TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 08/13/99
Control #
Permit # 99-1055

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 44.19 Lot 2 Qual
Work Site Location 63 LAKESIDE DRIVE
REPLACE HOT WATER HEATER
Owner in Fee/Occupant PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Telephone [redacted]
Contractor DUANE ARETZ
Address RD 2 428 EVESBORO MEDFORD RD.
MARLTON., NJ 08053-
Telephone (856)985-6163 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

HOT WATER HEATER REPLACEMENT.

[ ] 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. 305
Collected by: LMS

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 07/20/99
Control #
Permit # 99-1055

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 44.19 Lot 2 Qual

Work Site Location 63 LAKESIDE DRIVE
REPLACE HOT WATER HEATER
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Telephone [redacted]

Contractor DUANE ARETZ
Address RD 2 428 EVESBORO MEDFORD RD.
MARLTON,, NJ 08053-
Telephone (609)985-6163
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HOT WATER HEATER REPLACEMENT.

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	30
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	30
Check No.	305
Cash	
Collected By	LMS

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

07/20/99
Date

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 07/20/99
Control #
Permit # 99-1055

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

Block 44.19 Lot 2 Qual

Work Site Location 63 LAKESIDE DRIVE
REPLACE HOT WATER HEATER

Owner in Fee PUIG, ANGELO & JANICE

Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053

Tele. [redacted] Fax ( )

Contractor DUANE ARETZ

Address RD 2 428 EVESBORO MEDFORD RD.
MARLTON,, NJ 08053-

Tele.(609)985-6163

Lic. No. or Bldrs. Reg. No. 3-28

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size [X] Public Sewer [ ] Private Septic

Water Sewer Size [X] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7-22-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 8-12-99

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	30
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # 305 Minimum Fee $ 0
Collected by: LHS TOTAL FEE $ 30
DCA Training Fee $ 0

U.C.C. F130 (rev. 3/96)

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856-9832914

CERTIFICATE
IDENTIFICATION

Date Issued: 11/30/2016
Control #: 59160
Permit #: 20151889

Block: 44.19 Lot :2 Qual: _____

Work Site Location: 63 LAKESIDE DRIVE
EVESHAM

Owner in Fee: PUIG, ANGELO & JANICE

Address: 63 LAKESIDE DRIVE
MARLTON NJ 08053

Telephone: [redacted]

Agent/Contractor: RUDY GRILLI CONCRETE

Address: 18 STARKE LANE
DELRAN NJ 08075

Telephone: 856 764-7191

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

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
REMOVED EXISTING 12' X 16' DECK AND INSTALLED NEW 12' X 16' CONCRETE PATIO WITH FOOTINGS FOR FUTURE SUNROOM.

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

Construction Official

[ ] **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

Fees: $0.00
Paid[X]Check No.: 1208
Collected by: PAS

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

Evesham

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 08/04/2015
Control #: 59160

Date Issued: 09/28/2015
Permit #: 20151889

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

Block: 44.19 Lot: 2 Qualification Code:

Work Site Location: 63 LAKESIDE DRIVE

Owner Details

Name: PUIG, ANGELO & JANICE

Address: 63 LAKESIDE DRIVE
MARLTON NJ 08053

Telephone: [redacted]

E-mail:

Contractor Details

Contractor: RUDY GRILLI CONCRETE
ATTN:

Address: 18 STARKE LANE
DELRAN NJ 08075

Telephone: (856) 764-7191 Fax: (856) 764-7916

E-mail:

Federal Emp. No:

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

Home Improvement Registration No. or Exemption Reason: 13VH01776600

B. BUILDING CHARACTERISTICS

Use Group	Present: U	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. Rehabilitation	4,140.00
3. Demolition	0.00
4. Total (1+2+3)	$4,140.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ]No Plans Required		
[ ]All		
[ ]Footings/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 [X] CA

Date: 11-28-16

Approved by: _____

INSPECTIONS

Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Footing			10/27/15	
Footing Bonding				
Foundation				
Slab			10/27/15	
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes - Base Layer				
Finishes - Final				
Energy				
Mechanical				
TCO				
Other				
Final			11-28-16	
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:
REMOVE EXISTING 12' X 16' DECK AND INSTALL NEW 12' X 16' CONCRETE PATIO WITH FOOTINGS FOR FUTURE SUNROOM.

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)

	$141.00
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$8.00
TOTAL FEE	$149.00

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 44.14 Lot 2 Qualification Code

Work Site Location 63 Lakeside DR

Owner in Fee: Jon and Angie Pirig

Tel. [redacted] e-mail [redacted]

Address 63 Lakeside DR (street) marlton (municipality) NJ (zip code)

Contractor: DJS Builders Tel. (609) 456-5008

Address 305 Crawford Rd e-mail Dsouls112@comcast.net
Cherry Hill NJ

Contractor License No. or Builder Registration No. 13VH04557500 Exp. Date 12/15

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

Federal Emp. ID No. 42-1730531 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [C] No Plans Required 9/4/14
- [ ] 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:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories 1
Height of Structure 24 ft.
Area — Largest Floor 4300 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. $ 4,000
2. Rehabilitation $ ____
3. Total (1+ 2) $ 4,000

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

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: [signature]

Print name here: Rick Iacovelli

D. TECHNICAL SITE DATA

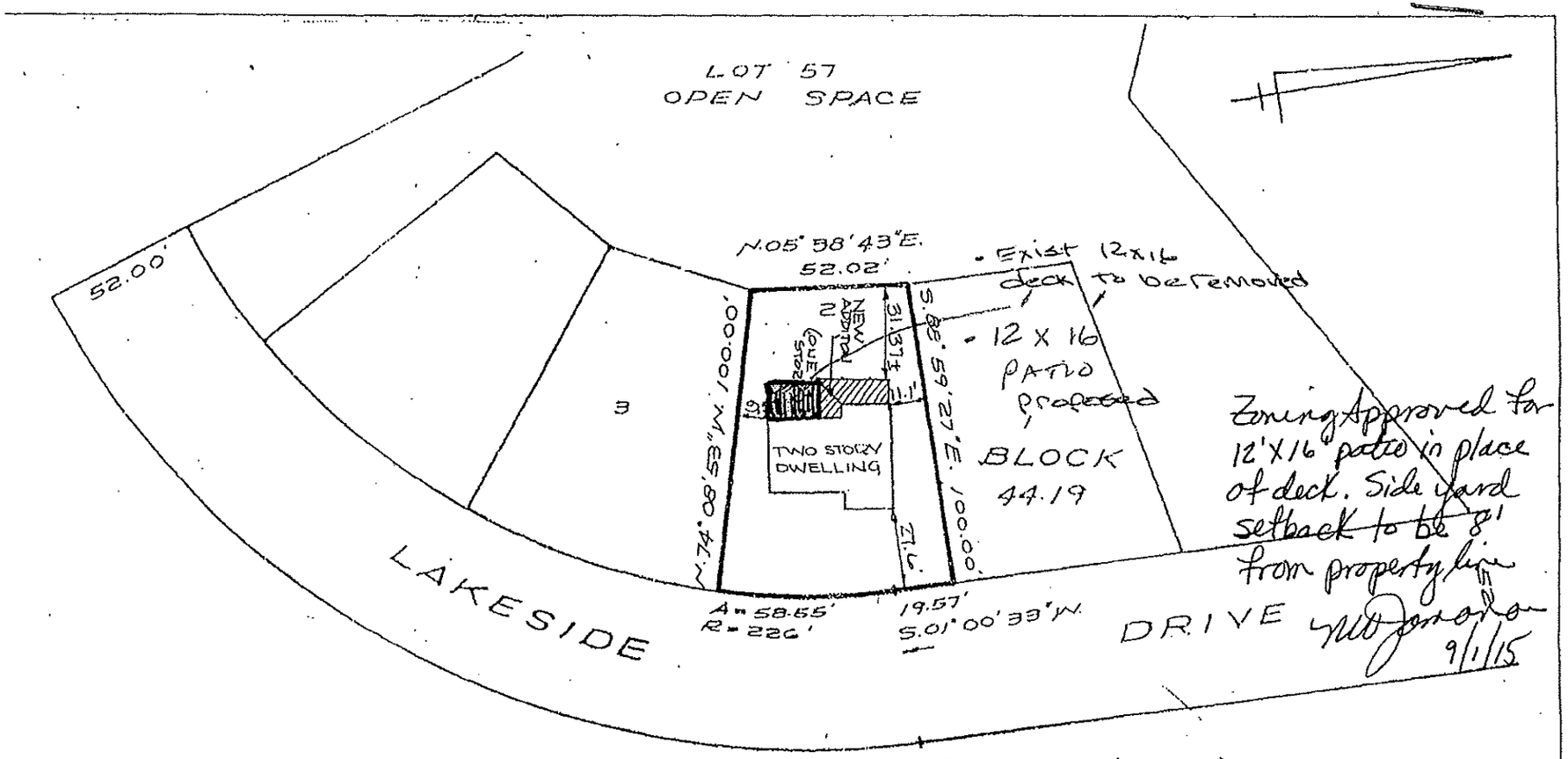
DESCRIPTION OF WORK: Patio + Footings
16 X 12

