Evesham Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Date Received: 7/21/2025

Tracking Number: OPRA-Req-25-0513

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information - Please Print

Name: BREEAN STUMPF

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: OPRA+REQUEST-78362-B822C338@REQUESTS.OPRAMACHINE.COM

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Insp ☐ Fax ☑ E-Mail

Under penalty of N.J.S.A. 2C:28-3, I certify that

1. I ☐ HAVE / ☑ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
2. I, or another person, ☐ WILL/ ☑ WILL NOT use the requested government records for a commercial purpose;
3. I ☐ AM/ ☑ AM NOT seeking records in connection with a legal proceeding

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

Location:

63 LAKESIDE DRIVE MARLTON, NJ 08053
ELECTRICAL, PLUMBING, HVAC PERMITS, PROPERTY SURVEY, CERTIFICATE OF OCCUPANCY, PERMITS FOR ANY ADDITIONS TO THE HOME, PERMIT FOR REMOVAL OF OIL TANK, REMOVAL OF ANY UNDERGROUND STORAGE TANKS, BASICALLY ANY/ALL PERMITS FOR CHANGE TO THE ACTUAL HOME. NO PERMITS NOT RELATED TO REAL ESTATE. FROM 1979 UNTIL PRESENT

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: **Date:**

BLOCK 4619 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 63 Lakeside Dr C-1508 PERMIT NO. 00-1922

TOWNSHIP OF EVESHAM

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 63 Lakeside Dr
2. Name of Owner in Fee: Angie Puig Tel. [redacted]
   Address 63 Lakeside Dr (street) Hartlon (municipality) NJ 08053 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: McGinnis HVAC Tel. (609) 801-1234
   Address 1997 Rt 206 Southampton, NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date
   Federal Employee No. 22-2486057 FAX: (609) 801-0001
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Jerry McGinnis
   Tel. (609) 801-1234 FAX (609) 801-0001

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	—	
2. Electrical		35	
3. Plumbing		25	
4. Fire Protection		35	
5. Elevator Devices			
6. Subtotal	$	95	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		2	
10. Subtotal			
11. Certificate of Occupancy			
12. Other			
13. TOTAL	$	97	

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CK 1486 2 7465

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☑ Fire Protection	3,000.00				12-7-00	DC			
6. ☑ Plumbing	1500				12-6-00	DC			
7. ☑ Electrical	7500				12-6-00	A.W.			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3,000.00								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS EV 10401953

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name McGinnis HVAC

Address 1997 Rt 206

Southampton, NJ 08088

Telephone (609) 801-1234

Signature _____

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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By _____

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 02/20/2001
Control #
Permit # 00-1922

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 44.19 Lot 2 Qual
Work Site Location 63 LAKESIDE DRIVE
REPLACE OIL FURNACE
Owner in Fee/Occupant PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Telephone ([redacted]
Contractor PAUL W BERTINI JR ELECTRIC
Address 78 LINCOLN DRIVE
LAUREL SPRINGS, NJ
Telephone (856)783-4914 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:

REPLACE OIL FURNACE & AIR-CONDITIONER.

[ ] 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 on later than , or the owner will be subject to fine or order to vacate.

CONSTRUCTION OFFICIAL
U.C.C. F260 (Rev. 5/98)

[ ] 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. 1486
Collected by: LMS

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 12/15/2000
Control #
Permit # 00-1922

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 44.19 Lot 2 Qual

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

Contractor PAUL W BERTINI JR ELECTRIC
Address 78 LINCOLN DRIVE
LAUREL SPRINGS, NJ
Telephone (856)783-4914
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE OIL FURNACE & AIR-CONDITIONER.

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 $ 3,115

Construction Official

12/15/2000
Date

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

PAYMENTS (Office Use Only)

Building	0
Electrical	25
Plumbing	25
Fire Protection	25
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	77
Check No.	1486
Cash	
Collected By	LMS

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 12/15/2000
Control #
Permit # 00-1922

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 OIL FURNACE
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Tele. [redacted] Fax ( )
Contractor MCGINNIS HVAC
Address 1997 ROUTE 206
SOUTHHAMPTON, NJ 08088-
Tele.(609)801-1234
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [ ] Gas [X] Oil [ ] Elect [ ] Solar
[ ] Other REPLACE FURNACE
Location: UTILITY ROOM
Total Est Cost of Fire Prot Work $ 3,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [~~CA~~
Date: 2-16-01
Approved By: DAMICO

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other Furnace	2-16-01	DAM		

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Supervy

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [X] Fired Appliances	0	0
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [X] Check # 1486	Minimum Fee	$ 25
Collected by: LMS	TOTAL FEE	$ 25
	DCA Training Fee	$ 2

U.C.C. F140 (rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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
Work Site Location 63 Lakeside Dr
Morton, NJ 08053
Owner in Fee Avic Fish
Address 63 Lakeside Dr
Morton, NJ 08053
Tele. ([redacted]
Contractor McGinnis HVAC
Address 1997 Rt 206
Southampton NJ 08088
Tele. (609) 894-1234 Fax (609) 801-0001
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [✓] Existing [ ] HVAC
Type: [ ] Gas [✓] Oil [ ] Electric [ ] Solar
[ ] Other
Location: Utility Room
Total Cost of Fire Protection Work $ 3,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 12.20
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replacement of Existing Oil Fired Furnace & A/C
Water Supply Source Oil Co Oil
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
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		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$	25
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F140
(rev. 3/96)

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 12/15/2000
Control #
Permit # 00-1922

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 OIL FURNACE
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Tele[redacted] Fax ( )
Contractor MCGINNIS HVAC
Address 1997 ROUTE 206
SOUTHHAMPTON,, NJ 08088-
Tele.(609)801-1734
Lic. No. or Bldrs. Reg. No.
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 $ 15

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-6-00
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 2-16-01

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
0	Gas Piping	0
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 OIL FURNACE	25
	Other	0

	Administrative Surcharge	$ 0
Paid [X] Check # 1486	Minimum Fee	$ 0
Collected by: LMS	TOTAL FEE	$ 25
	DCA Training Fee	$ 0

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 12/15/2000
Control #
Permit # 00-1922

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 OIL FURNACE
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Tele. [redacted] Fax ( )
Contractor PAUL W BERTINI JR ELECTRIC
Address 78 LINCOLN DRIVE
LAUREL SPRINGS, NJ
Tele.(856)783-4914
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co. P S E AND G CO
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-16-01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			2-16-01	AW

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	10	KW Central A/C Unit	8
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 17
TOTAL FEE	$ 25
DCA Training Fee	$ 0

Paid [X] Check # 1486
Collected by: LMS

U.C.C. F120 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Work Site Location 63 Lakeside Dr. Marlton, NJ

Owner in Fee/Occupant ANGEL PUIG

Address 63 Lakeside Dr Marlton, NJ 08053

Tele. [redacted]

Contractor Paul W. Bertini Jr. Electric

Address 78 Lincoln Dr. Lumberton, NJ 08048

Tele. (856) 783-4914 Fax ( )

Lic. No. 10386

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 12-6-99

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Paul W. Bertini Jr.

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		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	
1		KW Central A/C Unit	
		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	
		.....	
		.....	

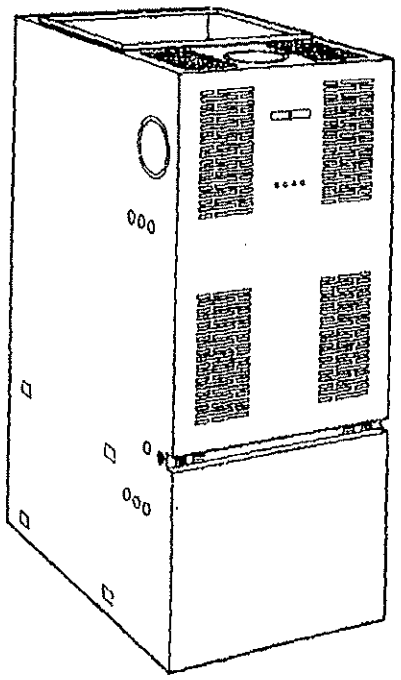
Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	25
TOTAL FEE	$	

U.C.C. F120 (rev. 3/96)

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

bryant
Heating & Cooling Systems

#103 Lakeside Dr.



The model 369AAN combines high efficiency and quiet operation with the latest in oil heating technology. The 369AAN is available in 2 sizes, each size allows for 3 possible input capacities by a simple nozzle change. The furnace design is a multipoise style for upflow, downflow, and horizontal applications. The components of the 369AAN are the best available. The 369AAN features a Beckett oil burner and a Honeywell ignition control and fan timer control. The 369AAN is among the most efficient and quietest oil furnaces available and will provide years of quality service. As with other Bryant furnaces, this model is designed to work as part of a total home comfort system which includes elements for cooling, air cleaning, humidification, ventilation, and zoning.

FEATURES

Multipoise—This multipoise unit may be installed in the upflow, downflow, or horizontal right/left positions with very few modifications to change from 1 position to another.

The model 369AAN is available in 2 sizes. Each size unit is capable of 3 heat/airflow combinations by a simple nozzle change. Unit 036105 covers inputs of 70,000, 91,000 and 105,000 Btuh, and unit 060120 covers inputs of 119,000, 140,000 and 154,000 Btuh. This eliminates the need to stock 6 separate units.

Venting—The 369AAN unit may be vented using Type L vent material and a factory-approved or masonry chimney. It may also be sidewall vented with an approved power venter.

Combustion Chamber/Heat Exchanger—The unique combination combustion chamber/heat exchanger is made of stainless and aluminized steel for durability and long life. Its heat transfer properties make it energy efficient. All seams are tightly welded for leak-free operation.

Warranties—Limited Lifetime Warranty on combustion chamber/heat exchanger assembly. Five-year Warranty on Beckett burner. Two-year Warranty on Honeywell ignition control. One year on entire furnace. Contact your dealer for details.

Beckett Oil Burner and Honeywell Controls—High quality industry standard Beckett oil burner allows safe and efficient combustion of oil. Honeywell ignition control and fan timer control provide for reliable operation and easy connection of thermostat and accessory wiring.

