State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
OFFICE OF LOCAL & STATE CODE INSPECTIONS
SOUTHERN REGIONAL OFFICE
852 SOUTH WHITEHORSE PIKE
HAMMONTON, NJ 08037

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUÁREZ
Commissioner

Dominique Garcia

May 24, 2024

Dear Requester,

The Office of State and Local Code Inspections, Southern Regional Office, Division of Codes and Standards, Department of Community Affairs, is in receipt of your request for records under the Open Public Records Act (OPRA), regarding construction permits issued in the Borough of Jamesburg.

OPRA request **C218288**, which is the tracking number for your request for copies of open and closed permits, pertaining to the following address:

- 12 William Street,
  Jamesburg, NJ 08831
  Block 4 Lot 11

- A thorough search was conducted of our records which discovered:
  1. *Permit 126-03 containing one (1) building permit, one (1) electrical permit, one (1) plumbing permit, and one fire protection permit, issued on 07/30/2003 and remains active/open.*
  2. *Permit 192-03 containing one (1) building permit and one (1) electrical permit, issued on 12/10/2003 and remains active/open.*
  3. *Permit 028-02 containing one (1) plumbing permit, issued on 03/04/2002 and closed 04/08/2002.*

The original files for these permits were unavailable, therefore, copies from the database have been included.

OPRA request **C218288** is hereby deemed to be closed. Please do not hesitate to contact me if you have any questions.

Sincerely,

Marie L. Reese
OPRA Custodian
Office of State & Local Code Inspections
Southern Regional Office

Enforcing Office -southern Regional
Agency:Office
Jamesburg Boro, Middlesex (1208)

User ID: mreese
Name: Marie Reese

+ Permits
+ Plan Review
+ Payments
+ Inspections
+ Certificates
+ Reports
- Notices & Orders
- Issue Notice & Order
- Revise, Close or Remove Notice & Order
- Search
- Permit Search
- Payment Receipt Search
+ Reference Tables
- Home
- Welcome
- Display User Access Info
- Choose Municipality
- Test Output Server
- Contact Us
- Log Off

PERMIT SEARCH

Search By One of the Following:

Application Number - Search
Permit Number Search
Plan Review Number Search

Parcel

Block .
Lot .
Qualifier Search

Worksite Address 12 William Street
City Search

Currently Selected Parcel

Block/Lot/Qual **4/11**
Owner **FERNANDEZ, DEBORAH**
Worksite Address **12 WILLIAM STREET**
JAMESBURG BORO

Search Results: 3 Permits Found For 12 WILLIAM STREET (JAMESBURG BORO)

	Application No.	Permit No.	Application Date	Status
Select	UCCARS I-R	126-03	N/A	Active
Select	UCCARS I-R	192-03	N/A	Active
Select	UCCARS I-R	028-02	N/A	Closed

Search Results: 1 Parcel Found For Worksite Address Containing 12 William Street

Street Address	Owner	Block	Lot	Qual
12 WILLIAM STREET	FERNANDEZ, DEBORAH	4	11	N/A

BLOCK 4 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 12 WILLIAM STREET 126-03

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 12 WILLIAM STREET
2. Name of Owner in Fee: FERNANDEZ, DEBORAH
   Telephone _____ E-mail _____
   Address 12 WILLIAM ST, ,
3. Ownership in Fee: Private
4. Principal Contractor: _____ Tel. _____
   Address _____ E-mail _____
   License No. OR, if new home, Builder Reg No. _____ Exp Date _____
   Federal Employee ID No. _____ FAX _____
   Home Improvement Contractor Registration No. or Exemption Reason: _____
5. Architect/Engineer: None Specified Contact _____
   Address _____
   Telephone _____ FAX _____
6. Responsible Person in Charge once Work has Begun: _____
   Telephone _____ FAX _____

IIa. PROPOSED WORK

☐ Minor Work	☐ New Building	☐ Addition	☐ Demolition
☐ Repair	☒ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abatement	☐ Lead Hazard Abatement	☐ Radon Remediation	☐ Annual Permit

IIb. SUBCODES

	Estimated Cost	FOR OFFICE USE ONLY (Optional)							
		Plans Received	Date Received	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☒ Building	(See File)								
☒ Electrical	(See File)								
☒ Plumbing	(See File)								
☒ Fire Protection	(See File)								
☐ Mechanical	(See File)								
☐ Elevator	(See File)								
TOTAL COSTS	$53,000								

