Michelle Fareri

From: Breean Stumpf [opra+request-19308-d7f14f15@requests.opramachine.com]
Sent: Tuesday, December 29, 2020 12:44 PM
To: hmannel@collingswood.com
Subject: OPRA request - OPRA - 156 Frazer Ave Collingswood NJ

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: Any Open/Closed permits for 156 Frazer Ave Collingswood NJ. Thanks!

Thanks,

Breean Stumpf

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-19308-d7f14f15@requests.opramachine.com

Is hmannel@collingswood.com the wrong address for OPRA requests to Collingswood Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=collingswood_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opra_156_frazer_ave_collingswood

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

CONSTRUCTION PERMIT

Permit #: 06-0391
Date Issued: 08/17/06

IDENTIFICATION Block/Lot/Qual: 33. 28.
Work Site Location: 156 FRAZER AVE
Owner in Fee: US BANK TRUST NA - TRUSTEE
Address: 13801 WIRELSS WAY
OKLAHOMA CITY OK 73134
Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN
Address:

Tel.
Lic. No. or Bldrs. 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 (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
CONVERT DUPLEX TO SINGLE.

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 51,300.00

_____ _____
Construction Official Date

U.C.C. F170 (rev. 01/04)

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 06-0391
Issue Date: 08/17/06
Application Id: 10009387
Application Date:

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

Block/Lot/Qual: 33. 28.

Work Site Location: 156 FRAZER AVE

Owner in Fee: US BANK TRUST NA - TRUSTEE

Tel. [redacted] email:

13801 WIRELSS WAY OKLAHOMA CITY OK 73134

Contractor: Tel.

email:

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

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

Federal Emp. ID No. FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONVERT DUPLEX TO SINGLE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] 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)

	$
	1080.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 86.00
TOTAL FEE	$ 1166.00

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present _____ Proposed _____

No. of Stories	0.00
Height of Structure	ft.
Area — Largest Floor	sq. ft.
New Bldg. Area/All Floors	0 sq. ft.
Volume of New Structure	0 cu. ft.
Max. Live Load	
Max. Occupancy Load	

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
3. Total (1+ 2)	$ 45,000.00

U.C.C. F110 (rev. 11/09)
Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 06-0391
Issue Date: 08/17/06
Application Id: 10009387
Application Date:

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

Block/Lot/Qual: 33. 28.
Work Site Location: 156 FRAZER AVE

Owner in Fee: US BANK TRUST NA - TRUSTEE
Tel. [redacted] email:
13801 WIRELSS WAY OKLAHOMA CITY OK 73134
Contractor: STAN HARRIS ELECTRICAL CONTR Tel. (856)299-5310
277 SHELL RD email:
CARNEYS POINT, NJ 08069
Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-329738 FAX: (856)299-8597

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here:
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
CONVERT DUPLEX TO SINGLE.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
26		Receptacles	
10		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
52		TOTAL NUMBERS	$ 42.00
		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	
1		AMP Service	46.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	4.00
TOTAL FEE	$	92.00

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 06-0391
Issue Date: 08/17/06
Application Id: 10009387
Application Date:

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

Block/Lot/Qual: 33. 28.

Work Site Location: 156 FRAZER AVE

Owner in Fee: US BANK TRUST NA - TRUSTEE

Tel. (6[redacted] email:

13801 WIRELSS WAY OKLAHOMA CITY OK 73134

Contractor: STAN HARRIS ELECTRICAL Tel. (856)299-5310

1057 ROUTE 40 SUITE A email:

CARNEYS POINT, NJ 08069

Fire Alarm Contractor No.: 10731 Exp Date: 03/31/21

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

Federal Emp. ID No. 263529163 FAX: (856)299-8597

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed _____

Constr. Class: Present Proposed _____

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

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

Location: _____

Est. Cost of Fire Protection Work $ 800.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

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: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
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/Contractor sign here: _____

Print name here: _____ [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CONVERT DUPLEX TO SINGLE.

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System [ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (smoke, heat, pulls, water/flow)	6	0.00
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other _____		
TOTAL		
Suppression Systems		
Fire Pump [ ] GPM Type [ ]		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		36.00
Administrative Surcharge		$
Minimum Fee		$ 4.00
State Permit Surcharge Fee		$ 14.00
TOTAL FEE		$ 54.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 06-0391
Issue Date: 08/17/06
Application Id: 10009387
Application Date:

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

Block/Lot/Qual: 33. 28.
Work Site Location: 156 FRAZER AVE

Owner in Fee: US BANK TRUST NA - TRUSTEE
Tel. [redacted] email:
13801 WIRELSS WAY OKLAHOMA CITY OK 73134
Contractor: RALFS PLUMBING & HEATING Tel. (856)541-2407
401-403 1/2 KAIGHNS AVENUE email: RALFSPLUMB@VERIZON.NET
CAMDEN, NJ 08103-2209
Contractor License No.: 12746 Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 453274313 FAX: (856)541-5958

