJ, 08053
Telephone: [redacted]
Lic. No. / Bldg. No.:
Federal ID No.: [redacted]

OPEN

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE FURNACE & AC

ESTIMATED COST OF WORK

Cost of Construction:	$0.00
Cost of Alteration:	494.00
Cost of Demolition:	$0.00
Total Cost:	$10,494.00

PAYMENTS	(Office Use Only)
Building	
Electrical	$120.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	$90.00
VolFee (DCA)	
AltFee (DCA)	$20.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$230.00
All Fees Waived	No

Amount to be Paid: **$230.00**
Check Number: 15712
Check amount: $230.00

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

Richard Falasco/BR 6/18/20
Richard Falasco Date
Construction Official

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

Collected by: TR
Receipt No:
Total Cash Amount:
Total Check Amount: $230.00
Total CC Amount:
Grand Total: $230.00

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 06/15/2020
Control #: 49240

Date Issued: 06/18/2020
Permit #: 20200434

Township of Medford

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

Block: 5301.01 Lot: 32.04 Qualification Code:

Work Site Location: 2 QUAIL RIDGE COURT

DESCRIPTION OF WORK:
REPLACE FURNACE & AC

Owner in Fee: QUIGLEY, DARREN & CHERYL

2QUAIL RIDGE COURT
MEDFORD, NJ 08055

E-mail:
Telephone: ()
Contractor: RPM HEATING AND AIR CONDITIONING
ATTN:
Address: 17 COOPER AVE
MARLTON NJ 08053

Telephone: [redacted]
Fax: [redacted]

E-mail:
Home Improvement Registration No. or Exemption Reason: [redacted]
Contractor License No.: Exp. Date:
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.

1. New Building: $0.00
2. Rehabilitation: $5,247.00
3. Demolition: $0.00
Est.Cost of Elec.Work (1+2+3): $5,247.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[ ] Electrical Plans Approved
Date: Approved by:

Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 1	$65.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	6.40	KW Central A/C Unit	$55.00
1	0.75	HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$10.00
TOTAL FEE	$130.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's seal and Signature

Print Name

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

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

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

Township of Medford

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 06/15/2020 Date Issued: 06/18/2020
Control #: 49240 Permit #: 20200434

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

Block: 5301.01 Lot: 32.04 Qualification Code:
Work Site Location: 2 QUAIL RIDGE COURT
Owner in Fee: QUIGLEY, DARREN & CHERYL
Address: 2 QUAIL RIDGE COURT
MEDFORD, NJ 08055
Telephone: () - Email:
Contractor: RPM HEATING AND AIR CONDITIONING
Address: ATTN:
17 COOPER AVE
MARLTON NJ 08053
Telephone: [redacted] Fax: [redacted] Email:
License No.: [redacted] Exp Date: Federal Emp. No. [redacted]
Home Improvement Registration No. or Exemption Reason: [redacted]

B. MECHANICAL CHARACTERISTICS

Use Group Present: R3, R4 or R5 (circle one) Proposed: R3, R4 or R5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ] Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:
Type: [ ] Hydronic [ ] Hot Air

1. New Building: $0.00
2. Rehabilitation: $5,247.00
3. Demolition: $0.00
Estimated Cost of Mechanical Work (1+2+3): $5,247.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Plumbing
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mechanical

PLANS APPROVED
Date: _____
Approved by: _____
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	DATES Failure	Approval	Initial
Gas Piping	____	____	____	____
Appliance	____	____	____	____
Chimney/Vent	____	____	____	____
Oil Piping	____	____	____	____
Oil Tank	____	____	____	____
LPG Tank	____	____	____	____
Hydronic Piping	____	____	____	____
Fireplace	____	____	____	____
Chimney Cert.	____	____	____	____
Other ____	____	____	____	____

C. CERTIFICATION IN LIEU OF OATH

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

_____ Signature

_____ Print Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE FURNACE & AC

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
0	Water Heater	
0	Fuel Oil Piping	
0	Gas Piping	
0	Steam Boiler	
0	Hot Water Boiler	
1	Hot Air Furnace	$75.00
0	Oil Tank	
0	LPG Tank	
0	Fireplace	
1	Other 1: AC	$15.00
0	Other 2:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$10.00
TOTAL FEE	$100.00

