BLOCK 11.13 LOT 4 QUALIFICATION CODE 2 ADDRESS (SITE) 166 Crown Prince Dr Marlton, NJ 08053 PERMIT NO. 2018-0272

CONSTRUCTION PERMIT APPLICATION

6/7/31

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

I. IDENTIFICATION

Proposed Work Site at: 166 Crown Prince Dr, Marlton NJ 08053

Name of Owner in Fee: US Bank NA Master Trust

Tel. (888) 572-1850 e-mail

Address 2711 N Haskell Ave Ste 1700 Dallas, TX 75204 (street / municipality / zip code)

Ownership in Fee: Public Private

4. Principal Contractor: Ameritrust Residential Tel. (609) 453-5276

Address 3525 Piedmont Rd Bldg 7 Ste 1700 e-mail

Atlanta, GA 30305

License No. OR, if new home, Builder Reg. No. 13VH09085800 Exp. Date 3/31/18

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

Federal Emp. ID No. 46 339 1878 FAX: ( )

5. Architect or Engineer Contact

Address e-mail

Tel. ( ) FAX: ( )

6. Responsible Person in Charge once Work has Begun Jessica Martin

Tel. (609) 453 5276 FAX: ( )

V. FEE SUMMARY (for office use only)

		$	Update
1.	Building	65	
2.	Electrical		
3.	Plumbing		
4.	Fire Protection		
5.	Elevator Devices		
6.	Subtotal		
7.	Less 20% for State Plan Review	$	
8.	Subtotal	$	
9.	State Permit Surcharge Fee	8	
10.	Subtotal	$	
11.	Cert. of Occupancy		
12.	Other		
13.	TOTAL	$ 73	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

RECEIVED FEB 15 2018 Check # 071 R-63858

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	4000				1.29.18	DA			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	4000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: R-5
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units / Income-restricted
Gained, Sale
Gained, Rental
Lost, Sale
Lost, Rental

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

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

D. Construct. Classification: Present 5-B Proposed

III. PLAN REVIEW (optional)

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

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

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

U.C.C. F100-1 (rev. 8/08)

1260

Called Jessica 4pm

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Jessica Martin

Address 513 Superior Rd

Egg Harbor Twp. NJ 08234

Telephone [redacted]

Signature

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

U.C.C. F100-2 (rev. 5/2007)

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X						
☐ Planning Board									
☐ Zoning Board			X						JAN 26 2018
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X						
☐ Health Department			X						
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.			X						
☐									
☐									

U.C.C. F100-3 (rev. 12/07)

Evesham Township
984 Tuckerton Road
Marlton, NJ 08053

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 9/17/2020
Control Number 67731
Permit Number 20180272
Permit Issue Date 2/15/2018
Certificate Number

Identification

Block: 11.13 Lot: 4 Qual:

Work Site Location: 166 CROWN PRINCE DRIVE EVESHAM, NJ

Owner In Fee: US BANK TRUST NA
Owner Address: 13801 WIRELESS WAY OKLAHOMA CITY NJ 73134
Telephone: 888

Contractor AMERITRUST
Address 3575 PIEDMONT ROAD ATLANTA NJ 30305
Telephone: (267) 537-6073 Fax:
License Number or Builders Registration Number:
Federal Emp. Number: 46-3391878

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
ROOF REPLACEMENT

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00

Check Number:
Collected By:

Date Printed: 9/17/2020

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/26/2018
Control # 67731
Date Issued 2/15/2018
Permit # 20180272

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

Block 11.13 Lot 4 Qualification Code

Work Site Location: 166 CROWN PRINCE DRIVE EVESHAM, NJ

Owner in Fee: US BANK TRUST NA

Address 13801 WIRELESS WAY OKLAHOMA CITY NJ 73134

Tel. 888 Email

Contractor: AMERITRUST

Address 3575 PIEDMONT ROAD, ATLANTA NJ 30305

Email

Tel. (267) 537-6073 Fax.