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed _____
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 3,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____
Print name here: _____
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

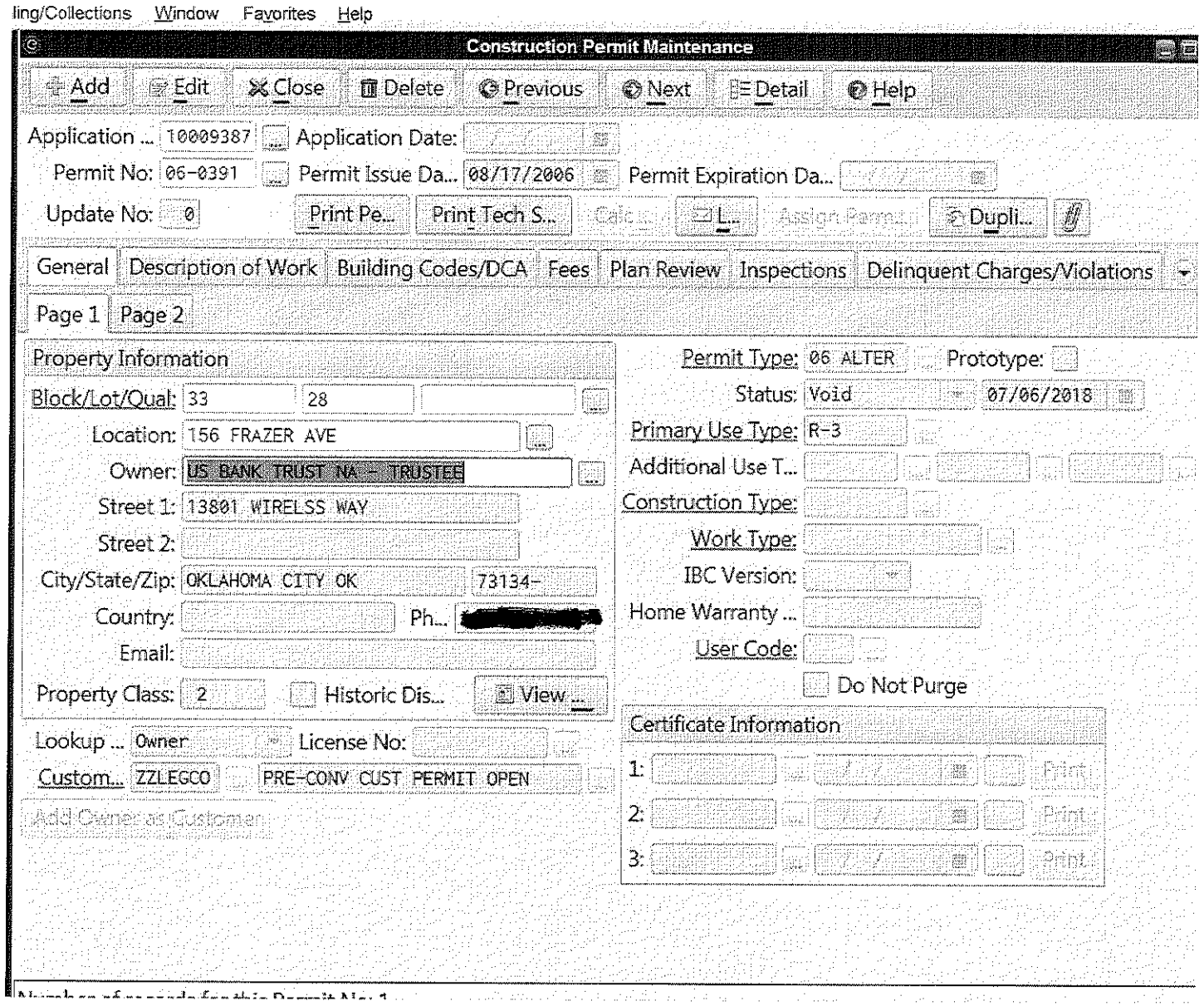
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONVERT DUPLEX TO SINGLE.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10.00
	Urinal/Bidet	
1	Bath Tub	10.00
1	Lavatory	10.00
1	Shower	10.00
	Floor Drain	
3	Sink	30.00
1	Dishwasher	10.00
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	10.00
	Fuel Oil Piping	
1	Gas Piping	10.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	7.00
TOTAL FEE	$	107.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.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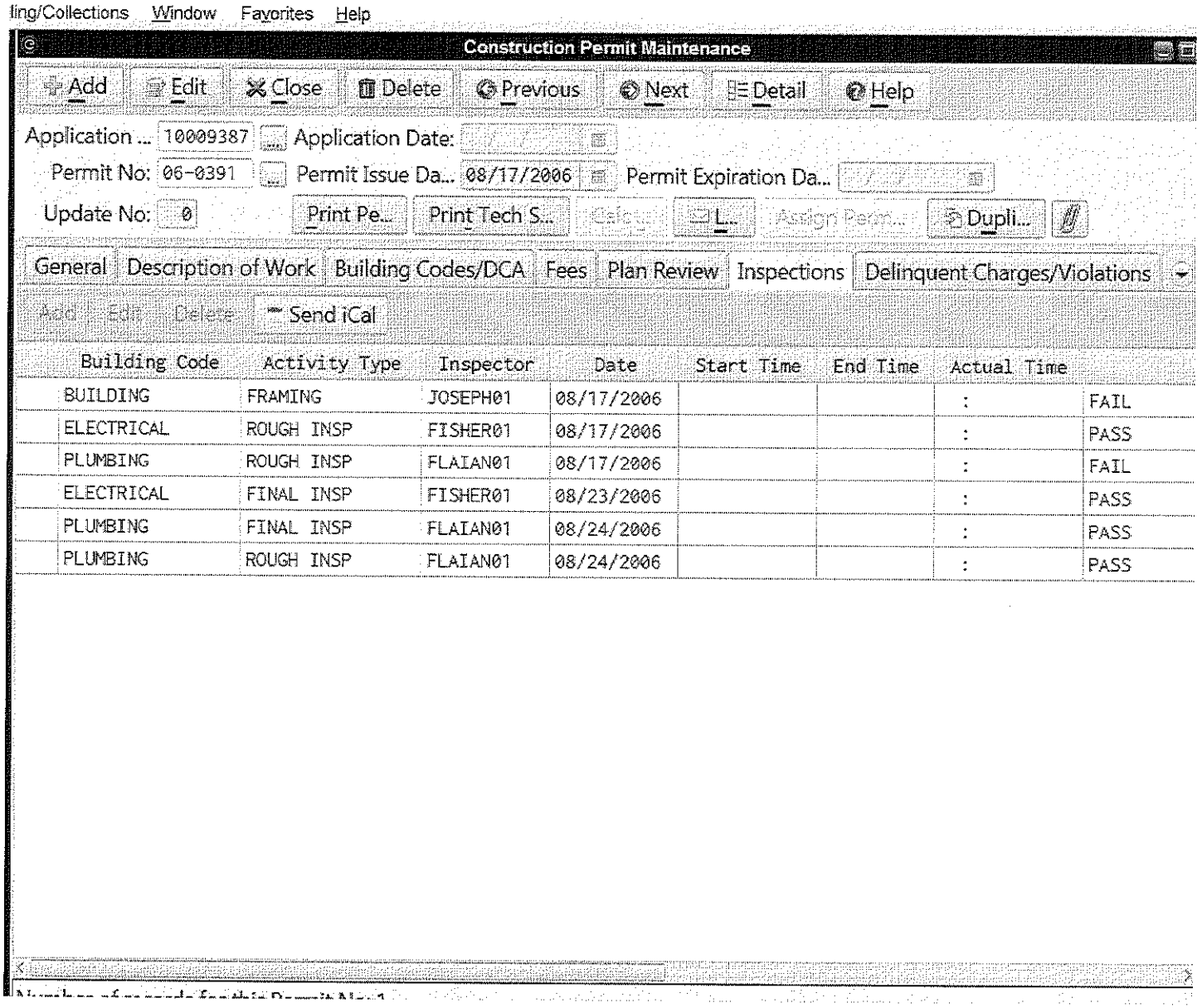
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10009387 Application Date:
Permit No: 06-0391 Permit Issue Da... 08/17/2006 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Calc... L... Assign Parm... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Page 1 Page 2
Property Information
Block/Lot/Qual: 33 28
Location: 156 FRAZER AVE
Owner: US BANK TRUST NA - TRUSTEE
Street 1: 13801 WIRELSS WAY
Street 2:
City/State/Zip: OKLAHOMA CITY OK 73134-
Country: Ph...
Email:
Property Class: 2 Historic Dis... View...
Lookup ... Owner License No:
Custom... ZZLEGCO PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Void 07/06/2018
Primary Use Type: R-3
Additional Use T...
Construction Type:
Work Type:
IBC Version:
Home Warranty ...
User Code:
Do Not Purge
Certificate Information
1: Print
2: Print
3: Print