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



IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSURORS TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN THEREON.

N. J. LAND SURVEYOR LICENSE NO. 20

ROBERT R. HEGGAN

BLOG TIES TO FNDTN.

BARTON RUN

SURVEY OF LOT 2 BLOCK 44.19 SECTION 12
EVESHAM TOWNSHIP
BURLINGTON COUNTY, NEW JERSEY

TAYLOR • WISEMAN & TAYLOR
CONSULTING ENGINEERS • SURVEYORS
PLANNERS • LANDSCAPE ARCHITECTS
306 FELLOWSHIP ROAD, MOUNT LAUREL, N.J. 08057

DATE	SCALE	DRAWING NO
7-13-78	1" = 30'	14697

BLOCK 44.19 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 63 Lakeside Dr PERMIT NO. 2015-1889

09-25-15 Mailed

CONSTRUCTION PERMIT APPLICATION

59160

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

I. IDENTIFICATION

1. Proposed Work Site at: 63 Lakeside Drive
2. Name of Owner in Fee: JAN And Angie PUIG
   Tel. [redacted] e-mail [redacted]
   Address 63 Lakeside Dr (street) Marlton (municipality) NJ 08053 (zip code)
3. Ownership in Fee: Public _____ Private Dwelling
4. Principal Contractor: Rudi Grilli Tel. (856) 764-7191
   Address 18 Stark E. Lane Delran, NJ e-mail grillicontractor@aol.com
   License No. OR, if new home, Builder Reg. No. 13VH01776600 Exp. Date 3/31/16.
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH01776600
   Federal Emp. ID No. 22-3592915 FAX: (856) 764-7916
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun Rudi Grilli
   Tel. (856) 764-7191 FAX: (856) 764-7916

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 141		
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	8		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 149		

CK 1205

VI. BUILDING/SITE CHARACTERISTICS (for office use only)

R-5668

RECEIVED SEP 28 2015 BY:

1. Number of Stories		
2. Height of Structure		
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 ____ RUS ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Recubmission Dates Approval	Recubmission Dates Rejection	Re-viewer
[x] Building	4140.00				9/25/15				
[ ] Electrical									
[ ] Plumbing									
[ ] Fire Protection									
[ ] Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. [ ] Partial Releases
2. [ ] Prototype Processing

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

1. [ ] Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. [ ] High Pressure Boilers
3. [ ] Pressure Vessels
4. [ ] Refrigeration Systems
5. [ ] Cross-Connections/Backflow Preventers
6. [ ] Hazardous Uses/Places of Assembly
7. [ ] Sprinklers/Standpipes
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LPGas Tanks
12. [ ] Fire Alarm

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. (X) 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. (X) 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 Jon Ruiz Date 9/21/14

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 RUDY CORULLI CONCRETE WORK INC.

Address 18 STARKE LANE
DELRAN NJ. 08075

Telephone (856) 764-7191.

Signature Rudy Corulli Jr.

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X	X	X	
☐ N.J. Department of Transportation	X	X	X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐			X	X	X	X	X	X	
☐			X	X	X	X	X	X	

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
		Other	

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

To Reorder call: Allegra Marketing • Print • Mail (609) 390-1400 U.C.C. F100-2 (rev. 12/07)

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856 - 9832914

Permit Number: 20151889
Update Number:
Control Number: 59160
Application Date: 08/04/2015
Permit Date: 09/28/2015

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 44.19 Lot: 2 Qualification Code:
Work Site Location: 63 LAKESIDE DRIVE EVESHAM

Owner In Fee: PUIG, ANGELO & JANICE
Address: 63 LAKESIDE DRIVE
MARLTON NJ 08053

Telephone: [redacted]

Use Group(s): U

Contractor: RUDY GRILLI CONCRETE
Address: 18 STARKE LANE
DELRAN NJ 08075

Telephone: (856) 764-7191

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

Federal Emp. No.:

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:
REMOVE EXISTING 12' X 16' DECK AND INSTALL NEW 12' X 16' CONCRETE PATIO WITH FOOTINGS FOR FUTURE SUNROOM.

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	4,140.00
Cost of Demolition:	0.00
Total Cost:	$4,140.00

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

9/28/15
Date

Construction Official

PAYMENTS (Office Use Only)	
Building	$141.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$8.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$149.00**
All Fees Waived:	No

Amount to be Paid:	**$149.00**
Check Number:	1208
Check amount:	$149.00

Collected by:	PAS
Receipt No:	56682
Total Cash Amount:	
Total Check Amount:	$149.00
Total CC Amount:	
Grand Total:	$149.00

Note:

Evesham Township
Zoning Permit

Application #:	3358	Permit No:	20150391	Issue Date:	09/01/2015
Construction Control Number :	59160				
Block:	44.19	Lot:	2	Qualifier:	
Work Site:	63 LAKESIDE DRIVE			Zone:	RD1
Owner:	PUIG, ANGELO & JANICE			Agent:	RUDY GRILLI
Address:	63 LAKESIDE DRIVE			Address:	18 STARKE LAKE
City/State/Zip:	MARLTON 08053			City/State/Zip:	DELRAN NJ
Telephone:	___-____			Telephone:	856 764-7191
Fax:	(___) __-____			Fax:	(___) __-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	25197
Check #:	
Amount collected:	$50.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

INSTALL 12' X 16' CONCRETE PATIO IN REAR YARD IN SAME FOOTPRINT AS 12'X16' DECK BEING REMOVED. SETBACK WILL BE 8' . FOOTINGS WILL BE INSTALLED (FOR FUTURE SUNROOM). BUILDING PERMIT REQUIRED. REVISED 9-21-15 - NEW CONTRACTOR. SIZE OF PROPOSED PATIO HAS NOT CHANGED - REMAINS 12' X 16' WITH A 8' SIDE YARD SETBACK.

