CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 7/30/2025

Tracking Number: OPRA-Req-25-1542

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: Emilyn A.S.

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

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.

☐ Includes Common Law Request Location: 251 TAVISTOCK

Records requested: OPEN/CLOSE Permits for 251 Tavistock, Cherry Hill, NJ 08034

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 429.04 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 251 TAVISTOCK PERMIT NO. 2009 2811

251

CONSTRUCTION APPLICATION

RECEIVED
OCT 02 2009
BUILDING INSPECTIONS

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

I. IDENTIFICATION

1. Proposed Work Site at: 251 TAVISTOCK
2. Name of Owner in Fee: DENNIS VOGT
   Tel. [redacted] e-mail _____
   Address 25 TAVISTOCK (street) Cherry Hill (municipality) 08034-4016 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: PUBLIC SERVICE GAS & ELECTRIC Tel. (856) 310-0542
   Address 535 WEST NICHOLSON RD., AUDUBON, NJ 08106 e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 800 435-2954
   Federal Emp. ID No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Paul Licursi
   Tel. (856) 310-0542 FAX: (800) 435-2954

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		46	
3. ~~Plumbing~~ Mech		43	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		14	
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$	103	

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	330				10-2-09	VM			
☐ Plumbing									
☑ ~~MECHANICAL Fire Protection~~	7600		MUTH		MUTH	CAT			
☐ Elevator									
TOTAL COST	7930								

Replace gas furnace & A/C

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
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 CH-B 10523446

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 **PUBLIC SERVICE GAS & ELECTRIC**

Address **535 WEST NICHOLSON RD.**
AUDUBON, NJ 08106

Telephone (**856**) **310-0542**

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. _____	_____	_____	_____	_____

10/21/09

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE
IDENTIFICATION

Date Issued: 12/28/2009
Control #: 69685
Permit #: 20092811

Block: 429.04 Lot : 1 Qualification Code: 251

Work Site Location: 251 TAVISTOCK
CHERRY HILL

Owner in Fee: MARCIA G. CAMPBELL

Address: 251 TAVISTOCK
CHERRY HILL NJ 08034

Telephone: [redacted]

Agent/Contractor: PSE&G

Address: 535 W. NICHOLSON RD.
AUDUBON NJ 08106

Telephone: 856 572-2066

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

Social Security No.: _____

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

Description of Work/Use:

REPLACE GAS FURNACE & A/C

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 4404
Collected by: sd

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20092811

Control Number: 69685
Application Date: 10/14/09

CONSTRUCTION PERMIT

Permit Date: 11/04/2009

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 429.04 Lot : 1 Qualifier : 251

Work site Location: 251 TAVISTOCK CHERRY HILL

Owner In Fee: DENNIS VOST

Address: 251 TAVISTOCK
CHERRY HILL NJ 08034

Telephone: [redacted]

Use Group(s): R-5

Contractor: PSE&G

Address: 535 W. NICHOLSON RD.
AUDUBON NJ 08106

Telephone: (856) - 572-2066

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

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

REPLACE GAS FURNACE & A/C

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$7,930.00
Cost of Demolition:	$0.00
Total Cost:	$7,930.00

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

Gerald E. Seneski
Contruction Official

Date

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

Note:

RECEIVED
NOV 4 - 2009
TAX COLLECTOR

PAYMENTS (Office Use Only)

[70-43]	Building	
[70-48]	Electrical	$46.00
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	$43.00
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$14.00
[70-91]	DCA Minimum Fee	$0.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Document Imaging	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	**$ 103.00**

All Fees Waived No

Amount to be Paid: $ 103.00

Check Number: 4404
Check amount: $103.00

Collected by: sd
Total Cash Amount:
Total Check Amount: $103.00
~~Total CC Amount:~~
Grand Total: $103.00

EA 956

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-6-09

Date Issued
Permit # 2009-2811

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

Block 424.04 Lot 25.01 TAX STOCK CONDO Qualification Code 0251

Work Site Location CHERRY HILL

Owner in Fee: DENNIS VOGT #251

Tel. [redacted] e-mail

Address

Contractor: P.R. Sanders Inc. D/B/A P. R. Sanders Electric (street / municipality) Tel. (856) 429-3086 (zip code)

Address 100 Park Drive, Voorhees, NJ 08043 e-mail

Contractor License No. NJ Elect Lic # 4701B Exp. Date

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

Federal Emp. ID No [redacted] FAX: (856) 429-0551

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # 54 [ ] Temporary [ ] Other

Building Occupied as SFD Utility Co.

Est. Cost of Elec. Work $ 330

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required 10-2-09 TR

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date
Approved by

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-28-09
Approved by: [signature]

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-29-09	TR
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application. [signature] 9/17/09

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: WIRING TO REPLACE AC SYSTEM CONDENSER UNIT AND DISCONNECT + FURNACE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 36
		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	1.44	KW Central A/C Unit (2 TON UNIT)	10
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 46

U.C.C. F120 (rev. 10/06)
Reorder From OCS Printing
609-390-1400

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

EA 956

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 11609
Date Issued
Permit # 2009 2511

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

Block 424.04 Lot 4 Qualification Code C0251
Work Site Location CHERRY HILL 1125 TANNERS TOCK CONDO
Owner in Fee: DENNIS VOGT 2251
Tel. ([redacted] e-mail
Address
Contractor: P.R. Sanders Inc. D/B/A P. R. Sanders Electric Tel. (856) 429-3086
(street / municipality / zip code)
Address 100 Park Drive, Voorhees, NJ 08043 e-mail
Contractor License No. NJ Elect Lic # 4701B Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No [redacted] FAX: (856) 429-0551

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SFD Utility Co.
Est. Cost of Elec. Work $ 330

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 10-2-09 MP
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

[redacted] 9/17/09
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WIRING TO REPLACE AC SYSTEM CONDENSER UNIT AND DISCONNECT + FURNACE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 36
		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	1.49	KW Central A/C Unit (2 TON UNIT)	10
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 46

U.C.C. F120 (rev. 10/06)
Reorder From OCS Printing
609-390-1400

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control #
Date Issued 11-6-09
Permit # 2009-2811

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

Block 429.04 Lot 1 Qualification Code 251
Work Site Location 251 TAVISTOCK

Owner in Fee: DENNIS VOGT
Tel. [redacted] e-mail
Address 25 TAVISTOCK (street) CHERRY HILL (municipality) 08034-4016 (zip code)
Contractor: PSE&G Tel. (856) 310-0542
Address 535 West Nicholson Rd. e-mail Danielle.Brauchle@pseg.com
Audubon, NJ 08106
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: (800) 435-2954

