BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 6305
DATE ISSUED 12-20-89
REVISION DATE

Block 12703 Lot 3
Subdivision Stone Hollow

A. IDENTIFICATION

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

Owner [redacted] Contractor Same as owner

Address [redacted] Address "

Tel. ([redacted] Tel. ([redacted]

Work Site Address 6 Chapel Circle
Sicklerville, N.J. 08081

Lic. No. 14297

Federal Emp. No. 22-2189-463

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Wellington II model - slab 2 story dwelling - single family dwelling - 1 car garage - 4 bedrooms.

☐ See Plans

TYPE OF WORK:

- ☑ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
	23702 Vol X .0126	$
SUBTOTAL		$ 298.65
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 298.65

C. BUILDING CHARACTERISTICS

USE GROUP: R-3A Present R-3 Proposed

No. of Stories 2 — Total Building Area—All Floors 1734 Sq. Ft.

Height of Structure 26 Ft. — Volume of Structure 23,702 Cu. Ft.

Area—Largest Floor 922 Sq. Ft. — Total Land Area Disturbed 1126 Sq. Ft.

Estimated Cost of Building Work: $ 51,000 -

D. COMMENTS

@ 298.65
14-93 Proto

B283.72 ROUND OFF B284.00

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
	BACK OF BUILDING SUBCODE 6805

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☒ Other PROTO	12/14/89	CAB

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 3/30/90

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Footing/Foundation 1/12				1-12-90 1/12/90 EB
☐ Slab				
☒ Frame				3/7/90 ES
☐ Architectural				
☑ Insulation				3/15/90
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/82)

ELECTRICAL SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 68025
DATE ISSUED 12-20-89
REVISION DATE
Block 12703 Lot 3
Subdivision Stove Hollow

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner [redacted]
Address [redacted]
Tel. ([redacted]
Work Site Address 6 Chapel Circle
Sicklerville, N.J. 08081

Contractor Hazlett Electric
Address Whitehorse PK.
Atco N.J.
Tel. ( ) 767-6567
Lic.No./Bus. Permit. 4743
Federal Emp. No. 22-209-0279

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
22	Switching Outlets	$		H.V.A.C. Equipment	$
12	Lighting Outlets			Switching Devices	
37	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric		1	Dishwasher	5.00
Max	Heating, Electric	5.00	1	Disposal	5.00
22	Switches		3	Vent fans	15.00
12	Lighting Fixtures		2	Other Smoke det.	10.00
37	Receptacles	25.00	3	Other phone jacks	15.00
	Bonding, Pool/Vault			Other	
✓	Service/Feeders	10.00		Other	
100 amp	COLUMN 1	$ 40.00		COLUMN 2	$ 50.00

Fee	
COLUMN 1	$ 40.00
COLUMN 2	50.00
SUBTOTAL	$ 90.00
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee (Greater of Minimum or Subtotal)	$ 90.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-3A Present _____ Proposed

Service: 100 Amps 1 Phase UG System Type

3 Wire 120/240 Volts RX Wiring Method

Total No. of Meters: 1

Estimated Cost of Electrical Work: $ 1,500

D. COMMENTS

$ 90.00
4.50 Proto
$ 85.50

Round OFF $85.00

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS
3-6-90	Sr Rough Pass B.T.
3-29-90	Final Job Done
	BACK OF ELECTRICAL SUBCODE 6805

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved Phoenix
Date: 12-7-89
Approved By:

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 4-3-90
Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Rough Sr				3-6-90
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

U.C.C. Form F-120 (8/83)

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 6805
DATE ISSUED 12-20-89
REVISION DATE

Block 12703 Lot 3
Subdivision Stowe Hollow

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner [redacted]
Address [redacted]
Tel. ([redacted]
Work Site Address 6 Chapel Circle
Sicklerville, N.J. 08081

Contractor JACSWELL PLUMBING INC
Address P.O. Box 1347
Voorhees, NJ 08043
6838
Tel. (___) ___
Lic.No./Bus. Permit 22-2553374
Federal Emp. No. ___

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10.00	1	Garbage Disposal	$ 5.00
1	Bathtub	5.00		Air Conditioner Unit	
3	Lavatory/Sink	15.00		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine	5.00		Grease Trap	
1	Dishwasher	5.00		Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.00	2	Reduced Pressure Backflow Device	10.00
	Domestic Boiler/ Furnace		2	Vent Stack	10.00
	Steam Boiler			Solar System	
1	Water Util. Connection	25.00		Other	
1	Sewer Util. Connection	25.00		Other	
2	Hose Bibb	10.00		Other	
	Water Cooler			Other	
	COLUMN 1	$ 105.00		COLUMN 2	$ 25.00