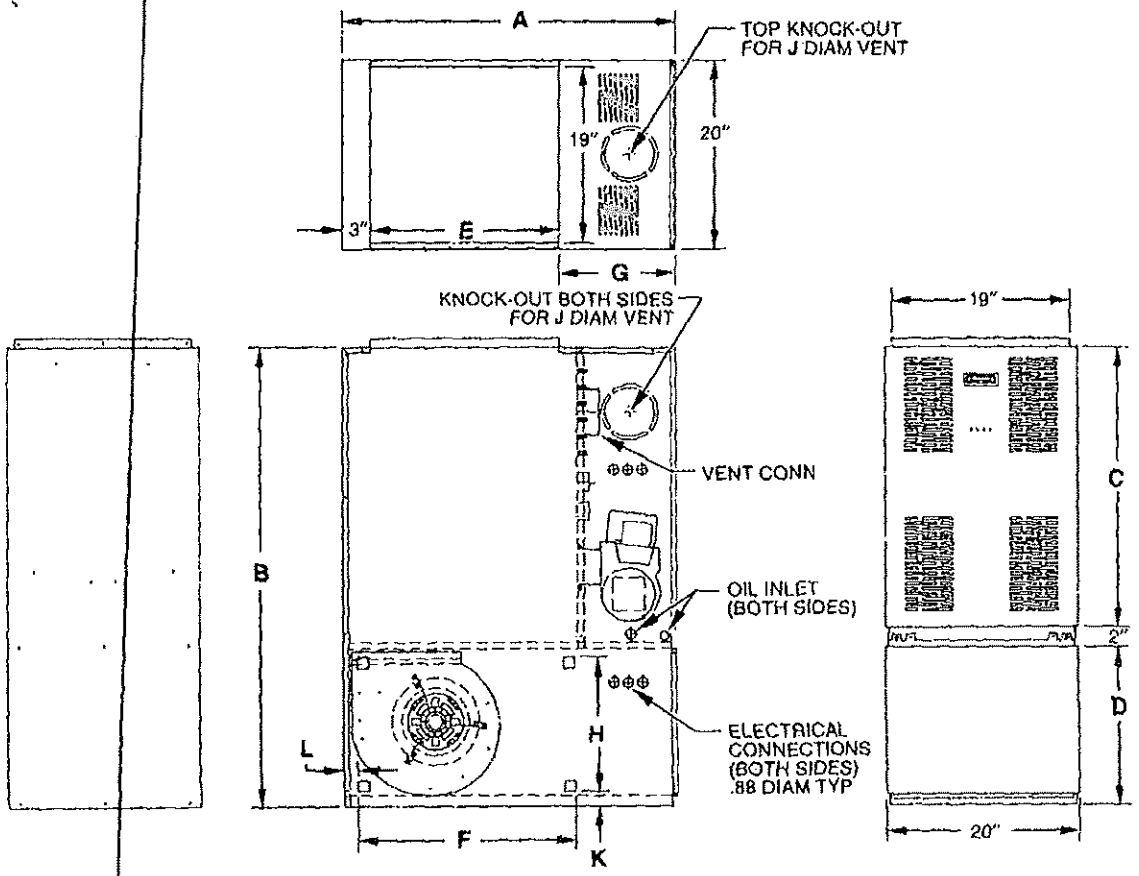
Casing—Made of 20 gage powder painted steel for years of durability and attractiveness. The cabinet features a reversible door for ease of service access.

Insulation and Sound Reduction—A unique silencer along with insulated walls and rubber blower mounts efficiently controls combustion noise and vibrations and makes this unit 1 of the quietest on the market.

Adjustable Blower Speed—Four-speed blower for precise airflow selection of heating or cooling operation.

Constant Low-Speed Blower Switch—Allows continual low-speed air circulation through the home to maximize comfort while maintaining efficiency. Air is constantly filtered and stagnant air is reduced.

Certifications—The 369AAN is UL and ULC certified. The efficiency rating is GAMA certified.



DIMENSIONS (IN.)

UNIT SIZE	A	B	C	D	E	F	G	H	J	K	L
036105	35	48-3/4	31-1/4	16-5/8	20	22	12	14	5	1-1/2	1-3/4
060120	39-1/2	53	33-1/4	18-3/4	24	28	12-9/32	16	6	1-5/8	1-1/2

MINIMUM CLEARANCES TO COMBUSTIBLE MATERIALS (In.)

UNIT APPLICATION		UPFLOW	DOWNFLOW	HORIZONTAL
SIDES	Furnace	0	2	2
	Supply Plenum and Warm-Air Duct Within 6 ft of Furnace	1	2	1
BACK	Furnace	0	1	0
TOP	Furnace Casing or Plenum	2	2	2
	Horizontal Warm-Air Duct Within 6 ft of Furnace	2	2	3
BOTTOM	Furnace	0	0*	0*
FLUE PIPE	Horizontally or Below Pipe	4	4	4
	Vertically Above Pipe	9	9	9
FRONT		8	8	24

* For combustible floor, use approved accessory subbase.

NOTE: Adequate service clearance should be provided over and above these dimensions as required.

SPECIFICATIONS

UNIT SIZE		036105			060120	
SHIPPING WEIGHT (Lb)		230			275	
RATINGS AND PERFORMANCE						
Input Btuh		70,000	91,000	105,000	119,000	140,000	154,000
Output Capacity*	Nonweatherized ICS	57,000	74,000	85,000	99,000	115,000	126,000
Nozzle—100 psig Pump Pressure		0.50—70W	0.65—70W	0.75—70B	0.85—70B	1.00—70W	1.10—70W
Firing Rate (GPH)		0.50	0.65	0.75	0.85	1.00	1.10
AFUE%* (Upflow, Horizontal/Downflow)	Nonweatherized ICS	80.7/81.5	80.7/81.5	80.7/81.5	81.5/81.0	81.5/81.0	81.5/81.0
Certified Temperature Rise Range °F		55—85	55—85	55—85	55—85	55—85	55—85
Recommended Heating Blower Speed		Med-Low	Med-High	High	Med-Low	Med-High	High
Heating CFM @ 0.2-in. wc Static Pressure		840	1130	1425	1555	1890	2080
Cooling CFM @ 0.5-in. wc Static Pressure		1250	1250	1250	1865	1865	1865
ELECTRICAL							
Unit Volts—Hertz—Phase		115—60—1					
Operating Voltage Range Minimum—Maximum†		104—132					
Maximum Unit Amps		12.2			15.7		
Minimum Wire Size (AWG)		14					
Maximum Wire Length (Ft)‡		26					
Maximum Fuse or Ckt Bkr Amps**		15			20		
Transformer (24v)		40va					
External Control	Heating	40va					
Power Available	Cooling	30va					
Air Conditioning Blower Relay		Standard					
BURNER AND CONTROLS							
Burner Model (3450 RPM)‡‡		Beckett AFG-F3			Beckett AFG-F3		Beckett AFG-F6
Oil Pump Stages		1					
Ignition Control		Continuous					
Heating Blower Control (Off Delay)		Selectable 60, 90, 120, or 150 Sec					
BLOWER DATA							
Direct-Drive Motor HP (PSC)		1/3			3/4		
Motor Full Load Amps		6.2			9.5		
RPM (Nominal)—Speeds		1075—4					
Blower Wheel Diameter X Width (In.)		10 X 10			12 X 10		
Filter Size (In.)—Disposable (Field Supplied)		16 X 24 or 25 X 1			20 X 30 X 1		
FACTORY-AUTHORIZED AND LISTED, DEALER-INSTALLED OPTIONS							
Electronic Air Cleaner		AIRA					
Mechanical Air Cleaner		902B					
Air Cleaner Cabinet		KEACA					
Humidifier		Model 912D, 912E, 913B, 913C, or 914A					
Heat Recovery Ventilator		Model VA3B, VB5B, or VC5B					
Energy Recovery Ventilator		Model VL3A					
Thermostat—Non-Programmable		For Use with 1-Speed Air Conditioner—TSTATBHNAC01-A For Use with 2-Speed Air Conditioner—TSTATBHN2S01-A For Use with 2-Speed Heat Pump—TSTATBHN2S01-A					
Thermostat—Programmable		For Use with 1-Speed Air Conditioner—TSTATBHPAC01-A For Use with 2-Speed Air Conditioner—TSTATBHP2S01-A For Use with 1-Speed Heat Pump—TSTATBHPDF01-A For Use with 2-Speed Heat Pump—TSTATBHP2S01-A or TSTATBHPDF01-A					
Zoning—2-Zone		ZONEKIT2ZBDP, ZONEBB2KIT01					
Zoning—4-Zone		ZONEBB4KIT01					
Zoning—8-Zone		ZONEBB8KIT01					
Downflow Conversion/Vent Guard Kit****		KLADC0101DET/KLADC0201DET					
Downflow Subbase Kit***		KLASB0601DET					
Horizontal Subbase Kit***		KLASB0701DET					
Oil Nozzle Kit††	(QTY-50)	For 70,000 Btuh — KLANZ0150050					
Oil Nozzle Kit††	(QTY-50)	For 91,000 Btuh — KLANZ0250065					
Oil Nozzle Kit††	(QTY-50)	For 105,000 Btuh — KLANZ0350075					
Oil Nozzle Kit†††	(QTY-50)	For 120,000 Btuh — KLANZ0450085					
Oil Nozzle Kit†††	(QTY-50)	For 140,000 Btuh — KLANZ0550100					
Oil Nozzle Kit†††	(QTY-50)	For 154,000 Btuh — KLANZ0650110					

* Capacity and AFUE in accordance with U.S. Government DOE test procedures.
† Permissible voltage limits for proper furnace operation.
†† For unit 036105.
††† For unit 060120.
‡ Length shown is measured 1 way along wire path between unit and service panel for maximum 2% voltage drop.
‡‡ Beckett AFG-F6 requires field supplied and replacement burner firing head.
** Time-delay fuse recommended.
*** Required for combustible floors.
**** Required for downflow operation.
ICS—Isolated Combustion System
PSC—Permanent Split Capacitor
As Factory Shipped.

Evesham Township

(Building Dept.)

Permits without a Jacket

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 02/04/2003
Control #
Permit # 02-2161

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 44.19 Lot 2 Qual
Work Site Location 63 LAKESIDE DRIVE
SHOWER & BATH TUB DIVER.
Owner in Fee/Occupant PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Telephone [redacted]
Contractor FLOWRITE PLUMBING
Address 406 BLOOMFIELD RD.
WEST BERLIN, NJ 08091-
Telephone (856)809-0801 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-3081293

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE SHOWER AND INSTALL BATH TUB DIVERTER.

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

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

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

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

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

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

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 1/96)

Fee $ 0
Paid [X] Check No. 23101
Collected by: TCB

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 12/30/2002
Control #
Permit # 02-2161

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 44.19 Lot 2 Qual

Work Site Location 63 LAKESIDE DRIVE
SHOWER & BATH TUB DIVER.
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Telephone [redacted]

Contractor FLOWRITE PLUMBING
Address 406 BLOOMFIELD RD.
WEST BERLIN, NJ 08091-
Telephone (856)809-0801
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-3081293

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:
REPLACE SHOWER AND INSTALL BATH TUB DIVERTER.

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 $ 1,255

Construction Official

12/30/2002
Date

U.C.C. PI70 (rev. 1/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	25
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	26
Check No.	23101
Cash	
Collected By	TCB

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 12/30/2002
Control #
Permit # 02-2161

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
SHOWER & BATH TUB DIVERT.

