



CONSTRUCTION PERMIT

Date Issued 3/29/2021
Control # 39328
Permit # 20210359

IDENTIFICATION Block: 504 Lot: 24 Qualifier _____
Work Site Location: 1017 CUMBERLAND AVE Deptford Township, NJ Contractor COPE CONSTRUCTION
Address 3 PHILIPS CT SEWELL NJ 08080
Owner in Fee ARCR PROPERTIES
1017 CUMBERLAND AVE DEPTFORD NJ 08096 Telephone: (856) 357-1251
Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS, FIRE ALARM, WATER HEATER

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 \$2,000

Romano
Construction Official

3/29/2021
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$65
Plumbing	\$65
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$198
Check No.	
Cash	\$0
Credit	\$198
Collected By	Victoria Gambino

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 5041 Lot 24 Qualification Code _____
Work Site Location 1017 Cumberland Ave

Owner In Fee: ARC Properties e-mail _____
Tel. _____

Address 2001 College Dr #201 Clementon 08021 zip code
municipality

Contractor: ocean tech electric Tel. (732) 740-0001
Address 419 morris blvd e-mail jgallegos425@gmail.com
toms river 08753

Contractor License No. 34eb01688300 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Type:	Rough	Barrier-Free	Failure	Approval
☐ Partial -Underslab Utilities Approved	Date: _____	_____	_____	_____	_____
☒ Electric Plans Approved	Temp. Serv.	_____	_____	_____	_____
Date: <u>3-26-21</u> Approved by: <u>[Signature]</u>	Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	TCO	_____	_____	_____	_____
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	Other	_____	_____	_____	_____
SUBCODE APPROVAL FOR PERMIT	Service	_____	_____	_____	_____
Date: _____	Final	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL FOR CERTIFICATE	Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____	Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____	Date of Grounding and Bonding	_____	_____	_____	_____
	Certification	_____	_____	_____	_____

Date Received
Control #
Date Issued
Permit #

21-0359
3/29/21

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Miguel Gallegos

Print name here: miguel gallegos

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Run wire for 6 RL lights

FEE (Office Use Only)

QTY. SIZE ITEMS

6 1/2" Lighting Fixtures

0 Receptacles

0 Switches

0 Detectors

0 Light Poles

0 Motors—Fract. HP

0 Emergency & Exit Lights

0 Communications Points

0 Alarm Devices/F.A.C. Panel

0 TOTAL NUMBERS

0 Pool Permit/with UW Lights

0 Storable Pool/Spa/Hot Tub

0 KW Elec. Range/Receptacle

0 KW Oven/Surface Unit

0 KW Elec. Water Heater

0 KW Elec. Dryer/Receptacle

0 KW Dishwasher

0 HP Garbage Disposal

0 KW Central A/C Unit

0 HP/KW Space Heater/Air Handler

0 KW Baseboard Heat

0 HP Motors 1/+ HP

0 KW Transformer/Generator

0 AMP Service

0 AMP Subpanels

0 AMP Motor Control Center

0 KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

65-



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block 504 Lot 241 Qualification Code _____
Work Site Location 1017 Cumberland Ave

Owner in Fee: Aher Properties e-mail _____
Address 2001 College Dr #24 Clementon 08021 zip code 08021
Contractor: Michael Evangelista Tel. 8567160100
Address 102 Sicklerville Rd e-mail Evamic1017@gmail.com
Williamstown, NJ 08094

Contractor License No. BIO-9921 Exp. Date 06/21
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 8566299214 FAX: _____

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 \$ 150

1017 Cumberland Ave Office Use Only

PLAN REVIEW	INSPECTIONS	DATE (Month/Day)
1. Plans Reviewed	Type	Failure
2. Plans Approved	Slab	Failure
3. Plans Approved	Rough	Failure
4. Plans Approved	Water	Failure
5. Plans Approved	Sewer	Failure
6. Plans Approved	Fixtures	Failure
7. Plans Approved	Gas Equipment	Failure
8. Plans Approved	Gas Piping	Failure
9. Plans Approved	LP Gas Tank	Failure
10. Plans Approved	Water Piping	Failure
11. Plans Approved	Stack	Failure
12. Plans Approved	Other	Failure

SUBCODE APPROVAL FOR PERMIT

Date 08-24-21

Approved by: MJG

SUBCODE APPROVAL FOR CERTIFICATE

Date 1-10-21

Approved by: MJG

Date Received 21-0359
Control #
Date Issued 3/29/21
Permit #

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: Michael Evangelista

[X] Licensed Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- install power vent w/h

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas 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 \$



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 504 Lot 24 Qualification Code _____

Work Site Location 1017 Cumberland Ave

Owner in Fee: ARC Properties

Tel. _____ a-mail _____

Address 2001 College Dr #201 Clementon 08021

Contractor: ocean tech electric ocean Tel. (732) 740-0001

Address 419 morris blvd e-mail lgallegos425@gmail.com

toms river 08753

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

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

Fire Alarm Contractor No. 16883 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New or ☐ Modification to Existing ☐ New or ☐ Existing

or ☐ Conversion or ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 3/18/21

Approved by: AD

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

U.C.C. F-140 (rev. 02/11) Internet version

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

Date Received
Control # 21-0359

Date Issued
Permit # 3/29/21

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor

sign here: Miguel gallegos

Print name here: miguel gallegos

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tampers, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid

Fireplace Venting/Metal Chimney

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 504 Lot 24 Qualification Code _____
Work Site Location 1017 Cumberland Ave

Owner in Fee: ARCB Properties e-mail _____
Tel. _____

Address 2001 College Dr #201 Municipality Clementon zip code 08021

Contractor: ocean tech electric Tel. (732) 740-0001
Address 419 morris blvd e-mail lgallegos425@gmail.com
toms river 08753

Contractor License No. 34eb01688300 Exp. Date 03/31/2021
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 550

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required					
[] Partial - Underslab Utilities Approved					
Date: _____ Approved by: _____					
[X] Electric Plans Approved					
Date: <u>3-26-21</u> Approved by: <u>[Signature]</u>					
Joint Plan Review Required:					
[] Bldg. [] Plumb. [] Fire. [] Elev.					
SUBCODE APPROVAL FOR PERMIT					
Date: _____					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL FOR CERTIFICATE					
[] CO [] CCO [] CA					
Date: <u>3-27-21</u>					
Approved by: <u>[Signature]</u>					
Temp. Cut-in-Card Date Issued _____					
Final Cut-in-Card Date Issued _____					
Annual Pool Inspection _____					
Date of Grounding and Bonding Certification _____					

LB. #2468

Date Received 21-0359
Control # _____
Date Issued 3/29/21
Permit # _____

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: miguel gallegos

[X] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Run wire for 6 AC lights

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>6</u>		Lighting, Fixtures	
<u>6</u>		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
<u>0</u>		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		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 \$ 65-
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

LB# 2468

OFF DESERT

21-0359

3/29/21



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 504 Lot 24 Qualification Code _____
Work Site Location 1017 Cumberland Ave

Owner in Fee: ARCOR Properties

Tel. _____ e-mail _____
Address 2001 College Dr #201 Clementon 08021
Contractor: ocean tech electric Tel. (732) 740-0004
Address 419 morris blvd e-mail jgallegos425@gmail.com
toms river 08753

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. 16883 Exp. Date 03/31/2021
Home Improvement Contractor No. _____, or, Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing
or [] Conversion or [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____
Total Cost of Fire Protection Work \$ 700

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
[] Partial - Underslab Utilities Approved	Suppression Sys.				
Date: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL FOR PERMIT	TCO				
Date: <u>3/18/21</u>	Flam/Combust Tanks				
Approved by: <u>AD</u>	Fireplace Venting				
SUBCODE APPROVAL FOR CERTIFICATE	Final				
[] CO <u>4/27/21</u> CA	Other				
Date: <u>4/27/21</u>					
Approved by: <u>AD</u>					

U.C.C. F140 (rev 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: miguel gallegos

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, waterflow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	<u>0</u>	
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [] Gas [] Oil [] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 504 Lot 24 Qualification Code _____
Work Site Location 1017 Cumberland Ave

Owner in Fee: Aber Properties e-mail _____
Tel. _____
Address 2001 College Dr 08021 zip code
City Clementon municipality
Contractor: Michael Evangelista Tel. 8567160100
Address 102 Sicklerville Rd e-mail Evamic1017@gmail.com
City Williamstown, NJ 08094

Contractor License No. BIO-9921 Exp. Date 06/21
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: 8566299214