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*
Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [T] Replacement
Type: [ ] Hydronic [T] Hot Air
Fuel Type: [T] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Estimated Cost of Mechanical Work $ 7600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10/5/09
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[T] CA [ ] CCO
Date: 12.28.09
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			10/5/09	
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
REPLACE GAS FURNACE + A/C
90+
SEE LIST

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	43
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 4?
TOTAL FEE $

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control #
Date Issued 11-6-07
Permit # 7007 2411

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

Block 429.04 Lot 1 Qualification Code

Work Site Location 251 TAVISTOCK

Owner in Fee: DENNIS VOGT

Tel. [redacted] e-mail

Address 25 TAVISTOCK (street) CHERRY HILL (municipality) 08034-4016 (zip code)

Contractor: PSE&G Tel. (856) 310-0542

Address 535 West Nicholson Rd. e-mail Danielle.Brauchle@pseg.com

Audubon, NJ 08106

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

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

Federal Emp. ID No. FAX: (800) 435-2954

B. MECHANICAL CHARACTERISTICS

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

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

Type: [ ] Hydronic [✓] Hot Air

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

Estimated Cost of Mechanical Work $ 7000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10/31/07
Approved by: CMD
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			11/5/07	CMD
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
REPLACE GAS FURNACE + A/C
90+
SEE LIST

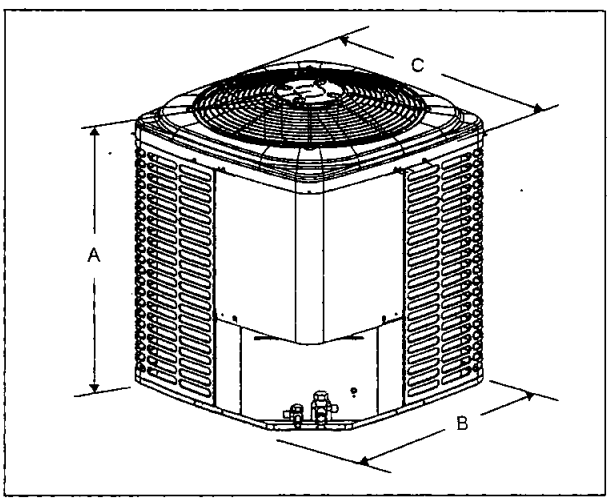
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	17
1	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 4
TOTAL FEE $

Physical and Electrical Data

MODEL		YCJF24S41S1	YCJF30S41S1	YCJF36S41S1	YCJF42S41S1	YCJF48S41S1	YCJF60S41S1
Unit Supply Voltage		208-230V, 1ϕ, 60Hz					
Normal Voltage Range [1]		187 to 252					
Minimum Circuit Ampacity		16.8	18.4	19.1	23.9	27.9	35.9
Max. Overcurrent Device Amps [2]		25	30	30	40	45	60
Min. Overcurrent Device Amps [3]		20	20	20	25	30	40
Compressor Type		Scroll	Scroll	Scroll	Scroll	Scroll	Scroll
Compressor Amps	Rated Load	12.8	14.1	14.1	17.9	21.1	27.5
	Locked Rotor	58	73	77	112	115	135
Crankcase Heater		No	No	No	No	No	No
Fan Motor Amps	Rated Load	.8	.8	1.5	1.5	1.5	1.5
Fan Diameter Inches		22	22	22	24	24	24
Fan Motor	Rated HP	1/8	1/8	1/4	1/4	1/4	1/4
	Nominal RPM	1075	1075	850	850	850	850
	Nominal CFM	2750	2800	3200	3600	3600	3700
Coil	Face Area Sq. Ft.	13.1	17.4	17.4	20.0	21.4	24.0
	Rows Deep	1	1	1	1	1	1
	Fin / Inches	23	23	23	23	23	23
Liquid Line Set OD (Field Installed)		3/8	3/8	3/8	3/8	3/8	3/8
Vapor Line Set OD (Field Installed)		3/4	3/4	3/4	7/8	7/8	1 1/8
Unit Charge (Lbs. - Oz.) [4]		3 - 2	3 - 7	3 - 10	4 - 4	4 - 9	5 - 9
Charge Per Foot, Oz.		0.62	0.62	0.62	0.67	0.67	0.75
Operating Weight Lbs.		128	130	145	172	180	199

1. Rated in accordance with ARI Standard 110, utilization range "A".
2. Dual element fuses or HACR circuit breaker. Maximum allowable overcurrent protection.
3. Dual element fuses or HACR circuit breaker. Minimum recommended overcurrent protection.
4. The Unit Charge is correct for the outdoor unit, smallest matched evaporator coil and 15 feet of refrigerant tubing. For tubing lengths other than 15 feet, add or subtract the amount of refrigerant, using the difference in length multiplied by the per foot value.



All dimensions are in inches. They are subject to change without notice. Certified dimensions will be provided upon request.

Unit Model	Dimensions (Inches)			Refrigerant Connection Service Valve Size	
	A[1]	B	C	Liquid	Vapor
24	28	29	29	3/8"	3/4"
30	36	29	29		
36	36	29	29		
42	34	33.6	33.6		7/8"
48	36	33.6	33.6		
60	40	33.6	33.6		7/8"[2]

1. Including Fan Guard.
2. Adapter fitting required for 1-1/8" line set.

HOMEOWNER-251 TAVISTOCK
PLEASE READ THIS FIRST

TOWNSHIP OF CHERRY HILL
DEPARTMENT OF CODE ENFORCEMENT
RESIDENTIAL MECHANICAL SUBCODE REQUIREMENTS

CALL FOR ALL INSPECTIONS 856-488-7855

Carbon Monoxide Alarm Requirements:

- Provide a carbon monoxide alarm in the immediate vicinity of each sleeping area. N.J.A.C. 5:23-3.20(c).