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[X] Other: **EXISTING DRAINAGE GRADING PATTERNS SHALL NOT BE ALTERED AS A RESULT OF WORK AUTHORIZED UNDER THIS ZONING PERMIT. PATIO WILL BE LOCATED IN SAME 12' X 16' FOOTPRINT AS DECK RECENTLY REMOVED.**

Janice Koch 9-23-15

Nancy Jamanow — **Zoning Official**

This is NOT a Construction Permit

ZONING PERMIT APPLICATION

RECEIVED AUG 2015

(IMPORTANT: READ INSTRUCTIONS ON REVERSE SIDE BEFORE FILLING IN APPLICATION)
** A COPY OF A PROPERTY SURVEY IS REQUIRED FOR SHEDS, POOLS, SPAS, FENCES, DECKS/PATIOS, ADDITIONS, ETC.

BY: _____

TOWNSHIP OF EVESHAM
Department of Community Development - 984 Tuckerton Road, Marlton, NJ 08053 Phone (856) 983-2914 Fax (856) 983-6709

1) BLOCK 44.19 LOT 2 ZONING DISTRICT _____ HISTORIC? NO

IS THIS AN AFFORDABLE HOUSING UNIT: Yes / (No) ARE YOU PART OF A HOMEOWNER ASSOC? Yes / (No)

2) APPLICANT'S NAME: *(Evesham Business or Resident having work done. Not for Contractor Information.)*
Jan and Ange. Puig
ADDRESS *(Location of Work)*: 63 Lakeside Drive Marlton, NJ 08053
PHONE: [redacted] E-MAIL: [redacted] FAX: [redacted]
DESCRIPTION OF WORK: ~~17'x 13'~~ 12'x 16' Per H.O. PATIO - Dig out and install 4" Thick with Footing around perimeter monolithic pour 2 sides 36" deep 1' wide 4000psi Concrete reinforced with wire and fiber mix

RECEIVED SEP 21 2015

3) PROPERTY OWNER'S NAME: Jan and Ange Puig
(Entity or Person who owns Evesham property where work is being done.)
ADDRESS: 63 Lakeside Drive Marlton, NJ 08053
PHONE: [redacted] FAX: [redacted] CONTACT PERSON: Same size Patio. New Contractor

4) CIRCLE ONE PLEASE: I am the Property Owner, Contractor, Tenant, Other (specify _____) making this application. I hereby certify that the owner of record authorizes the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.
Signature: Jan Puig Print Name: Jan Puig Date: 9/21/15

5) CONTRACTOR'S NAME: Rudy Grilli Contact Person: _____
ADDRESS: 18 Starke Lane Delran, NJ PHONE: 856-764-7197 FAX: _____
LICENSE # 13VH01776600 ESTIMATED COST OF JOB: _____

6) SETBACKS (distance from property line): Front Line _____ Rear Line 28' Right Side Line 11.1 Left Side Line 8.5
AFTER PATIO IS INSTALLED
Fences: Height (front yard) _____ (side yard) _____ (rear yard) _____ Does fence enclose a pool? Yes ____ No 81

Is there a well and septic system on property? NO If yes, show location and setbacks on survey.

setback OK

FOR OFFICE USE ONLY

Proposed Project was approved by: Zoning Board _____ Planning Board _____ Other (specify) _____
Approval Date _____ Approval # _____

MUA Approval _____ Date _____

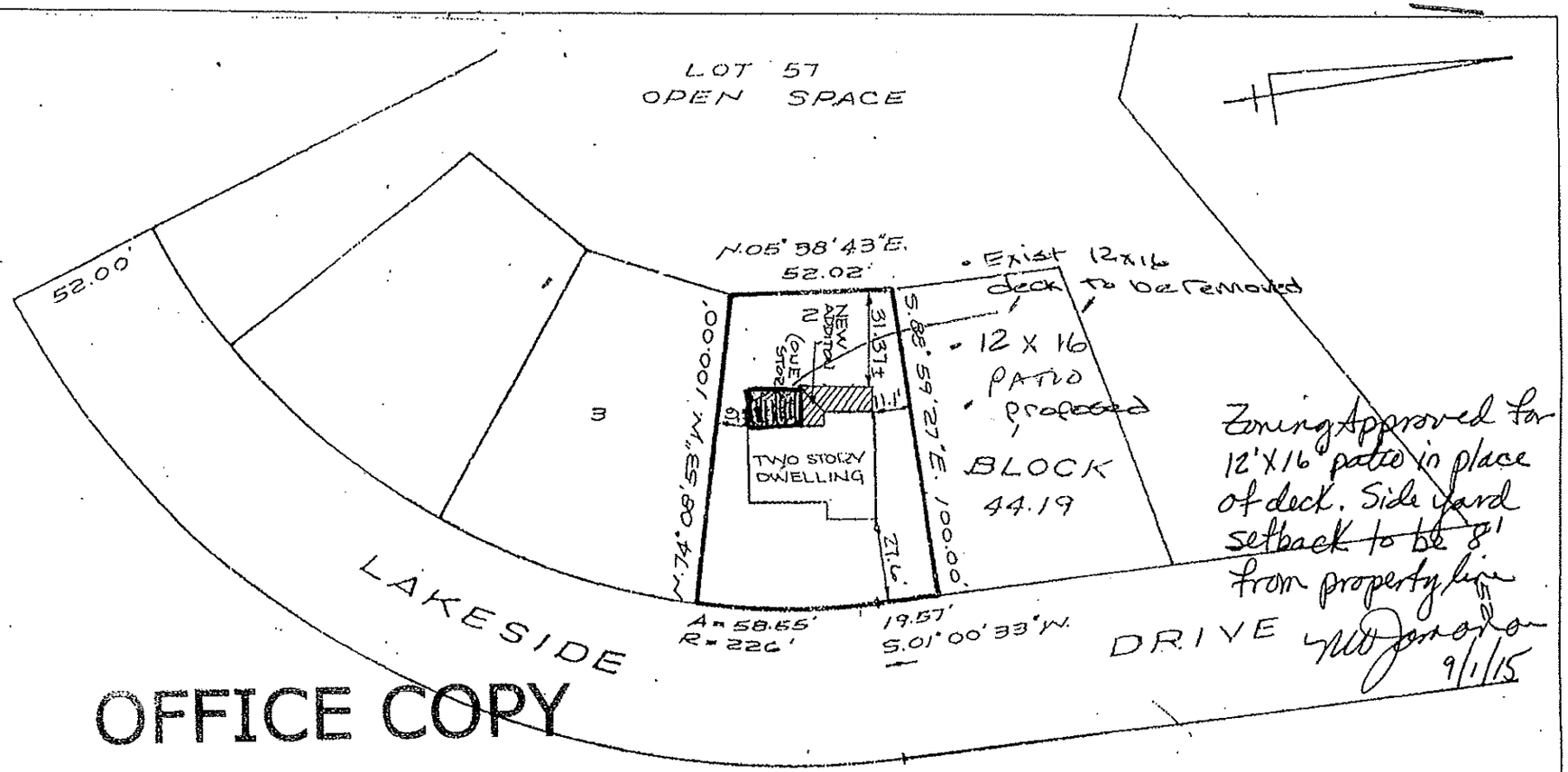
Application Approved with Conditions: NO CHANGE IN SIZE IS PROPOSED. CHANGE OF CONTRACTOR ONLY

Application Denied: ____ Date: _____ Reason(s): Application Incomplete ____ Use Variance Required ____ Bulk Variance Required ____
Work requires prior approvals ____ Other _____

Cash $50.00 Check # _____ Receipt # 25197 C3358 Zoning Permit # 2015-0391 Initials: _____ Date: 8/3/15
Revised 9/21/15

Janice Koch 9-23-15
Authorized Signature /Application Approved Date

Revised June 2015



OFFICE COPY

REV. 1-5-79 (FINAL)

IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSURORS TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN THEREON.

N. J. LAND SURVEYOR LICENSE NO. 1270

ROBERT R. HEGGAN

BLOG TIES TO ENDTN.