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 \$ 150
JOB SUMMARY (Office Use Only)
PLAN REVIEW _____
1. Plans Reviewed _____
2. Partial Understudy Utilities Reviewed _____
Date _____
1. Plumbing Plans Approved _____
Date _____
1. Plan Review Required _____
1. Plan Review _____
1. Plan Review _____
SUBCODE APPROVAL FOR PERMIT
Date 4-20-21
Approved by [Signature]
SUBCODE APPROVAL FOR CERTIFICATE
Date 4-20-21
Approved by [Signature]
INSPECTIONS
Type _____
Sub _____
Rough _____
Water _____
Sewer _____
Fixtures _____
Gas Equipment _____
Gas Piping _____
LP Gas Tank _____
Fuel Gas Piping _____
Sinks _____
Taps _____
Final _____
Dates (Month/Day) _____
Features _____
Approval _____
Initial _____

Date Received 21-0359
Control # _____
Date Issued 3/29/21
Permit # _____

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: _____

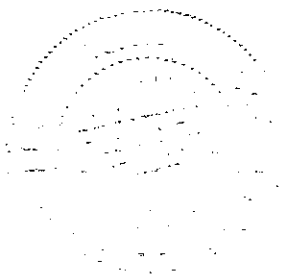
Print name here: Michael Evangelista
☒ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
- install power vent w/h

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	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

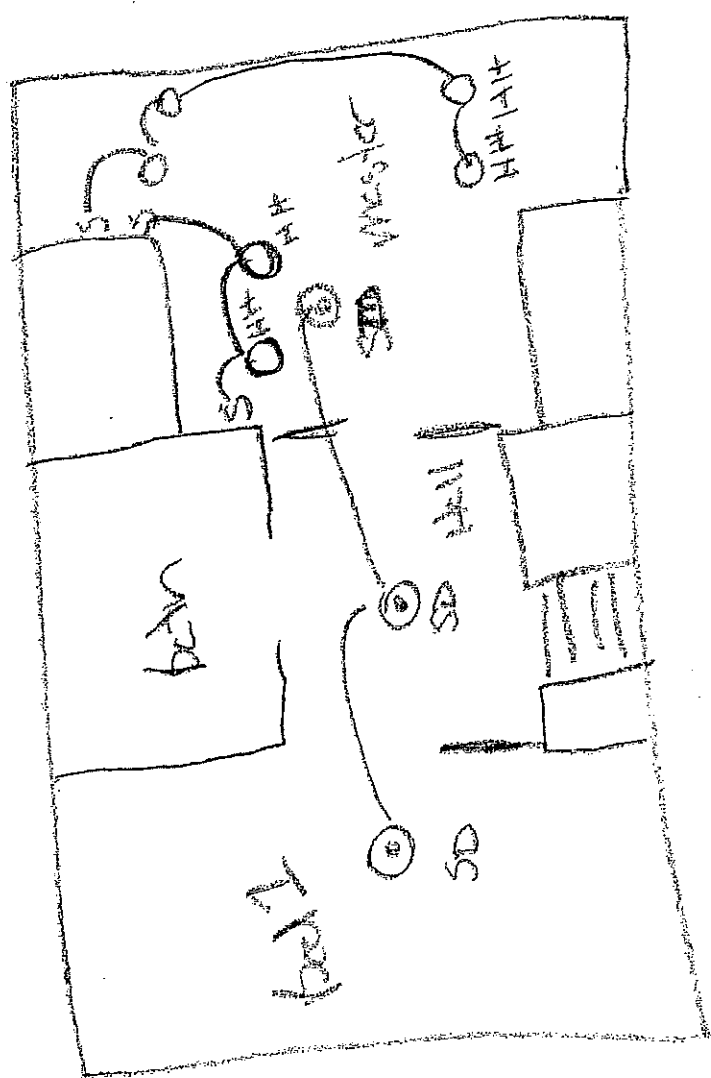
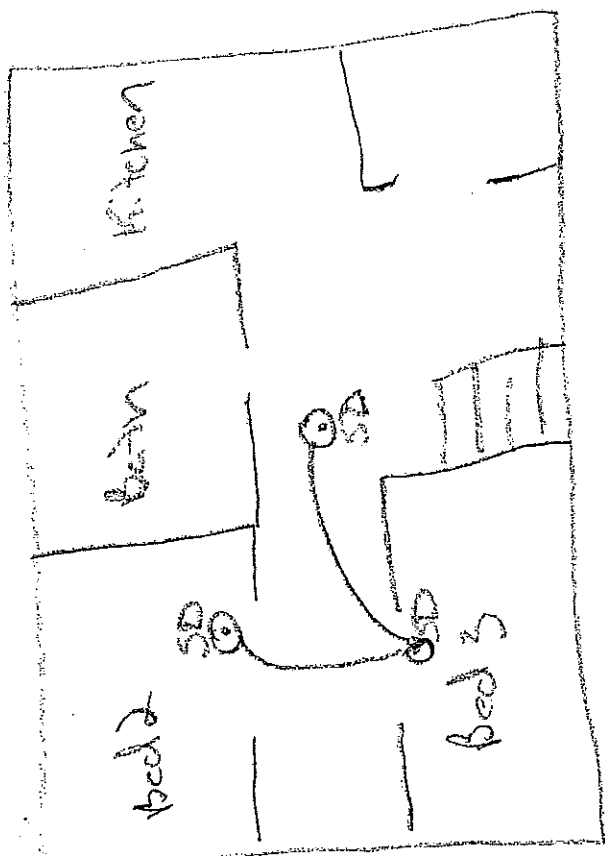
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 1.75
TOTAL FEE \$ 1.75



FILE COPY

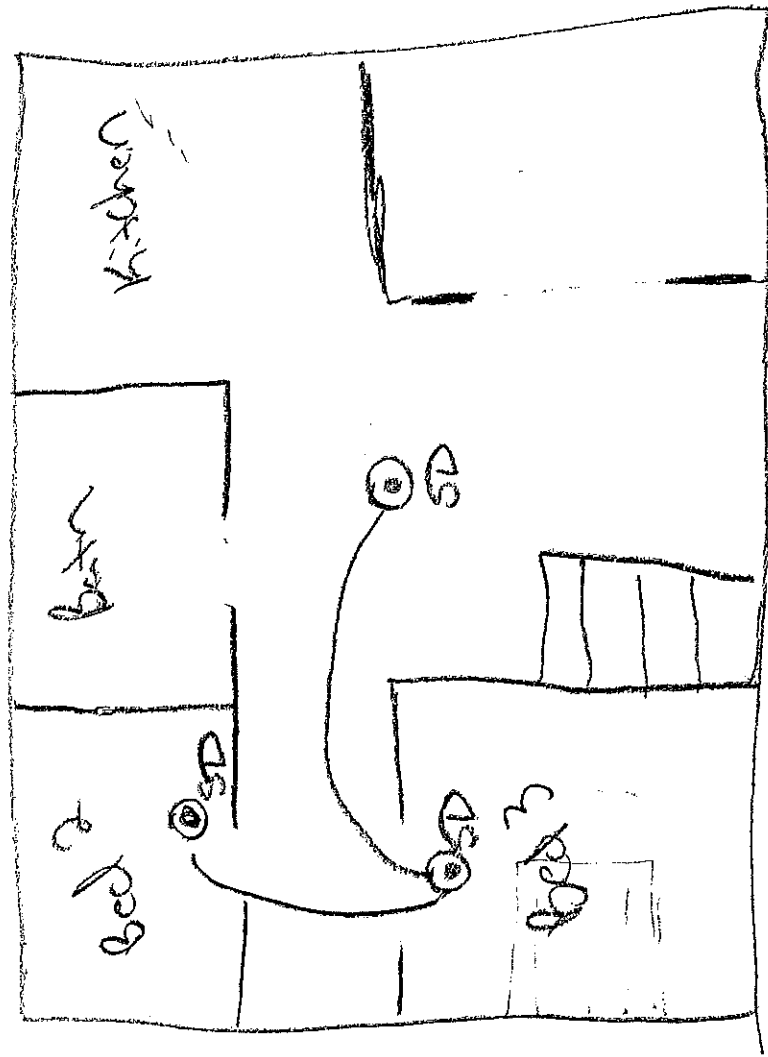
APPROVED
SUBJECT TO FIELD
INSPECTION

OK
3-21-21



1017 Cumberland
Cumberland Electrical
KA

1st floor



1017 Cumberland



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 504 LOT 24 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1017 Cumberland Ave

Owner in Fee ABCR Properties

Verifying Individual michael evangelista Company evangelista plumbing

Address 102 sicklerville rd williamstown nj 08094

Street City State Zip Code

Tel: (856) 716-0100 Fax: (716) 6299214

Check the Appropriate Box(es):

Type of Replacement:	Existing Vent/Chimney:	Size <u>2 inch</u>
☐ Oil to Gas Conversion	☐ "B" Label Vent	☐ Chimney-Interior
☐ Gas to Oil Conversion	☐ "L" Label Vent	☐ Chimney-Exterior
☒ Gas Appliance Replacement	☐ Flexible Liner	☐ Masonry Chimney-Tile Lined
☐ Oil to Oil Replacement	☒ Power Vent/Exhauster	☐ Masonry Chimney-Unlined
☐ Other _____		☐ Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>water Heater</u>	Oil / Gas / Other: <u>gas</u>	<u>40,000 BTU</u>
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

Signature _____ Date _____

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

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

Signature _____ Date _____

Direct Vent Appliance:

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

Signature [Signature] Date 3/5/21

Verification Not Submitted:

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

Signature _____ Date _____

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

All applicable information requested on this form must be supplied.