Fuel Fired Appliance(s):

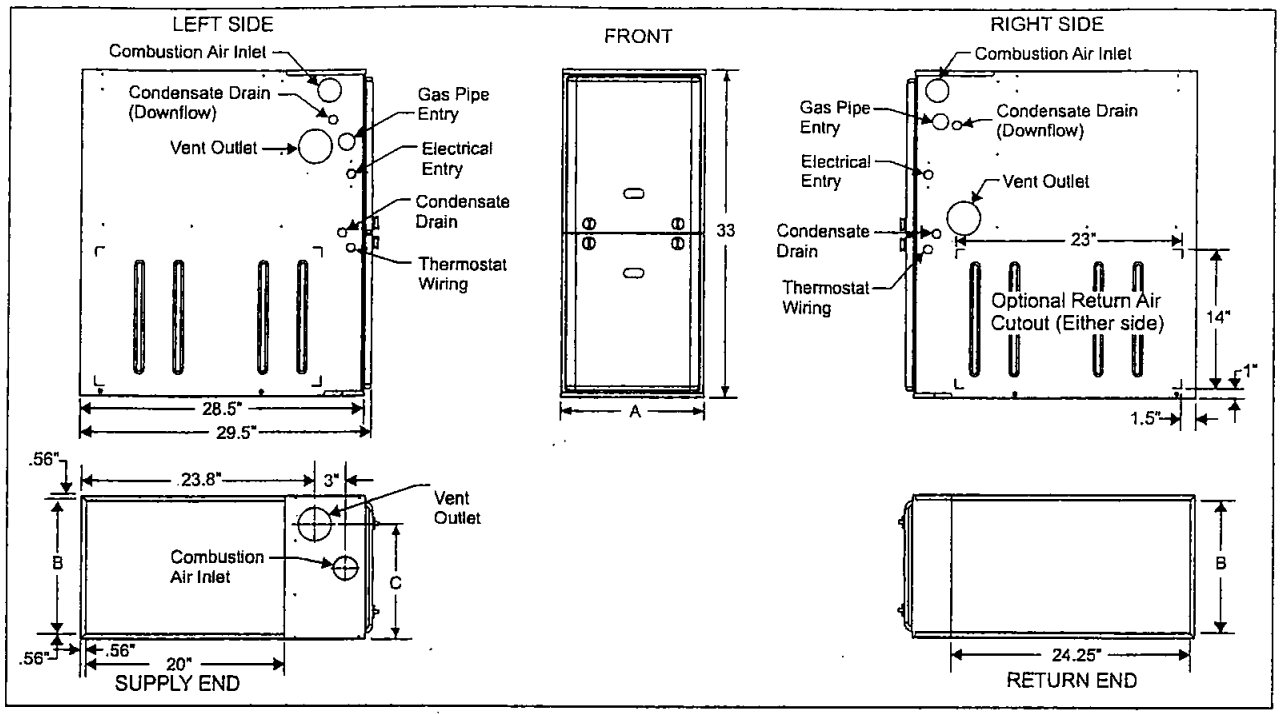
- Provide the manufacturer's specification for the appliance for all inspections. M1401.1.
- Verify adequate combustion air for all fuel fires appliances. CHAPTER 17, IRC-2006, NJ EDITION.
- High efficiency units: All plastic piping (ABS, PVC, other) shall be installed per the manufacturer's specs. Use approved hangers and primer. Space hangers per ASTM Standards and IFGC-2006, Table 503.4.
- "Orphaned Appliance". If existing gas fired appliance(s) are "Orphaned" by the installation of a high efficiency unit, the contractor shall verify that the existing vent system is sized properly for the reduction in total system BTU input. IRC-NJ, 2006 edition, Section G2428.

Smoke Detector Requirements: Repairs, Renovations, or Alterations.

- Battery powered smoke detectors shall be installed and maintained on each level of the dwelling and outside of each separate sleeping area in the immediate vicinity of the bedrooms. The smoke detectors shall be located on or near the ceiling as per the manufacturer's specifications. N.J.A.C. 5:23-6.4(f).
- Smoke detectors shall be located at least three (3) feet away from any HVAC supply register. NFPA 72-2002, Section 11.8.3.5.
- Flat Vaulted or Tray Ceilings: Smoke detectors shall be mounted on the upper most section of the ceiling. NFPA 72, Section 11.8.3.1.
- Peaked or Cathedral ceilings: Smoke detectors shall be mounted within three (3) feet of the peak, measured horizontally from the peak. NFPA 72, Section 11.8.3.2.
- Smoke detectors shall be located at least three (3) feet away from any bathroom doors and at least three (3) feet from any kitchen doorways or openings. NFPA 72, Section 11.8.3.5.
- Smoke detectors shall be located at least three (3) feet horizontally away from the tip of the blades of a ceiling fan. NFPA 72, Section 11.8.3.5.

If you have any questions, please feel free to contact Bill Cattell, Fire Protection Subcode Official, Cherry Hill Township, at 856-488-7855.

OFFICE



Cabinet & Duct Dimensions

BTUH (kW) Input	Nominal CFM (m^3/min)	Cabinet Size	Cabinet Dimensions (Inches)			Approximate Operating Weights
			A	B	C	Lbs
TG9S040A08MP11	800	A	14 1/2	13 3/8	11 3/4	113
TG9S060A10MP11	1000	A	14 1/2	13 3/8	11 3/4	118
TG9S060B12MP11	1200	B	17 1/2	16 3/8	13 1/4	122
TG9S080B12MP11	1200	B	17 1/2	16 3/8	14 3/4	126
TG9S080C16MP11	1600	C	21	19 7/8	16 1/2	136
TG9S080C22MP11	2200	C	21	19 7/8	16 1/2	139
TG9S100C16MP11	1600	C	21	19 7/8	18 1/4	142
TG9S100C20MP11	2000	C	21	19 7/8	18 1/4	145
TG9S120D16MP11	1600	D	24 1/2	23 3/8	21 3/4	153
TG9S120D20MP11	2000	D	24 1/2	23 3/8	21 3/4	156
TG9S130D20MP11	2000	D	24 1/2	23 3/8	No Hole	160

Ratings & Physical / Electrical Data

Input	Output	Nominal Airflow	Total Unit Amps	AFUE	Air Temp. Rise	Max Over-Current Protect	Min. wire Size (awg) @ 75 ft one way	Max. Outlet Air Temp
	MBH	CFM			°F			°F
TG9S040A08MP11	38	800	8.0	95.5	30-60	15	14	155
TG9S060A10MP11	57	1000	10.0	95.5	30-60	15	14	155
TG9S060B12MP11	57	1200	10.0	95.5	30-60	15	14	160
TG9S080B12MP11	76	1200	10.0	95.5	35-65	15	14	165
TG9S080C16MP11	76	1600	11.5	95.5	35-65	15	14	155
TG9S080C22MP11	76	2200	17.0	95.5	35-65	20	12	155
TG9S100C16MP11	95	1600	11.5	95.5	35-65	15	14	165
TG9S100C20MP11	95	2000	17.0	95.5	35-65	20	12	155
TG9S120D16MP11	114	1600	11.5	95.5	40-70	15	14	170
TG9S120D20MP11	114	2000	17.0	95.5	35-65	20	12	160
TG9S130D20MP11	123.5	2000	17.0	95.5	45-75	20	12	165

Annual Fuel Utilization Efficiency (AFUE) numbers are determined in accordance with DOE Test procedures.
Wire size and over current protection must comply with the National Electrical Code (NFPA-70-latest edition) and all local codes.
The furnace shall be installed so that the electrical components are protected from water.