III. Plan Review (optional)

☐ Partial Releases
☐ Prototype Processing

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

1. ☐ Elevator/Escalator/Lift/Dumbwaiter
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 Capacity:
12. ☐ Fire Alarm

V. FEE SUMMARY (for office only)

1. Building	$178.00
2. Electrical	$36.00
3. Plumbing	$20.00
4. Fire Protection	$23.00
5. Mechanical	$0.00
6. Elevator Devices	$0.00
7. Plan Review Discount	$0.00
8. Subtotal	$257.00
9. DCA State Permit Fee	$16.00
10. Subtotal	$273.00
11. Certificate	$0.00
12. Subtotal	$273.00
13. Exemption	$0.00
TOTAL	$273.00

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	0
2. Height of Structure	0 ft.
3. Area - Largest Floor	0 sq. ft.
4. New Building Area	0 sq. ft.
5. Volume of New Structure	0 cu. ft.
6. Max. Live Load	0
7. Max. Occupancy Load	0
8. Industrial Building	No
9. Total Land Area Disturbed	0 sq. ft.
10. Flood Hazard Zone	No
11. Base Flood Elevation	ft.
12. Wetlands	No

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Code/Use Group:
   Present ICC R-3 Proposed ICC R-3
3. Change in Use Group: Yes ___ No X
4. No. of Dwelling Units:

	Total Units	COAH Units
Gained (Sale)	0	0
Gained (Rent)	0	0
Lost (Sale)	0	0
Lost (Rent)	0	0

B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Code/Use Group:
   Present _____ Proposed _____
3. Change in Use Group: Yes ___ No ___

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

D. CONSTRUCTION CLASSIFICATION:
   Present Proposed

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CONSTRUCTION PERMIT

Date Issued 07/30/2003
Permit # 126-03

IDENTIFICATION Block 4 Lot 11 Qualifier

Work 1Site 12 WILLIAM STREET
, NJ
Owner in Fee FERNANDEZ, DEBORAH
Address 12 WILLIAM ST
,
Telephone

Contractor HOMEOWNER
Address
Telephone
Lic./Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

V. FEE SUMMARY (Office Only)

1. Building	$178.00
2. Electrical	$36.00
3. Plumbing	$20.00
4. Fire Protection	$23.00
5. Mechanical	$0.00
6. Elevator	$0.00
7. Plan Review	$0.00
8. Subtotal	$257.00
9. DCA State Fee	$16.00
10. Subtotal	$273.00
11. Certificate	$0.00
12. Subtotal	$273.00
13. Exemption	$0.00
TOTAL	$273.00

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

Estimated Cost of Work for Selected Subcode(s) $53,000

Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the requirements of the Uniform Construction Code.
The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5.23-3.5, "Posting Structures".

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

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852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

BUILDING SUBCODE
TECHNICAL SECTION

UCCARS I-R
Permit No.: 126-03
Date Issued: 07/30/2003
Version: Base

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

Block 4 Lot 11 Qualification Code

Work Site Location 12 WILLIAM STREET
Owner in Fee FERNANDEZ, DEBORAH
Address 12 WILLIAM ST, ,
Owner Telephone E-mail

Contractor
Address
Contractor Telephone E-mail
Contractor License No. Exp. Date
Home Imprv. Reg No.
Exempt Reason:
Federal Emp ID No. FAX
Responsible Person
Telephone

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required: [ ] Electrical [ ] Plum. [ ] Fire [ ] Mech. [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

B. BUILDING CHARACTERISTICS

Code/Use Group: Present ICC R-3 Proposed ICC R-3
Construction Class: Present Proposed
Number of Stories
Height of Structure
Area - Largest Floor
New Building Area
Volume of New Structure
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Estimated Cost of Building Work:
1. New Bldg. (See File)
2. Rehabilitation (See File)
3. Total (1 + 2) (See File)

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's Signature/Contractor's Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Qty/Size and/or Cost	Type of Work	Fee Amount
	Administrative Fee	$0.00
	Total Subcode Fee	$178.00
		$178.00

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852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