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10009387 Application Date:
Permit No: 06-0391 Permit Issue Da... 08/17/2006 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time
BUILDING FRAMING JOSEPH01 08/17/2006 : FAIL
ELECTRICAL ROUGH INSP FISHER01 08/17/2006 : PASS
PLUMBING ROUGH INSP FLAIAN01 08/17/2006 : FAIL
ELECTRICAL FINAL INSP FISHER01 08/23/2006 : PASS
PLUMBING FINAL INSP FLAIAN01 08/24/2006 : PASS
PLUMBING ROUGH INSP FLAIAN01 08/24/2006 : PASS

CONSTRUCTION PERMIT

Permit #: 18-00396
Date Issued: 07/24/18

IDENTIFICATION Block/Lot/Qual: 33. 28.

Work Site Location: 156 FRAZER AVE

Owner in Fee: US BANK TRUST NA - TRUSTEE
Address: 13801 WIRELSS WAY
OKLAHOMA CITY OK 73134
Tel. (888)572-6950

Contractor: BMP MECHANICAL LLC
Address: 134 GLENN AVE
BLACKWOOD, NJ 08012
Tel. (856)534-3551
Lic. No. or Bldrs. Reg. No. 19HC00079600

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
AC AND HOT WATER HEATER

PAYMENTS (Office Use Only)	
Building	
Electrical	80.00
Plumbing	65.00
Fire Protection	65.00
Elevator Devices	
Other	
DCA State Permit Fee	6.00
Cert. of Occupancy	
Other	
Total	216.00

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 2,950.00

_____ _____
Construction Official Date

U.C.C. F170 (rev. 01/04)

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 18-00396
Issue Date: 07/24/18
Application Id: 90004731
Application Date: 07/19/18

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

Block/Lot/Qual: 33. 28.
Work Site Location: 156 FRAZER AVE

Owner in Fee: US BANK TRUST NA - TRUSTEE
Tel. (888)572-6950 email:
13801 WIRELSS WAY OKLAHOMA CITY OK 73134
Contractor: ROBERT J. BENTZ Tel. (215)272-6861
25 PALADIN DRIVE email: BENTZY98@AOL.COM
WILMINGTON, DE 19802
Contractor License No.: 8377 Exp Date: 03/31/21
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 651250191 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 350.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
AC AND HOT WATER HEATER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors----Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	15.00
1		HP/KW Space Heater/Air Handler	15.00
		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	$	1.00
TOTAL FEE	$	81.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 18-00396
Issue Date: 07/24/18
Application Id: 90004731
Application Date: 07/19/18

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

Block/Lot/Qual: 33. 28.

Work Site Location: 156 FRAZER AVE

Owner in Fee: US BANK TRUST NA - TRUSTEE

Tel. (888)572-6950 email:

13801 WIRELSS WAY OKLAHOMA CITY OK 73134

Contractor: RIOME PLUMBING AND MECHANICAL Tel. (856)882-8497

9 EDWARDS COURT email:

LAWNSIDE, NJ 08045

Contractor License No.: BI-10267 Exp Date: 06/30/19

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

Federal Emp. ID No. 473017073 FAX: (856)352-2933

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]

Water Service Size _____ Public Water [ ] Private Well [ ]

Est. Cost of Plumbing Work $ 600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

Plumbing Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
AC AND HOT WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	15.00
	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 _____	
1.0000	Other _____	15.00

Administrative Surcharge	$	
Minimum Fee	$	35.00
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	66.00

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 18-00396 *
Issue Date: 07/24/18
Application Id: 90004731
Application Date: 07/19/18

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

Block/Lot/Qual: 33. 28.

Work Site Location: 156 FRAZER AVE

Owner in Fee: US BANK TRUST NA - TRUSTEE

Tel. (888)572-6950 email:

13801 WIRELSS WAY OKLAHOMA CITY OK 73134

Contractor: BMP MECHANICAL LLC Tel. (856)534-3551

134 GLENN AVE email: BMPMECHANICAL@YAHOO.COM

BLACKWOOD, NJ 08012

Fire Alarm Contractor No.: 19HC00079600 Exp Date: 06/30/19

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

Federal Emp. ID No. 273709567 FAX: (856)352-2933

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed _____

Constr. Class: Present Proposed _____

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

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

Location: _____

Est. Cost of Fire Protection Work $ 2,000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

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: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
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/Contractor sign here: _____

Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

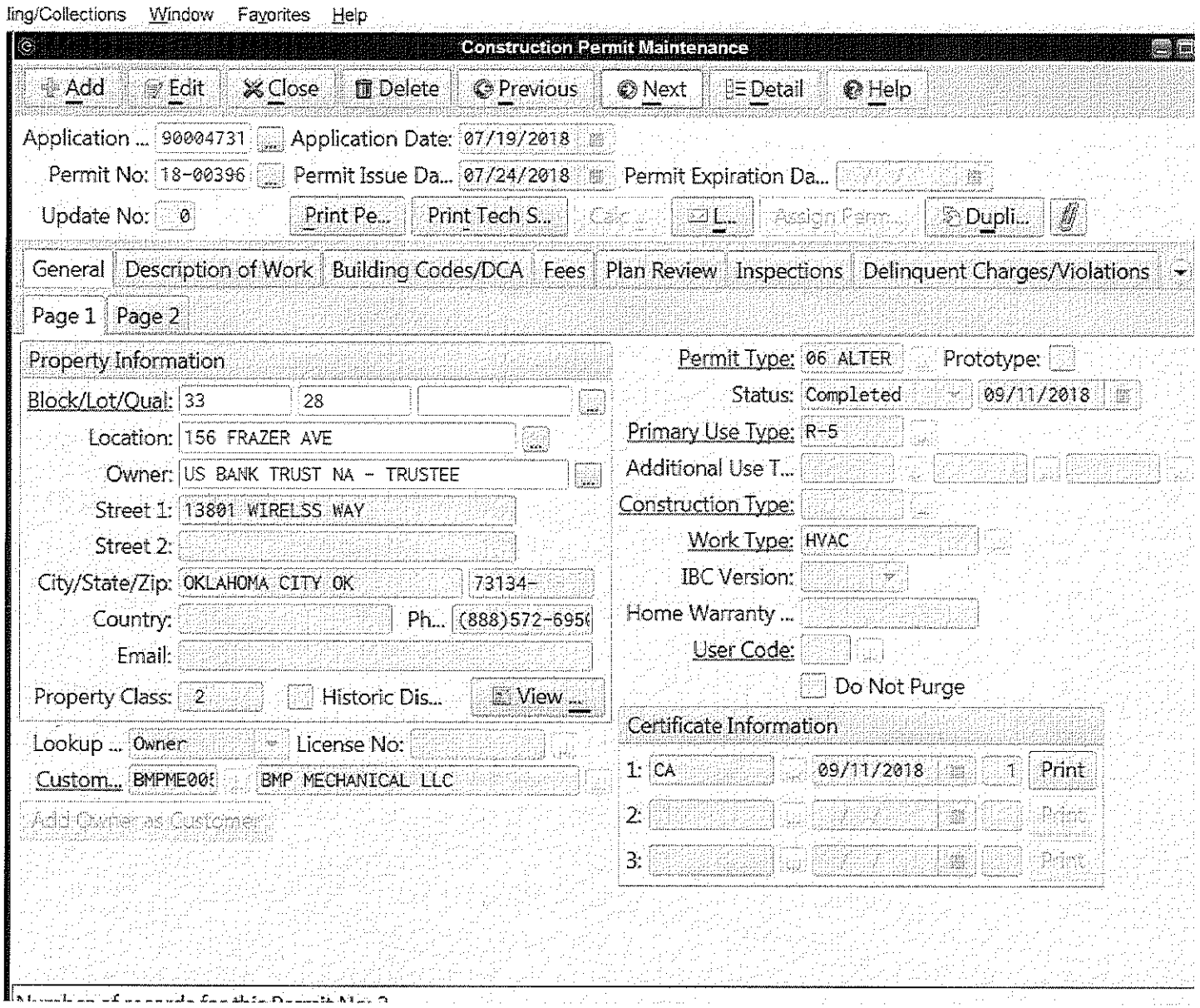
DESCRIPTION OF WORK: AC AND HOT WATER HEATER