Owner in Fee PUIG, ANGELO & JANICE

Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053

Tele. [redacted]

Contractor FLOWRITE PLUMBING

Address 406 BLOOMFIELD RD.
WEST BERLIN, NJ 08091-

Tele.(856)809-0801

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-3081293

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,255

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-2-02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 2-3-03

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
1	Shower	8
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
0	Gas Piping	0
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 1-TUB DIVERT	8
	Other	0

	Administrative Surcharge	$ 0
Paid (X) Check # 23101	Minimum Fee	$ 9
Collected by: TCB	TOTAL FEE	$ 25
	DCA State Permit Fee	$ 1

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

63 LAKESIDE

C-5561

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 02-2161

U23101
R 12403
12-30-02

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 Job #60-1177

Work Site Location 63 LAKESIDE Dr., MARLTON, NJ 08053

Owner in Fee PAUL, ANGE + JAN

Address SAME AS ABOVE

Tele. [redacted]

Contractor FLOWRITE PLUMBING, LLC

Address 406 BLOOMFIELD DRIVE WEST BERLIN NJ 08091

Tele. (856) 809-0801 Fax (856) 809-1534

Lic. No. 11053

Federal Emp. No. 233081093

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ ~~1255~~ (1255)

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 12-26-02

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
1	Shower REPLACEMENT
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
1	Other BATH TUB DIVERTER
	Other (ANTI SCALD DEVICE)
	Other

FEE (Office Use Only)

	$
Administrative Surcharge	$ 25
Minimum Fee	$
DCA Training Fee	$ 1
TOTAL FEE	$ 26

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

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

C-70481

BLOCK 44.19 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 63 ~~Lakeview~~ Lakeside Dr PERMIT NO. 07-0883

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 63 lake ~~view~~ side dr
2. Name of Owner in Fee: Edgar Puig Tel. [redacted]
   Address _____ (street) _____ (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SNR Builders Tel. (609) 410-9295
   Address 154 Independence Ln Mt Laurel NJ
   License No. OR, if new home, Builder Reg. No. 13VH02892500 Exp. Date 12/31/07
   Federal Employee No. 20-4486462 FAX: (856) 608-0687
5. Architect or Engineer N/A Tel. (_____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Rob Hoxel
   Tel. (609) 410-9295 FAX: (856) 608-0687

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 80		
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	2		CF323
10. Subtotal	$		
11. Certificate of Occupancy			P 23087
12. Other			
13. TOTAL	$ 85		

RECEIVED JUN 27 2007 BY

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL *(for office use only)*

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☑ Minor Work	4000				4/25/07				
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	4000								

VII. DESCRIPTION OF BUILDING USE

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

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

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

III. DO YOU WANT: (optional)
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?
1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

16373

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

LDS EVE-B 10311358

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name J & R Builders

Address 154 Independence Dr.
Mt. Laurel, NJ 08054

Telephone (609) 410-9285

Signature _____

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 07/05/07
Control #
Permit # 07-0883

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 44.19 Lot 2 Qual
Work Site Location 63 LAKESIDE DRIVE

Owner in Fee/Occupant PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Telephone ([redacted]
Contractor J N R BUILDERS CONTRACTORS,LLC
Address 154 INDEPENDENCE LANE
MT LAUREL, NJ 08054-
Telephone (609)410-9295 Fax (856)608-0687
Lic. No. or Bldrs. Reg. No. 13VH02892500
Federal Emp. No. -

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

ROOF 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. 323
Collected by: DLC

Construction Official

U.C.C. F260 (rev. 6/96)

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 06/27/07
Control #
Permit # 07-0883

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 44.19 Lot 2 Qual

Work Site Location 63 LAKESIDE DRIVE

Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Telephone [redacted]

Contractor J N R BUILDERS CONTRACTORS,LLC
Address 154 INDEPENDENCE LANE
MT LAUREL, NJ 08054-
Telephone (609)410-9295
Lic. No. or Bldrs. Reg. No. 13VH02892500
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVE EXISTING LAYERS OF ROOF SHINGLES AND INSTALL 30 YEAR SHINGLES AS PER MANUFACTURE'S INSTRUCTIONS. CONDITION: UNLESS ONE EXISTS, INSTALL CO DETECTOR IN DWELLING PER NJAC 5:23-6.

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 $ 4,000

Construction Official

06/27/07
Date

U.C.C. 5170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	80
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	5
Cert. of Occupancy	0
Other	
Total	85
Check No.	323
Cash	
Collected By	DLC

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
BUILDING SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 06/27/07
Control #
Permit # 07-0883

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

Owner in Fee PUIG, ANGELO & JANICE

Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-

Tele. ([redacted]

Contractor J N R BUILDERS CONTRACTORS,LLC

Address 154 INDEPENDENCE LANE
MT LAUREL, NJ 08054-

Tele. (609) 410-9295 Fax (856) 608-0687

Lic. No. or Bldrs. Reg. No. 13VH02892500

Federal Emp. No. -

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE EXISTING LAYERS OF ROOF SHINGLES AND INSTALL 30 YEAR SHINGLES AS PER MANUFACTURE'S INSTRUCTIONS. CONDITION: UNLESS ONE EXISTS, INSTALL CO DETECTOR IN DWELLING PER NJAC 5:23-6.

Black-D-

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/2/07
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other ✓				
Final			7-2-07	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,000
3. Total (1+2) $ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	80
[X] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool - Above Ground	0
[ ] Pool - In Ground	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 80
DCA State Permit Fee	$ 5

Paid [X] Check # 323
Collected by: DLC

U.C.C. F110 (rev. 3/96)

BLOCK 44.18 LOT 2 QUALIFICATION CODE C-91142 ADDRESS (SITE) 63 Lakeside Dr PERMIT NO. 09-1579

CONSTRUCTION PERMIT APPLICATION

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

10-28-09 F

do of Cont

I. IDENTIFICATION

1. Proposed Work Site at: 63 Lakeside Dr
2. Name of Owner in Fee: JAN Puig
   Tel. ([redacted]) e-mail —
   Address 63 Lakeside Dr (street) Marlton (municipality) N.J. 08053 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Watkins Excavating Tel. (856) 629-3443
   Address P.O. Box 547 e-mail ____
   Franklinville N.J. 08322
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 86-1087353 FAX: (856) 629-5905
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. (____) ____ FAX: (____) ____
6. Responsible Person in Charge once Work has Begun Shawn
   Tel. (856) 629-3443 FAX: (856) 629-5905

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	45		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		CK 3650
8. Subtotal	$		
9. State Permit Surcharge Fee	$ 2		
10. Subtotal	$		CK 28145
11. Cert of Occupancy			
12. Other			
13. TOTAL	$ 47		

OCT 29 2009

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. 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 ____

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	1000				10-27 DM				
☐ Elevator									
TOTAL COST	1000.00								

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

LDS EVE-B 10317252

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Watkins Excavating

Address P.O. Box 547

Franklinville N.J. 08322

Telephone (856) 629-3443

Signature _____

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	
☐ 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	
☐									
☐									

Received
OCT 27 2008
Department of Community Development

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 11/09/09
Control #
Permit # 09-1579

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 44.19 Lot 2 Qual
Work Site Location 63 LAKESIDE DRIVE

Owner in Fee/Occupant PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Telephone [redacted]
Contractor WATKINS EXCAVATING
Address 788 PROPOSED AVE.
FRANKLINVILLE, NJ 08322-
Telephone (856)629-3443 Fax (856)629-5905
Lic. No. or Bldrs. Reg. No. 13VH00692400
Federal Emp. No. -

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

290 GALLON UNDERGROUND OIL STORAGE TANK REMOVAL.

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Construction Official

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

Fee $ 0
Paid [X] Check No. 3650
Collected by: DLC

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 10/29/09
Control #
Permit # 09-1579

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 44.19 Lot 2 Qual

Work Site Location 63 LAKESIDE DRIVE

Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Telephone [redacted]

Contractor WATKINS EXCAVATING
Address 788 PROPOSED AVE.
FRANKLINVILLE, NJ 08322-
Telephone (856) 629-3443
Lic. No. or Bldrs. Reg. No. 13VH00692400
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
290 GALLON UNDERGROUND OIL STORAGE TANK REMOVAL.

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

Estimated Cost of Work $ 1,000

Construction Official

10/29/09
Date

U.C.C. F170 (rev. 1/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	45
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	47
Check No.	3650
Cash	
Collected By	DLC

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 10/29/09
Control #
Permit # 09-1579

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

Block 44.19 Lot 2 Qual
Work Site Location 63 LAKESIDE DRIVE
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Tele [redacted]
Contractor WATKINS EXCAVATING
Address 788 PROPOSED AVE.
FRANKLINVILLE, NJ 08322-
Tele. (856) 629-3443 Fax (856) 629-5905
Lic. No. or Bldrs. Reg. No. 13VH00692400
Federal Emp. No. -

B. FIRE PROTECTION CHARACTERISTICS

Use Group - Present U- Proposed U
Constr Class - Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [X] Oil [ ] Elect [ ] Solar
[X] Other
Location: REMOVAL
Total Est Cost of Fire Prot Work $ 1,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			11-4-09	DAW
Other				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

Dep# 0911040994925

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 290 Fuel OIL		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
Alarm Devices (smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0
Other		0
Administrative Surcharge $		0
Paid [X] Check # 3650 Minimum Fee $		0
Collected by: DLC TOTAL FEE $		45
DCA State Permit Fee $		2

U.C.C. F140 (rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 44.10 Lot 2
Work Site Location 63 Lakeside Dr
Marlton
Owner in Fee JAN Puig
Address 63 Lakeside Dr
Marlton N.J. 08053
Tele. ([redacted]
Contractor Watkins Excavating
Address P.O. Box 547
Franklinville N.J. 08322
Tele. (856) 629-3443 Fax (856) 629-5505
Lic. No.
Federal Emp. No. 86-1087353

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 1000.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:
_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 7-27-09
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