BARTON RUN

SURVEY OF LOT 2 BLOCK 44.19 SECTION 12

EVESHAM TOWNSHIP

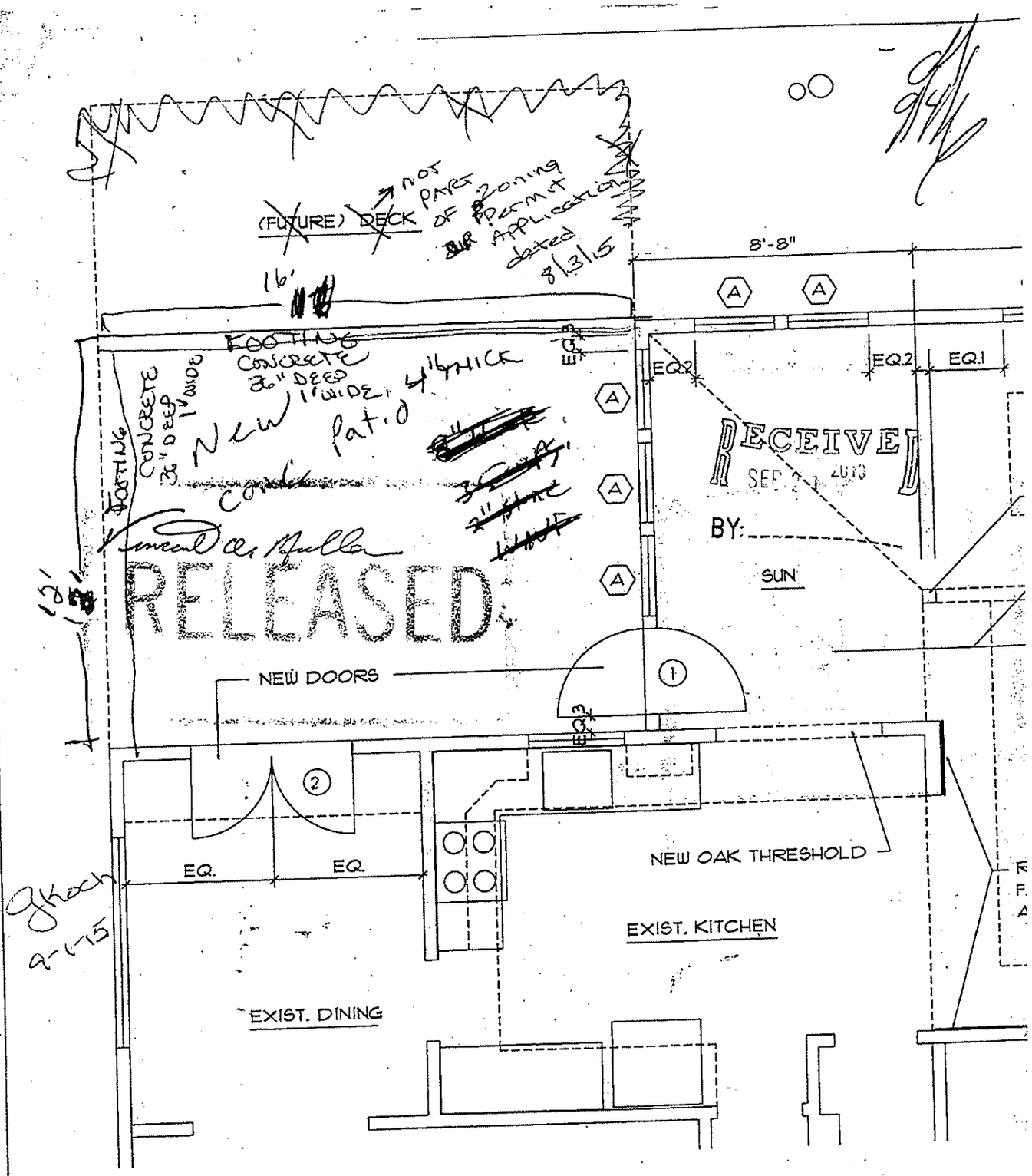
BURLINGTON COUNTY, NEW JERSEY

TAYLOR • WISEMAN & TAYLOR

CONSULTING ENGINEERS • SURVEYORS
PLANNERS • LANDSCAPE ARCHITECTS.

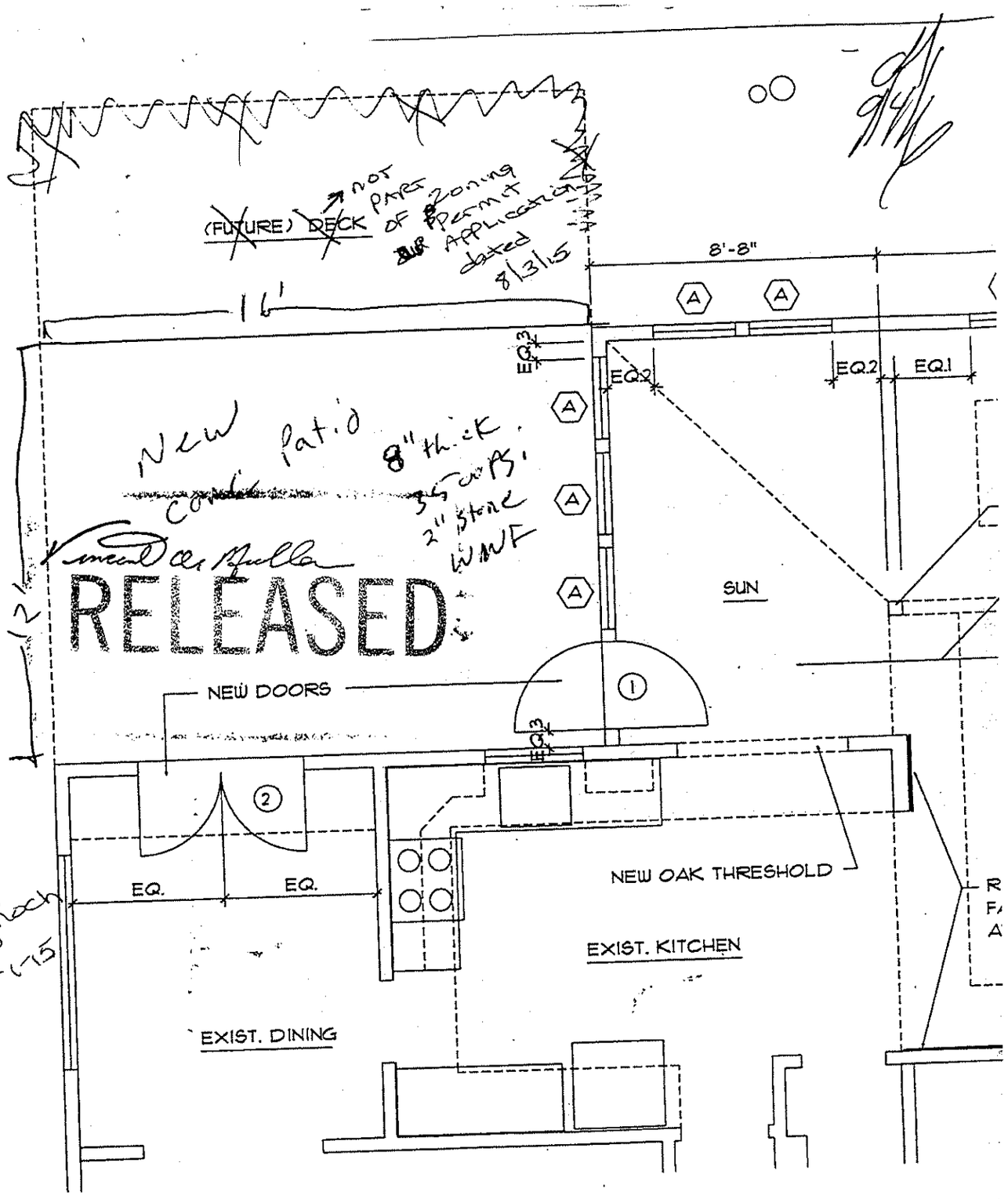
306 FELLOWSHIP ROAD, MOUNT LAUREL, N.J. 08057