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

Township of Medford
17 North Main Street
Medford, NJ 08055
609-6542608

CERTIFICATE

Date Issued: 03/26/2015
Control #: 39968
Permit #: 20141224

IDENTIFICATION

Block: 5301.01 Lot: 32.04 Qual: _____
Work Site Location: 2 QUAIL RIDGE COURT
MEDFORD
Owner in Fee: QUIGLEY, DARREN & CHERYL
Address: 2 QUAIL RIDGE COURT
MEDFORD NJ 08055
Telephone: _____
Agent/Contractor: TORTORICE CONTRACTORS INC
Address: 161 BLACKWOOD BARNSBORO ROAD
SEWELL NJ 08080
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: [redacted]
Social Security No.: _____

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

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **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

Richard Falasco, Construction Official

Fees: $0.00
Paid [X] Check No: 13200
Collected by: DS

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20141224
Update Number:
Control Number: 39968
Application Date: 12/04/14
Permit Date: 12/11/2014

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 5301.01 Lot : 32.04 Qualifier :
Work Site Location: 2 QUAIL RIDGE COURT MEDFORD

Owner In Fee: QUIGLEY, DARREN & CHERYL
Address: 2 QUAIL RIDGE COURT
MEDFORD NJ, 08055

Telephone: ()

Use Group(s): R-5

Contractor: TORTORICE CONTRACTORS INC
Address: 161 BLACKWOOD BARNSBORO ROAD
SEWELL NJ, 08080
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF TEAR-OFF

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$8,000.00
Cost of Demolition:	$0.00
Total Cost:	$8,000.00

PAYMENTS (Office Use Only)	
Building	$288.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$15.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$303.00
All Fees Waived	No

Amount to be Paid: **$303.00**
Check Number: 13200
Check amount: $303.00

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

Richard Falasco
Construction Official

12/11/14
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.

Collected by: DS
Receipt No:
Total Cash Amount:
Total Check Amount: $303.00
Total CC Amount:
Grand Total: $303.00

Note:

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 12-11-14

Date Issued / Permit # 2014-1224

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

Block 5301.01 Lot 32.04 Qualification Code

Work Site Location 2 Quail Ridge Court

Owner in Fee: Cheryl Quigley

Tel. [redacted] e-mail

Address 2 Quail Ridge Court (street) Medford (municipality) 08055

Contractor: Tortorice Contractors, Inc. Tel. [redacted]

Address 161 Blackwood-Barnsboro Road e-mail info@tortorice.com

Sewell, NJ 08080

Contractor License No. or Builder Registration No [redacted] Exp. Date 12/31/2014

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required	12-8-14	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-25-15
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			3-25-15	AC
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ ~~14,574~~ 8000
3. Total (1+ 2) $ ~~14,574~~ 8000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Diane Jones

Print name here: Diane Jones

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 1 layer of existing shingles. Install new shingles and ice shield at eves, walls, valleys and pipes.

Silver Gray

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

FEE (Office Use Only)
$ _____

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

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

Township of Medford

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 12/04/2014 Date Issued: 12/11/2014

Control #: 39968 Permit #: 20141224

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

Block: 5301.01 Lot: 32.04 Qualification Code:

Work Site Location: 2 QUAIL RIDGE COURT

Owner Details

Name: QUIGLEY, DARREN & CHERYL

Address: 2 QUAIL RIDGE COURT
MEDFORD, NJ 08055

Telephone: ()

E-mail:

Contractor Details

Contractor: TORTORICE CONTRACTORS INC
ATTN:

Address: 161 BLACKWOOD BARNSBORO RO
SEWELL NJ 08080

Telephone: [redacted] Fax: [redacted]

E-mail:

Federal Emp. No: [redacted]

Lic No. or Bldrs Reg. No.: Expiration Date:

Home Improvement Registration No. or Exemption Reason: [redacted]

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:
Constr. Class	Present:	Proposed:
No. of Stories		
Height of Structure		Ft.
Area - Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft
Total Land Area Disturbed		Sq. Ft
Max. Live Load		
Max. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building.	0.00
2. Alteration	8,000.00
3. Demolition	0.00
4. Total (1+2+3)	$8,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
[ ] Other		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ROOF TEAR-OFF

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

$288.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$15.00
Total Fee	$303.00

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

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

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Date Issued 10/29/96
Control #
Permit # 95-6-463.2

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 5301.01 Lot 32.04
Work Site Location 2 QUAIL RIDGE CT
MEDFORD
Owner in Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERYVILLA, PA 18936-
Telephone [redacted]
Contractor THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERYVILLE, PA 18936-
Telephone [redacted]
Lic. to. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]
or Social Security No.