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



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 504 Lot 24 Qualification Code _____
 Work Site Location 1017 CUMBERLAND AVE
DEPTFORD NJ 08096

Owner in Fee: MARLENE MACAFEE
 Tel. () _____ e-mail _____

Address 1017 CUMBERLAND AVE WOODBURY 08096
street municipality 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 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ 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)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Failure	Approval	Initial	
☐ No Plans Required	Rough				
☐ Partial - Underslab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
☐ Electric Plans Approved	Temp. Serv.				
Date: _____ Approved by: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
☐ Bldg. ☐ Plumb. ☐ Fire ☐ Elev.	Other				
SUBCODE APPROVAL for PERMIT	Service				
Date: _____	Final				
Approved by: _____	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued				
☐ CO ☐ CCO	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	Date of Grounding and Bonding				
	Certification				

U.C.C. F120 (rev. 11/09) Internet version
 Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received 18-1719
 Control # _____
 Date Issued _____
 Permit # 12/18/18

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: Matthew L Mozdierz

☒ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

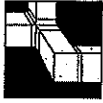
D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK: NEW SWITCH/RECEPTACLE FOR EMERGENCY SHUT OFF FOR LENNOX ML195 70K BTU GF

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
		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	
		KW Central A/C Unit	
1		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 504 Lot 24 Qualification Code _____
Work Site Location 1017 CUMBERLAND AVE
DEPTFORD NJ 08096
Owner in Fee: MARLENE MACAFEE

Tel. _____ e-mail _____
Address 1017 CUMBERLAND AVE DEPTFORD 08096

Contractor: HORIZON SERVICES Tel. (856) 840-8400 zip code _____
Address 17 ROLAND AVE e-mail _____

MT LAUREL NJ 08054
Contractor License No. 19HC00193700 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: (856) 231-4513

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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 \$ 6,500

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: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

CA 1.24.19 JCCO

Date: _____

Approved by: AD

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other Furnace

DATES

Failure

Approval

Initial

OFF MONTH

Date Received
Control #

18-1719

Date Issued
Permit #

12/18/18

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 ML195 70K BTU GF

NO. FUTURE/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued 12/18/2018
Control # 34703
Permit # 20181719

IDENTIFICATION Block: 504 Lot: 24 Qualifier _____
Work Site Location: 1017 CUMBERLAND AVE Deptford Township, NJ Contractor HORIZON SERVICES
Address 17 ROLAND AVENUE MT. LAUREL NJ 08054
Owner in Fee MACAFEE MARLENE J Telephone: (856) 840-8400
1017 CUMBERLAND AVE DEPTFORD NJ 08096 Lic. No. or Bldrs. Reg. No. 13VH05117300 36BI101232300
Telephone: _____ Federal Employee No. 24EB01207700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FURNACE

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

Estimated Cost of Work \$7,000

Clemens / KA
Construction Official

12/18/2018
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$65
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$65.00
DCA Training Fee	\$13
CO Fee	
Other	\$0
Total	\$143
Check No.	13736
Cash	\$0
Credit	\$0
Collected By	Kristine Waskosky

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 504 Lot 24 Qualification Code _____
Work Site Location 1017 CUMBERLAND AVE
DEPTFORD NJ 08096
Owner in Fee: MARLENE MACAFEE

Tel. () _____ e-mail _____
Address 1017 CUMBERLAND AVE WOODBURY 08096
Contractor: Horizon Services _____
Address 17 Roland Ave _____
Mt Laurel NJ 08054 _____
Contractor License No. 34EB01207700 Exp. Date 03/31/2021
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ 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		INSPECTIONS		Dates (Month/Day)		
[] No Plans Required	Type:	Rough	Barrier-Free	Failure	Approval	Initial
Date: _____	Approved by: _____	Trench	Temp. Serv.	_____	_____	_____
[] Electric Plans Approved	Date: _____	Constr. Serv.	TCO	_____	_____	_____
Date: _____	Approved by: _____	Other	Service	_____	_____	_____
Joint Plan Review Required:	[] Bldg. [] Plumb. [] Fire. [] Elev.	Final	Barrier-Free	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Date: _____	Temp. Cut-in-Card Date Issued	Final Cut-in-Card Date Issued	_____	_____	_____
Approved by: _____	[] CO [] CCO [] CA	Annual Pool Inspection	Date of Grounding and Bonding	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Date: _____	Certification		_____	_____	_____
Approved by: _____				_____	_____	_____

Date Received
Control #
Date Issued
Permit #

18-1719
12/18/18

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) 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: Matthew L Mozdierz

☒ Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

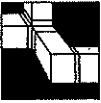
DESCRIPTION OF WORK: NEW SWITCH/RECEPTACLE FOR EMERGENCY SHUT OFF FOR LENNOX ML195 70K BTU GF

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
		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	
		KW Central A/C Unit	
1	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



MECHANICAL INSPECTION TECHNICAL SECTION



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

Block 504 Lot 24 Qualification Code _____
Work Site Location 1017 CUMBERLAND AVE
DEPTFORD NJ 08096
Owner in Fee: MARLENE MACAFEE

Tel. _____ e-mail _____
Address 1017 CUMBERLAND AVE DEPTFORD 08096
street municipality 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 06/30/2020
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: (856) 231-4513

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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 \$ 6,500

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: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

Date: _____

Approved by: _____

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other _____

DATES

Failure

Approval

Initial

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 ML195 70K BTU GF

NO. FIXTURE/EQUIPMENT

Water Heater _____

Fuel Oil Piping Connections _____

Gas Piping Connections _____

Steam Boiler _____

Hot Water Boiler _____

Hot Air Furnace _____

Oil Tank _____

LPG Tank _____

Fireplace _____

Generator _____

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



State of New Jersey

Department of Community Affairs

Division of Codes & Standards - Office of Regulatory Affairs

Smoke Alarm & Carbon Monoxide Alarm Compliance

Regulated By The State of New Jersey

This Form **MUST BE** submitted **PRIOR** to a **Final Inspection** being scheduled / conducted for **ANY** type of work being performed on the interior OR exterior of a property for one & two family dwellings.

It is not a prerequisite to the issuance of a construction permit but must be in before final inspection

Smoke Alarms:

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 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 or hardwired.

The installation of battery operated smoke alarms do 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) or 6.6(g), as applicable.)

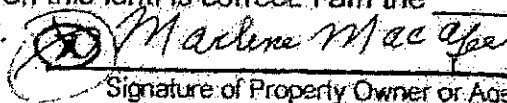
N.J.A.C. 5:23-3.20(c) requires that carbon monoxide alarms be installed and maintained in full operating condition in the immediate vicinity of each sleeping area when the building contains a fuel burning appliance or has an attached garage.

Carbon monoxide alarms are permitted to be battery operated, hardwired or plug in type.

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

BLOCK: _____	LOT: _____	QUALIFICATION CODE: _____
NAME OF OWNER / AGENT: <u>MARLENE MACAFEE</u>		
JOB ADDRESS: <u>1017 Cumberland Ave</u>		<u>Deptford</u> <u>NJ</u>
No. Street		Town
PHONE NUMBER: _____	CELL: _____	

I DO HEREBY CERTIFY, I have read the above & that the alarms are installed as state & that they are in working order and that the information provided on this form is correct. I am the _____ property owner _____ Authorized agent of the property owner.


Signature of Property Owner or Agent



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1017 Cumberland Ave Deptford

Owner in Fee Mariene MacAfee

Verifying Individual Garry Good Company Horizon Services Inc

Address 17 Roland Ave Mount Laurel NJ 08054
Street City State Zip Code

Tel: (856) 840-8400 ext 3217 Fax: (856) 234-4513

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney:

- ☐ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☒ Power Vent/Exhauster

Size

2" PVC

- ☒ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type Fuel Type BTU Rating (input/hour)
Appliance 1: Furnace Oil / Gas / Other: NAT 70K
Appliance 2: _____ Oil / Gas / Other: _____
Appliance 3: _____ Oil / Gas / Other: _____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

Signature _____ Date _____

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

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

Signature _____ Date _____

Direct Vent Appliance:

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

Signature Garry Good Date 12-13-08

Verification Not Submitted:

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

Signature _____ Date _____

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

All applicable information requested on this form must be supplied.