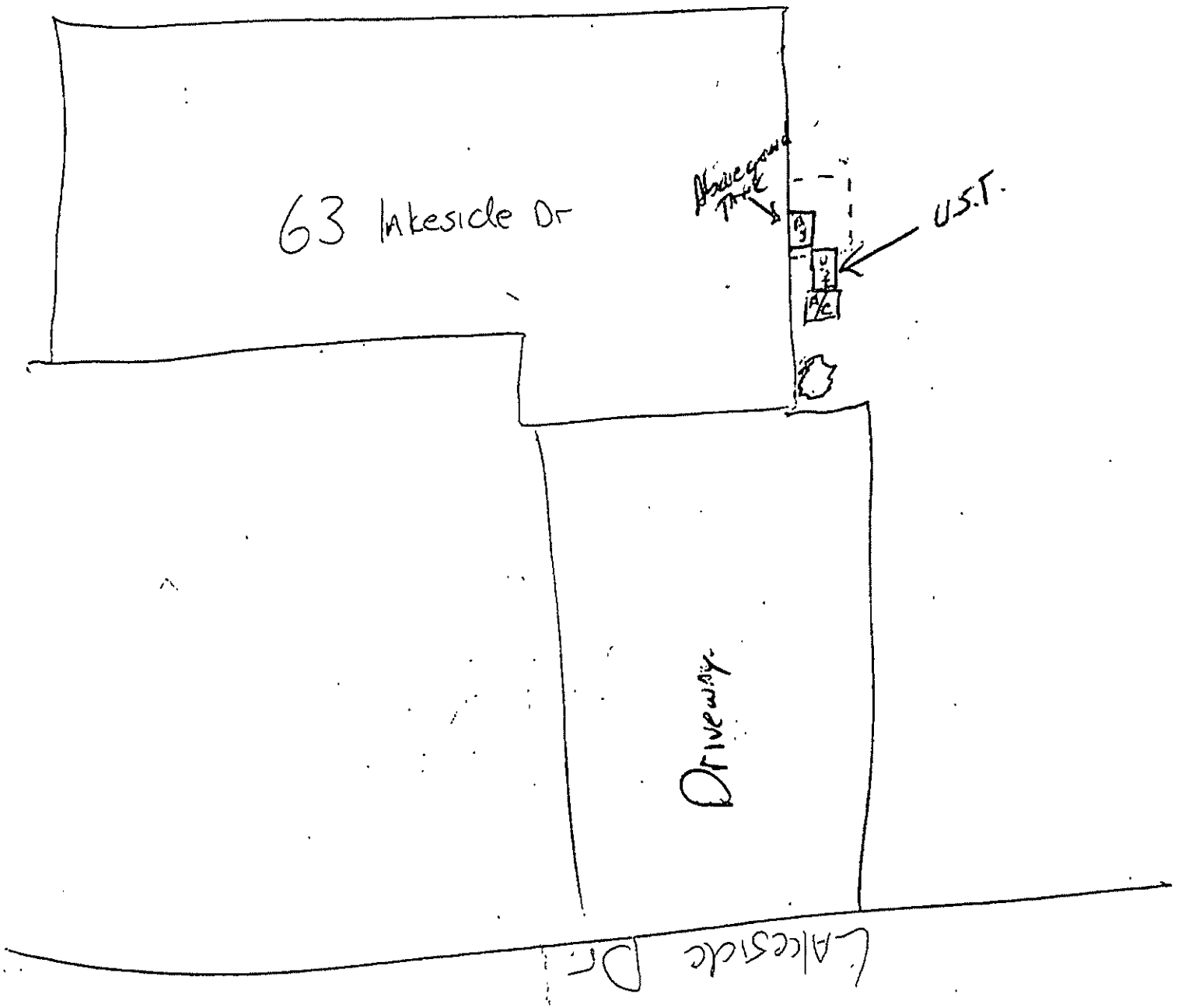
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 290 gallon (#2 Heating oil) U.S.T. Removal
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

U.C.C. F140
(rev. 3/06)


63 Lakeside Dr
Driveway
Lakeside Dr

C-738

95-0735

BLOCK 44.19 LOT 57 ADDRESS (SITE) 63 LAKESIDE PERMIT NO.

TOWNSHIP OF EVESHAM

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 63 LAKESIDE DR.
2. Name of Owner in Fee: PUIG Tel. [redacted]
   Address 63 LAKE SIDE DR. MARLTON 08053 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Gibson Builders Tel. (609) 268-1814
   Address 18 FOXCHASE RD. TABERNACLE NJ.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work FRANK Gibson Tel. (609) 268-1814

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	53		
2. Electrical		25		
3. Plumbing		25 30		2.00
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	108		$1.00 TO TWP
7. Less 20% for State Plan Review				
8. Subtotal	$	6		
9. DCA Training Fee				
10. Subtotal	$			
11. Cert. of Occupancy		25		R2185
12. Other				
13. TOTAL	$	139 25		1082, 1081

7/4/95

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	3900.
6. ☒ Fire Protection	
7. ☒ Plumbing	1000
8. ☒ Electrical	1800
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	5900.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			6/30/95				
			7-5-95				
			6-27-95		7/3/95		NR.
			6/29/95				

III. DO YOU WANT: (optional)

1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

LDS EV 10405504

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature Frank Gibson Jr. C. Gibson Date 6/16/95

II. AGENT SECTION

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

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

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

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

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

(✓) Check if contractor.

Agent Name Frank Gibson

Address 18 Foxchase Rd Tabernacle N.J. 08088

Telephone (609) 268-1814

Signature Frank Gibson Date 6/16/95

RECEIVED

OFFICE DATE-RECEIVED: JUN 29 1995

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

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

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

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

Date Issued 08/07/95
Control # 21859
Permit # 95-0735

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 44.19 Lot 57
Work Site Location 63 LAKESIDE DRIVE
GARAGE CONVERSION
Owner in Fee PUIG, ANGI
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Telephone [redacted]
Contractor GIBSON BUILDERS
Address 18 FOXCHASE ROAD
TAABERNACLE, NJ
Telephone (609)268-1814
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification 5B
Maximum Occupancy Load 0
Description of Work/Use:

GARAGE CONVERSION TO BEDROOM, EXTENSION OF DRIVEWAY

CERTIFICATE OF OCCUPANCY/APPROVAL

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

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

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

CONSTRUCTION OFFICIAL

Fee $ 25
Paid [X] Check No. 1082 &81
Collected by: LMS

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

Date Issued 07/06/95
Control # 21859
Permit # 95-0735

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 44.19 Lot 57

Work Site Location 63 LAKESIDE DRIVE
GARAGE CONVERSION
Owner in Fee PUIG, ANGI
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Telephone [redacted]

Contractor GIBSON BUILDERS
Address 18 FOXCHASE ROAD
TAABERNACLE, NJ
Telephone (609)268-1814
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. _____
or Social Security No. [redacted]

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

DESCRIPTION OF WORK:
GARAGE CONVERSION TO BEDROOM
EXTENSION OF DRIVEWAY

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 $ 7,600

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	53
Electrical	25
Plumbing	25
Fire Protection	30
Elevator Devices	0
Other	
DCA Training Fee	6
Cert. of Occ.	25
Other	
Total	164
Check No.	1082 &81
Cash	
Collected By:	LMS

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 07/06/95
Control #
Permit # 95-0735

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 57
Work Site Location 63 LAKESIDE DRIVE
GARAGE CONVERSION
Owner in Fee PUIG, ANGI
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Tele. [redacted]
Contractor GIBSON BUILDERS
Address 18 FOXCHASE ROAD
TABERNACLE, NJ
Tele.(609)268-1814
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

GARAGE CONVERSION TO BEDROOM
EXTENSION OF DRIVEWAY

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[X] CO [ ] TCO [ ] C:
Date: 8/7/95
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation			7/6/95	SP
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5B Proposed 5B
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 5,900
3. Total (1+2)$ 5,900

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		53
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

	Administrative Surcharge	$ 0
Paid [X] Check # 1082 481	Minimum Fee	$ 0
Collected by: LMS	TOTAL FEE	$ 53
	DCA Training Fee	$ 5

U.C.C. Form F-110B

C - 738

TOWNSHIP
OF
EVESHAM

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 57
Work Site Location 63 LAKESIDE DR. MARLTON NJ.
Owner in Fee ANUP & USHA C. PUJARA
Address 63 LAKE SIDE DR. MARLTON NJ.
Tele. ([redacted]
Contractor GIBSON BUILDERS
Address 15 FOXCHASE RD. THREE BRIDGE NJ
Tele. (609) 268-1814
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other	6/30/95	✓
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab			7-10-95	✓
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ 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.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 5900.00
3. Total (1 + 2) $ ____

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 X

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONVERSION OF ONE CAR GARAGE TO BEDROOM AND DRIVEWAY EXTENSION TO ADD 3 PARKING SPACES TO TOTAL 4

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

(Office Use Only)

FEE	$ 53
Administrative Surcharge	$ 53
Minimum Fee	$ ____
DCA TRAINING FEE	$ 5
TOTAL FEE	$ ____

Paid [ ] Check # ____
Collected by: ____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 07/06/95
Control #
Permit # 95-0735

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 57
Work Site Location 63 LAKESIDE DRIVE
GARAGE CONVERSION
Owner in Fee PUIG, ARGI
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Tele.([redacted]
Contractor ED TRENTA ELECTRICAL CONTR INC
Address 26 FOREST COURT
TABERNACLE, NJ 08088-
Tele.(609)268-0594
Lic. No. or Bldrs. Reg. No. 5865
Federal Emp. No. 22-2708292
or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co. P S E AND G CO
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8-3-95
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough			7-14-95	
Temporary				
Const Serv				
TCO				
Other				
Service				
Final			8-3-95	

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE		ITEM	FEE (Office Use Only)
5			Fixtures (1)	
9			Receptacles (2)	
5			Switches (3)	
21			Total 1 + 2 + 3	20
0	0	kw	Range	0
0	0	kw	Oven(s)	0
0	0	kw	Surface Unit	0
0	0	hp	Dishwasher	0
0	0	hp	Garbage Disposal	0
0	0	kw	Dryer	0
0	0	kw	A/C Unit	0
0			Burglar Alarms	
0			Intercoms Panels	
2			Smoke Detectors	
0	0	hp	Whirlpool/Spa	0
0			Pool Bonding	
0	0	hp	Pool Filter Motor	0
0			Pool Lights	
0	0	kw	Water Heater(s)	0
0	0	kw	Central Heat: oil, gas or elect	0
0	0	kw	Baseboard Heat Units	0
0			Thermostats	
0	0	hp	Heat Pump	0
0	0	hp	Pump(s)	0
0	0	amp	Motor Control Center/Sub Panels	0
0			Signs	
0			Light Standards	
0	0	hp	Motors-Fractional H.P.	0
0	0	hp	Motors-All Others	0
0	0	kw	Transformers	0
0	0	kw	Generators	0
0	0	amp	Service Entrance	0
			Other	0
			Other	0

Administrative Surcharge $ 0
Paid [X] Check # 1082 481 Minimum Fee $ 5
Collected by: LMS TOTAL FEE $ 25
DCA Training Fee $ 1

U.C.C. Form F-1208

C-738

TOWNSHIP
OF
EVESHAM

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 57
Work Site Location 63 LAKESIDE DR
MARLTON N.J.
Owner in Fee ANGE & SANC. PUIA
Address SAME
Tele. ([redacted]
Contractor ED TRETINA ELECTRICAL CONTRACTOR INC
Address 26 FOREST COURT
TABERNACLE NJ 08088
Tele. (609) 268-0598
Lic. No. 5566
Federal Emp. No. 22-2708292 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW: AS NOTED
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 6-24-98
Approved by: L.M.