Home Warranty No. 1251829
Type of Warranty Plan: [ ] State [X] Private
Use Group R-4
Maximum Live Load 40
Construction Classification 5B
Maximum Occupancy Load 10
Description of Work/Use:

NEW SINGLE FAMILY DWELLING

CERTIFICATE OF OCCUPANCY/APPROVAL

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

[ ] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed 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 the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] 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 $ 187
Paid [X] Check No. 78520
Collected by: BK

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Date Issued 6/19/95
Control # C-5301/32
Permit # 95-6463

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 5301.01 Lot 32.04

Work Site Location 2 QUAIL RIDGE CT
MEDFORD

Owner in Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONGTOMERYVILLA, PA 18936-
Telephone [redacted]

Contractor THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERYVILLE, PA 18936-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No. [redacted] Exp. Date / /
Federal Emp. No. [redacted]
or Social Security No.

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

DESCRIPTION OF WORK:

NEW SINGLE FAMILY 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 $ 85,400

Edward J. Braun
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	1,181
Electrical	168
Plumbing	396
Fire Protection	129
Elevator Devices	0
Other	
DCA Training Fee	94
Cert. of Occ.	187
Other	
Total	2,155
Check No.	78520
Cash	
Collected By:	

BUILDING SUBCODE TECHNICAL SECTION

Date Issued 6/19/95
Control #
Permit # 95-6-463

REC'D JUN 05 1995

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

Block 5301.01 Lot 32.04
Work Site Location 2 Quail Ridge Court, Medford NJ. 08055

Owner in Fee THE QUAKER GROUP
Address 593 Bethlehem Pike
Montgomeryville PA 18936
Tele. ([redacted]
Contractor SAME
Address SAME

Tele. (____) SAME
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted] or Social Security No. ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-6-95	BR
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 10-29-96 10-21-96
Approved By: BR PJP

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			6/30/95	BR
Foundation	7-24-95		7-10-95	BR
Slab				
Frame	9-25-95	10-10-95	10-18-95	BR
Insulation			10-25-95	BR
Finishes:				
Energy				
Mechanical				
TCO				
Other vents			10-30-95	BR
Final	4-24-96		4-29-96	BR

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[X] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only)
FEE $ 1181

B. BUILDING CHARACTERISTICS

Use Group	Present R-4	Proposed R-4
Constr. Class	Present	Proposed
No. of Stories	2	
Height of Structure	28' 3 5/8"	Ft.
Area—Largest Floor	1862	Sq. Ft.
New Bldg. Area/All Floors	6037	Sq. Ft.
Volume of New Structure	28639	Cu. Ft. 59043
Total Land Area Disturbed	2468	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 85,400
2. Alteration $
3. Total (1+2) $ 85,400

Paid [X] Check # 78520
Collected by: BR

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 1181
TOTAL FEE	$

U.C.C. Form F-1108

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

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/05/95
Date Issued 6/19/95
Control # C-5301/32
Permit # 95-6-463

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

Block 5301.01 Lot 32.04
Work Site Location 2 QUAIL RIDGE CT
MEDFORD
Owner in Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONGTOMERYVILLA, PA 18936-
Tele [redacted]
Contractor THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERYVILLE, PA 18936-
Tele. [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]
or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

NEW SINGLE FAMILY DWELLING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK

		FEE (Office Use Only)
[X] New Building		$ 1,181
[ ] Addition		0
[ ] Alteration		0
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-4
Constr. Class	Present	Proposed 5B
No. of Stories		2
Height of Structure		30 Ft.
Area Largest Floor		1,862 Sq. Ft.
New Bldg. Area/All Floors		6,037 Sq. Ft.
Volume of New Structure		59,043 Cu. Ft.
Total Land Area Disturbed		2,468 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 80,000
2. Alteration $ 0
3. Total (1+2)$ 80,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Paid [X] Check # 78520
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 1,181
DCA Training Fee	$ 94

U.C.C. Form F-110B

Change of Contractor

REC'D SEP 26 1995

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 95-6-463

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

Block 5301,01 Lot 32,04
Work Site Location 2 CHANDLEDGE DRIVE
MEDFORD N.J.
Owner in Fee
Address 593 BETHLEHEM PIKE
MONTGOMERVILLE PA 18936
Tele. [redacted]
Contractor SUMMIT ELECTRIC
Address 305 W BRISTOL ROAD
WARMINSTER PA 18974
Tele. [redacted]
Lic. No [redacted]
Federal Emp. No [redacted] or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SFD Utility Co. PSE&G
Est. Cost of Elec. Work $ 3000.-