Fee	
COLUMN 1	$ 105.00
COLUMN 2	$ 25.00
SUBTOTAL	$ 130.00
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 130.00

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3A Present R-3 Proposed

Drainage —	Material	ABS	Size	4x3
Building Sewer —	Material	ABS	Size	4
Water Service —	Material		Size	3+4
Venting —	Material	ABS	Size	3

Estimated Cost of Plumbing Work: $ 4,000 —

D. COMMENTS

$130.00
6-50 Proto
$123.50

ROUND OFF $123.00

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-139 (8/83) — Green — Office Copy — White — Applicant — Pink — Plumbing Inspector — Yellow

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS
1/24/90	test on rough
3/12/90	air gauges on Lacuna faulty.
	BACK OF PLUMBING SUBCODE 6805

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: 12/11/89

Approved By: WC Smith

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 3/28/90

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Slab				1/24/90
☑ Rough	3/12/90			3/14/90 tested H2O
☑ Water				1/24/90
☑ Sewer				1/24/90
☐ Energy				
☐ Mechanical				
☐ TCO				

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO 6805
DATE ISSUED 12-20-89
REVISION DATE

Block 2703 Lot 3
Subdivision Stowe Hollow

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner [redacted]
Address [redacted]
Tel. ([redacted]
Work Site Address 6 Chapel Circle
Sicklerville N.J. 08081

Contractor Hazlett Electric
Address Whitehorse Pk.
Atco, N.J.
Tel. ( ) 767-6567
Lic. No. 4743
Federal Emp. No. 22-209-0279

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised — Method:
Water Supply — Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☑ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

$
$
$

Subtotal $ 25.00

Minimum Fire Protection Fee (If Applicable) $

Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 25.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3A Present R-3 Proposed
Heating Systems — Location:
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank —Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 100 —

D. COMMENTS

$ 25.00
1.25 Proto
$ 23.75
ROUND OFF $24.00

☐ Partial Releases ☑ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
	BACK OF FIRE SUBCODE 6805

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 12/16/89 PHOTO
Approved By: [signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 3-30-90
Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

U.C.C. Form F-140 (8/83)

Winslow Township
125 South Route 73
Braddock, NJ 08037
(609)567-0700 FAX *(000)000-0000*

Permit No. **202101173**
Control No. **88055243**
Block/Lot 12703/3
Date 11/01/21

Certificate of Approval

IDENTIFICATION

Block/Lot 12703/3
Work Site Location 6 CHAPEL CIRCLE

Owner in Fee/Occupant [redacted]
Address [redacted]

Telephone
Contractor HORIZON SERVICES, INC
Address 17 ROLAND AVENUE
MOUNT LAUREL, NJ 08054
Telephone (856)840-8400 FAX
Lic. No. or Bldrs. Reg. No. 13VH05117300- / / , 13VH09997600
Federal Emp. No. 34-4411626

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

REPLACE GAS FURNACE & AC

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

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to 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

Gus Morganti
(Gus Morganti, Construction Official

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

Permit Fee $ 224
Paid [ ] Check No. 24073
Collected by: DH

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/20/21
Control #
Date Issued
Permit # 20210173

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

Block 12703 Lot 3 Qualification Code

Work Site Location 6 CHAPEL CIRCLE
SICKLERVILLE NJ 08081

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address [redacted] (street) [redacted] (municipality) [redacted] (zip code)

Contractor: Horizon Services Tel. (856) 840-8400

Address 17 Roland Ave e-mail
Mt Laurel NJ 08054

Contractor License No. 34EB01207700 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 364411626 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 8/27/21 Approved by: EMC

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 8/27/21
Approved by: EMC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/28/21
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/28/21	[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.

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

Print name here: Matthew L Mozdierz

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW SWITCH/RECEPTACLE FOR EMERGENCY SHUT OFF FOR LENNOX ML180 90K BTU GF/ ML14XC1 2.5TON AC

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	
2		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	9	KW Central A/C Unit	58
1	1	HP/KW Space Heater/Air Handler	58
		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 $ 116
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. P120 (rev. 11/09)
Internet version

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received / Control # 8/20/21

Date Issued / Permit # 202101173

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

Block 12703 Lot 3 Qualification Code

Work Site Location 6 CHAPEL CIRCLE

SICKLERVILLE NJ 08081

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address [redacted] (street) [redacted] (municipality) [redacted] (zip code)

Contractor: HORIZON SERVICES Tel. (856) 840-8400

Address 17 ROLAND AVE e-mail

MT LAUREL NJ 08054

Contractor License No. 19HC00193700 Exp. Date 06/22/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 364411626 FAX: (856) 234-4513