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

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

Federal Emp. ID No. 46-3391878

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE EXISTING SHINGLES AND REPLACE WITH NEW SHINGLES AS PER MANUFACTURERS INSTRUCTIONS

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: 2.28.18
Approved by: PA

INSPECTIONS Type:	Failure	Dates (Month/Day) 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			2.28.18 V.M.	
Barrier-Free				

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)

	$65
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$8
TOTAL FEE	$73

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $4,000
3. Total (1+2)

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

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

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856 - 9832914

Permit Number: 20180272
Update Number:
Control Number: 67731
Application Date: 01/26/2018
Permit Date: 02/15/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 11.13 Lot: 4 Qualification Code:
Work Site Location: 166 CROWN PRINCE DRIVE EVESHAM

Owner In Fee: US BANK TRUST NA
Address: 13801 WIRELESS WAY
OKLAHOMA CITY OK 73134

Telephone: (888)

Use Group(s): R-5

Contractor: AMERITRUST
Address: 3575 PIEDMONT ROAD
ATLANTA GA 30305

Telephone: (267) 537-6073

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

Federal Emp. No.: 46-3391878

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE EXISTING SHINGLES AND REPLACE WITH NEW SHINGLES AS PER MANUFACTURERS INSTRUCTIONS

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	4,000.00
Cost of Demolition:	0.00
Total Cost:	$4,000.00

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.

2-20-18
Date

Construction Official

Note:

PAYMENTS (Office Use Only)

Building	$65.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$8.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$73.00**
All Fees Waived:	No

Amount to be Paid:	**$73.00**
Check Number:	071
Check amount:	$73.00

Collected by:	RS
Receipt No:	63858
Total Cash Amount:	
Total Check Amount:	$73.00
Total CC Amount:	
Grand Total:	$73.00

FEB 02 2018

Reynard Run at Evesham Town Home Association

APPLICATION – REQUEST FOR APPROVAL OF EXTERIOR IMPROVEMENT OR CHANGE

Homeowner: US BANK N/A TRUSTEE C/O WRI PROPERTY MANAGEMENT
Address: 161 CROWN POINTE Phone: 407-467-4045

Instructions

Proper completion of this application will expedite processing. Incomplete applications will be returned without approval; therefore, it is suggested that you review all documents before completing the application. Applications are due to Management PRIOR to the 1st of each month for consideration; no applications will be accepted for review at meetings.

Application MUST be accompanied by the information noted in the checklist, which includes a copy of a survey for your property showing location and dimensions of all existing and proposed improvements and clearing/land disturbances to scale.

The application must be signed by homeowner in the space below and under the liabilities section on the bottom of the page titled "Improvement Application Information Checklist". Work MUST BEGIN within six (6) months of approval. If work is not started within six months, the approval application will be null and void. Township approval is required for all construction. Association approval is necessary before submission to Township. All outside improvements, changes require Association approval.

DESCRIPTION OF IMPROVEMENT

REPLACEMENT WINDOWS - AMERICAN CRAFTSMAN SERIES 70 - SOFFIT TO MATCH SAME COLOR - DARK BRONZE
REPLACE FRONT PORCH RAILING - IN KIND
REPLACE SHINGLE ROOF - GAF 3 TAB "WEATHERED WOOD"

I request approval of the Reynard Run Townhome Association to undertake the above improvement to my property at the address shown above.

Homeowner's Signature: [signature] for WRI, INC Date: 12/5/17

THIS SPACE FOR USE BY THE OFFICE AND THE ASSOCIATION

Date application received: _____ Date of review by Association _____

Comments: _____

Reynard Run Town Home Association

Approved: TABLED Not Approved: _____ Date: 12/12/17
Architectural Review Committee

Approved: [signature] Not Approved: _____ Date: 12/12/17
Board of Directors

Reynard Run at Evesham Town Home Association
IMPROVEMENT APPLICATION INFORMATION CHECKLIST

1. A copy of the survey for your property showing to scale, the size and location of any improvements (i.e.: deck, patio, landscaping trees & shrubbery, fence, etc.) and their elevation related to your home and surrounding area.

2. Details showing type, style, materials, location, fence height, etc. Please submit pictures, if possible.

3. You must comply with all application laws, permits, ordinances, restrictions and covenants and any additional information required by the Township for the installation of any improvement.