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

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

David H. Geiger III
T/A HORIZON SERVICES LLC
320 Century Blvd
Wilmington DE 19808

FOR PRACTICE IN NEW JERSEY AS A/N: Master Plumber

05/25/2017 TO 05/30/2019

VALID

Signature of Licensed Employee/Holder

LICENSE/REGISTRATION/CERTIFICATION #
36B101232300

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED
David H. Geiger III
Master Plumber

05/25/2017 TO 05/30/2019

VALID

SIGNATURE

36B101232300

LICENSE/REGISTRATION/CERTIFICATION #

DIRECTOR

David H. Geiger III

YOUR LICENSE/REGISTRATION/CERTIFICATION NUMBER IS 36B101232300. PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Board of Exam. of Master Plumbers

P.O. Box 46008

Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL BE MADE
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL
CORRESPONDENCE.

HOME ☐
BUSINESS ☐

PLEASE DETACH HERE

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of Master Plumbers
P.O. Box 46008
Newark, NJ 07102

EXPIRATION DATE 2019

PLEASE USE IT IN ALL

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED

HORIZON SERVICE LLC
MATTHEW L MOZDIERZ
333A Maple Street
Perth Amboy NJ 08861

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors
HAS LICENSED
HORIZON SERVICE LLC
Electrical Business Permit

04/30/2018 TO 03/31/2021
VALID

34EB01207700
License/Registration/Certificate #

04/30/2018 TO 03/31/2021
VALID

34EB01207700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Examiners of Electrical Con
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

HORIZON SERVICE LLC

EXPIRATION DATE 2021

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 34EB 01207700 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Board of Examiners of Electrical Contractors
P.O. Box 45006
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

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BUSINESS ☐

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TELEPHONE
INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

HORIZON SERVICES INC
David H Geiger III
320 Century Blvd
Wilmington DE 19808

FOR PRACTICE IN NEW JERSEY AS A(N) Home Improvement Contractor

03/21/2018 TO 03/31/2019
VALID

13VH05117300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registration/Certificate Holder

Sharon M. Geiger
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
HORIZON SERVICES INC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
03/21/2018 TO 03/31/2019
VALID

SIGNATURE
Sharon M. Geiger
ACTING DIRECTOR
13VH05117300
License/Registration/Certificate #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46018
Newark, NJ 07101

PLEASE DETACH HERE

HORIZON SERVICES INC
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 05117300 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TO REPORT ADDRESS
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BUSINESS ☐

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

David H. Geiger III
307 Ruthar Drive
Newark DE 19711

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
David H. Geiger III
Master HVACR Contractor

08/26/2018 TO 06/30/2020
VALID

19HC00193700
License/Registration Certificate #

SIGNATURE

ACTING DIRECTOR

08/26/2018 TO 06/30/2020

VALID

19HC00193700

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101.

PLEASE DETACH HERE

David H. Geiger III

EXPIRATION DATE 2020

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 19HC 00193700. PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

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INCLUDE AREA CODE

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in reasonable proximity of your original license/registration/certificate at your principal office or place of business.



Municipal Consulting Group

1239 Revere Drive
Chalfont, PA 18914
215.716.3539
Fax 215.716.3543

117 Iris Drive
Egg Harbor Township, NJ 08234
609.272.3127
Fax 609.272.1340

351 Superior Road
Egg Harbor Twp., NJ 08234
609.653.9324
Fax 609.653.9304

www.permittingservices.com

Offices in Chalfont, PA & Egg Harbor Township, NJ

July 29, 2010

Building Department / Danielle ☺
Township of Deptford, NJ
1011 Cooper Street
Deptford, NJ 08096

**RE: Water Proof permit application for the property @ 1017 Cumberland Avenue,
Deptford, NJ 08096**

Dear Danielle:

I have enclosed a self stamped addressed envelope and two checks for the aforementioned property's permit fee. One check is for two hundred ninety eight dollars (\$298.00), the permit fee; and the other check is for thirteen dollars (\$13.00); the DCA fee. Please mail permit back to my office in the envelope provided. Your assistance is greatly appreciated. If you have any questions please call me at 215.716.3539.

**NJ License # 13VH000681200
Mid Atlantic Systems
830 Interchange Boulevard
Newark DE 19711
1-800-866-6292
Federal ID #**

Cordially,

Stephanie Neher ☺

cc: Robert Boothroyd, Jr.



TOWNSHIP OF DEPTFORD
1011 COOPER STREET
DEPTFORD, NJ 08096
856 - 845-5300

Permit Number: 20100713
Update Number:
Control Number: 30012
Application Date: 07/22/2010
Permit Date: 08/03/2010

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 504 Lot: 24 Qualification Code:
Work Site Location: 1017 CUMBERLAND AVE DEPTFORD
Owner In Fee: MACAFEE, MARLENE J
Address: 1017 CUMBERLAND AVENUE
DEPTFORD NJ 08096
Telephone: () -
Use Group(s): R-5
Contractor: MID ATLANTIC SYSTEMS
Address: 830 INTERCHANGE BLVD
NEWARK DD 19711
Telephone: () -
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
INTERIOR DRAINAGE SYSTEM, SUMP PUMP

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Rehabilitation: 7,841.00
Cost of Demolition: 0.00

Total Cost: \$7,841.00

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.

Frederick J. Fritz
Frederick J. Fritz,
Construction Official

8-3-10
Date

PAYMENTS (Office Use Only)	
Building	\$168.00
Electrical	\$65.00
Plumbing	\$65.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	\$13.00
DCA Minimum	\$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$311.00
All Fees Waived:	No

Amount to be Paid: \$311.00

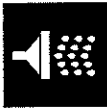
Cash amount: \$311.00

Collected by: KD
Receipt No:
Total Cash Amount: \$311.00
Total Check Amount:
Total CC Amount:
Grand Total: \$311.00

Note:



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 504 Lot 24 Qualification Code _____
Work Site Location 1017 Campbell Ave

Owner in Fee: MARLOE MICHELE
Tel. () _____ e-mail _____

Address 1017 Campbell Ave DEPTFORD, NJ 08096
street municipality zip code

Contractor: MDO AIRCRAFT SYSTEMS Tel. (302) 533-2550

Address 830 INTERLAKES BLVD e-mail _____
NEWARK, DE 19711

Contractor License No. 13400681200 Exp. Date 12/31/10

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

Federal Emp. ID No. _____ FAX: (302) 533-2589

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 \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Approval	Initial
☒ No Plans Required		Slab			
☐ Partial - Underslab Utilities Approved		Rough			
Date: <u>7-23-10</u> Approved by: <u>[Signature]</u>		Water			
☐ Plumbing Plans Approved		Sewer			
Date: _____ Approved by: _____		Fixtures			
Joint Plan Review Required:		Gas Equipment			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping			
SUBCODE APPROVAL for PERMIT		LPGas Tank			
Date: _____		Fuel Oil Piping			
Approved by: _____		Solar			
SUBCODE APPROVAL for CERTIFICATE		TCO			
☐ CO ☐ CCO ☐ CA		Final			
Date: _____					
Approved by: _____					

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

Install (1) Sump Pump

QTY. FIXTURE/EQUIPMENT

Water Closet	_____	FEE (Office Use Only)	_____
Urinal/Bidet	_____	\$	_____
Bath Tub	_____		_____
Lavatory	_____		_____
Shower	_____		_____
Floor Drain	_____		_____
Sink	_____		_____
Dishwasher	_____		_____
Drinking Fountain	_____		_____
Washing Machine	_____		_____
Hose Bibb	_____		_____
Water Heater	_____		_____
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 <u>Sump Pump</u>	<u>1</u>		_____
Other _____	_____		_____

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

Date Received 8-3-10
Control # _____
Date Issued 10-07-10
Permit # _____



ELECTRICAL
SUBCODE
TECHNICAL SECTION

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

Block 504 Lot 24 Qualification Code _____
Work Site Location 1017 CUNNINGHAM ME

Owner in Fee: MARLENE McCLURE
Tel. _____ e-mail _____

Address 1017 CUNNINGHAM ME DEPTFORD NJ 08042 zip code _____
municipality _____

Contractor: ALL Wired Electric LLC. Tel. () _____
Address 1025 Eldridge Ave.