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 11,800

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: 8/18/21

Approved by: LT

SUBCODE APPPROVAL for CERTIFICATE

[X] CA [ ] CCO

Date: 10/25/21

Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other			10/25/21	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Dave Geiger

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LENNOX ML180 90K BTU GF/ ML14XC1 2.5TON AC
CONDENSATE PUMP/DRAIN

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	85
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other	

Administrative Surcharge $

Minimum Fee $ 85

State Permit Surcharge Fee $

TOTAL FEE $

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

Winslow Township
125 South Route 73
Braddock, NJ 08037
(609)567-0700 FAX *(000)000-0000*

Permit No. **202000027**
Control No. **88051959**
Block/Lot 12703/3
Date 1/29/20

Certificate of Approval

IDENTIFICATION

Block/Lot 12703/3
Work Site Location 6 CHAPEL CIRCLE

Owner in Fee/Occupant [redacted]
Address [redacted]

Telephone
Contractor
Address

Telephone FAX
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

WORKING W/O PERMIT** REPLACING EXISTING 40 GAL WATER HEATER

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

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to 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

Gus Morganti
(Gus Morganti, Construction Official

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

Permit Fee $ 67
Paid [ ] Check No. 3264
Collected by: GP

MECHANICAL INSPECTION
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/9/2020
Control #
Date Issued
Permit # 20200000027

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

Block 12703 Lot 3 Qualification Code
Work Site Location 6 Chapel Circle

Owner in Fee: [redacted]
Tel. [redacted] e-mail [redacted]
Address [redacted] (street / municipality / zip code)

Contractor: Self Tel.
Address e-mail

Contractor License No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present:

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ X 800.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant sign/Contractor sign and seal here: [redacted]
Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK work w/o permit

Existing Unit

40 Gal HWH

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: 1/7/20 Approved by: LT
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date:
Approved by: 1/28/20 PC

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final	1/14		1/15	LT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
X	Water Heater	$ 65
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	

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

Relief valve piped to floor
screws in smoke pipe

U.C.C. F145 (rev. 10/17) Internet version

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

TOWNSHIP OF WINSLOW
402 TANSBORO ROAD
TANSBORO, N.J. 08009

Date Issued 08/10/10
Control #
Permit # 10-05-0403

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 12703 Lot 3 Qual
Work Site Location 6 CHAPEL CIRCLE
SICKLERVILLE
Owner in Fee/Occupant [redacted]
Address [redacted]
Telephone [redacted]
Contractor S&S INSTALLERS
Address 3907 NESCO ROAD
HAMMONTON, NJ 08037-
Telephone (609)567-2493 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 13VH03724900
Federal Emp. No. -

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

ABOVE GROUND POOL

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Fee $ 0
Paid [X] Check No. Cash
Collected by: ARF

Construction Official

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 5-13-10
Permit # 10-05-0403

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

Block 12703 Lot 3 Qualification Code

Work Site Location 12 Chapel Circle Sicklerville NJ 08081

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address [redacted] municipality Sicklerville zip code

Contractor: MDM Electric Tel. (609) 220-6756

Address 30 Olympus Lane Sicklerville e-mail

Contractor License No. 16266 Exp. Date 2011

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

Federal Emp. ID No. 26-2603870 FAX: (856) 262-1488

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: PROCESSED PRINT 5/11/10
Approved by: W.J.C

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5-20-10
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench			5-17-10	✓
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-20-10	✓
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
pool + Flood light

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 45.00
1		Pool Permit/with UW Lights	58.00
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	1	HP Motors 1/+ HP	46.00
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
AH Minimum Fee $
State Permit Surcharge Fee $ 1
TOTAL FEE $ 150.00

U.C.C. F120 (rev. 10/06)
Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 5-13-10
Permit # 10-05-0403

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

Block 12203 Lot 3 Qualification Code

Work Site Location 6 Chalet Circle
Sicklerville NJ 08081

Owner in Fee: [redacted]

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

Address [redacted]

Contractor: S & S Pool Installers (street, municipality) Tel. (609) 567-2493 (zip code)

Address 3901 Nesco rd e-mail

Contractor License No. or Builder Registration No. 13VH03724900 Exp. Date 12-31-2010

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03724900

Federal Emp. ID No. 148 38 1805 FAX: ( )

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
Setup 24' Pool above Ground

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footing — 5/21/10
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-24-10
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	5-20-10		5-21-10	
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:

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

FEE (Office Use Only)

$ 126.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 1.00
TOTAL FEE $ 127.00

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 850.00

U.C.C. F110 (rev. 7/06)
Internet version

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