Notice to Permit Applicant

The State of New Jersey wants this form completed for any type of work being performed. (example, roofing, siding, decks, garages, sheds, steps, etc...)

If a contractor's is performing **any type** of work to a residential property, contractor is to inform property owner's of the following information and have them read and complete bottom **or** contractor may sign & inform the owner of th requirement. **Suggested** you do at time of signing contract.

If you are the property owner, you must read the information below and complete bottom of this form.

The permit, which you have applied for, requires the following **: READ, VERY IMPORTANT**

1. **Per the Uniform Fire Safety Act**, NJSA 52:27D-198.1 and the Rehabilitation Subcode of the Uniform Construction Code, NJAC 5:23-6.4(f), NJAC 5:23-6.6-13 (f), Smoke detectors will be installed on each level of the dwelling, including basement. There should be a smoke detector in the vicinity of the bedrooms outside each sleeping area. The smoke detector should be installed as per manufacturer's specifications. **Battery powered** smoke detectors satisfy this requirement. (The installations of battery powered smoke detectors and those smoke detectors that already exist, do not require an inspection.) **Therefore , it is the responsibility of the homeowner to ensure that the provisions of NJAC referenced above have been met.**

2. **Per the New Jersey Administrative Code** 5:23-3.20 (c) (Amendment effective April 7, 2003), Carbon Monoxide(CO) alarms must be installed and maintained in the immediate vicinity of each sleeping area in any guest room or residential dwelling if the building contains either a fuel burning appliance or an attached garage. CO alarms must be installed as per manufacturer's specifications. (The installations of battery powered and plug-in type CO alarms an those CO alarms that already exist, do not require an inspection. **Therefore, it is the responsibility of the homeowner to ensure that the provisions of NJAC referenced above have been met.)**
3. **Exception :** If you are installing hardwired CO alarms or Smoke Detectors, permits, floor plan showing location of devices, and inspections are required.

Homeowner * PLEASE CHECK * one of the items below :

____ **I certify** by my signature below that I currently **have** the required Smoke Detectors and Carbon Monoxide (CO) Detectors installed.

____ **I certify** by my signature below that I **do not** currently have the required Smoke Detectors and Carbon Monoxide (CO) Detectors installed, **but that** these devices **will be installed** prior to the work being completed.

Project Site Address : _____

Town _____

1. Homeowner

Property owner's Name**:** _____
Homeowner **Print Name CLEARLY**

OR

_____ _____
Signature of property owner **Date**

2. Contractor

Contractor may complete : I, _____ certify I am the authorized contractor performing the work at the above project site and **have informed the property owner**(s) of the smoke & carb detector requirements indicated above and _____ the homeowner(s) **do have** the required smokes & carbs **OR** ___✓___ homeowner **does not have** the smokes & carbs **but** they **will be installed prior to the project being complete**.

_____ 9/25/09
Signature of Contractor **Date**

HELP SAVE A LIFE

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 429.04 LOT 1 PERMIT # _____

WORK SITE ADDRESS 251 TAUNTON

Applicant DENNIS VOGT

Certifying Individual DENNIS CHILO Company PSE+G

Address 535 W NICHOLSON RD (Street) AUDUBON (City) NEW JERSEY (State) 08106 (Zip Code)

Tel. (856) 573-2066

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [✓] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:


9/25/09
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE
IDENTIFICATION

Date Issued: 12/28/2012
Control #: 82884
Permit #: 20123841

Block: 429.04 Lot : 1 Qualification Code: CO251

Work Site Location: 251 TAVISTOCK
CHERRY HILL

Owner in Fee: MARCIA CAMPBELL

Address: 251 TAVISTOCK
CHERRY HILL NJ 08034

Telephone: [redacted]

Agent/Contractor: SANDERS ENTERPRISES INC.

Address: 100 PARK DRIVE
VOORHEES NJ 08043

Telephone: 856 429-3086

Lic. No./ Bldrs. Reg.No.: 34EI00470100 Federal Emp. No.: [redacted]

Social Security No.:

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

Description of Work/Use:

REPLACE ELECTRIC WATER HEATER

C2822

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 41439
Collected by: sd

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-21-12

Date Issued
Permit # 2012-3841

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

Block 429.04 Lot 1 Qualification Code C0251

Work Site Location 251 Tavistock, Cherry Hill

Owner In Fee: Marcia Campbell

Tel. [redacted] e-mail

Address PO Box 509 (street) Stratford (municipality) 08084 (zip code)

Contractor: P.R. Sanders Inc. D/B/A P. R. Sanders Electric Tel. (856) 429-3086

Address 100 Park Drive, Voorhees, NJ 08043 e-mail

Contractor License No. NJ Elect Lic # 4701B Exp. Date 3-31-2015

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

Federal Emp. ID N[redacted] FAX: (856) 429-0551

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 102-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date Initial
[X] No Plans Required 10-15-12 [illegible]

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-19-12
Approved by: [signature]

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Const. Serv.				
TCO				
Other				
Service				
Final			12-19-12	[signature]
Barrier-Free				
Temp. Cut-In-Card Date Issued				
Final Cut-In-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace electric hwh

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	
1	4.5	KW Elec. Water Heater	13
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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	
1	100A	disconnect MIN.	13

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 58

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

U.C.C. F120 (rev. 10/06)
Call Allegra
Marketing - Print - Mail
609-390-1400

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11-21-12
Permit # 2012-3841

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

Block 429.04 Lot 1 Qualification Code C0251

Work Site Location 251 Tavistock, Cherry Hill

Owner in Fee: Marcia Campbell

Tel. ([redacted]) e-mail

Address PO Box 509 (street) Stratford (municipality) 08084 (zip code)

Contractor: P. R. Sanders, INC. Tel. (856) 429-3086

Address 100 Park Drive e-mail info@prsanders.com

Voorhees, NJ 08043

Contractor License No. NJ MPL # 6726 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800

Federal Emp. ID No. [redacted] FAX: (856) 429-6043

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 $ 899.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11/21/12
Approved by: John M. Mac
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-19-12
Approved by: John P. Miller