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL TCO
[ ] CO [ ] CCO [ ] CA
Date: 4-24-96 10-21-96
Approved By: B. Tarone

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			9-27-95	BT
Temporary				
Constr. Serv.				
TCO				
Other				
Service	9-27-95		10-2-95	BT
Final ✓			4-24-96	BT

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

Needs better Nail Plates for Service entrance conductors

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
24		Fixtures (1)	
70		Receptacles (2)	
38		Switches (3)	
137		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
1	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
7		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
2	hp	Motors—Fractional H.P.	
1	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
1	200 Amp	Service Entrance	
2	CABLE	Other	
2	PHONE		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-120B

REC'D JUN 05 1995

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6/19/95
Control #
Permit # 95-6-463

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

Block 5301.01 Lot 32.04
Work Site Location 2 Quail Ridge Court
Medford, NJ 08055
Owner in Fee The Quail Group
Address 593 Bethlehem Pike
Montgomeryville, PA 18936
Tele. [redacted]
Contractor All American Electric Inc.
Address 211 Walnut Ave
Albion N.J. 08009
Tele. ([redacted]
Lic. No. [redacted]
Federal Emp. No. [redacted] or Social Security No.

This is Not a Contractor

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 6-6-95
Approved by: R. Taone

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

INSPECTIONS

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Patricia M. Blackburn
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
26		Fixtures (1)
61		Receptacles (2)
38		Switches (3)
		Total 1 + 2 + 3
1	4 Kw	Range Gas
	Kw	Oven(s)
	Kw	Surface Unit
1	2 hp	Dishwasher
1	2 hp	Garbage Disposal
1	4 Kw	Dryer
1	4 Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
7		Smoke Detectors
1	2 hp	Whirlpool/spa
		Pool Bonding
	hp	Pool Filter Motor
		Pool Lights
1	2 Kw	Water Heater(s)
1	2 Kw	Central heat: oil, gas or elec.
	Kw	Baseboard Heat Units
		Thermostats
	hp	Heat Pump
	hp	Pump(s)
	Amp	Motor Control Center/Sub Panels
		Signs
		Light Standards
	hp	Motors—Fractional H.P.
	hp	Motors—All Others
	Kw	Transformers
	Kw	Generators
1	200 Amp	Service Entrance
		Other

FEE (Office Use Only)

Paid [✓] Check # 78525
Collected by: BR

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

U.C.C. Form F-120B

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/05/95
Date Issued 6/19/95
Control # C-5301/32
Permit # 95-6-463

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

Block 5301.01 Lot 32.04
Work Site Location 2 QUAIL RIDGE CT
MEDFORD
Owner in Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONGTOMERYVILLA, PA 18936-
Tele [redacted]
Contractor ALL AMERICAN ELECTRIC, INC.
Address 211 WALNUT AVE
ALBION, NJ 08009-
Tele [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. [redacted]
or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed R-4
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 1,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
26		Fixtures (1)	
61		Receptacles (2)	
38		Switches (3)	
132		Total 1 + 2 + 3	53
1	4 kw	Range	9
0	0 kw	Oven(s)	0
0	0 kw	Surface Unit	0
1	2 hp	Dishwasher	9
1	2 hp	Garbage Disposal	9
1	4 kw	Dryer	9
1	4 kw	A/C Unit	9
0		Burglar Alarms	
0		Intercoms Panels	
7		Smoke Detectors	
1	2 hp	Whirlpool/Spa	9
0		Pool Bonding	
0	0 hp	Pool Filter Motor	0
0		Pool Lights	
1	4 kw	Water Heater(s)	9
1	4 kw	Central Heat: oil, gas or elect	9
0	0 kw	Baseboard Heat Units	0
0		Thermostats	
0	0 hp	Heat Pump	0
0	0 hp	Pump(s)	0
0	0 amp	Motor Control Center/Sub Panels	0
0		Signs	
0		Light Standards	
0	0 hp	Motors-Fractional H.P.	0
0	0 hp	Motors-All Others	0
0	0 kw	Transformers	0
0	0 kw	Generators	0
1	200 amp	Service Entrance	43
		Other _____	0
		Other _____	0

Paid [ ] Check # 78520
Collected by: _____

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	168
DCA Training Fee	$	0

U.C.C. Form E-1208

atrium post Cistern Rec'd

REC'D JUN 05 1995

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6/19/95
Control #
Permit # 95-6-463