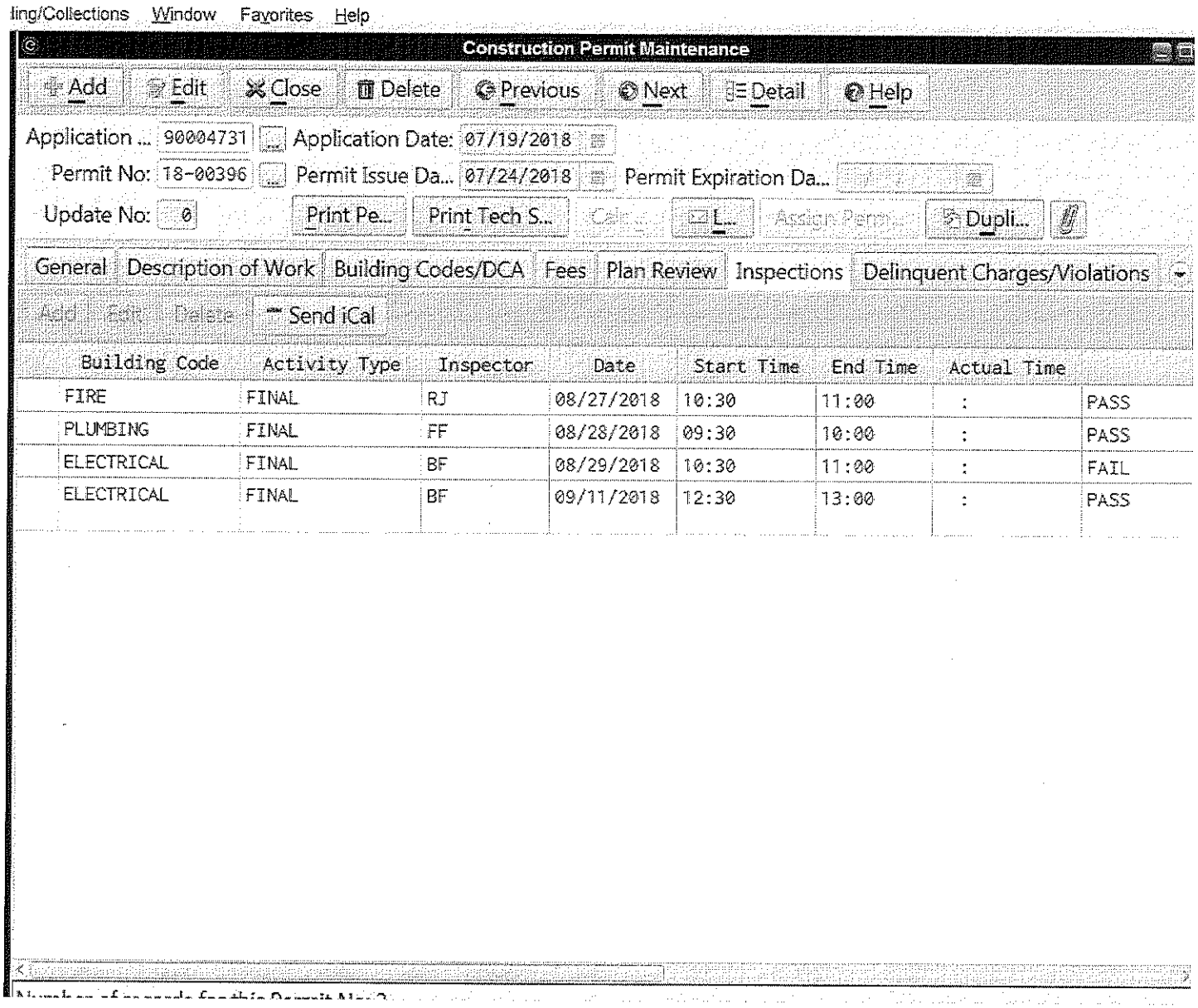
Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System [ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump [ ] GPM Type [ ]		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	1	62.00
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		3.00
State Permit Surcharge Fee $		4.00
TOTAL FEE $		69.00

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


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 90004731 Application Date: 07/19/2018
Permit No: 18-00396 Permit Issue Da... 07/24/2018 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... L... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Page 1 Page 2
Property Information
Block/Lot/Qual: 33 28
Location: 156 FRAZER AVE
Owner: US BANK TRUST NA - TRUSTEE
Street 1: 13801 WIRELSS WAY
Street 2:
City/State/Zip: OKLAHOMA CITY OK 73134-
Country: Ph... (888)572-695(
Email:
Property Class: 2 Historic Dis... View
Lookup ... Owner License No:
Custom... BMPME00: BMP MECHANICAL LLC
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 09/11/2018
Primary Use Type: R-5
Additional Use T...
Construction Type:
Work Type: HVAC
IBC Version:
Home Warranty ...
User Code:
Do Not Purge
Certificate Information
1: CA 09/11/2018 1 Print
2: Print
3: Print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Permit No: 18-00396 Permit Issue Da... 07/24/2018 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... L... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time
FIRE FINAL RJ 08/27/2018 10:30 11:00 : PASS
PLUMBING FINAL FF 08/28/2018 09:30 10:00 : PASS
ELECTRICAL FINAL BF 08/29/2018 10:30 11:00 : FAIL
ELECTRICAL FINAL BF 09/11/2018 12:30 13:00 : PASS

CONSTRUCTION PERMIT

Permit #: 18-00396-01
Date Issued: 08/29/18

IDENTIFICATION Block/Lot/Qual: 33. 28.
Work Site Location: 156 FRAZER AVE
Owner in Fee: US BANK TRUST NA - TRUSTEE
Address: 13801 WIRELSS WAY
OKLAHOMA CITY OK 73134
Tel. (856)725-0667

Contractor: BMP MECHANICAL LLC
Address: 134 GLENN AVE
BLACKWOOD, NJ 08012
Tel. (856)534-3551
Lic. No. or Bldrs. Reg. No. 19HC00079600

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
200 AMP SERVICE RE-INTRO.