Collingswood NJ-08107
Ph# 856-520-2421 Fax# 856-477-2310

Contractor License No. Lic# 16508 Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____
() Pole/Pad # _____ [] Temporary [] Other _____

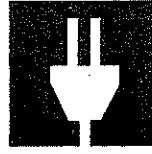
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 250

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☒ No Plans Required	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				

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

PLAN REVIEW	
[] Building	[] Plumbing
[] Fire	[] Elevator
[] Elec. Plans Approved	
Date:	
Approved by:	

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy



Date Received _____
Date Issued 8-3-10
Control # _____
Permit # 10-0713

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixture _____
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. Rang/Receptacle _____
KW Over/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 _____
HP Motors 1/+ HP _____
KW Transformer/Generator _____
AMP Service _____
AMP Subpanels _____
AMP Motor Control Center _____
KW Elec. Sign/Outline Light _____

FEE (Office Use Only)

\$ _____

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

UCC/F-120
Professional Printing
(856) 468-7933



BUILDING
SUBCODE
TECHNICAL SECTION

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

Block 504 Lot 24 Qualification Code _____
Work Site Location 1017 CUNNINGHAM AVE

Owner in Fee: MARLOSSE McCaffee
Tel. (____) _____ e-mail _____
Address 1017 CUNNINGHAM AVE DELRAND, NJ 08096
Contractor: WES ATLAS SYSTEMS Tel. (302) 533-2550
Address 30 DUTCHMAN BLVD e-mail _____
NEWARK, DE 19711

Contractor License No. or Builder Registration No. 1304 00681200 Exp. Date 12/31/10
Federal Emp. ID No. _____, _____ FAX: (302) 533-2558

JOB SUMMARY (Office Use Only)					
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Type	Failure	Approval
☐ No Plans Required			Footling		
☐ All			Footling Bonding		
☐ Footling			Foundation		
☐ Foundation			Slab		
☐ Frame			Truss Sys./Bracing		
☒ Other			Barrier-Free		
Joint Plan Review Required:			Insulation		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes - Base Layer		
SUBCODE APPROVAL			Finishes - Final		
☐ CO ☐ CCO ☐ CA			Energy		
Date: _____			Mechanical		
Approved by: _____			TCO		
			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ <u>7091</u>
Height of Structure			3. Total (1+2) \$ <u>7091</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			



Date Received 8-3-10
Date Issued _____
Control # 10-0713
Permit # _____

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]
Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TOSSALL INTERIOR
DRAINAGE SYSTEM

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☒ Other BASEMENT WATERPROOFING
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ 168
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

All Wired Electric LLC
Travis J Fau
1025 Eldridge Avenue
Collingswood NJ 08107

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED
All Wired Electric LLC
Electrical Business Permit

10/07/2009 TO 03/31/2012

VALID

34EB01650800

License/Registration/Certificate #

SIGNATURE

DIRECTOR

10/07/2009 TO 03/31/2012
VALID

34EB01650800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Board of Exam. of Electrical Contractors
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

All Wired Electric LLC

EXPIRATION DATE 2012

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 34EB 01650800 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TO REPORT ADDRESS
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business.

TAN
ECTRICIAN'S
PLUMBER'S
ENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Mid Atlantic Systems of DPN, Inc.
Charles Levine
830 Interchange Blvd.
Newark DE 19711

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/02/2009 TO 12/31/2010
VALID

Signature of Licensee/Registration Certificate Holder

13VH00681200
LICENSE/REGISTRATION CERTIFICATION #

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED
Mid Atlantic Systems of DPN, Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/02/2009 TO 12/31/2010

VALID

SIGNATURE

13VH00681200

License/Registration Certificate #

DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07103

PLEASE DETACH HERE

Mid-Atlantic

Waterproofing

Customer Information

Name MARLENE McCafer 5/0
 Address 1017 Cumberland Ave.
 City Deptford State N.J.
 County Gloucester Zip 08096
 Home Phone _____
 Mr. Work N/A
 Cell N/A
 Ms. Work Retired
 Cell No cell
 Fax Number _____
 Map Coordinates _____

Directions

ELKTON RD. → RT. 896 S. → RT. 96 N. → Del Mem
Bridge → RT. 285 N. → Exit 21 stay (R) onto
DELAWARE AVE. → Copper St. After RT. 47
Go to 1st St. turn (R) on

Amount of Seepage

(✓) Moderate () Heavy () Floods
 Where WALLS - COVE AREA
 Foundation Damage (Stage 1 2 3 4)

History

Age of House 53 years How long owned 53 years
 Foundation Type: CB PC BR ST TER
 Foundation Style: () Traditional () Monolithic
 () Dugout (✓) Crawlspace () Combination
 Grade Level 4.5 ft. 1st Block Show 5 in.
 Number of Sump Pumps Existing NONE
 Inside Drain Tile: Y N Along # of Walls N/A

Customer's Remarks:

May a copy of this work order be used in Company Sales Manual?

() Yes () No

Date Completed _____ Time _____

Customer's Signature _____

Foreman's Remarks: _____

Bank Completion Cert. _____

Credit Card Type: ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Credit Card # _____ Exp _____

Foreman's Signature _____

Work Order Job No.: 12992

Schedule: FRIDAY

Date: 7-16-10 Time: 8:00 / 9:00

Contract Date: 7-12-10

Estimator: JOHN J. MACKAY

Contract Total: \$ 7,841.00 Deposit: \$ 2,614.00

Balance: \$ 5,227.00 ☒ COC () Credit Card

() Bank Completion Certificate to be Signed.

Note: 1000 AA FREQUENT FLYER Miles

Description of Work to be Performed

22 Mid-Atlantic's High-Impact Polymeric Drain Core w/ Flow Channels (Lower Wall Service)
22 Mid-Atlantic's Sub-Floor Pressure Relief System (4" a.d.s. Flexible Core Performed Piping)
ONE Heavy Duty Submersible Pump System(s)
N/A Emergency Back-Up Pump System(s)
N/A Ft. Base Cove Plate System
N/A Window Well(s) to be () Tapped to System () Checked, Cleared
N/A Stairwell Tapped to System
YES Full Stairwell System Spec-O-Drain
N/A Ft. Interior Speedi-Drain
N/A Oil Tank Wrapped to System
N/A Fireplace/Chimney Wrapped to System
N/A Ft. Extend discharge () Above () Below ground () PVC () 3" ADS
N/A Ft. V-Groove & Seal N/A Int. Wall Crack(s)
N/A Ft. V-Groove & Seal N/A Int. Floor Crack(s)
N/A Seal Around Main Water Pipe Entry/Septic Line
N/A Sheets 4' x 8' Poly-Panels (See Addendum)
N/A System Clean Out

Special Instructions

(✓) Leave Proper Spacers
 (✓) Apply Midalizer™
 (✓) Midascent™ Treatment
 (✓) Broom Clean & Haul Away All Job Related Debris
 (N/A) See Workorder Addendum For Structural, Excavation or Coatings Work
 (N/A) Pre-Inspect

DISCUSSION

Work & Warranty applies to interior seepage of

(✓) Foundation Wall(s) (CB & PC Walls Only)

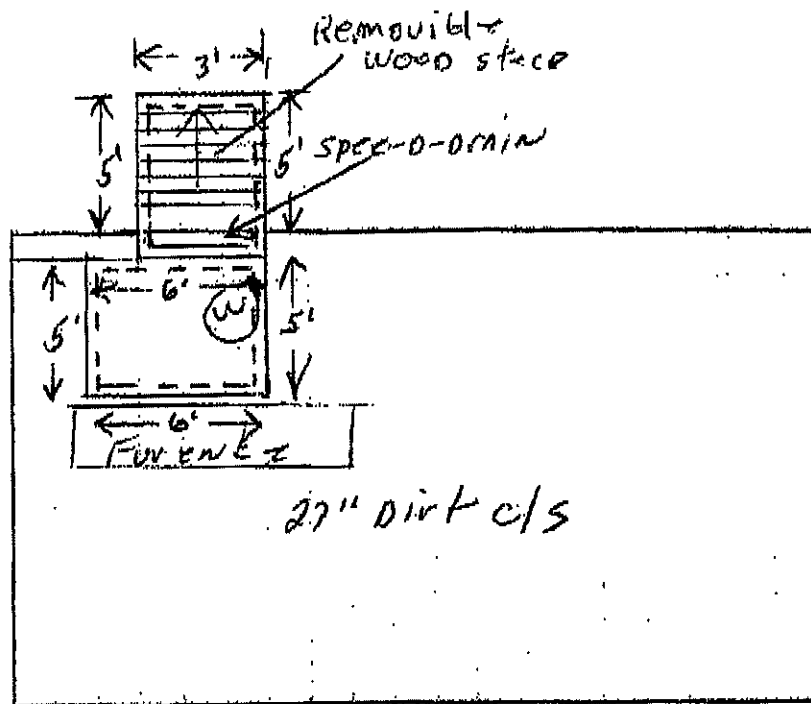
(✓) Interior Floor Cove Area(s)

Within 24" of Wall(s)