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12-19-12	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Peter Sanders

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace electric hwh

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater electric	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 58.40
State Permit Surcharge Fee	$
TOTAL FEE	$

BLOCK 429.04 LOT 1 QUALIFICATION CODE C0251 ADDRESS (SITE) 251 PERMIT NO. 2012 3841

Cert Iss 12/28/12

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

RECEIVED OCT - 8 2012 BUILDING INSPECTIONS

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

I. IDENTIFICATION

1. Proposed Work Site at: 251 Tavistock, Cherry Hill
2. Name of Owner in Fee: Marcia Campbell
   Tel. (856) 874-6542 e-mail
   Address PO Box 509 (street) Stratford (municipality) 08084 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: P. R. Sanders, INC. Tel. (856) 429-3086
   Address 100 Park Drive e-mail permits@prsanders.com
   Voorhees, NJ 08043
   License No. OR, if new home, Builder Reg. No. NJ MPL # 6726 Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. (____) ____ FAX: (____) ____
6. Responsible Person in Charge once Work has Begun ____
   Tel. (____) ____ FAX: (____) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 58		
2. Electrical			
3. Plumbing	58		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2-		
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$ 118		

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 ____

00029 025124 2688
20123841 SF
0000LPCK

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	102-				10.15.12				
☒ Plumbing	899-				12/6/12				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1001-								

Replace Elec. water heater

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

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

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

D. Construct. Classification: Present ____
Proposed ____

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals 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 **P. R. Sanders, INC.**

Address **100 Park Drive**

Voorhees, NJ 08043

Telephone (**856**) **429-3086**

Signature _____

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

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20123841

Control Number: 82884
Application Date: 11/06/12

CONSTRUCTION PERMIT

Permit Date: 11/21/2012

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 429.04 Lot : 1 Qualifier : CO251

Work site Location: 251 TAVISTOCK CHERRY HILL

Owner In Fee: MARCIA CAMPBELL

Address: 251 TAVISTOCK
CHERRY HILL NJ 08034

Telephone: [redacted]

Use Group(s): R-5

Contractor: SANDERS ENTERPRISES INC.

Address: 100 PARK DRIVE
VOORHEES NJ 08043

Telephone: (856) - 429-3086

Lic. No. / Bldrs. Reg. No.: 34EI00470100

Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

REPLACE ELECTRIC WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$1,001.00
Cost of Demolition:	$0.00
Total Cost:	$1,001.00

PAYMENTS (Office Use Only)

[035]	Building	
[039]	Electrical	$58.00
[032]	Plumbing	$58.00
[033]	Fire Protection	
[042]	Elevator Devices	
[034]	Mechanical	
[046]	VolFee (DCA)	
[046]	AltFee (DCA)	$2.00
[046]	DCA Minimum Fee	$0.00
[040]	CO Fee	
[040]	CCO Fee	
[037]	Engineering	
[043]	Document Imaging	
[044]	Zoning	
	Total :	**$ 118.00**

All Fees Waived No

Amount to be Paid: $ 118.00

If construction does not commence within one year of date of issuance,

or if construction ceases for a period of six months, this permit is void.

Gerald E. Seneski 11.7.12

Gerald E. Seneski — Date

Contruction Official

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

Note:

RECEIVED
NOV 21 2012
TAX COLLECTOR

Check Number: 41439
Check amount: $118.00

Collected by: sd
Total Cash Amount:
Total Check Amount: $118.00
Total CC Amount:
Grand Total: $118.00

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 429.04 Lot 1 Qualification Code C0251

Work Site Location 251 Tavistock, Cherry Hill

Owner in Fee: Tricia Campbell

Tel. [redacted] e-mail

Address PO Box 509 (street) Stratford (municipality) 08084 (zip code)

Contractor: P. R. Sanders, INC. Tel. (856) 429-3086

Address 100 Park Drive e-mail info@prsanders.com

Voorhees, NJ 08043

Contractor License No. NJ MPL # 6726 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800

Federal Emp. ID No. [redacted] FAX: (856) 429-6043

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 $ 899-

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Peter Sanders

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace electric hwh

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater electric	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 5 X.C
State Permit Surcharge Fee	$
TOTAL FEE	$

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 11.21.12

Date Issued
Permit # 2012.3841

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

Block 429.04 Lot 1 Qualification Code C0251

Work Site Location 251 Tavistock Cherry Hill

Owner in Fee: Marcia Campbell

Tel. [redacted] e-mail

Address PO Box 509 (street) Shamong (municipality) 08084 (zip code)

Contractor: P.R. Sanders Inc. D/B/A P. R. Sanders Electric Tel. (856) 429-3086

Address 100 Park Drive, Voorhees, NJ 08043 e-mail

Contractor License No. NJ Elect Lic # 4701B Exp. Date 3.31.2015

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

Federal Emp. ID No. [redacted] FAX: (856) 429-0551

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 102.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required 12/3

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace electric hwh

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	
1	4.5	KW Elec. Water Heater	17.5
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	100A	disconnect MA.	17

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 54

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

U.C.C. F120 (rev. 10/06)
Call Allegra
Marketing - Print - Mail
609-390-1400

Department Of Community Affairs

State of New

Division of Codes & Standards - Office of Regulatory Affairs

SMOKE ALARM & CARBON MONOXIDE ALARM COMPLIANCE

This form **MUST BE** submitted **prior** to **final inspection** of the work being performed. It is not a prerequisite to the issuance of a construction permit.

Smoke Alarm:

The permit for which you have applied requires that smoke alarms be installed in your dwelling unit (see N.J.A.C. 5:23-6.4(f), 6.5(f) or 6.6(f), as applicable.)

Smoke alarms shall be installed on each level of the dwelling, including the basement, outside of each separate sleeping area in the immediate vicinity of the bedroom. Smoke alarms should be placed on or near the ceiling.

Smoke alarms **are permitted** to be battery operated.

The installation of battery operated smoke alarms does not require a permit, nor an inspection. **It is your responsibility as** the homeowner / agent to **ensure** that these provisions have been met.

Carbon Monoxide Alarms:

The permit for which you have applied also requires that carbon monoxide alarm(s) be installed in your dwelling unit, (see N.J.A.C. 5:23-6.4(g), 6.5(g) or 6.6(g), as applicable.)

N.J.A.C. 5:23-3.20(c) requires that carbon monoxide alarms be installed and maintained in full operating condition in the immediate vicinity of each sleeping area when the building contains a fuel burning appliance or has an attached garage.