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

INSPECTIONS:

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

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

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.

Edward R. Tretina
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ 25
Paid [ ] Check # _____ Minimum Fee $ 1
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120A

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

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 07/06/95
Control #
Permit # 95-0735

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 57
Work Site Location 63 LAKESIDE DRIVE
GARAGE CONVERSION
Owner in Fee PUIG, ANGI
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Tele.([redacted]
Contractor GARY LAWRENCE PLBG AND HTG
Address 82 WOODSIDE DR
TABERNACLE, NJ 08088-
Tele.(609)859-2868
Lic. No. or Bldrs. Reg. No. 7169
Federal Emp. No. 16-3486289
or Social Security No.

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 8-2-95

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			7/18/95	
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 an 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
1	Shower	7
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
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [X] Check # 1082 481 Minimum Fee $ 18
Collected by: LMS TOTAL FEE $ 25
DCA Training Fee $ 0

U.C.C. Form F-130B

C-738

TOWNSHIP
OF
EVESHAM

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 57
Work Site Location 63 LAKE SIDE DR.
MARLTON N.J.
Owner in Fee ANN PUIA.
Address SAME
Tele. ([redacted])
Contractor GARY LAWRENCE Plumbing & Heating
Address 82 Woodside Dr TAB. NJ 08088
Tele. (609) 2681171 8592868
Lic. No. 7169
Federal Emp. No. 163486289 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 3/4 Public Water ✓ Private Well _____
Estimated Cost of Plumbing Work $ $500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 7-3-95
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			7-7-95	SW
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
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.

Dennis C. O'Brien
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ 25
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 07/06/95
Control #
Permit # 95-0735

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 57
Work Site Location 63 LAKESIDE DRIVE
GARAGR CONVERSION
Owner in Fee PUIG, ANGI
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Tele. [redacted]
Contractor ED TRENTA ELECTRICAL CONTR INC
Address 26 FOREST COURT
TABERNACLE, NJ 08088-
Tele.(609)268-0594
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2708292
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Construction Class Present 5B Proposed 5B
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: 63 LAKESIDE DRIVE
Total Est Cost of Fire Prot. Work $ 200 [ ] Other

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8-3-95
Approved By: DMcG

INSPECTIONS Type	Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test			8-3-95	DMcG
Mechanical				
TCO				
Other				
Other				
Other Final			8-3-95	DMcG

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and an authorized to make this application.
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	3	
Heat Detectors	0	
TOTAL	3	30
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimun Fee	$	0
TOTAL FEE	$	30
DCA Training Fee	$	0

Paid [X] Check # 1082 481
Collected by: LMS

U.C.C. Form F-140B

C-738

TOWNSHIP
OF
EVESHAM

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 57
Work Site Location ANGELO'S ENTERPRISE 63 LAKESIDE DR. MARLTON NJ
Owner in Fee ANGELO AND EVAN C. PULIG
Address SAME
Tele. ([redacted])
Contractor ED TRETINA ELECTRICAL CONTRACTOR INC
Address 26 FORET COURT TABERNACLE NJ 08088
Tele. (609) 268-0552
Lic. No. [redacted] 5865
Federal Emp. No. 22-2708292 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 200.00 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved AS NOTED
Date: 7-6-92
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Edward P. Tretina
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	3	
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ 30
Collected by: _____ TOTAL FEE $ _____

UCC Form 3 1400 — 1 White Inspector Copy — 2 Canary Office Copy — 3 Pink Office Copy — 4 Gold Applicant Copy

TOWNSHIP OF EVESHAM

Burlington County, New Jersey

№ 011988

ZONING PERMIT

Issued to: Angi Puig

Address: 63 Lakeside Drive

Block 44.19 Lot 57 Zoning Classification _____

This permit is issued in accordance with the application and drawings on file in this office, subject to the Evesham Township Zoning Code regulating the use and construction of property and buildings, and the following is a permitted use:

Garage Conversion to Bedroom.

Conditions, if any:

AS PER APPROVED APPLICATION.

FEE: $10.00 pd
ck/064

THIS IS NOT A CERTIFICATE OF OCCUPANCY

Signed _____

Date June 23, 1995

TOWNSHIP OF EVESHAM
BURLINGTON COUNTY, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Block 44.19 Lot 57

Property Owner/Name of Business
A. PUGI

Address 63 LAKESIDE DR.

Phone [redacted] Zoning Classification R3

Description of Work GARAGE CONVERSION
TO BEDROOM

Jan C. Pugi
Applicant's Signature

Plot Plan showing existing buildings and proposed building including front, side and rear yard set-backs must be included.

This application has been examined and found to be in compliance with the Zoning requirements of Evesham Township and a Zoning Permit can be issued.

Zoning Officer's Signature

This application is disapproved because of non-compliance with the following section of the Evesham Township Zoning Code

Variance Approved

EMUA Approval

RECEIVED
JUN 23 1995

Application Fee: $10.00 (Non-Refundable)