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	66.00

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 300.00

_____ _____
Construction Official Date

U.C.C. F170 (rev. 01/04)

(see reverse side)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 18-00396-01
Issue Date: 08/29/18
Application Id: 90004836
Application Date: 08/29/18

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

Block/Lot/Qual: 33. 28.
Work Site Location: 156 FRAZER AVE

Owner in Fee: US BANK TRUST NA - TRUSTEE
Tel. (856)725-0667 email:
13801 WIRELSS WAY OKLAHOMA CITY OK 73134
Contractor: JM KAISER ELECTRICAL CONTR Tel. (856)346-8872
105 W SOMERDALE ROAD email: JMKAISERELEC@COMCAST.COM
SOMERDALE, NJ 08083
Contractor License No.: 11269 Exp Date: 03/31/21
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 900000590 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

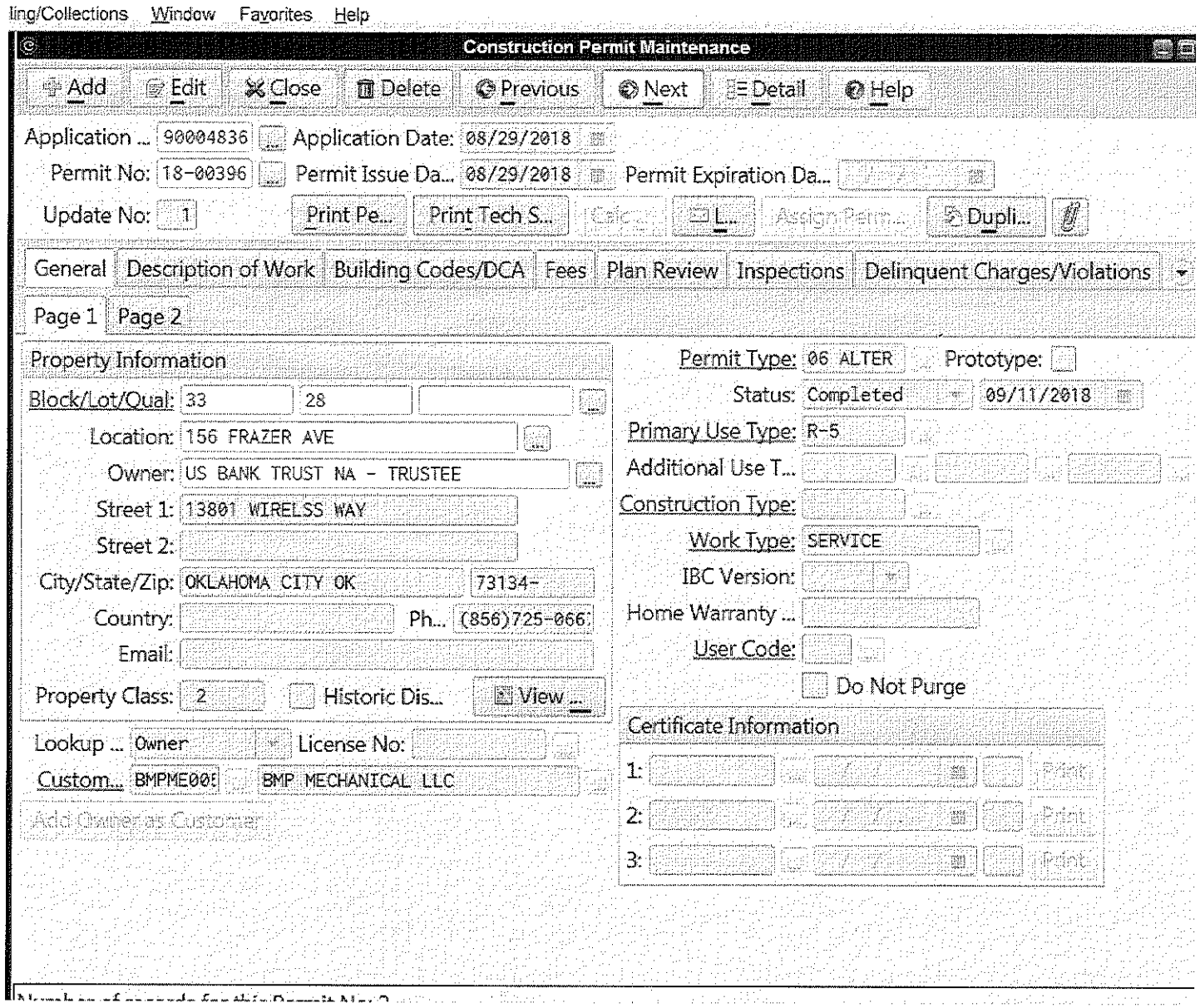
DESCRIPTION OF WORK:
200 AMP SERVICE RE-INTRO.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	65.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	66.00