Carbon monoxide alarms **are permitted** to be battery operated, hard-wired **OR** the plug in type

The installation of battery operated or plug in type carbon monoxide alarms does not require a permit, nor an inspection. It is your responsibility as the homeowner/agent to ensure that these provisions have been met.

PERMIT NUMBER: _____

BLOCK: 429.04 LOT: 1 QUALIFICATION CODE: C0251

NAME OF OWNER / AGENT: Marcia Campbell

JOB ADDRESS: 251 Tavistock Ch. Hill NJ 08034
No Street TOWN State zip

PHONE NUMBER: 856-874-4542 Cell _____

I do hereby certify that alarms are installed as stated above in working order and that the information provided on this form is correct. I am the X owner **or** _____ authorized agent of the owner.

SIGNED: X Marcia G Campbell DATE 9-16-12
OWNER / AGENT

Received from State 5/19/2010

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. _____	_____	_____	_____	_____

NO CK

BLOCK 429.04 LOT 1 QUALIFICATION CODE C0251 ADDRESS (SITE) 251 Tavistock Rd PERMIT NO. 20232541

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 251 Tavistock Rd.
2. Name of Owner in Fee: Selina Delgado
   Tel. [redacted] e-mail
   Address same (street) Cherry Hill (municipality) 08034 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: 1 800 Heaters Inc Tel. (732) 970-8074
   Address 2 Gourmet Lane, Unit G & H e-mail permits@1800heaters.com
   Edison, NJ 08837
   License No. OR, if new home, Builder Reg. No. 12352 Exp. Date 6/30/2025
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05509300
   Federal Emp. ID No. [redacted] FAX: (732) 417-0695
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Leonard Gerardo
   Tel. (732) 970-8074 FAX: (732) 417-0695

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		65	
3. Plumbing		65	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		5	
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$	135	

00029_058861 4685

0002HU96

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

CONTROL # JUL 25 2023

136181

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					7/25/23	MB			
☐ Plumbing					7-25-23	MJ			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: R-5
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 VB

Replace Electric Water Heater

III. PLAN REVIEW (optional)

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

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

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

Replace Electric Water Heater

Pick up 8/11/23

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name **1 800 Heaters Inc**

Address **2 Gourmet Lane, Unit G & H**
Edison, NJ 08837

Telephone **(732) 970-8074**

Signature L Guardo

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

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

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 2/15/2024
Control Number 136181
Permit Number 20232541
Permit Issue Date 8/15/2023
Certificate Number 20232541

Identification

Block: 429.04 Lot: 1 Qual: c0251

Work Site Location: 251 TAVISTOCK CHERRY HILL TOWNSHIP, NJ 08034

Owner in Fee: VISCONTI KRISTEN E & DELGADO SELINA
Owner Address: 251 TAVISTOCK CHERRY HILL NJ 08003
Telephone: [redacted]

Contractor 1 800 HEATERS INC
Address 2 GOURMET LANE UNIT G & H EDISON NJ 08837
Telephone: (732) 970-8074 Fax: (732) 417-0695
License Number or Builders Registration Number: 36BI01235200 13VH05509300
Federal Emp. Number: [redacted]

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: Maximum Live Load:
Description of Work/Use:
ELECTRIC WATER HEATER

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Fredrick Kuhn - Construction Official

Fee: $0.00

Check Number:
Collected By:

Date Printed: 2/23/2024

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/25/2023
Date Issued 8/15/2023
Control # 136181
Permit # 20232541

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

Block 429.04 Lot 1 Qualification Code c0251

Work Site Location: 251 TAVISTOCK CHERRY HILL TOWNSHIP, NJ 08034

Owner in Fee: VISCONTI KRISTEN E & DELGADO SELINA

Address 251 TAVISTOCK CHERRY HILL NJ 08003

Email

Tel. [redacted]

Contractor: Vector Electric

Address 20 WINDY HILL RD ANNADALE NJ 08801

Email

Tel. (732) 489-6290 Fax.

Lic No. 34EB00904700 Exp. Date 3/31/2024

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

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $50

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☑ No Plan Required	7/25/2023	JV
☐ Partial/Underslab Approved		
Partial Underslab Utilities Approved		
Date: by:		
☐ Electrical Plans Approved		
Date: by:		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
SUBCODE APPROVAL for PERMIT		
Date: 7/25/2023		
Approved by: jvarga		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date: 2/14/2024		
Approved by: jvarga		

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRIC WATER HEATER,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
1	4.5	KW Elec. Water Heater	$15
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/25/2023
Control # 136181
Date Issued 8/15/2023
Permit # 20232541

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

Block 429.04 Lot 1 Qualification Code c0251

Work Site Location: 251 TAVISTOCK CHERRY HILL TOWNSHIP, NJ 08034

Owner in Fee: VISCONTI KRISTEN E & DELGADO SELINA

Address 251 TAVISTOCK CHERRY HILL NJ 08003

Email

Tel. [redacted]

Contractor: 1 800 HEATERS INC

Address 2 GOURMET LANE UNIT G & H EDISON NJ 08837

Email PERMITS@1800HEATERS.COM

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

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

Contractor License No. 36BI01235200 Expiration Date: 6/30/2025

Federal Employee No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,737

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

☑ No Plan Required — 7/25/2023 — NZ

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: 2/14/2024
Approved by: nzieniuk

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2/13/24	CD
Other				

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRIC WATER HEATER,

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$15
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	$3
TOTAL FEE	$68

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7/25/23
Control # 136181
Date Issued 8/15/23
Permit # B0232541

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

Block 429.04 Lot 1 Qualification Code C0251

Work Site Location 251 Tavistock Rd. Cherry Hill NJ 08034

Owner in Fee: Selina Delgado

Tel. [redacted] e-mail

Address same
street municipality zip code

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

Address 2 Gourmet Lane, Unit G & H e-mail permits@1800heaters.com
Edison, NJ 08837

Contractor License No. 12352 Exp. Date 06/30/2025

Home Improvement Contractor Registration No. or Exemption Reason 13VH05509300

Federal Emp. ID No [redacted] FAX: 732 417-0695

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1737

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 7-25-23 Approved by: [signature]
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-25-23
Approved by: [signature]