Received: Cash Permit Number 011988

Check 1064 Receipt Number 1804

STATE LIC. #7169

PHONE 859-2868
PHONE 268-1171

Gary W. Lawrence
PLUMBING & HEATING

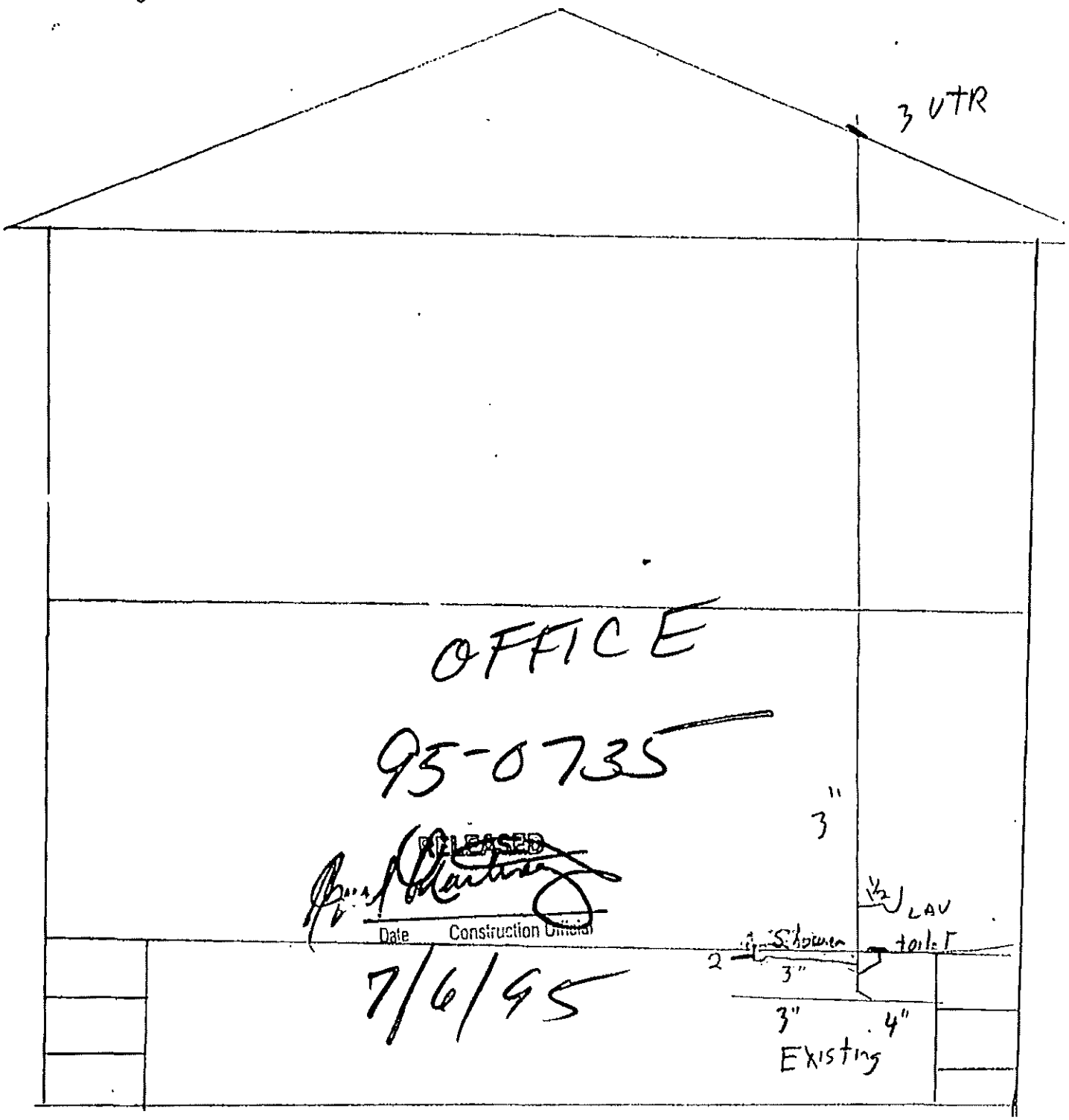
GARY W. LAWRENCE
Owner

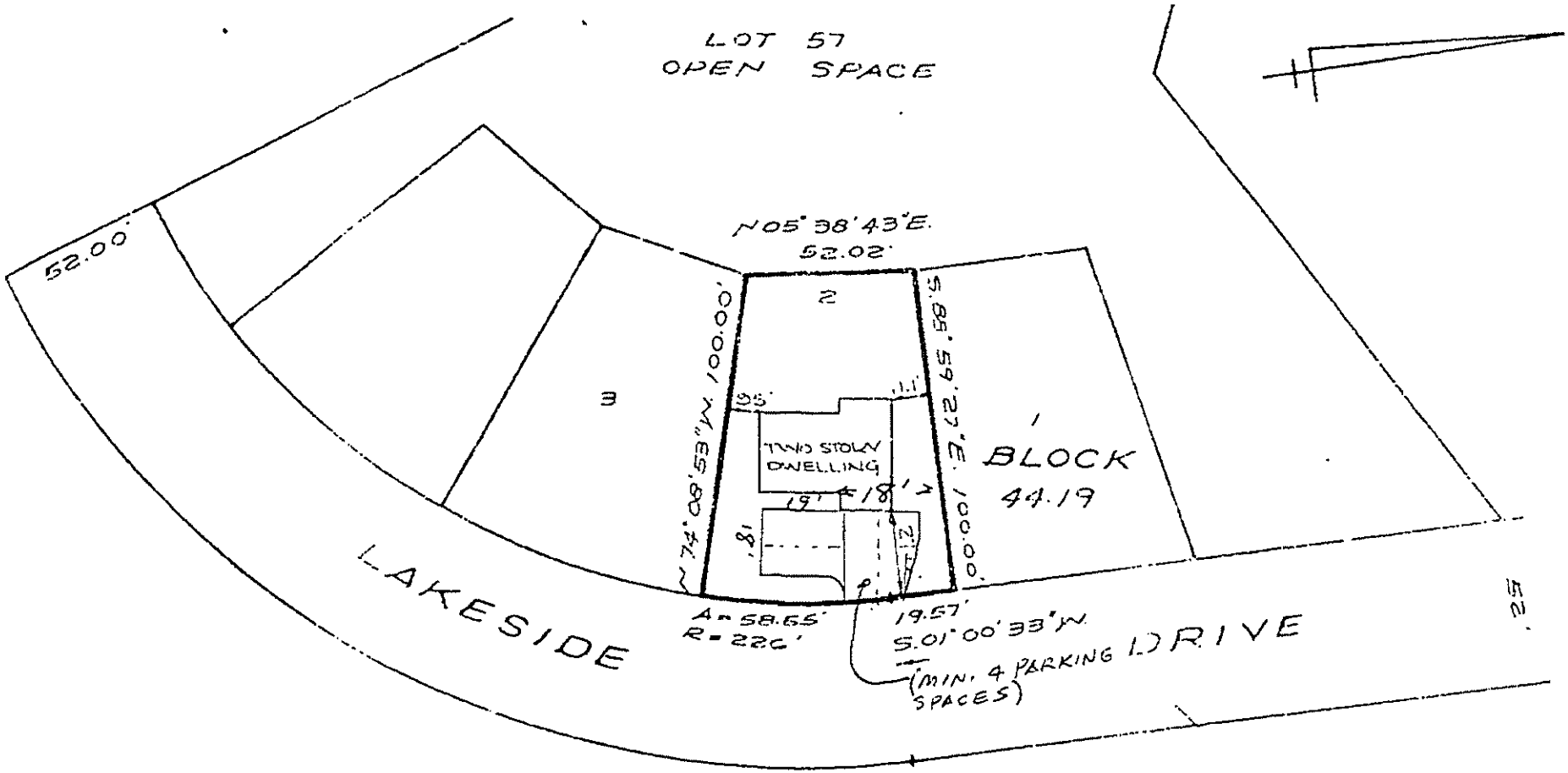
82 WOODSIDE DRIVE
TABERNACLE, NJ 08088

FOR REVIEW APPROVAL

	APPROVED	AS NOTED (Initials & Date)
Footings & Fd'n	☐	☐
Structural	☐	☐
Enclosures	☐	☐
Electrical	☐	☐
Plumbing	☐	☒ 7-6-95
Mechanical	☐	☐
Fire Protection	☐	☐
_____	☐	☐

B 44.19 Lot 57
63 Lakeside





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 TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN HEREON.

N.J. LICENSED LAND SURVEYOR LICENSE NO.

ROBERT R. HEGGAN

BLOCK TIES TO ENDEN

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, NJ 08057

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

A. DUG. 63 LAKESIDE DR.

BLOCK 44.19 LOT 32 ADDRESS (SITE) 63 LAKESIDE DR. PERMIT NO. 97-0218-0194

TOWNSHIP OF EVESHAM

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 63 LAKESIDE DR.
2. Name of Owner in Fee: ANCEL RUIZ Tel. [redacted]
   Address SAME (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: GIBSON BUILDERS Tel. (609) 268-1814
   Address 18 FOXCHASE RD. TABERNACLE N.J.
   License No. OR, if new homo. Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer ENTASIS Tel. ( ) _____
   Address 2153 PENNINGTON RD, EWING N.J.
6. Responsible Person in Charge of Work FRANK GIBSON Tel. (609) 268-4814

V. FEE SUMMARY (for office use only)

97-0218+A

		Update	Update
1. Building	$ 59	25	
2. Electrical	25	cash	
3. Plumbing	—	R 2387	
4. Fire Protection	25	5/21/97	
5. Elevator Devices			
6. Subtotal	$ 109		
7. Less 20% for State Plan Review	-M		
8. Subtotal	$		
9. DCA Training Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 112		

MAR 10 1997

CK 1595
R 2035

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	12 ft.	
3. Area—Largest Floor	168 sq. ft.	
4. New Building Area	168 sq. ft.	
5. Volume of New Structure	2016 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	168 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no	✓	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor work (single trade)									
2. ☐ Small Job ($5,000 and no prior approvals)					3/4/97				
3. ☐ New Building									
4. ☒ Addition	18,200								
5. ☐ Alteration									
6. ☒ Fire Protection					3.4.97				
7. ☐ Plumbing									
8. ☒ Electrical	1500.00				3-3-97				
9. ☐ Elevator Devices									
10. ☐ Asbestos Abatement									
11. ☐ Demolition									
TOTAL COSTS	21,701.								

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

LDS EVE-B 10308402

U.C.C. Form F-1008

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

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

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

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

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

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

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

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

Signature _____ Date 2-26-97

II. AGENT SECTION

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

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

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

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

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

(X) Check if contractor.

Agent Name FRANK Gibson

Address 18 FOXCHASE RD.

TABERNACLE N.J. 08088

Telephone (609) 268-1814

Signature _____ Date 2/24/97

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 124562									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

TOWNSHIP OF FAIRFIELD INSPECTIONS

MAR 3 1997

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

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

X. CERTIFICATES ISSUED **(office use only)**

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

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

Date Issued 02/14/08
Control #
Permit # 97-0218

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 44.19 Lot 2 Qual
Work Site Location 63 LAKESIDE DRIVE
168 SQUARE FOOT ADDITION
Owner in Fee/Occupant PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053-
Telephone [redacted]
Contractor
Address
Telephone ( ) - Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 40
Construction Classification 5B
Maximum Occupancy Load 5
Description of Work/Use:

168 SQ. FT. FAMILY ROOM ADDITION AND 12' X 16' WOOD DECK.

[X] CERTIFICATE OF OCCUPANCY

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

[ ] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Construction Official

U.C.C. F26P (rev. 3/96)

Fee $ 25
Paid [X] Check No. 1595
Collected by: DLC

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

Date Issued 03/10/97
Control # 2035
Permit # 97-0218

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 44.19 Lot 2

Work Site Location 63 LAKESIDE DRIVE
168 SQUARE FOOT ADDITION
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Telephone [redacted]

Contractor GIBSON BUILDERS
Address 18 FOXCHASE ROAD
TAABERNACLE, NJ
Telephone (609)268-1814
Lic. No. or Bldrs. Reg. No. ____ Exp. Date __/__/__
Federal Emp. No. ____
or Social Security No. [redacted]

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

DESCRIPTION OF WORK:
NEW 168 SQ. FT. FAMILY ROOM ADDITION.

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 $ 21,701

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	34
Electrical	25
Plumbing	0
Fire Protection	25
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occ.	25
Other	
Total	112
Check No.	1595
Cash	
Collected By:	DLC

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

Update Issued 05/21/97
Control # 2387
Permit # 97-0218+A
Permit Issued 03/10/97

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 44.19 Lot 2

Work Site Location 63 LAKESIDE DRIVE
WOOD DECK 182 SQ FT
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Telephone [redacted]

Contractor GIBSON BUILDERS
Address 18 FOXCHASE ROAD
TAABERNACLE, NJ
Telephone (609)268-1814
Lic. No. or Bldrs. Reg. No. _____ Exp. Date / /
Federal Emp. No. _____
or Social Security No. [redacted]

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

DESCRIPTION OF WORK:
NEW 12'X 16' WOOD DECK.

PAYMENTS (Office Use Only)

Building	25
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	25
Check No.	1595
Cash	
Collected By:	LMS

Estimated Cost of Work $ 3,000

CONSTRUCTION OFFICIAL

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 03/10/97
Control #
Permit # 97-0218

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
Work Site Location 63 LAKESIDE DRIVE
168 SQUARE FOOT ADDITION
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Tele. [redacted]
Contractor GIBSON BUILDERS
Address 18 PURCHASE ROAD
TABERNACLE, NJ
Tele. 609)268-1814
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

NEW 168 SQ. FT. FAMILY ROOM ADDITION.

4-21-97 - paid to inspect headers & partial frame @ 3 openings after removal of two walls & cutting new door opening per plan
5-22-97 Deck footing OK

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-11-97
Approved By: VC

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing			3-11-97	VC
Foundation			3-18-97	VC
Slab				
Frame			Beam 4/24/97	VC
Insulation			4-29-97	VC
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building			$ 0
[X] Addition			34
[ ] Alteration			0
[ ] Roofing			
[ ] Siding			
[ ] Fence	0	Height (6' or over)	0
[ ] Sign	0	Sq Ft.	0
[ ] Pool			0
[ ] Asbestos Abatement			0
[ ] Other			0
Other			0
[ ] Demolition			0

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	
Constr. Class	Present 5B	Proposed 5B	
No. of Stories	1		
Height of Structure	12	Ft.	
Area Largest Floor	168	Sq. Ft.	
New Bldg. Area/All Floors	168	Sq. Ft.	
Volume of New Structure	2,016	Cu. Ft.	
Total Land Area Disturbed	168	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 19,700
2. Alteration $ 0
3. Total (1+2) $ 19,700

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Paid [X] Check # 1595	Minimum Fee	$ 0
Collected by: DLC	TOTAL FEE	$ 34
	DCA Training Fee	$ 3

U.C.C. Form F-110B

C-0194

TOWNSHIP
OF
EVESHAM

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
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 57.02
Work Site Location 63 LAKE STOP DR. MARLTON NJ.
Owner in Fee ALSO PUD
Address SAME
Tele. [redacted]
Contractor GIBSON BUILDERS
Address 18 FOXCHASE DR. EVESHAM NJ.
Tele. (609) 268-1814
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. _____ or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

168 SQ FT FRAME ADDITION TO REAR OF HOUSE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other	3/4/97	✓
Joint Plan Review Required		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing			3-11-97	W
Foundation			3-18-97	W
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

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

[ ] Demolition

(Office Use Only)

FEE $ 34

Administrative Surcharge $ 34
Minimum Fee $ _____
DCA TRAINING FEE $ 3
TOTAL FEE $ _____

Paid [ ] Check # _____
Collected by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present _____	Proposed _____
Constr. Class	Present _____	Proposed _____
No. of Stories	1	
Height of Structure	12	Ft.
Area—Largest Floor	168	Sq. Ft.
New Bldg. Area/All Floors	168	Sq. Ft.
Volume of New Structure	2016	Cu. Ft.
Total Land Area Disturbed	168	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 19700.00
2. Alteration $ _____
3. Total (1 + 2) $ 19700.00

U.C.C. Form F-1108

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

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 05/21/97
Control #
Permit # 97-0218+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
Work Site Location 63 LAKESIDE DRIVE
WOOD DECK 182 SQ FT
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Tele [redacted]
Contractor GIBSON BUILDERS
Address 18 FOXCHASE ROAD
TAABERNACLE, NJ
Tele.(609)268-1814
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

NEW 12'X 16' WOOD DECK.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elect [ ] Plumb [ ] Fire		
SUBCODE APPROVAL [ ] Elev		
[~~CO~~ [ ] CCO [ ] CA		
Date: 6-11-97		
Approved By:		

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # 1595 Minimum Fee	$ 25
Collected by: LMS TOTAL FEE	$ 25
DCA Training Fee	$ 0

U.C.C. Form F-110B

zoning due

97-0218 A

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 3

Work Site Location 63 LARGE STOP ROAD MANCHESTER N.J.