4. As part of the approval, the contractor must submit an insurance certificate of liability showing unit owner and property as additional insured **BEFORE** work begins

---

LIABILITIES

Association approval of an improvement project is valid to the extent that such project complies with covenants, restrictions, and architectural guidelines. It does not relieve the homeowner of the responsibility of maintaining the original natural character and drainage pattern for the property.

Before undertaking improvement projects, the homeowner and/or his contractor should ascertain that the improvements will not interfere with the natural character and/or proper drainage of the property and existing drainage due to changes listed in the homeowner's application and will be the responsibility of the homeowner to correct. The homeowner assumes all responsibility for any adverse effect on the natural character and drainage caused by the improvements and will not hold Reynard Run Townhome Association, the Board of Directors, or the Architectural Review Committee responsible. Association approval of home improvements shall not relieve the homeowner of all liabilities.

Agreed to by: _____ for LHS, Inc. Date: 12/6/17
Homeowner

The purpose of the Reynard Run at Evesham Town Home Association is to regulate the external design, appearance, and maintenance of the properties and improvements thereto in such a manner as to preserve and enhance property values and to maintain a harmonious relationship among structures and natural surroundings.

**Applications that are missing required information or not signed by the homeowner will not be considered. They will be returned.

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856 - 9832914

Permit Number: 20180051
Update Number:
Control Number: 67447
Application Date: 12/21/2017
Permit Date: 01/10/2018

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 11.13 Lot: 4 Qualification Code:
Work Site Location: 166 CROWN PRINCE DRIVE EVESHAM

Owner In Fee: US BANK TRUST NA
Address: 13801 WIRELESS WAY
OKLAHOMA CITY OK 73134

Telephone: (214) 754-8355

Use Group(s): R-5

Contractor: WILSON MECHANICAL
Address: 240 ERIAL ROAD
PINE HILL NJ 08021

Telephone: (609) 770-1160

Lic. No. / Bldrs. Reg. No.: 12615

Federal Emp. No.: 26-0245801

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
ELECTRIC WATER HEATER, HEAT PUMP, & AIR HANDLER REPLACEMENT

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	5,000.00
Cost of Demolition:	0.00
Total Cost:	$5,000.00

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.

1-11-18
Date

Construction Official

Note:

PAYMENTS (Office Use Only)	
Building	
Electrical	$65.00
Plumbing	$65.00
Fire Protection	
Elevator Devices	
Mechanical	$95.00
VolFee (DCA)	
AltFee (DCA)	$10.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$235.00
All Fees Waived:	No

Amount to be Paid:	**$235.00**
Check Number:	1155
Check amount:	$235.00

Collected by:	RS
Receipt No:	63607
Total Cash Amount:	
Total Check Amount:	$235.00
Total CC Amount:	
Grand Total:	$235.00

BLOCK 11.13 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 166 Crown Prince Dr PERMIT NO. 2018-0051

CONSTRUCTION PERMIT APPLICATION 67447

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

I. IDENTIFICATION

1. Proposed Work Site at: 166 Crown Prince Dr. Marlton, NJ
2. Name of Owner in Fee: US Bank Trust
   Tel. (214) 754-8355 e-mail _____
   Address 13081 Wireless Way (street) Oklahoma City (municipality) 73134 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Wilson Mechanical Tel. (609) 770-1160
   Address 240 Erial Rd., e-mail wilsonofficenj@gmail.co
   Pine Hill, NJ, 08021
   License No. OR, if new home, Builder Reg. No. 12615 Exp. Date 06/30/2019
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 260245801 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Michael Wilson
   Tel. (609) 770-1160 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	65		
3. Plumbing	65		
4. Fire Protection			
5. Elevator Devices			
6. ~~Subtotal~~ Mechanical	95		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	10		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 235		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories R
2. Height of Structure _____ ft.
3. Area — Largest Floor JAN 10 2018 sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load Check #1155
7. Max. Occupancy Load R-63607
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☑ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ ~~Building~~ Mechanical	3,000				1-2-18	QB			
☒ Electrical	1,000				12-28-17	JV			
☒ Plumbing	1,000				1-2-18	QB			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$5,000								