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

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

Print name here: Leonard Gerardo

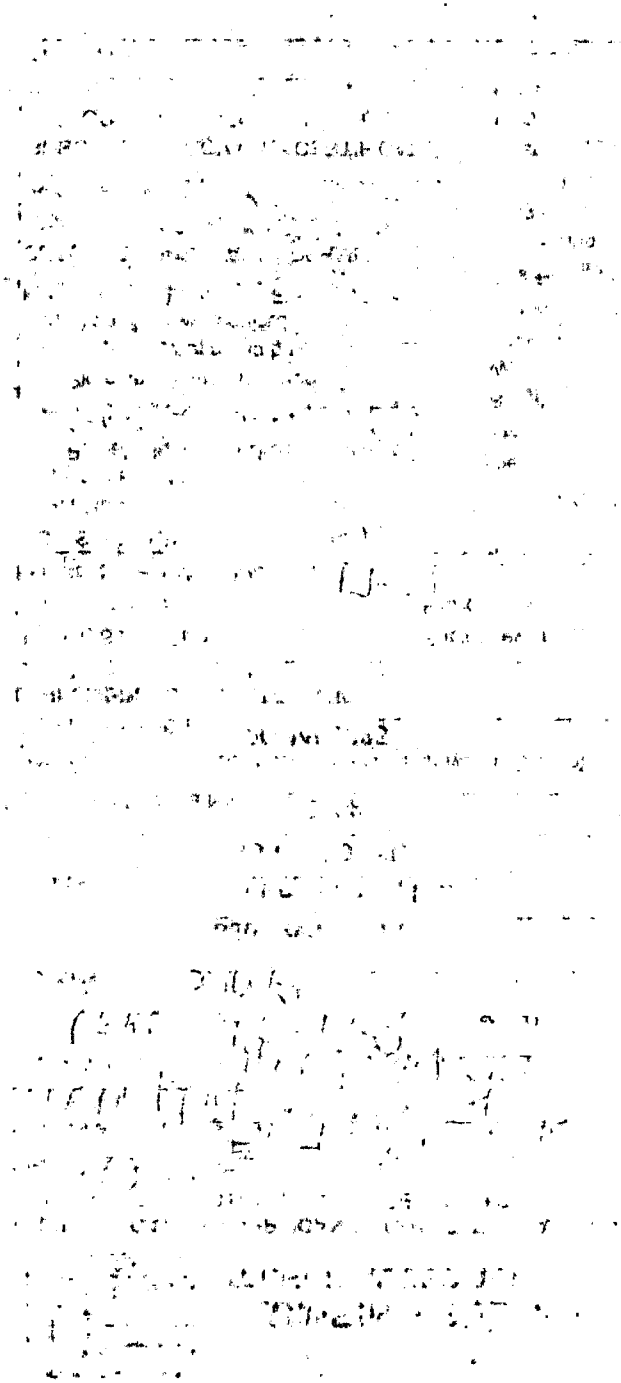
[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater electric	65
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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



ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/25/23
Control # 136181
Date Issued 8/15/23
Permit # 20033541

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

Block 429.04 Lot 1 Qualification Code C0251

Work Site Location 251 Jayston Rd. Cherry Hill, NJ 08034

Owner in Fee: Selina Delgado

Tel. [redacted] e-mail

Address same
street municipality zip code

Contractor: **Vector Electric** Tel. **(732) 489-6290**

Address **20 Windy Hill Road** e-mail
Annandale, NJ 08801

Contractor License No. **9047** Exp. Date **03/31/2024**

Home Improvement Contractor Registration No. or Exemption Reason **Licensed Electrician**

Federal Emp. ID No [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 7/25/23 JW

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 7/25/23
Approved by: JW

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Salvator Urciuoli

Print name here: **Salvator Urciuoli**

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Electric Water Heater Replacement

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	4.5	KW Elec. Water Heater	15.00
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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	$
State Permit Surcharge Fee	$
TOTAL FEE	$

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	7/25/2023
Date Issued	8/15/2023
Control #	136181
Permit #	20232541

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 429.04 Lot: 1 Qualifier c0251 Use Group R-5

Work Site Location: 251 TAVISTOCK CHERRY HILL TOWNSHIP, NJ 08034
Owner in Fee: VISCONTI KRISTEN E & DELGADO SELINA
Address: 251 TAVISTOCK CHERRY HILL NJ 08003
Telephone: [redacted]

Contractor: 1 800 HEATERS INC
Address: 2 GOURMET LANE UNIT G & H EDISON NJ 08837
Telephone: (732) 970-8074
Lic. No. or Bldrs. Reg. No. 13VH05509300 36BI01235200
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRIC WATER HEATER

Note: If constuction 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 $1,787

Construction Official

Date 7/27/23

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

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	$65
032	Plumbing	$65
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$5
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$135