Owner in Fee ALICE PITTS

Address SAME

Tele. ([redacted]

Contractor CUSTOM BUILDERS

Address 18 FOUNTAIN VIEW

TOMS RIVER NJ

Tele. (609) 269-1864 Fax ( ) _____

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

Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

12' X 16' WOOD DECK (182 SQ FT)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

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

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (exceeds 6')
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement Subchapter 8
  - [ ] Lead Haz. Abatement NJAC 5:17
  - [X] Other DECK
- [ ] Demolition

FEE (Office Use Only)

	$ 25
Administrative Surcharge	$ 25
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

MAY 21 1997

CASH R 238

B. BUILDING CHARACTERISTICS

Use Group	Present	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.

Est. Cost of Bldg. Work:

1. New Bldg. $ 3000.00
2. Alteration $ _____
3. Total (1+2) $ 3000.00

U.C.C. F110 (rev. 3/96)

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

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 03/10/97
Control #
Permit # 97-0218

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
Work Site Location 63 LAKESIDE DRIVE
168 SQUARE FOOT ADDITION
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Tele.([redacted]
Contractor ED TRENTA ELECTRICAL CONTR INC
Address 26 FOREST COURT
TABERNACLE, NJ 08088-
Tele.(609)268-0594
Lic. No. or Bldrs. Reg. No. 5865
Federal Emp. No. 22-2708292
or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. P S E AND G CO
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-5-97
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough			4-21-97	hv
Temporary				
Const Serv				
TCO				
Other				
Service				
Final			6-5-97	hv

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
4		Fixtures (1)	
7		Receptacles (2)	
4		Switches (3)	
15		Total 1 + 2 + 3	25
0	0 kw	Range	0
0	0 kw	Oven(s)	0
0	0 kw	Surface Unit	0
0	0 hp	Dishwasher	0
0	0 hp	Garbage Disposal	0
0	0 kw	Dryer	0
0	0 kw	A/C Unit	0
0		Burglar Alarms	
0		Intercoms Panels	
0		Smoke Detectors	
0	0 hp	Whirlpool/Spa	0
0		Pool Bonding	
0	0 hp	Pool Filter Motor	0
0		Pool Lights	
0	0 kw	Water Heater(s)	0
0	0 kw	Central Heat: oil, gas or elect	0
0	0 kw	Baseboard Heat Units	0
0		Thermostats	
0	0 hp	Heat Pump	0
0	0 hp	Pump(s)	0
0	0 amp	Motor Control Center/Sub Panels	0
0		Signs	
0		Light Standards	
0	0 hp	Motors-Fractional H.P.	0
0	0 hp	Motors-All Others	0
0	0 kw	Transformers	0
0	0 kw	Generators	0
0	0 amp	Service Entrance	0
		Other _____	0
		Other _____	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 25
DCA Training Fee	$ 0

Paid [X] Check # 1595
Collected by: DLC

U.C.C. Form P-120B

C-01974

TOWNSHIP
OF
EVESHAM

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 74.19 Lot 57
Work Site Location 63 LAKESIDE DR. MARLTON N.J.
Owner in Fee ANGEL RUIZ
Address SAME
Tele. [redacted]
Contractor G.D. TRETINA ELECTRICAL CONTRACTOR INC.
Address 26 FOREST CT. TABERNACLE NJ 08088
Tele. (609) 268-0594
Lic. No. 5865
Federal Emp. No. 22-2708292 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[X] Elec. Plans Approved
Date: 5-15-97
Approved by: MR

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

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

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

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. Edward C. Tretina
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ 25
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120A

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

TOWNSHIP OF EVESHAM
125 EAST MAIN STREET
MARLTON, NJ 08053

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 03/10/97
Control #
Permit # 97-0218

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
Work Site Location 63 LAKESIDE DRIVE
168 SQUARE FOOT ADDITION
Owner in Fee PUIG, ANGELO & JANICE
Address 63 LAKESIDE DRIVE
MARLTON, NJ 08053
Tele [redacted]
Contractor GIBSON BUILDERS
Address 18 FOXCHASE ROAD
TABERNACLE, NJ
Tele.(609)268-1814
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Construction Class Present 5B Proposed 5B
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 1 [X] Other FAMILY ROOM ADDITION

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[~~X~~] CCO [ ] CA
Date: 6-9-97
Approved By: [signature]

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other Final		6-9-97		DM

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

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

Administrative Surcharge	$ 0
Minimum Fee	$ 25
TOTAL FEE	$ 25
DCA Training Fee	$ 0

Paid [X] Check # 1595
Collected by: DLC

U.C.C. Form F-140B

C-0194

TOWNSHIP
OF
EVESHAM

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 57
Work Site Location 63 LAKESIDE DR.
MARLTON N.J.
Owner in Fee ANNE PUIS
Address SAME
Tele. [redacted]
Contractor GIBSON SPRINKLER
Address 18 FOXCHASE RD.
TABERNACLE N.J. 08088
Tele. (609) 268-1814
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved DC 2003
Date: 3.4.03
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work EXISTING SMOKE
Water Supply Source ALL BRUCH.
Method of Valve Supervision BLC - INTER-CONN.
Local Alarm Supervision BATTERY B/U
Central Supervision
Proprietary Supervision

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

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

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 25
Collected by: TOTAL FEE $

UCC Form F 140B
1 White Inspector Copy
2 Canary Office Copy
3 Pink Office Copy
4 Gold Applicant Copy

№ 124562

TOWNSHIP OF EVESHAM

Burlington County, New Jersey

ZONING PERMIT

Issued to: Angelo Puig

Address: 63 Lakeside Drive

Block 44.19 **Lot** 57 **Zoning Classification** _____

This permit is issued in accordance with the application and drawings on file in this office, subject to the Evesham Township Zoning Code regulating the use and construction of property and buildings, and the following is a permitted use:

168 Sq. Ft. Family Room Addition.

Conditions, if any:

AS PER APPROVED APPLICATION.

FEE: $20.00 ck
Rec 4858
2-25-97

THIS IS NOT A CERTIFICATE OF OCCUPANCY

Signed _____

Date February 25, 1997

TOWNSHIP OF EVESHAM
BURLINGTON COUNTY, NEW JERSEY

APPLICATION FOR ZONING PERMIT

BLOCK 34.19 **LOT** 57

PROPERTY OWNER/NAME OF BUSINESS Aige Puig.

ADDRESS 63 CAKE SIDE DR.

PHONE [redacted] **ZONING CLASSIFICATION** R3

DESCRIPTION OF WORK FAMILY ROOM EXPENSION 168 SQ FT. TO REAR OF HOUSE DECK

Thomas J. Puig 2/26/97

APPLICANT'S SIGNATURE

Plot Plan showing existing buildings and proposed building including front, side and rear yard set-backs must be included.

This application has been examined and found to be in compliance with the Zoning requirements of Evesham Township and a Zoning Permit can be issued.

ZONING OFFICER'S SIGNATURE

This application is disapproved because of non-compliance with the following section of the Evesham Township Zoning Code_____

Variance Approved_____ **EMUA approval** _____

Application Fee: $20.00 (non-refundable)