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

U.C.C. F100-1 (rev. 8/08)

12/21

18/18 - called

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Wilson Mechanical

Address 240 Erial Dr.,

Pine Hill, NJ

Telephone (609) 770-1160

Signature _____

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

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

U.C.C. F100-2 (rev. 11/2014)

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	RECEIVED DEC 21 2017
☐ Sewer Authority					X	X	X	X	
☐ Water Authority					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X	X	X	
☐ N.J. Department of Transportation	X	X	X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X	X	X	
☐ Utility Dig No.	X	X	X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
		Other	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.			
☐ Temporary Certificate of Compliance	No.			
☐ Continued Certificate of Occupancy	No.			
☐ Certificate of Compliance	No.			
☐ Certificate of Occupancy	No.			
☐ Certificate of Approval	No.			
☐ Lead Abatement Clearance Certificate	No.			

To Reorder call: Mega Marketing • Print • Mail (609) 390-1400

U.C.C. F100-3 (rev. 12/07)

Evesham
984 Tuckerton Road
Marlton, NJ 08053
856-9832914

CERTIFICATE
IDENTIFICATION

Date Issued: 01/23/2018
Control #: 67447
Permit #: 20180051

Block: 11.13 Lot: 4 Qual:

Work Site Location: 166 CROWN PRINCE DRIVE
EVESHAM

Owner in Fee: US BANK TRUST NA

Address: 13801 WIRELESS WAY
OKLAHOMA CITY OK 73134

Telephone: 214 754-8355

Agent/Contractor: WILSON MECHANICAL

Address: 240 ERIAL ROAD
PINE HILL NJ 08021

Telephone: 609 770-1160

Lic. No./ Bldrs. Reg.No.: 12615 Federal Emp. No.: 26-0245801

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-5

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use:
REPLACED ELECTRIC WATER HEATER, HEAT PUMP, & AIR HANDLER.

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

Construction Official

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Fees: $0.00

Paid[X]Check No.: 1155

Collected by: RS

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Evesham

Date Received: 12/21/2017 Control #: 67447

Date Issued: 01/10/2018 Permit #: 20180051

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

Block: 11.13 Lot: 4 Qualification Code:

Work Site Location: 166 CROWN PRINCE DRIVE

Owner in Fee: US BANK TRUST NA

Address: 13801WIRELESS WAY
OKLAHOMA CITY OK 73134

E-mail:

Telephone: (214) 754-8355

Contractor: SEAN MCFADDEN
ATTN:

Address: 510 S BEVERLY CIRCLE
MAGNOLIA NJ 08049

E-mail:

Telephone: [redacted]

Fax:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: 16534 Exp Date: 3/31/2018 Federal Emp. No.: 26-0245801

DESCRIPTION OF WORK:
ELECTRIC WATER HEATER, HEAT PUMP, & AIR HANDLER REPLACEMENT

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

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

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $1,000.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $1,000.00

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
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-22-18
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final			1-22-18	
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's seal and Signature Print Name

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	5.00	KW Elec. Water Heater	$15.00
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5.00	KW Central A/C Unit	$15.00
1	10.00	HP/KW Space Htr./Air Handler	$15.00
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpancls	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2.00
TOTAL FEE	$67.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 11.13 Lot 4 Qualification Code _____

Work Site Location 1166 Crown Prince Dr Marlton, NJ

Owner in Fee: US Bank Trust

Tel. (214) 754-8355 e-mail _____

Address 13081 Wireless Way (street) Oklahoma City (municipality) 73134 (zip code)

Contractor: Sean McFadden Tel. [redacted]

Address 510 Beverly Circle, Magnolia, NJ e-mail _____

Contractor License No. 16534 Exp. Date 03/01/2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 260245801 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT

Date: 12-28-17

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: Sean McFadden

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace electric hot water heater, air handler, & heat pump

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	
		_____	
0		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	5	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	5	KW Central A/C Unit	
1	10	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Water heater & heat pump	

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

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.