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

Block 5301.01 Lot 32.04
Work Site Location 2 Quail Ridge Ct
Haddon, NJ 08055
Owner in Fee THE QUAKER GROUP
Address 593 Bethlehem Pike
Montgomeryville, PA 18936
Tele. [redacted]
Contractor C.J.'s Plumbing, Inc.
Address 457-C Cakeview Ave
Franklinville NJ. 08322
Tele. [redacted]
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Building Sewer Size _____ Public Sewer _____ Private Septic X
Water Service Size 1" Public Water X Private Well _____
Estimated Cost of Plumbing Work $ 3920

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 6/19/95
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved By: DPB
Date: 4-24-96 10-21-96

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough ✓			9/27/95	
Water ✓			9/27/95	
Sewer ✓				
Fixtures				
Gas Equipment ✓			9/27/95	
Gas Piping				
Solar				
TCO Final	4-24-96		4-24-96	DPB
			5-1-96	DPB

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Paid [✓] Check # 78520
Collected by: BK

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

PRO 204 B

UCC FORM F-130 B

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

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/05/95
Date Issued 6/7/95
Control # C-5301/32
Permit # 95-6-463

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

Block 5301.01 Lot 32.04
Work Site Location 2 QUAIL RIDGE CT
MEDFORD
Owner in Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
HONGTOWERYVILLA, PA 18936-
Tele [redacted]
Contractor C.J'S PLUMBING, INC.
Address 457-C LAKEVIEW AVE
FRANKLINVILLE, NJ 08322-
Tele [redacted]
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No.
or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-4
Building Sewer Size [ ] Public Sewer [X] Private Septic
Water Sewer Size [X] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	24
0	Urinal / Bidet	0
2	Bath Tub	16
5	Lavatory	40
2	Shower	16
0	Floor Drain	0
2	Sink	16
1	Dishwasher	8
0	Drinking Fountain	0
1	Washing Machine	8
2	Hose Bib	16
1	Water Heater	8
0	Fuel Oil Piping	0
1	Gas Piping	47
0	Steam Boiler	0
0	Hot Water Boiler	0
1	Sewer Pump	47
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
1	Water Service Connection	47
0	Active Solar System	0
	Other AC/VENTS	56
	Other WHIRLPOOL	47

Paid [ ] Check # 1852
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	396
DCA Training Fee	$	0

U.C.C. Form F-130B

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 6/19/95
Control #
Permit # 95-6-463

REC'D JUN 05 1995

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

Block 5301.01 Lot 32.09
Work Site Location 2 QUAIL RIDGE COURT
MEDFORD, NJ 08055
Owner in Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONTGOMERYVILLE, PA 18936
Tele. [redacted]
Contractor ~~Same~~ All American Electric Inc.
Address ~~Same~~ 211 Walnut Ave
Albion N.J. 08009
Tele. [redacted]
Lic. No. [redacted]
Federal Emp. No. [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 200 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 6-9-95
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 10.25.96
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test	4/23/96		10/25/96	93
Smoke Test				
Mechanical				
TCO	10/21/96			
Other DR / rv	9/27	10/11	10/20/95	9/27
Other fireplaces	9/27		10/13/95	9/27
Other Final	4/23/96			
OK FOR SALES SAMPLE ONLY			4/29/96	EB

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.

Patrick M. Blatchford
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	7	
Heat Detectors	7	
TOTAL		40.00
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		43.00
OTHER		46.00

Paid [✓] Check # 78520
Collected by:

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 129

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/05/95
Date Issued 6/9/95
Control # C-5301/32
Permit # 95-6-463

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

Block 5301.01 Lot 32.04
Work Site Location 2 QUAIL RIDGE CT
MEDFORD
Owner in Fee THE QUAKER GROUP
Address 593 BETHLEHEM PIKE
MONGTOMERYVILLA, PA 18936-
Tele [redacted]
Contractor ALL AMERICAN ELECTRIC, INC.
Address 211 WALNUT AVE
ALBION, NJ 08009-
Tele [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-4
Construction Class Present Proposed 5B
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 200 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity 0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity 0	Fuel	
L.P.G. Storage Tanks	( ) Capacity 0	Fuel	
L.N.G. Storage Tanks	( ) Capacity 0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	7	
Heat Detectors	0	
TOTAL	7	40
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	1	43
Other FIREPLACE		46
Other		0

Paid [X] Check # 18520
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	129
DCA Training Fee	$	0

U.C.C. Form F-1400