ELECTRICAL SUBCODE
TECHNICAL SECTION

UCCARS I-R
Permit No.: 126-03
Date Issued: 07/30/2003
Version: Base

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

Block 4 Lot 11 Qualification Code

Work Site Location 12 WILLIAM STREET
Owner in Fee FERNANDEZ, DEBORAH
Address 12 WILLIAM ST, ,
Owner Telephone E-mail
Contractor
Address
Contractor Tel. E-mail
Contractor License No. Exp Date
Home Imprv. Reg No.
Exempt Reason:
Federal Emp ID No. FAX
Responsible Person
Telephone

B. ELECTRICAL CHARACTERISTICS

Use Group Present ICC R-3 Proposed ICC R-3
[ ] Pole/Pad # [ ]Temporary [ ] Other
Buillding Occupied As Utility Co

Est. Cost of Elec. Work (See File)

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
[ ] Underslab Utilities
[ ] Electr c Plans
Joint Plan Review Required: [ ] Building
[ ] Plumb. [ ] Fire [ ] Mech. [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCL [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Rough			
Rough, Barrier-Free			
Trench			
Temporary Service			
Construction Service			
TCO			
Other			
Service			
Final			
Final, Barrier-Free			
Temp. Cut-in-Card Issued Date			
Final Cut-in-Card Issued Date			
Grounding and Bonding Certification Date			

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Qty/Size and/or Cost	Items	Fee Amount
	Administrative Fee	$0.00
	Total Subcode Fee	$36.00
		$36.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

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852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

PLUMBING SUBCODE
TECHNICAL SECTION

UCCARS I-R
Permit No.: 126-03
Date Issued: 07/30/2003
Version: Base

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

Block 4 Lot 11 Qualification Code

Work Site Location 12 WILLIAM STREET

Owner in Fee FERNANDEZ, DEBORAH

Address 12 WILLIAM ST, ,

Owner Telephone E-mail

Contractor

Address

Telephone E-mail

License No. Exp Date

Home Imprv. Reg No.

Exempt Reason:

Federal Emp ID No. FAX

Responsible Person

Telephone

B. PLUMBING CHARACTERISTICS

Code/Use Group: Present ICC R-3 Proposed ICC R-3

Building Sewer Size: in. Building Sewer:

Water Service Size: in. Water Service:

Estimated Cost of Plumbing Work: (See File)

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required
[ ] Underslab Utilities
[ ] Plumbing Plans

Joint Plan Review Required:
[ ] Building [ ] Electrical [ ] Fire Prot.
[ ] Mechanical [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Qty/Size and/or Cost	Fixture/Equipment	Fee Amount
	Administrative Fee	$0.00
	Total Subcode Fee	$20.00
		$20.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

UCCARS I-R
Permit No.: 126-03
Date Issued: 07/30/2003
Version: Base

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

Block 4 Lot 11 Qualification Code

Work Site Location 12 WILLIAM STREET

Owner in Fee FERNANDEZ, DEBORAH
Address 12 WILLIAM ST, ,
Owner Phone E-mail

Contractor
Address
Contractor Phone E-mail
Contractor License No. Exp Date
Home Imprv. Reg No.
Exempt Reason:
Federal Emp ID No. FAX

Responsible Person
Telephone

B. FIRE PROTECTION CHARACTERISTICS

Code/Use Group: Present ICC R-3 Proposed ICC R-3
Construction Class: Present Proposed

Heating System:
Type:
Location:

Fuel Storage Tank:
Location:
Fuel Type: Capacity:

Estimated Cost of Fire Protection Work: (See File)

Fire Alarm System:
Location of Panel:

Fire Suppression/Standpipe System:
Location of Main Control Valve:

Suppression System Supervision:
Alarm Method:
Water Supply Source:

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Req.
[ ] Underslab Utilities
[ ] Fire Protection Plans
Joint Plan Review Required: [ ] Building [ ] Electric [ ] Plumbing [ ] Mech. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCL [ ] CA
Date:
Approved by:

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

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Qty/Size and/or Cost	Type of Work	Fee Amount
	Administrative Fee	$0.00
	Total Subcode Fee	$23.00
		$23.00