Received: Cash _____

Check 1592

2-26-97

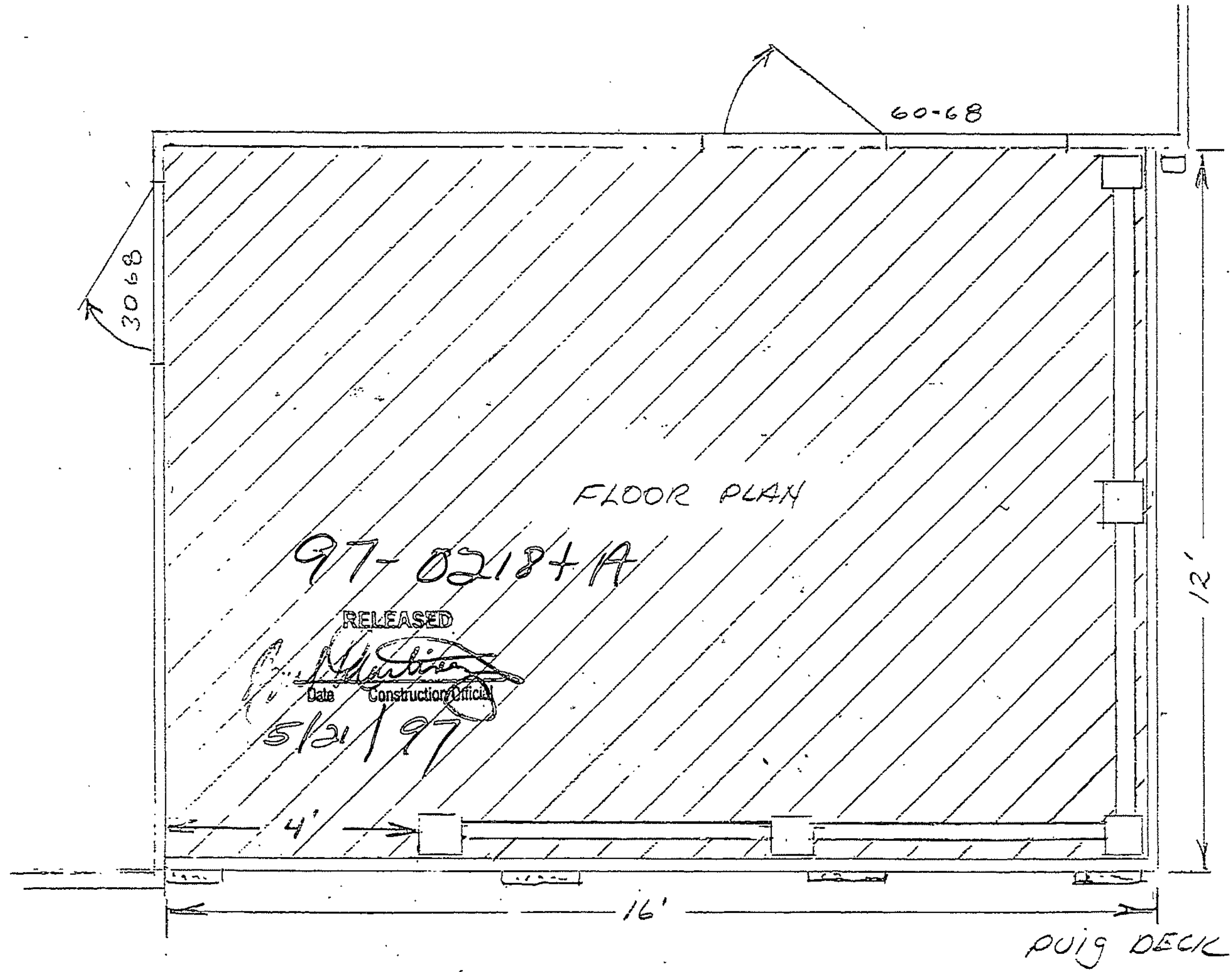
Permit Number 12562

Receipt Number 4858

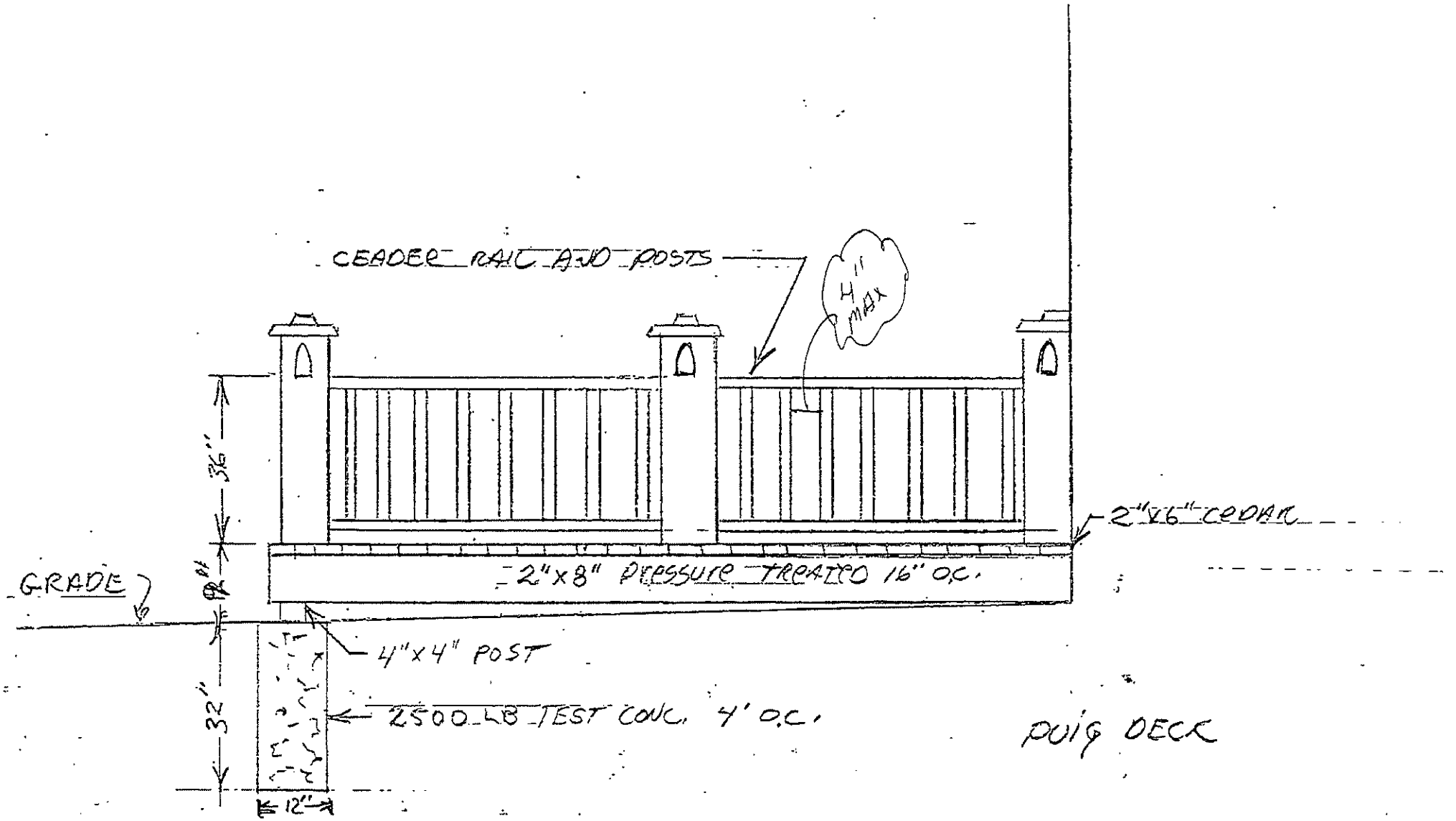
2.26.97

PAID

FEB 26 1997

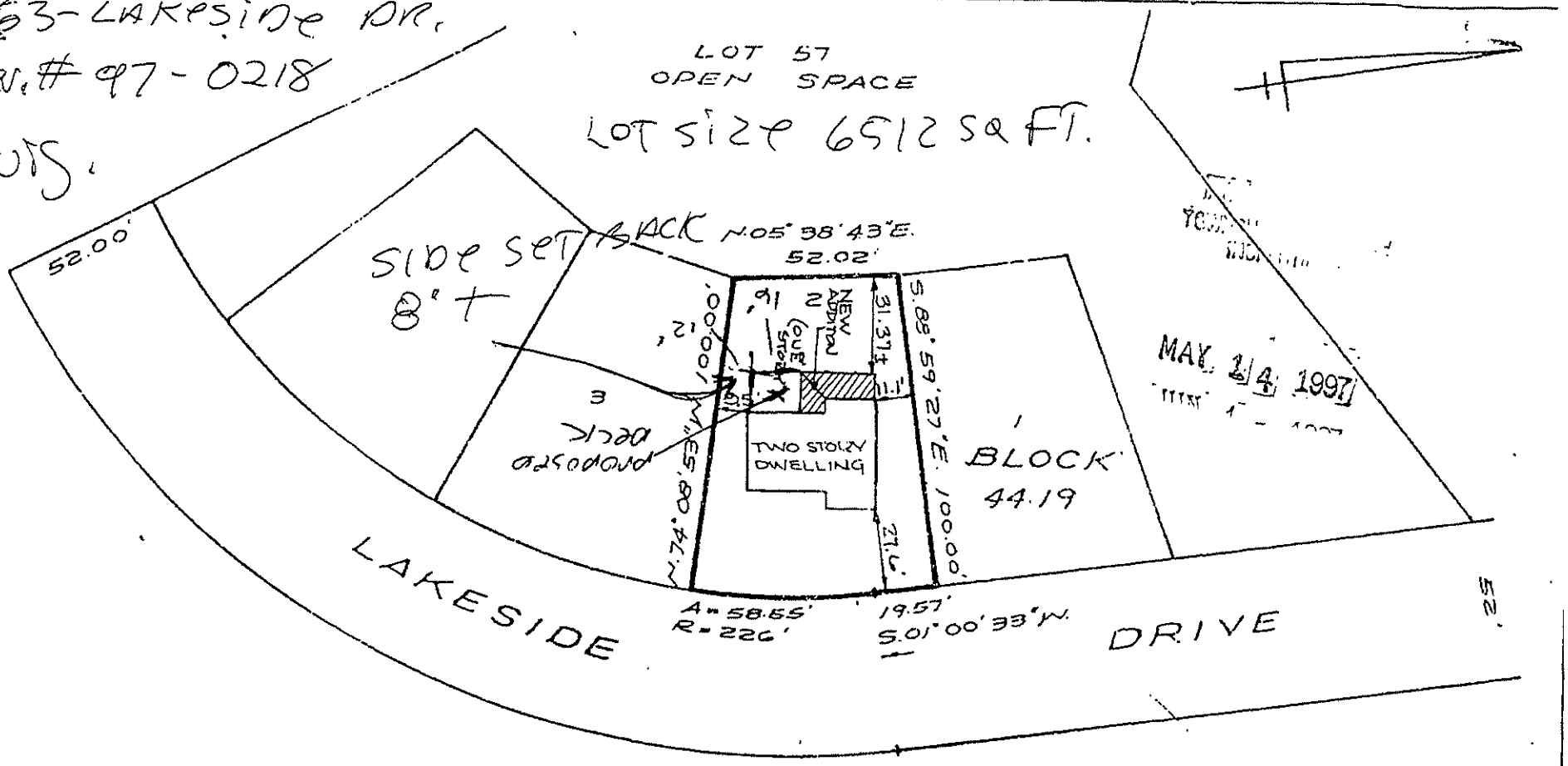

60-68
3068
FLOOR PLAN
97-0218+A
RELEASED
Date
Construction Official
5/21/97
4'
12'
16'
PUIG DECK

END VIEW



DUIG DECK

63-LAKESIDE DR.
PER. # 97-0218
PUTS.



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 HEREON.

N.J. LAND SURVEYOR LICENSE NO. 10

ROBERT R. HEGGAN

BLDG TIES TO FRONT

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

UNIVERSAL 5.01 1213

ADDITION TO THE PUIG RESIDENCE

Marlton, N.J.

#97-0218 FIELD

INDEX OF DRAWINGS:

PLAN REVIEW APPROVAL

APPROVED	AS NOTED (Initials & Date)
☐ Footings & Fd'n	☐
☐ Structural	☐ MC 3-4-97
☐ Enclosures	☐
☐ Electrical	☒ LDC 3-3-97
☐ Plumbing	☐
☐ Mechanical	☐
☐ Fire Protection	☒ m 3-4-97
☐	☐

LAND-USE ORDINANCE INFORMATION:

	REQUIRED	PROPOSED	
FRONTAGE	50.0'	58.55'	✓
FRONT SETBACK	25.0'	27.6'	✓
SIDE SETBACK	5.0'	11.0'	✓
AGGR. SIDE S.B.	10.0'	20.5'	✓
REAR SETBACK	20.0'	31.37' +-	✓

ENTASIS
2153 Pennington Rd.
Ewing, N. J. 08638

Addition and Alterations to the
PUIG RESIDENCE
63 Lakeside Drive Marlton, N.J.

REVISIONS:
FOR CONSTRUCTION ☑

PROJECT #: 9601
DATE: 6-10-1996
SCALE: As Noted
PRELIMINARY ☐

Evesham Township

(Building Dept.)

Permits without a Jacket