(✓) Middle Floor Area

WARRANTY LENGTH

TRANSFERABLE



COMMENTS

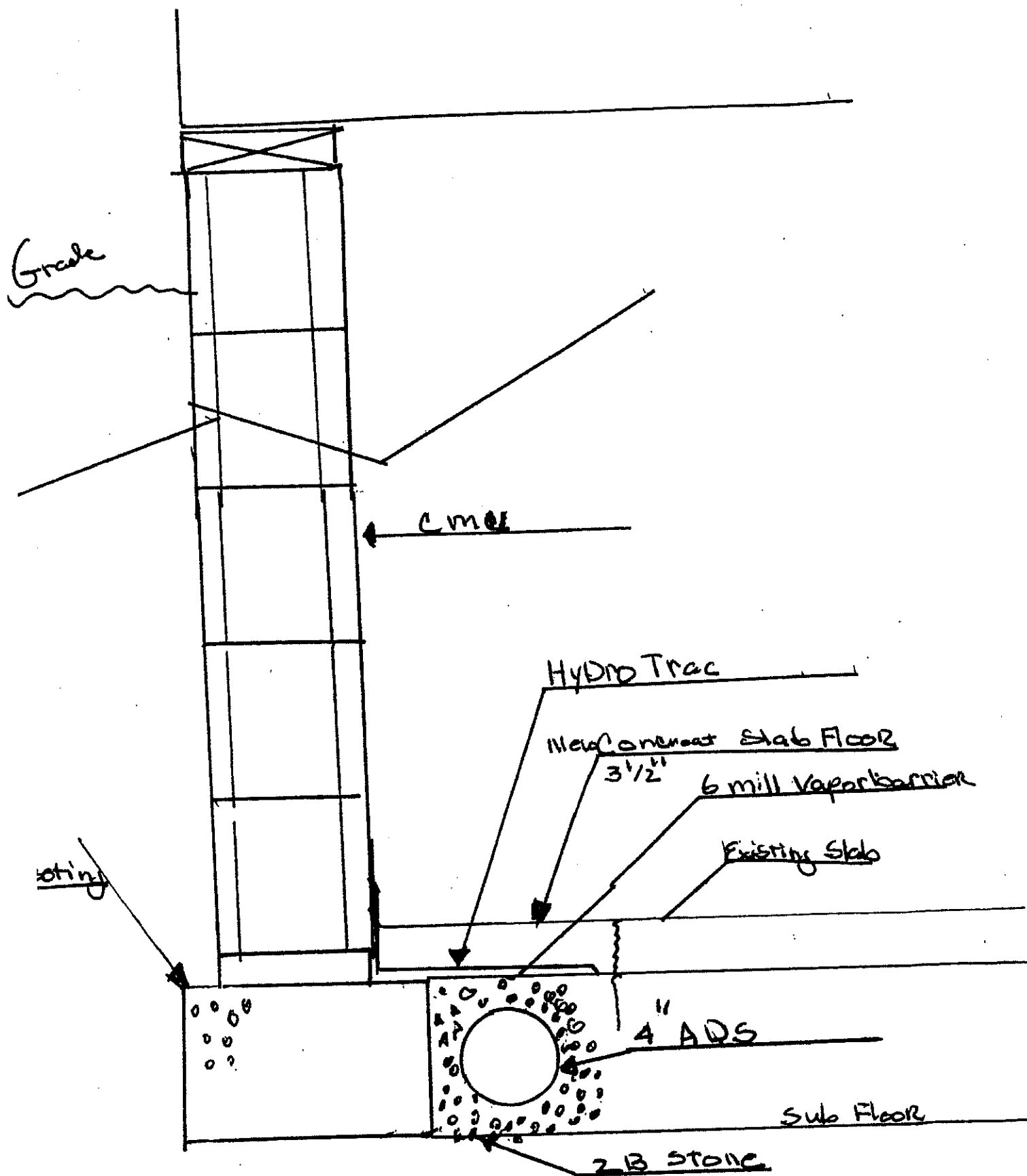
- ① M/A is not responsible for electrical outlet. order Electrician if needed
 ② Install Full stairwell service with speed-drain.
 ③ Install drain system in dog-out c/s only where Hot Water is
 ④ IF MAIN C/S becomes a problem. H/O will call M/A. M/A will help fix H/O with price.

OUTSIDE: Concrete _____ Ft. Wood _____ Ft.
 Asphalt _____ Ft. Shrubs _____

Downspouts: () in ground () splash block
 Extensions required: Y N Length _____ Ft.
 Where? (Front R L.) (Rear R L.)

Inside Obstructions (Ft./in.)

Oil tank floor clearance N/A tubs N/A
 Furnace Yes Hot water tank Yes
 Stacks N/A Water treatment N/A
 B/B Heat N/A Radiators N/A
 False cove _____ Paneling N/A
 Paneling type: () Drywall () Wood
 () Plaster () Other
 Studs: () Metal () Wood
 () 2" x 3" () 2" x 4" () 2" x 6" () Furr Strips
 # Partitions: Load bearing N/A Non-bearing N/A
 Tile type N/A
 Floor Tile N/A " x N/A " N/A " x N/A "

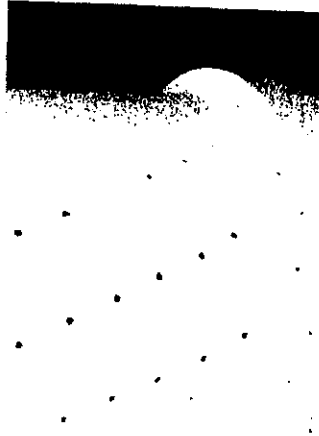


The Next Generation in Drainage

- The Saber Sump Pit and Saber Tank Extension are molded from high quality, impact resistant polyethylene. This tough, seamless, corrosion proof construction together with the system's innovative, patented design and proven capabilities has set the standard for the future in drainage.
- Poor drainage and expansive soils are a global concern. Annual repair costs to man made structures exceed 100 billion dollars in the United States alone. Saber Drainage Systems has targeted each area where conventional drainage methods have failed, identified related problems, and designed a solution.
- The Saber Sump Pit will not fail under soil shifting or ground heaving conditions.
- The Saber Sump Pit reduces soil moisture content because it is a subsurface drainage system.
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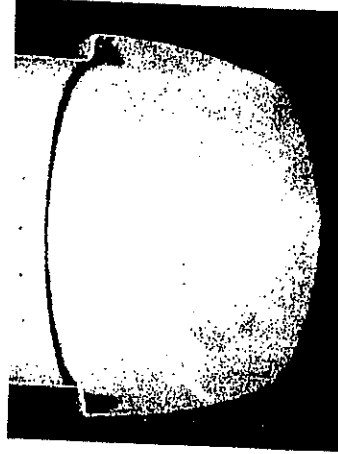
SABER TANK AND TIER

The perforated vertical tank face and tier allow previously trapped ground water to freely enter the system and alleviate any damaging conditions that may have formed. These engineered perforations create a natural well effect, which will eliminate hydrostatic pressure and guarantee a dry foundation.



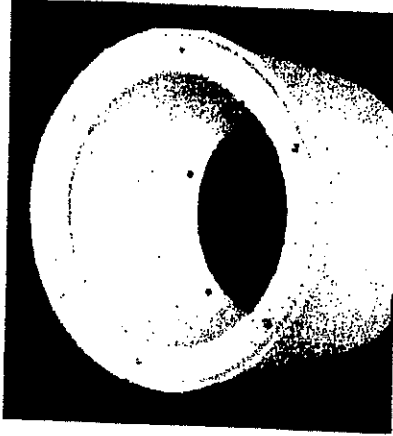
SABER PUMP PLATFORM

The built-in pump platform provides a stable base to protect the pump. The elevated outer wall localizes sediment accumulations and prevents debris from entering the pump intake.



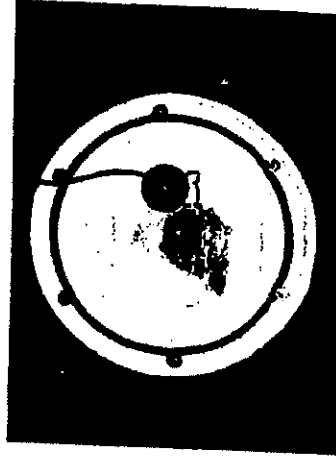
SABER TANK EXTENSIONS

Modular tank extensions easily fasten with one or a series of extensions. The Saber Sump Pit can be installed at virtually any depth to maintain critical drainage line elevation requirements. This feature is ideally suited for use in commercial applications. The extensions are 12" top to bottom.



SABER RECESSED LID

The childproof recessed lid is bolted to the sump pit or tank extension. This lid provides a clean, flush-mounted finish with neoprene gaskets to properly seal the unit.



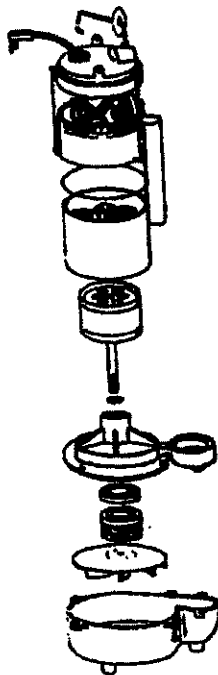
STEVENS PUMP COMPANY



sump pumps

5 series

1/2plus



Stevens Pump Company takes pride in the quality of its products and design, and manufactures all of its pumps to reach superior performance and dependability standards.

Service Friendly

Easy to remove lid. Just twist and lift. Allows quick, easy access without exposing motor coils or oil compartment.