BLOCK 4 LOT 11 QUALIFICATION CODE ADDRESS (SITE) 12 WILLIAM STREET 192-03

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 12 WILLIAM STREET
2. Name of Owner in Fee: FERNANDEZ, DEBORAH
   Telephone E-mail
   Address 12 WILLIAM ST, ,
3. Ownership in Fee: Private
4. Principa Contractor: Tel.
   Address E-mail
   License No. OR, if new home, Builder Reg No. Exp Date
   Federal Employee ID No. FAX
   Home Improvement Contractor Registration No. or Exemption Reason:
5. Architect/Engineer: None Specified Contact
   Address
   Telephone FAX
6. Responsible Person in Charge once Work has Begun:
   Telephone FAX

IIa. PROPOSED WORK

☐ Minor Work	☐ New Building	☐ Addition	☐ Demolition
☐ Repair	☒ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abatement	☐ Lead Hazard Abatement	☐ Radon Remediation	☐ Annual Permit

IIb. SUBCODES

	Estimated Cost	FOR OFFICE USE ONLY (Optional)							
		Plans Received	Date Received	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☒ Building	(See File)								
☒ Electrical	(See File)								
☐ Plumbing	(See File)								
☐ Fire Protection	(See File)								
☐ Mechanical	(See File)								
☐ Elevator	(See File)								
TOTAL COSTS	$1,500								

III. Plan Review (optional)

☐ Partial Releases
☐ Prototype Processing

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

1. ☐ Elevator/Escalator/Lift/Dumbwaiter
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 Capacity:
12. ☐ Fire Alarm

V. FEE SUMMARY (for office only)

1. Building	$36.00
2. Electrical	$36.00
3. Plumbing	$0.00
4. Fire Protection	$0.00
5. Mechanical	$0.00
6. Elevator Devices	$0.00
7. Plan Review Discount	$0.00
8. Subtotal	$72.00
9. DCA State Permit Fee	$2.00
10. Subtotal	$74.00
11. Certificate	$0.00
12. Subtotal	$74.00
13. Exemption	$0.00
TOTAL	$74.00

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	0
2. Height of Structure	0 ft.
3. Area - Largest Floor	0 sq. ft.
4. New Building Area	0 sq. ft.
5. Volume of New Structure	0 cu. ft.
6. Max. Live Load	0
7. Max. Occupancy Load	0
8. Industrial Building	No
9. Total Land Area Disturbed	0 sq. ft.
10. Flood Hazard Zone	No
11. Base Flood Elevation	ft.
12. Wetlands	No

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Code/Use Group:
   Present ICC R-3 Proposed ICC R-3
3. Change in Use Group: Yes ___ No X
4. No. of Dwelling Units:

	Total Units	COAH Units
Gained (Sale)	0	0
Gained (Rent)	0	0
Lost (Sale)	0	0
Lost (Rent)	0	0

B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Code/Use Group:
   Present Proposed
3. Change in Use Group: Yes ___ No ___

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

D. CONSTRUCTION CLASSIFICATION:
   Present Proposed

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CONSTRUCTION PERMIT

Date Issued 12/10/2003
Permit # 192-03

IDENTIFICATION Block 4 Lot 11 Qualifier

Work 1Site 12 WILLIAM STREET
, NJ
Owner in Fee FERNANDEZ, DEBORAH
Address 12 WILLIAM ST
,
Telephone

Contractor HOMEOWNER
Address
Telephone
Lic./Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

V. FEE SUMMARY (Office Only)

1. Building	$36.00
2. Electrical	$36.00
3. Plumbing	$0.00
4. Fire Protection	$0.00
5. Mechanical	$0.00
6. Elevator	$0.00
7. Plan Review	$0.00
8. Subtotal	$72.00
9. DCA State Fee	$2.00
10. Subtotal	$74.00
11. Certificate	$0.00
12. Subtotal	$74.00
13. Exemption	$0.00
TOTAL	$74.00

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

Estimated Cost of Work for Selected Subcode(s) $1,500

Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the requirements of the Uniform Construction Code.
The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5.23-3.5, "Posting Structures".