Check No.	92395
Check	$135
Cash	$0
Credit	$0
Collected By	Rebecca Pooler

RECEIVED
AUG 15 2023
TAX COLLECTOR

ELECTRIC

Rheem
The new degree of comfort.™

Fuel Type	Tank Gal. Capacity	Household Size	First Hour Delivery*	Estimated Yearly Energy Cost**	Energy Factor	Tank Height	Tank Dia.	Element Wattage Upper/Lower	Model #	SKU
PERFORMANCE PLATINUM™								10/1	10-Year limited warranty for tank and parts, 1-year full in-home labor warranty	
Performance Platinum - Hybrid EcoNet Enabled										
★ Electric	80	5+	90	$151	3.50	74	24-1/4	5000/5000	XE80T10HD50U0	1002234744
★ Electric	65	3 to 5	78	$151	3.50	64	24-1/4	5000/5000	XE65T10HD50U0	Special Order
★ Electric	50	3 to 5	70	$151	3.50	61	22-1/4	5000/5000	XE50T10HD50U0	1002234741
PERFORMANCE PLATINUM™								12/3	12-Year limited warranty for tank and parts, 3-year full in-home labor warranty	
Performance Platinum - Tank Type with EcoNet WiFi Module Included										
Electric	50	5+	68	$555	0.95	58-3/8	20-1/4	5500/5500	XE50T12EC55U1W	1001712503
Electric	50	3 to 5	56	$555	0.95	48-3/8	20-1/4	5500/5500	XE40M12EC55U1W	1001712495
Electric	50	3 to 5	68	$555	0.95	48	22-1/4	5500/5500	XE50M12EC55U1W	1001712498
Performance Platinum - Tank Type										
Electric	55	5+	71	$555	0.95	57	22-1/4	5500/5500	XE55T12EC55U0	Special Order
Electric	55	5+	71	$555	0.95	57	22-1/4	4500/4500	XE55T12EC45U0	Special Order
Electric	50	3 to 5	68	$555	0.95	58-3/8	20-1/4	5500/5500	XE50T12EC55U1	1001297828
Electric	50	3 to 5	68	$555	0.95	58-3/8	20-1/4	4500/4500	XE50T12EC45U0	1001547407
Electric	50	3 to 5	67	$555	0.95	58-5/8	20-1/4	4500/4500	XE50T12ST45U1	Special Order
Electric	50	3 to 5	68	$555	0.95	48	22-1/4	4500/4500	XE50M12EC45U0	1001547406
Electric	50	3 to 5	65	$555	0.95	48	23	4500/4500	XE50M12ST45U1	Special Order
Electric	50	3 to 5	68	$555	0.95	48	22-1/4	5500/5500	XE50M12EC55U1	1001297852
Electric	40	2 to 4	56	$555	0.95	48-3/8	20-1/4	5500/5500	XE40M12EC55U1	1001297862
Electric	40	2 to 4	56	$555	0.95	48-3/8	20-1/4	4500/4500	XE40M12EC45U0	1001547405
Electric	40	2 to 4	55	$555	0.95	48-1/4	20-1/4	4500/4500	XE40M12ST45U1	Special Order
PERFORMANCE PLUS™								9/2	9-Year limited warranty for tank and parts, 2-year full in-home labor warranty	
Electric	50	3 to 5	67	$555	0.95	58-7/8	20-1/4	5500/5500	XE50T09EL55U1	1001301851
Electric	50	3 to 5	67	$555	0.95	58-7/8	20-1/4	4500/4500	XE50T09EL45U1	1001301873
Electric	50	3 to 5	65	$555	0.95	48	23	5500/5500	XE50M09EL55U1	1001301855
Electric	50	3 to 5	65	$555	0.95	48	23	4500/4500	XE50M09EL45U1	1001301869
Electric	40	2 to 4	55	$555	0.95	48-1/4	20-1/4	5500/5500	XE40M09EL55U1	1001301836
Electric	40	2 to 4	55	$555	0.95	48-1/4	20-1/4	4500/4500	XE40M09EL45U1	1001301867
Electric	40	2 to 4	57	$555	0.95	60-3/4	19-1/4	4500/4500	XE40T09EL45U1	1001301862
PERFORMANCE™								6/1	6-Year limited warranty for tank and parts, 1-year full in-home labor warranty	
Electric	50	3 to 5	67	$555	0.95	58-7/8	20-1/4	4500/4500	XE50T06ST45U1	1001301801
Electric	50	3 to 5	65	$555	0.95	48	23	4500/4500	XE50M06ST45U1	1001301858
Electric	47	3 to 5	55	$555	0.95	32	26-1/4	4500/4500	XE47SB06ST45U0	1001327011
Electric	40	2 to 4	57	$555	0.95	60-3/4	19-1/4	4500/4500	XE40T06ST45U1	1001301799
Electric	40	2 to 4	51	$555	0.95	48-1/4	20-1/4	4500/4500	XE40M06ST45U1	1001301831
Electric	40	2 to 4	40	$555	0.95	48-1/4	20-1/4	3800/3800	XE40M06ST38U1	1001301805
Electric	38	2 to 4	45	$555	0.95	31-1/2	23	4500/4500	XE38S06ST45U1	1001301802
Electric	38	2 to 4	30	$555	0.95	31-1/2	23	3800/3800	XE38S06ST38U1	1001301804
Electric	36	2 to 4	45	$555	0.95	31-1/2	24-1/4	4500/4500	XE36S06ST45U0	Special Order
Electric	36	2 to 4	30	$555	0.95	31-1/2	24-1/4	3800/3800	XE36S06ST38U0	Special Order
Electric	30	1 to 2	48	$555	0.95	47-1/2	19-1/4	4500/4500	XE30T06ST45U1	1001301803
Electric	30	1 to 2	33	$555	0.95	47-1/2	19-1/4	3800/3800	XE30T06ST38U1	1001300470
Electric	30	1 to 2	44	$555	0.95	37-1/2	20-1/4	4500/4500	XE30M06ST45U1	1001301796
Electric	30	1 to 2	42	$555	0.95	30	19-3/4	4500/4500	XE30S06ST45U1	1001300476
Electric	30	1 to 2	29	$555	0.95	30	19-3/4	3800/3800	XE30S06ST38U1	1001301793
Electric	28	1 to 2	42	$555	0.95	30	23	4500/4500	XE28S06ST45U0	Special Order
Electric	28	1 to 2	29	$555	0.95	30	23	3800/3800	XE28S06ST38U0	Special Order
Electric	20	2 or Less	N/A	N/A	N/A	31-1/2	17	3800/3800	XE20S06ST38U0	1000035184
Performance - Manufactured Housing										
Electric	40	2 to 4	50	$555	0.95	48-1/2	21	4500/4500	XE40T06MH45U1	1001298656
Electric	30	1 to 2	46	$555	0.95	47-3/4	19-1/4	4500/4500	XE30T06MH45U1	1001298654
Performance - Point of Use										
Electric	30	1 to 2	23	$555	0.95	32	22-1/4	2000	XE30P06PU20U1	1001301794
Electric	20	N/A	N/A	N/A	N/A	25-1/4	19-3/4	2000	XE20P06PU20U0	1000035105
Electric	10	N/A	N/A	N/A	N/A	23	15-3/4	2000	XE10P06PU20U0	1000035101
Electric	6	N/A	N/A	N/A	N/A	15-1/4	15-3/4	2000	XE06P06PU20U0	1000035100
Electric	2.5	N/A	N/A	N/A	N/A	14	9-3/4	1440	XE02P06PU14U0	1000035099
Performance - Tabletop										
Electric	40	2 to 4	45	$599	0.88	36	24	4500/4500	XE40H06TT45U0	1000035166

WIFI compatible

★ ENERGY STAR® compliant

- Check dimensions on carton at time of purchase. Dimensions and specifications are subject to change without notice in accordance with our policy of continuous product improvement.
- Some models may not be available in all markets.
- All residential electric models have 3/4" NPT water connections, excluding the 2.5 gallon Point-of-Use which has a 1/2"
- See written warranty for complete details.

* Available hot water refers to the water heaters first hour delivery rating as required by the Department of Energy test procedures.

** Estimated energy cost based on a national average electricity cost of 12.00 cents per kWh. Before purchasing this appliance, read important information about its estimated annual energy consumption, yearly operating cost, or energy efficiency rating that is available from your retailer.

SAME DAY INSTALLATION IF YOU CALL BEFORE 12PM • Call 1-800-HOMEDEPOT (1-800-466-3337) before 12PM or ask an Associate for details.

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.				