DATE:	SCALE:	DRAWING NO.
7-13-78	1" = 50'	14697



1 FIRST FLOOR PLAN
SCALE: 1/8" = 1'-0"

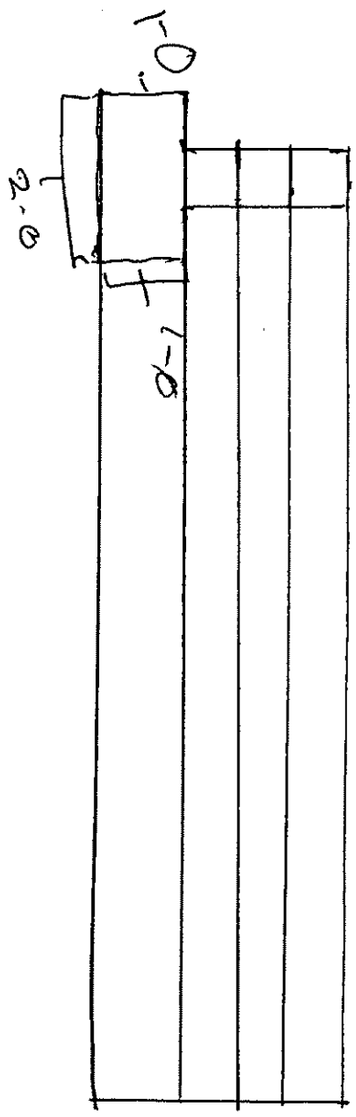
OFFICE COPY

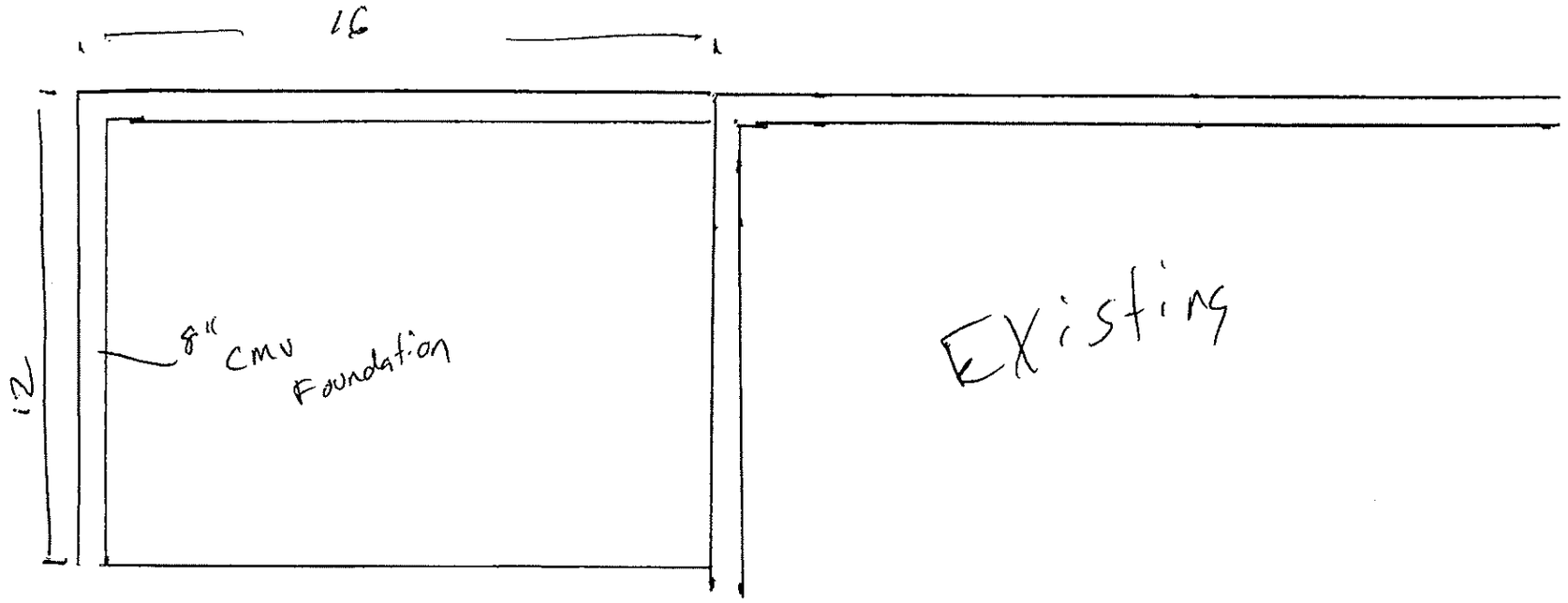


1 FIRST FLOOR PLAN
SCALE: 1/8" = 1'-0"

2015-1889

OFFICE COPY





Existing

1/4" = 1'-0

BLOCK 44.19 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 63 Lakeside Dr PERMIT NO. 2017-2324

CONSTRUCTION PERMIT APPLICATION

66650

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

I. IDENTIFICATION

1. Proposed Work Site at: 63 Lakeside Dr. Marlton
2. Name of Owner in Fee: Jan Puig
   Tel. [redacted] e-mail _____
   Address 63 Lakeside Dr. Marlton (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Oil Company Tel. ( ) _____
   Address _____ e-mail _____
   7 Oil Company
   ~~1700 Union Landing Road~~
   License No. OR, if new home, Builder Reg. Cinnaminson, NJ 08077 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal ID# 223772233
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. ~~Subtotal~~ MECHANICAL	95		
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 95		
9. State Permit Surcharge Fee	10		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 105		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor RECEIVED sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure OCT 24 2017 cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load Check # 23180
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed R-62963 sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical			10/24	VERBAL					
☐ Plumbing									
✓ Mechanical ☐ Fire Protection					10/27	RD			
☐ Elevator									
TOTAL COST	~~5800~~ 300								

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 _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

1 of 3

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 _____

Address _____

Telephone _____

Signature _____

P.O. BOX 2526
CINNAMINSON, NJ 08077 856-786-0707

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.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer				X				X	
☐ Planning Board									
☐ Zoning Board			X						
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X						
☐ Health Department					X				
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X	X	X	
☐ N.J. Department of Transportation	X	X	X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	No.	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy						
☐ Temporary Certificate of Compliance						
☐ Combined Certificate of Occupancy						
☐ Certificate of Compliance						
☐ Certificate of Occupancy						
☐ Certificate of Approval						
☐ Lead Abatement Clearance Certificate						

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856-9832914

CERTIFICATE
IDENTIFICATION

Date Issued: 01/02/2018
Control #: 66650
Permit #: 20172324

Block: 44.19 Lot :2 Qual: _____

Work Site Location: 63 LAKESIDE DRIVE
EVESHAM

Owner in Fee: PUIG, ANGELO & JANICE

Address: 63 LAKESIDE DRIVE
MARLTON NJ 08053

Telephone: [redacted]

Agent/Contractor: 7 OIL CO. INC.

Address: 1708 UNION LANDING ROAD
CINNAMINSON NJ 08077

Telephone: 856 786-0707

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-3772233

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:
REPLACED OIL FURNACE.