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

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(609)567-3653

BUILDING SUBCODE
TECHNICAL SECTION

UCCARS I-R
Permit No.: 192-03
Date Issued: 12/10/2003
Version: Base

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

Block 4 Lot 11 Qualification Code

Work Site Location 12 WILLIAM STREET
Owner in Fee FERNANDEZ, DEBORAH
Address 12 WILLIAM ST, ,
Owner Telephone E-mail

Contractor
Address
Contractor Telephone E-mail
Contractor License No. Exp. Date
Home Imprv. Reg No.
Exempt Reason:
Federal Emp ID No. FAX
Responsible Person
Telephone

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required: [ ] Electrical [ ] Plum. [ ] Fire [ ] Mech. [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

B. BUILDING CHARACTERISTICS

Code/Use Group: Present ICC R-3 Proposed ICC R-3
Construction Class: Present Proposed
Number of Stories
Height of Structure
Area - Largest Floor
New Building Area
Volume of New Structure
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Estimated Cost of Building Work:
1. New Bldg. (See File)
2. Rehabilitation (See File)
3. Total (1 + 2) (See File)

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's Signature/Contractor's Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Qty/Size and/or Cost	Type of Work	Fee Amount
	Administrative Fee	$0.00
	Total Subcode Fee	$36.00
		$36.00

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Hammonton NJ 08037
(609)567-3653

ELECTRICAL SUBCODE
TECHNICAL SECTION

UCCARS I-R
Permit No.: 192-03
Date Issued: 12/10/2003
Version: Base

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

Block 4 Lot 11 Qualification Code

Work Site Location 12 WILLIAM STREET

Owner in Fee FERNANDEZ, DEBORAH

Address 12 WILLIAM ST, ,

Owner Telephone E-mail

Contractor

Address

Contractor Tel. E-mail

Contractor License No. Exp Date

Home Imprv. Reg No.

Exempt Reason:

Federal Emp ID No. FAX

Responsible Person

Telephone

B. ELECTRICAL CHARACTERISTICS

Use Group Present ICC R-3 Proposed ICC R-3

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

Buillding Occupied As Utility Co

Est. Cost of Elec. Work (See File)

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required

[ ] Underslab Utilities

[ ] Electric Plans

Joint Plan Review Required: [ ] Building

[ ] Plumb. [ ] Fire [ ] Mech. [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCL [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Rough			
Rough, Barrier-Free			
Trench			
Temporary Service			
Construction Service			
TCO			
Other			
Service			
Final			
Final, Barrier-Free			
Temp. Cut-in-Card Issued Date			
Final Cut-in-Card Issued Date			
Grounding and Bonding Certification Date			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Qty/Size and/or Cost	Items	Fee Amount
	Administrative Fee	$0.00
	Total Subcode Fee	$36.00
		$36.00

BLOCK 4 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 12 WILLIAM STREET 028-02

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Hammonton NJ 08037
(609)567-3653

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 12 WILLIAM STREET
2. Name of Owner in Fee: FURNANDEZ
   Telephone _____ E-mail _____
   Address 12 WILLIAMS ST., ,
3. Ownership in Fee: Private
4. Principal Contractor: _____ Tel. _____
   Address _____ E-mail _____
   License No. OR, if new home, Builder Reg No. _____ Exp Date _____
   Federal Employee ID No. _____ FAX _____
   Home Improvement Contractor Registration No. or Exemption Reason: _____
5. Architect/Engineer: None Specified Contact _____
   Address _____
   Telephone _____ FAX _____
6. Responsible Person in Charge once Work has Begun: _____
   Telephone _____ FAX _____

Closed

IIa. PROPOSED WORK

☐ Minor Work	☐ New Building	☐ Addition	☐ Demolition
☐ Repair	☒ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abatement	☐ Lead Hazard Abatement	☐ Radon Remediation	☐ Annual Permit

IIb. SUBCODES

	Estimated Cost	FOR OFFICE USE ONLY (Optional)							
		Plans Received	Date Received	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building	(See File)								
☐ Electrica	(See File)								
☒ Plumbing	(See File)								
☐ Fire Protection	(See File)								
☐ Mechanical	(See File)								
☐ Elevator	(See File)								
TOTAL COSTS	$500								

Closed

III. Plan Review (optional)

☐ Partial Releases
☐ Prototype Processing

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

1. ☐ Elevator/Escalator/Lift/Dumbwaiter
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 Capacity:
12. ☐ Fire Alarm

V. FEE SUMMARY (for office only)

1. Building	$0.00
2. Electrical	$0.00
3. Plumbing	$65.00
4. Fire Protection	$0.00
5. Mechanical	$0.00
6. Elevator Devices	$0.00
7. Plan Review Discount	$0.00
8. Subtotal	$65.00
9. DCA State Permit Fee	$1.00
10. Subtotal	$66.00
11. Certificate	$0.00
12. Subtotal	$66.00
13. Exemption	$0.00
TOTAL	$66.00