Pump Specifications

Model	5000 Series	Water Level Control	
Type	Submersible	Pump starts at:	12"
Motor H.P.	1/2	Pump shuts off at:	3 1/4"
Weight	18 Pounds	Start Current:	25 amps
Height	11"	Running Current:	8.6 amps
Capacity	60 G.P.M. @ 10'	Total Head	20'
Discharge	1 1/2" I.P.S.		

"1/2plus" Pump Limited Warranty and Disclaimer

STEVENS PUMP COMPANY of 850 Greenleaf Ave., Elk Grove Village, Illinois 60007, is a United Warranty. The STEVENS "1/2 PLUS" submersible pump and, under the limited warranty, guaranteed to be free from defects in material and workmanship under normal usage from date of purchase by the first end user. STEVENS PUMP COMPANY will repair or replace any defective pump without cost to the purchaser.

THIS LIMITED WARRANTY SHALL NOT BECOME VOID OR INEFFECTIVE CHARGES FOR PUMP REPAIRS OR REPLACEMENTS. THIS LIMITED WARRANTY SHALL NOT BECOME VOID OR INEFFECTIVE CHARGES FOR PUMP REPAIRS OR REPLACEMENTS. THIS LIMITED WARRANTY SHALL NOT BECOME VOID OR INEFFECTIVE CHARGES FOR PUMP REPAIRS OR REPLACEMENTS.

THIS AND NO OTHER WARRANTIES OR REMEDIES OTHER THAN THOSE EXPRESSLY STATED HEREIN. ALL OTHER WARRANTIES, INCLUDING OR IMPLIED, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR PARTICULAR PURPOSES ARE HEREBY DISCLAIMED AND DENIED.

STEVENS PUMP COMPANY accepts no responsibility for delays resulting from or connected with strikes, floods, fire, war, or other causes beyond manufacturer's control.

No verbal extension or modification of this limited warranty shall be effective under any circumstances. Any written extension or modification must be made by an officer of STEVENS PUMP COMPANY and must expressly state in clear and unequivocal terms that it is an extension or modification of the limited warranty.

Verbal claims, complaints, comments or inquiries may be directed to the following toll-free telephone number 1-800-443-8539 or may be forwarded to STEVENS PUMP COMPANY in writing. The claimant must be able to prove the date of purchase or date of installation (if by a contractor).

There shall be no other limitations on how long an implied warranty lasts or whether exclusions or limitations of liability or consequential damages, as the above limitations or exclusions may not apply to you. This warranty gives you specific legal rights. You may also have other rights which vary from state to state.

This limited warranty is not assignable or transferable except with the express written consent and approval of STEVENS PUMP COMPANY.

Stevens Pump Company

850 Greenleaf Avenue, Elk Grove Village, IL 60007

800-443-8539 • 847-981-1116

Fax 847-981-1180

www.stevenspump.com



Customer Information

Name MARLENE McCafer 510
 Address 1017 Cumberland Ave.
 City Deptford State N.J.
 County Gloucester Zip 08096
 Home Phone _____
 Mr. Work N/A
 Cell N/A
 Ms. Work Retired
 Cell No cell
 Fax Number _____
 Map Coordinates _____

Directions

ELKTON RD. → RT. 896 S. → RT. 96 N. → DEL AVE
BRIDGE → RT. 285 N. → EXIT 21 STAY (R) ON
DELAWARE AVE. → COPPER ST. AFTER RT. 47
GO TO 1ST ST. TURN (R) ON

Amount of Seepage

(✓) Moderate (-) Heavy (-) Floods
 Where WALLS - COVE AREA
 Foundation Damage (Stage 1 2 3 4)

History

Age of House 53 years How long owned 53 years
 Foundation Type: CB PC BR ST TER
 Foundation Style: () Traditional () Monolithic
 () Dugout (✓) Crawlspace () Combination
 Grade Level 4/5 ft. 1st Block Show 5 in.
 Number of Sump Pumps Existing NONE
 Inside Drain Tile: Y N Along # of Walls N/A

Customer's Remarks:

May a copy of this work order be used in Company Sales Manual?

() Yes () No

Date Completed _____ Time _____

Customer's Signature _____

Foreman's Remarks: _____

Bank Completion Cert. _____

Credit Card Type: ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Credit Card # _____ Exp _____

Foreman's Signature _____

Work Order Job No.: 12992

Schedule: FRIDAY

Date: 7-16-10 Time: 8:00 / 9:00

Contract Date: 7-12-10

Estimator: JOHN J. MACKAY

Contract Total: \$ 7,846.00 Deposit: \$ 2,614.00

Balance: \$ 5,227.00 ☒ COC (-) Credit Card

(-) Bank Completion Certificate to be Signed.

Note: 1000 AA FREQUENT FLYER Miles

Description of Work to be Performed

- 22 Mid-Atlantic's High-Impact Polymeric Drain Core w/ Flow Channels (Lower Wall Service)
- 22 Mid-Atlantic's Sub-Floor Pressure Relief System (4" a.d.s. Flexible Core Performed Piping)
- ONE Heavy Duty Submersible Pump System(s)
- N/A Emergency Back-Up Pump System(s)
- N/A Ft. Base Cove Plate System
- N/A Window Well(s) to be (-) Tapped to System (-) Checked, Cleared
- N/A Stairwell Tapped to System
- YES Full Stairwell System Spec-O-Drain
- N/A Ft. Interior Speedi-Drain
- N/A Oil Tank Wrapped to System
- N/A Fireplace/Chimney Wrapped to System
- N/A Ft. Extend discharge (-) Above (-) Below ground (-) PVC (-) 3" ADS
- N/A Ft. V-Groove & Seal N/A Int. Wall Crack(s)
- N/A Ft. V-Groove & Seal N/A Int. Floor Crack(s)
- N/A Seal Around Main Water Pipe Entry/Septic Line
- N/A Sheets 4' x 8' Poly-Panels (See Addendum)
- N/A System Clean Out

Special Instructions

- (✓) Leave Proper Spacers
- (✓) Apply Midalizer™
- (✓) Midascent™ Treatment
- (✓) Broom Clean & Haul Away All Job Related Debris
- (N/A) See Workorder Addendum For Structural, Excavation or Coatings Work
- (N/A) Pre-Inspect

DISCUSSION

Work & Warranty applies to interior seepage of

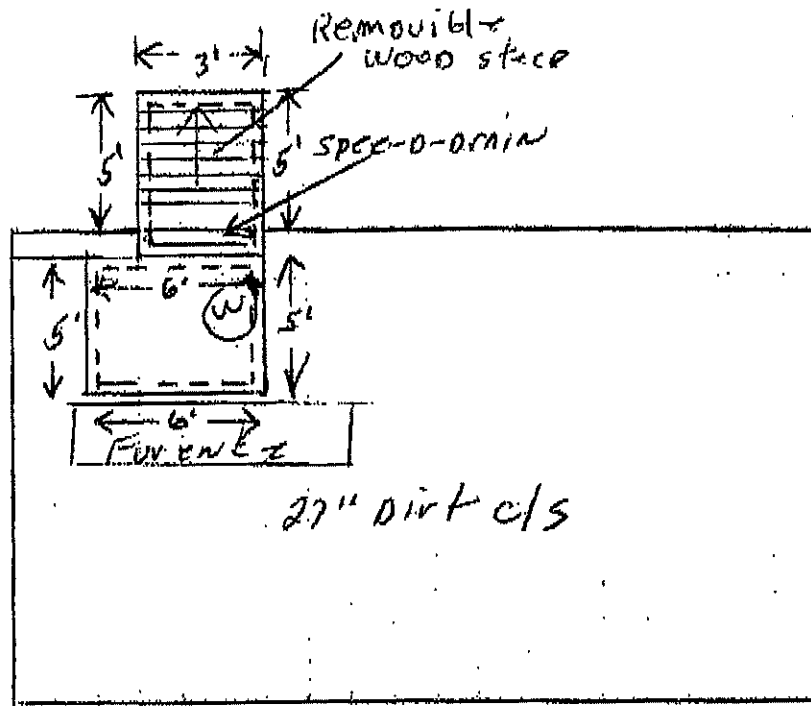
(✓) Foundation Wall(s) (CB & PC Walls Only)

(✓) Interior Floor Cove Area(s)
 Within 24" of Wall(s)