heat Pump

Evesham

PLUMBING SUBCODE TECHNICAL SECTION Date Received: 12/21/2017 Date Issued: 01/10/2018

Control #: 67447 Permit #: 20180051

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

Block: 11.13 Lot: 4 Qualification Code:

Work Site Location: 166 CROWN PRINCE DRIVE

Owner in Fee : US BANK TRUST NA

Address : 13801 WIRELESS WAY
OKLAHOMA CITY OK 73134

Email:

Telephone: (214) 754-8355

Contractor: WILSON MECHANICAL
ATTN: MICHAEL D. WILSON

Address: 240 ERIAL ROAD
PINE HILL NJ 08021

Telephone: (609) 770-1160

Fax:

E-mail: wilsonofficenj@gmail.com

Contractor License No.: 12615 Expiration Date: 6/30/2019 Federal Emp. No.: 26-0245801

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $1,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $1,000.00

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 [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 1-22-18

Approved by:

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			1-22-18	AOP
Chimney Cert.				
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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
ELECTRIC WATER HEATER, HEAT PUMP, & AIR HANDLER REPLACEMENT

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	$15.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2.00
TOTAL FEE	$67.00

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 11.13 Lot 4 Qualification Code

Work Site Location 166 Crown Prince Dr.

Owner in Fee: US Bank Trust

Tel. (214) 754-8355 e-mail

Address 13081 Wireless Way (street) Oklahoma City (municipality) 73134 (zip code)

Contractor: Wilson Mechanical Tel. (609) 770-1160

Address 240 Erial Rd., Pine Hill, NJ, 08021 e-mail wilsonofficenj@gmail.com

Contractor License No. 12615 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 260245801 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 $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 1-2-18 Approved by: DB

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-2-18

Approved by: Dan Bo

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: Michael Wilson

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace electric 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	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

Evesham

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 12/21/2017 Date Issued: 01/10/2018
Control #: 67447 Permit #: 20180051

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

Block: 11.13 Lot: 4 Qualification Code:
Work Site Location: 166 CROWN PRINCE DRIVE
Owner in Fee: US BANK TRUST NA
Address: 13801 WIRELESS WAY
OKLAHOMA CITY, OK 73134
Telephone: (214) 754-8355 Email:
Contractor: WILSON MECHANICAL
ATTN: MICHAEL D. WILSON
Address: 240 ERIAL ROAD
PINE HILL NJ 08021 Fax:
Telephone: (609) 770-1160 Email: wilsonofficenj@gmail.com
License No.: 3552 Exp Date: 6/30/2018 Federal Emp. No.: 26-0245801
Home Improvement Registration No. or Exemption Reason:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3,R-4 or R-5 (circle one) Proposed: R-3,R-4 or R-5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ]Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other:
Type: [ ] Hydronic [ ] Hot Air
1. New Building: $0.00 2. Rehabilitaion: $3,000.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Plumbing
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mechanical
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 1-22-18
Approved by: Dan LBO

INSPECTIONS	DATES			
Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Heat Pump			1-22-18	

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.

_____ _____
Signature **Print Name**

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
ELECTRIC WATER HEATER, HEAT PUMP, & AIR HANDLER REPLACEMENT

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other 1: HEAT PUMP	$50.00
	Other 2:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$6.00
TOTAL FEE	$101.00

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 11.13 Lot 4 Qualification Code _____

Work Site Location 166 Crown Prince Dr. Marlton, NJ

Owner in Fee: US Bank Trust

Tel. (214) 754-8355 e-mail _____

Address 13081 Wireless Way (street) Oklahoma City (municipality) 73134 (zip code)

Contractor: Wilson Mechanical Tel. (609) 770-1160

Address 240 Erial Rd., Pine Hill, NJ, 08021 e-mail wilsonofficenj@gmail.com

Contractor License No. 12615 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 260245801 FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 11000 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Mechanical Plans Approved
Date 1-2-18 Approved by: DB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 1-2-18
Approved by: Quel Be
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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.

Sign here: _____

Print name here: Michael Wilson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace air handler
Replace heat pump

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

Heat Pump + Air Handler

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

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