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

Construction Official

[ ] **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

Fees: $0.00
Paid[X]Check No.: 66650
Collected by: RS

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Evesham

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 10/13/2017 Date Issued: 10/24/2017
Control #: 66650 Permit #: 20172324

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

Block: 44.19 Lot: 2 Qualification Code:
Work Site Location: 63 LAKESIDE DRIVE
Owner in Fee: PUIG, ANGELO & JANICE
Address: 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Telephone: [redacted] Email:
Contractor: 7 OIL CO. INC.
ATTN:
Address: 1708 UNION LANDING ROAD
CINNAMINSON NJ 08077 Fax: (856) 829-2785
Telephone: (856) 786-0707 Email:
License No.: Exp Date: Federal Emp. No.: 22-3772233
Home Improvement Registration No. or Exemption Reason: 13VH01110200

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3,R-4 or R-5 (circle one) Proposed: R-3,R-4 or R-5 (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. Rehabilitaion: $5,100.00
3. Demolition: $0.00
Estimated Cost of Mechanical Work (1+2+3): $5,100.00

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
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 12-29-17
Approved by: [signature]

INSPECTIONS	DATES			
Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance	11-16-17	12-22-17	12-29-17	WDB
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:
OIL FURNACE REPLACEMENT

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other 1: OIL FURNACE	$50.00
1	Other 2: CO DETECTOR	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$10.00
TOTAL FEE	$105.00

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location: 63 Lakeside Dr. Marlton, NJ.

Owner in Fee: Jan Puig

Tel. [redacted] e-mail _____

Address: 63 Lakeside Dr. Marlton

Contractor: Jeff Company Tel. 856-786-0167

Address: 1708 Union Landing Cinnaminson NJ 08077 e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. 223172233 FAX: ( ) _____

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [✓] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [✓] Oil [ ] Electric [ ] Solar [ ] Other _____

Estimated Cost of Mechanical Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
[ ] Mechanical Plans Approved
Date: 10-16-17 Approved by: KB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10-16-17
Approved by: D+B
SUBCODE APPROVAL for CERTIFICATE
[ ] OA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	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.

Sign here: Mike Longo

Print name here: Mike Longo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Oil fired furnace

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other	
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	

U.C.C. F145 (rev. 11/09) Internet version

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

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856 - 9832914

Permit Number: 20172324
Update Number:
Control Number: 66650
Application Date: 10/13/2017
Permit Date: 10/24/2017

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 44.19 Lot: 2 Qualification Code:
Work Site Location: 63 LAKESIDE DRIVE EVESHAM

Owner In Fee: PUIG, ANGELO & JANICE
Address: 63 LAKESIDE DRIVE
MARLTON NJ 08053

Telephone: [redacted]

Use Group(s): R-5

Contractor: 7 OIL CO. INC.
Address: 1708 UNION LANDING ROAD
CINNAMINSON NJ 08077

Telephone: (856) 786-0707

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

Federal Emp. No.: 22-3772233

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
OIL FURNACE REPLACEMENT

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,100.00
Cost of Demolition:	0.00
Total Cost:	$5,100.00

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

10-25-17
Date

Construction Official

Note:

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	$95.00
VolFee (DCA)	
AltFee (DCA)	$10.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$105.00**
All Fees Waived:	No

Amount to be Paid:	**$105.00**
Check Number:	66650
Check amount:	$105.00

Collected by:	RS
Receipt No:	62963
Total Cash Amount:	
Total Check Amount:	$105.00
Total CC Amount:	
Grand Total:	$105.00

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 63 LAKESIDE Drive Marlton NJ 08053

Owner in Fee _____

Verifying Individual JOHN HILLARD Company TOIL

Address 1708 UNION LANDING Rd CINNAMINSON NJ 08077
Street City State Zip Code

Tel: (856) 786-0707 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size 6

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[ ] Chimney-Interior
[ ] Chimney-Exterior
[X] Masonry Chimney–Tile Lined
[ ] Masonry Chimney–Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	FURACE	Oil / Gas / Other: OIL	85,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ Signature _____ Date

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

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

John McVan Signature 9-27-17 Date

Direct Vent Appliance:

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

_____ Signature _____ Date

Verification Not Submitted:

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

_____ Signature _____ Date

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

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

BLOCK 44.19 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 63 Lakeside Drive PERMIT NO 2022.0251

CONSTRUCTION PERMIT APPLICATION C-22-0048

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

I. IDENTIFICATION

1. Proposed Work Site at: 638 Lakeside Dr Marlton
2. Name of Owner in Fee: PUIS
   Tel. [redacted] e-mail [redacted]
   Address 63 Lakeside Dr (street) Marlton (municipality) 08053 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: S and B Mechanical LLC Tel. (609) 839-7899
   Address 86 Richter Rd 1 e-mail SandBMechanical
   Tabernacle NJ 08088 @ yahoo.com
   License No. OR, if new home, Builder Reg. No. 1941C00703400 Exp. Date 6/30/22
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 82-1667817 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Mark Weydig
   Tel. (609) 839-7899 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	100		
5. Elevator Devices			
6. Mechanical			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 100		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approval ( ) HUD _____
9. Total Land Area Disturbed SC-1048 sq. ft.
10. Flood Hazard Zone R-22-0184
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

RECEIVED FEB 17 2022

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection					1/14/22	V			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units:

	Total Units	Income-restricted
Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 S and B Mechanical LLC
Address 86 Richter Rd
Tabernacle NJ 08088
Telephone 609-839-7899
Signature [signature]

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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

OFFICE DATE RECEIVED: ____________

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer			X	X	X	X	X	X	RECEIVED JAN 10 2022 BY:
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
		Other	

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

Evesham Township
Township of Evesham
Construction Permits & Inspections
984 Tuckerton Road
Marlton, NJ 08053

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 3/28/2022
Control Number C-22-0048
Permit Number 20220251
Permit Issue Date 2/17/2022
Certificate Number

Identification

Block: 44.19 Lot: 2 Qual:

Work Site Location: 63 LAKESIDE DRIVE MARLTON, NJ 08053

Owner in Fee: PUIG, ANGELO & JANICE
Owner Address: 63 LAKESIDE DRIVE MARLTON NJ 08053
Telephone:

Contractor: S AND B MECHANICAL LLC
Address: 86 RICHTER ROAD TABERNACLE NJ 08088
Telephone: (609) 839-7899 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: Use Group: U
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
REMOVED ABOVE GROUND OIL TANK.

Certificate Comments:

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

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

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

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

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

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

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

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

Construction Official

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

Fee: $0.00

Check Number:
Collected By:

Date Printed: 3/28/2022

FIRE SUBCODE
TECHNICAL SECTION

Date Received 1/10/2022
Control # C-22-0048
Date Issued 2/17/2022
Permit # 20220251

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

Block 44.19 Lot 2 Qualification Code

Work Site Location: 63 LAKESIDE DRIVE MARLTON, NJ 08053

Owner in Fee: PUIG, ANGELO & JANICE

Address 63 LAKESIDE DRIVE MARLTON NJ 08053 Email

Tel.