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.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Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 90004836 Application Date: 08/29/2018
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Page 1 Page 2
Property Information
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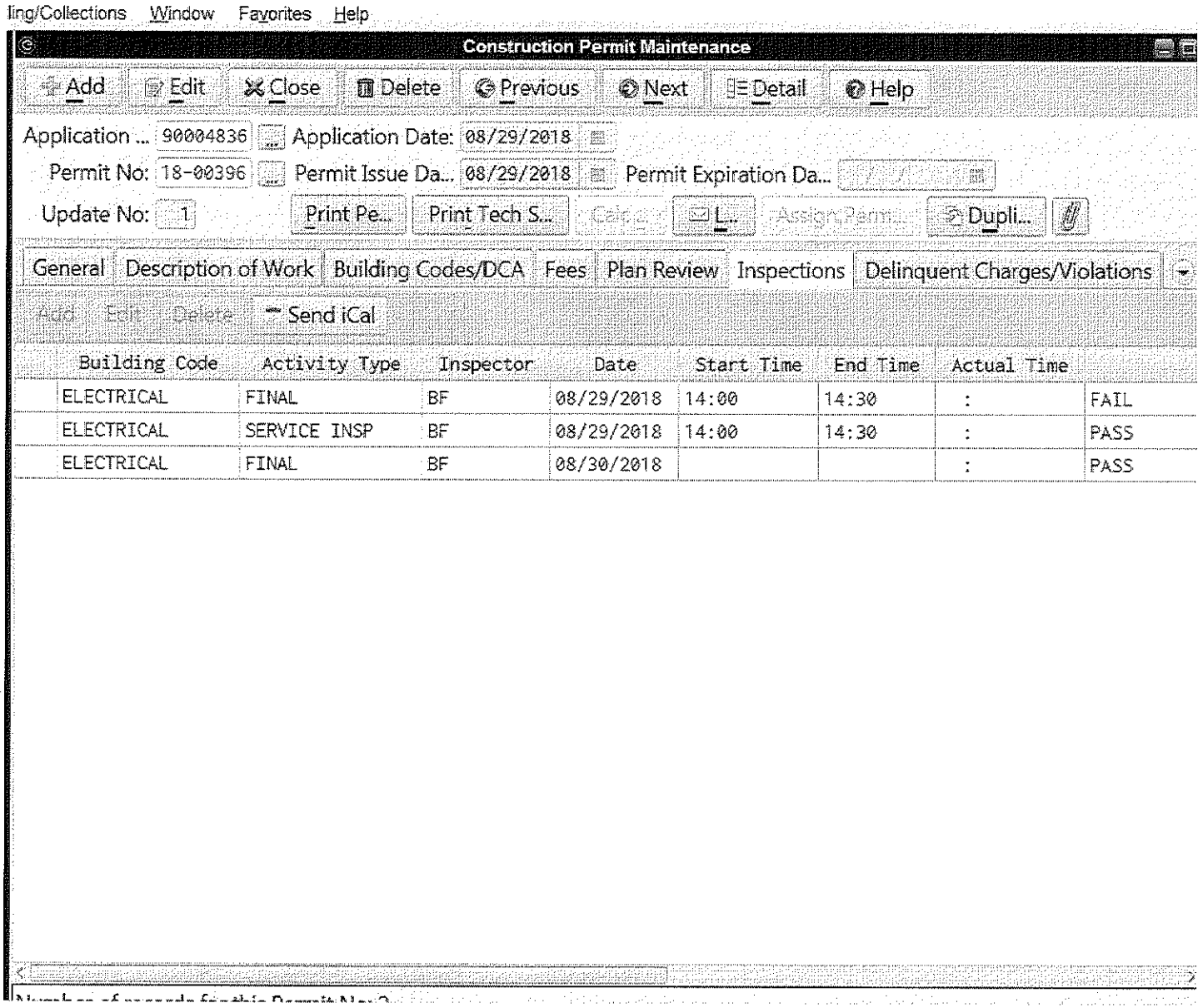
Owner: US BANK TRUST NA - TRUSTEE
Street 1: 13801 WIRELSS WAY
Street 2:
City/State/Zip: OKLAHOMA CITY OK 73134-
Country: Ph... (856)725-0667
Email:
Property Class: 2 Historic Dis... View ...
Lookup ... Owner License No:
Custom... BMPME00 BMP MECHANICAL LLC
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 09/11/2018
Primary Use Type: R-5
Additional Use T...
Construction Type:
Work Type: SERVICE
IBC Version:
Home Warranty ...
User Code:
Do Not Purge
Certificate Information
1: Print
2: Print
3: Print


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 90004836 Application Date: 08/29/2018
Permit No: 18-00396 Permit Issue Da... 08/29/2018 Permit Expiration Da...
Update No: 1 Print Pe... Print Tech S... Calc ... L... Assign Permi... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time
ELECTRICAL FINAL BF 08/29/2018 14:00 14:30 : FAIL
ELECTRICAL SERVICE INSP BF 08/29/2018 14:00 14:30 : PASS
ELECTRICAL FINAL BF 08/30/2018 : PASS