Closed

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	0
2. Height of Structure	0 ft.
3. Area - Largest Floor	0 sq. ft.
4. New Building Area	0 sq. ft.
5. Volume of New Structure	0 cu. ft.
6. Max. Live Load	0
7. Max. Occupancy Load	0
8. Industrial Building	No
9. Total Land Area Disturbed	0 sq. ft.
10. Flood Hazard Zone	No
11. Base Flood Elevation	ft.
12. Wetlands	No

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Code/Use Group: Present ICC R-3 Proposed ICC R-3
3. Change in Use Group: Yes ___ No X
4. No. of Dwelling Units:

	Total Units	COAH Units
Gained (Sale)	0	0
Gained (Rent)	0	0
Lost (Sale)	0	0
Lost (Rent)	0	0

B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Code/Use Group: Present _____ Proposed _____
3. Change in Use Group: Yes ___ No ___

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

D. CONSTRUCTION CLASSIFICATION: Present Proposed

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CERTIFICATE

1208 - JAMESBURG BORO

Date Issued: 04/08/2002
Permit # 028-02
Certificate: 028-02.1

IDENTIFICATION

Block 4 Lot 11 Qualifier

Work Site Location 12 WILLIAM STREET
, NJ

Owner in Fee FURNANDEZ
Address 12 WILLIAMS ST.
,

Telephone
Contractor HOMEOWNER
Address

Telephone FAX
Lic No/Bldrs Reg No. Fed. Emp. No.

Home Imprv. Reg No. / Exempt
Reason -

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

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **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 the 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

☐ **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 $0.00
Paid [$0.00] Check No.
Collected by:

_____
CONSTRUCTION OFFICIAL

OLCE -Southern Regional Office
852 S. White Horse Pike
Hammonton NJ 08037
(609)567-3653

CONSTRUCTION PERMIT

Date Issued 03/04/2002
Permit # 028-02

IDENTIFICATION Block 4 Lot 11 Qualifier

Work 1Site 12 WILLIAM STREET
, NJ
Owner in Fee FURNANDEZ
Address 12 WILLIAMS ST.
,
Telephone

Contractor HOMEOWNER
Address
Telephone
Lic./Reg. No.

Closed

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Closed

V. FEE SUMMARY (Office Only)

1. Building	$0.00
2. Electrical	$0.00
3. Plumbing	$65.00
4. Fire Protection	$0.00
5. Mechanical	$0.00
6. Elevator	$0.00
7. Plan Review	$0.00
8. Subtotal	$65.00
9. DCA State Fee	$1.00
10. Subtotal	$66.00
11. Certificate	$0.00
12. Subtotal	$66.00
13. Exemption	$0.00
TOTAL	$66.00

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

Estimated Cost of Work for Selected Subcode(s) $500

Construction Official Date

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the requirements of the Uniform Construction Code.
The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

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

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions of the adopted subcodes; Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5.23-3.5, "Posting Structures".

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

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(609)567-3653

PLUMBING SUBCODE
TECHNICAL SECTION

UCCARS I-R
Permit No.: 028-02
Date Issued: 03/04/2002
Version: Base

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

Block 4 Lot 11 Qualification Code

Work Site Location 12 WILLIAM STREET

Owner in Fee FURNANDEZ

Address 12 WILLIAMS ST., ,

Owner Telephone E-mail

Contractor

Address

Telephone E-mail

License No Exp Date

Home Imprv. Reg No.

Exempt Reason:

Federal Emp ID No. FAX

Responsible Person

Telephone

B. PLUMBING CHARACTERISTICS

Code/Use Group: Present ICC R-3 Proposed ICC R-3

Building Sewer Size: in. Building Sewer:

Water Service Size: in. Water Service:

Estimated Cost of Plumbing Work: (See File)

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required

[ ] Underslab Utilities

[ ] Plumbing Plans

Joint Plan Review Required:

[ ] Building [ ] Electrical [ ] Fire Prot.

[ ] Mechanical [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCL [X] CA

Date:

Approved by:

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

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Qty/Size and/or Cost	Fixture/Equipment	Fee Amount
	Administrative Fee	$0.00
	Total Subcode Fee	$65.00
		$65.00