Contractor: S AND B MECHANICAL LLC Tel. (609) 839-7899

Address 86 RICHTER ROAD TABERNACLE NJ 08088 Email SANDBMECHANICAL@YAHOO.COM

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

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

Fire Alarm Contractor No. Expiration Date:

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

Federal Employee No. Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed

Constr. Class Present Proposed

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Undersiab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:

Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☒ CA
Date: 3/25/22
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final			3/25/22	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVAL OF ABOVE GROUND OIL TANK.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems ☐ System ☐ 110v Interconnected ☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other Storage Tank Removal	1	$100
Administrative Surcharge		
Minimum Fee		
State Permit Surcharge Fee		
TOTAL FEE		$100

U.C.C F140 (rev. 11/09)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block ____ Lot ____ Qualification Code ____

Work Site Location 163 Lakeside Dr Marlton

Owner in Fee: Roig

Tel. [redacted] e-mail [redacted]

Address 163 Lakeside Dr Marlton 08053
(street, municipality, zip code)

Contractor: S and B Mechanical LLC Tel. 609 889-7899

Address 86 Richter Rd e-mail SandBmechanical@yahoo.com
Tabernacle NJ 08088

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

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

Fire Alarm Contractor No. 19AC00703400 Exp. Date 6/30/22

Home Improvement Contractor Registration No. or Exemption Reason ____

Federal Emp. ID No. 82-1666817 FAX: ____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar [ ] Other ____

Location: ____

Total Cost of Fire Protection Work $ 1200.00

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ____ Approved by: ____
[ ] Fire Protection Plans Approved
Date: ____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/14/22
Approved by: SF

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3/26/22
Approved by: SF

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/26/22	SF
Other ____				

U.C.C. F140 (rev. 02/11) Internet version

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: [signature]

Print name here: Mark Weydig

D. TECHNICAL SITE DATA [ ] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK: Removal of oil Tank (above ground)
Water Supply Source
Method of Alarm/Suppression System Supervision ____

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

CONSTRUCTION PERMIT

Date Issued 2/17/2022
Control # C-22-0048
Permit # 20220251

IDENTIFICATION Block: 44.19 Lot: 2 Qualifier
Work Site Location: 63 LAKESIDE DRIVE MARLTON, NJ 08053
Owner in Fee PUIG, ANGELO & JANICE
63 LAKESIDE DRIVE MARLTON NJ 08053
Telephone:

Contractor S AND B MECHANICAL LLC
Address 86 RICHTER ROAD TABERNACLE NJ 08088
Telephone: (609) 839-7899
Lic. No. or Bldrs. Reg. No. 19HC00703400
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVAL OF ABOVE GROUND OIL TANK

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$100
Check No.	1048
Cash	$0
Credit	$0
Collected By	Dorotea Rafanelli

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 $1,500

Construction Official

2/18/2022
Date

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

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

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before concrete is placed in footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, joints, nailing, bolted and roof sheathing, insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

SEE ATTACHED INSPECTION CHECKLIST

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

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

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

☐ A complete copy of released plans must be kept on the job site.

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

BLOCK 44.19 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 63 Lakeside Drive PERMIT NO. 2022025

CONSTRUCTION PERMIT APPLICATION C-22-0050

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

I. IDENTIFICATION

1. Proposed Work Site at: 63 Lakeside Dr Marlton
2. Name of Owner in Fee: Puig Jose Ange
   Tel. [redacted] e-mail [redacted]
   Address 63 Lakeside Dr (street) Marlton (municipality) 08053 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: S and B Mechanical LLC Tel. 609-839-7899
   Address 810 Richter Rd e-mail Sandbmechanical@yahoo.com
   Tabernacle NJ 08188
   License No. OR, if new home, Builder Reg. No. 19HC067034 00 Exp. Date 6/30/2022
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 82-1667817 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Mark Weydig
   Tel. 609-839-7899 FAX: _____

V. FEE SUMMARY (for office use only)

		Update A	Update
1. Building	$		
2. Electrical		65	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal Mech		186	65
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		13	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	264	65

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories
2. Height of Structure
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 ____

RECEIVED FEB 17 2022

RECEIVED FEB 17 2022

R-1048 CK R-22030

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☑ Electrical	1.5K				1/31/22	DS			
☑ ~~Plumbing~~ Mech	7000				1/31/22	AC			
☑ ~~Fire Protection~~									
☐ Elevator									
TOTAL COST	7150 $0								

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 _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

1.19 email CC

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 S and B mechanical llc

Address 86 Richter Rd

Tabernacle NJ 08088

Telephone 609-839-7899

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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

U.C.C. F100-2 (rev. 11/2014)

OFFICE DATE RECEIVED: _____

(office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									RECEIVED
☐ Planning Board									JAN 10 2022
☐ Zoning Board									BY:
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
Other			

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☑ Lead Abatement Clearance Certificate					

U.C.C. F100-3 (rev. 12/07)

Evesham Township
Township of Evesham
Construction Permits & Inspections
984 Tuckerton Road
Marlton, NJ 08053

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 4/13/2022
Control Number C-22-0050
Permit Number 20220252
Permit Issue Date 2/17/2022
Certificate Number

Identification

Block: 44.19 Lot: 2 Qual:

Work Site Location: 63 LAKESIDE DRIVE MARLTON, NJ 08053

Owner in Fee: PUIG, ANGELO & JANICE
Owner Address: 63 LAKESIDE DRIVE MARLTON NJ 08053
Telephone:

Contractor: S AND B MECHANICAL LLC
Address: 86 RICHTER ROAD TABERNACLE NJ 08088
Telephone: (609) 839-7899 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
OIL TO GAS CONVERSION-NEW GAS PIPING, GAS FURNACE, CHIMNEY LINER AND GAS PIPING TO NEW GAS RANGE.

Certificate Comments:
20220252+A - Alteration
GAS WATER HEATER REPLACEMENT

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Construction Official

Fee: $0.00

Check Number:
Collected By:

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

Date Printed: 4/13/2022

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/10/2022
Date Issued 2/17/2022
Control # C-22-0050
Permit # 20220252

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

Block 44.19 Lot 2 Qualification Code

Work Site Location: 63 LAKESIDE DRIVE MARLTON, NJ 08053

Owner in Fee: PUIG, ANGELO & JANICE

Address 63 LAKESIDE DRIVE MARLTON NJ 08053

Email

Tel.

Contractor: S AND B MECHANICAL LLC

Address 86 RICHTER ROAD TABERNACLE NJ 08088

Email SANDBMECHANICAL@YAHOO.COM

Tel. (609) 839-7899 Fax.

Lic No. Exp. Date

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

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $125

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☒ CA

Date: 4-12-22

Approved by:

INSPECTIONS Type:	Failure	Failure Dates (Month/Day)	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	SP 3/3/22		4/12/22	SP
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
OIL TO GAS CONVERSION-NEW GAS PIPING, GAS FURNACE, CHIMNEY LINER AND GAS PIPING TO NEW GAS RANGE.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1	1	HP/KW Space Heater/Air	$15
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	
TOTAL FEE	$65

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 63 Lakeside Dr
Marlton NJ 08053

Owner in Fee: Puig

Tel. ([redacted] e-mail [redacted]

Address 63 Lakeside Dr Marlton 08053
(street) (municipality) (zip code)

Contractor: Sand B Mechanical LLC Tel. (609) 839-7899

Address 86 Richter Rd e-mail SandBMechanical@yahoo.com
Tabernacle NJ 08088

Contractor License No. 19HC00703400 Exp. Date 6/30/2022

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

Federal Emp. ID No. 82-1667817 FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____

[ ] Electric Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: 1-13-22
Approved by: DF

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 Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: Mark Weydig

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reconnect of Furnace

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
1	1	HP/KW Space Heater/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	
		_____	

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

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 1/10/2022
Control # C-22-0050
Date Issued 2/17/2022
Permit # 20220252

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

Block 44.19 Lot 2 Qualification Code

Work Site Location: 63 LAKESIDE DRIVE MARLTON, NJ 08053

Owner in Fee: PUIG, ANGELO & JANICE

Address 63 LAKESIDE DRIVE MARLTON NJ 08053

Email

Tel.

Contractor: S AND B MECHANICAL LLC

Address 86 RICHTER ROAD TABERNACLE NJ 08088

Email SANDBMECHANICAL@YAHOO.COM

Tel. (609) 839-7899 Fax.