(✓) Middle Floor Area

WARRANTY
 LENGTH

TRANSFERABLE
 WITH 10 YEAR WARRANTY



COMMENTS

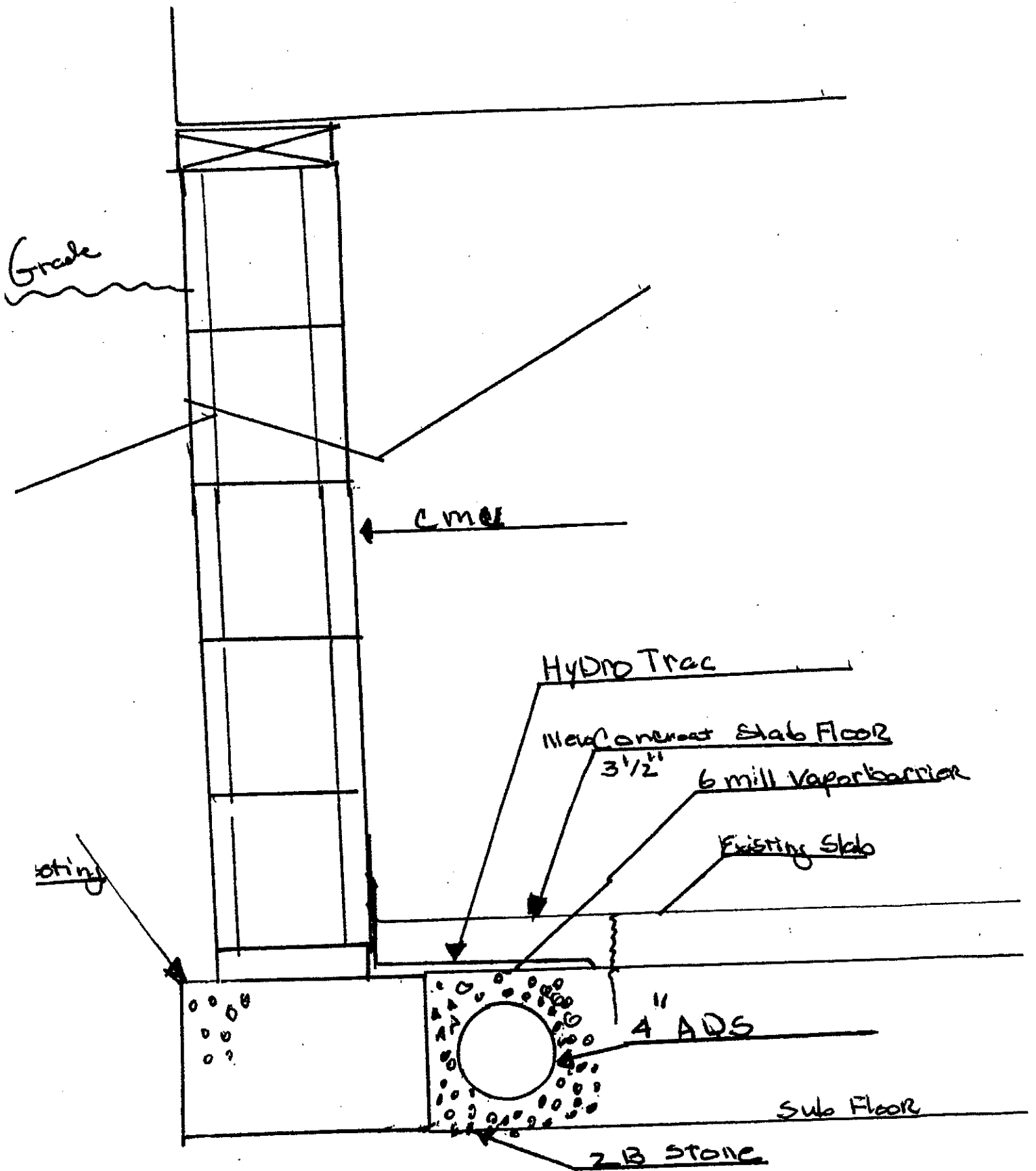
- ① M/A is not responsible for electrical outlet. order Electrician if needed
- ② Install full 3/4" air well service with spec-D-drain.
- ③ Install DAVE system in due-out c/s only where Hot Water is
- ④ If main c/s becomes a problem, H/O will call M/A. M/A will help the H/O with price.

OUTSIDE: Concrete _____ Ft. Wood _____ Ft.
Asphalt _____ Ft. Shrubs _____

Downspouts: () in ground () splash block
Extensions required: Y N Length _____ Ft.
Where? (Front R L.) (Rear R L.)

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Stacks N/A Water treatment N/A
B/B Heat N/A Radiators N/A
False cove _____ Paneling N/A
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() Plaster () Other
Studs: () Metal () Wood
() 2" x 3" () 2" x 4" () 2" x 6" () Furr Strips
Partitions: Load bearing N/A Non-bearing N/A
Tile type N/A
Floor Tile N/A" x N/A" N/A" x N/A"



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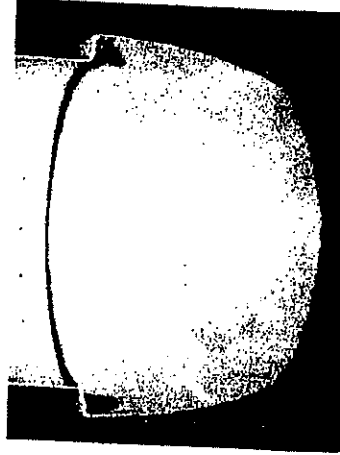
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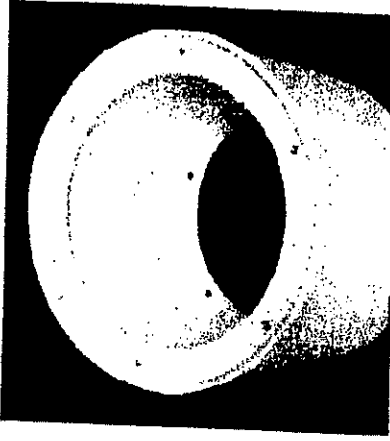
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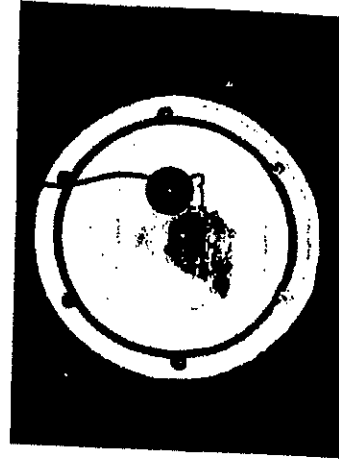
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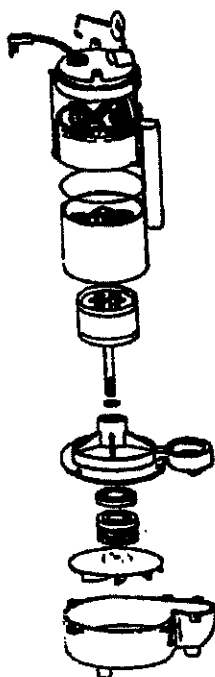
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STEVENS PUMP COMPANY



sump pumps 5 series half plus



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Service Friendly

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Capacity	60 G.P.M. @ 10'	Total Head: 20'
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THIS LIMITED WARRANTY SHALL NOT BE USED TO LIMIT OR IMPLICATION DAMAGES FOR PUMP REPAIRS OR REPLACEMENTS. THIS LIMITED WARRANTY SHALL NOT BE USED OR APPLIED TO LIMIT DAMAGES FROM FLUORIDE OR ANY SUBSTANCE OR CORROSION, DAMAGE, VIBRATION, SHOCK OR OVERHEATING, OR ANY OTHER CAUSE.

THERE ARE NO OTHER WARRANTIES OR REMEDIES OTHER THAN THOSE EXPRESSLY SET FORTH HEREIN. ALL OTHER WARRANTIES, INCLUDING OR IMPLIED, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR PARTICULAR PURPOSES ARE HEREBY DISCLAIMED AND DENIED.

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Fax 847-981-1180
www.stevenspump.com



BUILDING SUBCODE TECHNICAL SECTION



Date Received 11/1/1999
Control # 10529
Date Issued 11/1/1999
Permit # 19991218

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 504 Lot 24 Qualification Code

Work Site Location: 1017 CUMBERLAND AVE NJ

Owner in Fee: MAC AEEE THOMAS

Address 1017 Cumberland Ave Deptford NJ 08096

Tel. Email

Contractor: Address NJ

Tel. Email Fax

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

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

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roofing

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ All

☐ Footing/Foundation

☐ Struct/Framework

☐ Exterior

☐ Interior

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes-Base Layer

Finishes-Final

Energy

Mechanical

TCO

Other

Final

Dates (Month/Day)

Failure

Approval

Initial

B. BUILDING CHARACTERISTICS

Use Group Present

Constr. Class Present

Number of Stories

Height of Structure

Area - Largest Floor

New Bldg. Area / All Floors

Volume of New Structure

Total Land Area Disturbed

Proposed

Proposed

Barrier-Free

Proposed

Proposed

State Approved

HUD

Est. Cost of Bldg. Work:

1. New Bldg.

2. Rehabilitation \$3,390

3. Total (1+2)

TYPE OF WORK

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence Height (exceeds 6')

☐ Sign Sq. Ft.

☐ Pool

☐ Retaining Wall Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

FEE (Office Use Only)

\$41

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$3

TOTAL FEE \$44