Contractor License No. 19HC00703400 Expiration Date: 6/30/2022

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

Federal Emp. ID No.

B. MECHANICAL CHARACTERISTICS

Use Group Present R-5 Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☑ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Estimated Cost of Mechanical Work $7,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☒ CA ☐ CCO

Date: 3-31-22

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Gas Piping			3-4-22	
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Final			3-31-22	

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 Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

OIL TO GAS CONVERSION-NEW GAS PIPING, GAS FURNACE, CHIMNEY LINER AND GAS PIPING TO NEW GAS RANGE.

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1\1	Other Gas\Chi	$121
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	$13
	TOTAL FEE	$199

U.C.C F145 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

MECHANICAL INSPECTION
TECHNICAL SECTION

Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 63 Lakeside Dr
Marlton NJ 08053

Owner in Fee: Puig

Tel. [redacted] e-mail [redacted]

Address 863 Lakeside Dr Marlton 08053
street municipality zip code

Contractor: Sand B Mechanical LLC Tel. 609 839-7899

Address 86 Richter Rd e-mail Sand B mechanical
Tabernacle NJ 08088 @ yahoo.com

Contractor License No. 1946007034 00 Exp. Date 6/30/2022

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 82-1667817 FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [X] Conversion OR [ ] Replacement

Type: [ ] Hydronic [X] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Estimated Cost of Mechanical Work $ 7000.00

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.

Applicant sign/Contractor sign and seal here: [signature]

Print name here: Mark Weydig

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Oil to gas Conversion, New Furnace, Chimney liner, gas range. gasline From Meter underground to Front of house, up wall thru Ceiling

JOB SUPERVISOR (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Mechanical Plans Approved

Date: 1/3/22 Approved by: [signature]

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1/3/22

Approved by: [signature]

SUBCODE APPPROVAL for CERTIFICATE

N/A N/A

Date: _____

Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
1	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
1	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
	Other

FEE (Office Use Only) $

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

U.C.C. F145 (rev. 12/18)

MECHANICAL SUBCODE
TECHNICAL SECTION

UPDATE

Date Received 1/10/2022
Control # C-22-0050+A
Date Issued 2/17/2022
Permit # 20220252+A

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

Block 44.19 Lot 2 Qualification Code

Work Site Location: 63 LAKESIDE DRIVE MARLTON, NJ 08053

Owner in Fee: PUIG, ANGELO & JANICE

Address 63 LAKESIDE DRIVE MARLTON NJ 08053

Email

Tel.

Contractor: S AND B MECHANICAL LLC

Address 86 RICHTER ROAD TABERNACLE NJ 08088

Email SANDBMECHANICAL@YAHOO.COM

Tel. (609) 839-7899 Fax.

Contractor License No. 19HC00703400 Expiration Date: 6/30/2022

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

Federal Emp. ID No.

B. MECHANICAL CHARACTERISTICS

Use Group Present R-5 Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☑ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Estimated Cost of Mechanical Work $450

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: 3-31-22

Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Final			3-31-22 SW	

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS WATER HEATER REPLACEMENT.

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	
	Administrative Surcharge	
	Minimum Fee	$65
	State Permit Surcharge Fee	$1
	TOTAL FEE	$66

U.C.C F145 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

MECHANICAL INSPECTION
TECHNICAL SECTION

UPDATE

Date Received
Control # C-22-0050+A

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 63 Lakeside Dr Marlton NJ

Owner in Fee: Puig

Tel. [redacted] e-mail [redacted]

Address 63 Lakeside Dr Marlton NJ 08053
street municipality zip code

Contractor: Kaser Mechanical, LLC Tel. (609) 353-1360

Address 1150 East Broad Street e-mail richard@kasermechanical.com

Burlington, NJ 08016

Contractor License No. 19HC00160600 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 260905683 FAX: (609) 353-1363

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3

Heating System work: [ ] New or [ ] Modification to Existing or [X] Conversion or [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Estimated Cost of Mechanical Work $ 450.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Mechanical Plans Approved

Date: 11/3/22 Approved by: PC

Joint Plan Review Required.

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 11/3/22

Approved by: _____

SUBCODE APPPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	DATES 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.

Sign here: [signature]

Print name here: Richard B. Kaser

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installing 40 gal water heater
Bradford White

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

CONSTRUCTION PERMIT

Date Issued 2/17/2022
Control # C-22-0050
Permit # 20220252

IDENTIFICATION Block: 44.19 Lot: 2 Qualifier
Work Site Location: 63 LAKESIDE DRIVE MARLTON, NJ 08053
Owner in Fee PUIG, ANGELO & JANICE
63 LAKESIDE DRIVE MARLTON NJ 08053
Telephone:

Contractor S AND B MECHANICAL LLC
Address 86 RICHTER ROAD TABERNACLE NJ 08088
Telephone: (609) 839-7899
Lic. No. or Bldrs. Reg. No. 19HC00703400
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
OIL TO GAS CONVERSION-NEW GAS PIPING, GAS FURNACE, CHIMNEY LINER AND GAS PIPING TO NEW GAS RANGE.

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 $7,185

Construction Official

2/18/2022
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$65
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$186.00
DCA Training Fee	$13
CO Fee	
Other	$0
Total	$264
Check No.	1048
Cash	$0
Credit	$0
Collected By	Dorotea Rafanelli

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

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

REQUIRED INSPECTIONS

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

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

SEE ATTACHED INSPECTION CHECKLIST

☐ Required inspections for all buildings or one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls prior to covering or backfilling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

☐ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 2/17/2022
Control # C-22-0050+A
Permit # 20220252+A

IDENTIFICATION Block: 44.19 Lot: 2 Qualifier
Work Site Location: 63 LAKESIDE DRIVE MARLTON NJ 08053
Contractor S AND B MECHANICAL LLC
Address 86 RICHTER ROAD TABERNACLE NJ 08088
Owner in Fee PUIG, ANGELO & JANICE
63 LAKESIDE DRIVE MARLTON NJ 08053
Telephone: (609) 839-7899
Lic. No. or Bldrs. Reg. No. 19HC00703400
Telephone:
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS WATER HEATER REPLACEMENT

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 $450

Construction Official 2/18/2022 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$65.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$66
Check No.	1048
Cash	$0
Credit	$0
Collected By	Dorotea Rafanelli

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

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

REQUIRED INSPECTIONS

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

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

SEE ATTACHED INSPECTION CHECKLIST

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

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

☐ A complete copy of released plans must be kept on the job site.

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 63 Lakeside Dr Marlton

Owner in Fee Ring

Verifying Individual Mark Weydig Company S and B Mechanical LLC

Address 86 Richter Rd (Street) Tabernacle (City) NJ (State) 08088 (Zip Code)

Tel: [redacted] Fax: ( ) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney:

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

Size _____

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other:	90,000
Appliance 2:	Water Heater	Oil / (Gas) / Other:	40,000
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: Metalfab Model: MLKE UL Listing: 1777

Material of Liner: Stainless Steel _____ Aluminum X

Size of Appliance Vent: 4" Size of Liner: 5" Height of Chimney: 22'

Length of Connector: 4' Vent Connector Rise: 1'

How does the appliance vent? [X] Natural Draft (Waterheater) [X] Fan-assisted (Furnace) [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

Signature _____ Date 12/22/21

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

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

Signature _____ Date _____

Direct Vent Appliance:

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

Signature _____ Date _____

Verification Not Submitted:

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

Signature _____ Date _____

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

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

63 Lakeside Dr
Marlton NJ
2022 0852

S and B Mechanical LLC
86 Richter Rd
Tabernacle NJ 08088
609-839-7899