CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 5/27/2021

Tracking Number: OPRA-Req-21-0704

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Breean Stumpf

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: 206 HADLEIGH DR

ANY OPEN/CLOSED PERMITS FOR 206 HADLEIGH DRIVE CHERRY HILL NJ 08033

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

Block 518.15 Lot 3 Qualification Code _____ Address (Site) 206 HADLEIGH DR Permit No. 20153731

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 206 HADLEIGH DR CHERRY HILL NJ 08003
2. Name of Owner in Fee: BOSTELMANN CARL & JANET Tel. [redacted]
   Address 206 HADLEIGH DR CHERRY HILL NJ 08003
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: SPECTRUM HOME REPAIRS LLC Tel [redacted]
   Address 38 ELIzabeth Street PEMBERTON NJ 08068
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical	65		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	125		
7. Less 20% for State Plan Review			
8. Subtotal	125		
9. State Permit Surcharge Fee	10		
10. Subtotal	135		
11. Cert of Occupancy			
12. Other			
13. TOTAL	135		

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 _____	

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☑ Electrical	800								
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 4857

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group: R-5
3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: _____

III. PLAN REVIEW (optional)

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

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	11/18/2015
Date Issued	11/24/2015
Control #	96985
Permit #	20153731

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 518.15 Lot: 3 Qualifier _____ Use Group R-5

Work Site Location: 206 HADLEIGH DR CHERRY HILL, NJ 08003
Owner in Fee: BOSTELMANN CARL & JANET
Address: 206 HADLEIGH DR CHERRY HILL NJ 08003
Telephone: [redacted]

Contractor: SPECTRUM HOME REPAIRS LLC
Address: 38 ELIzabeth Street PEMBERTON NJ 08068
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. 19HC00074300 19HC00074300
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACEMENT GAS FURNACE

Note: If constuction 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 $4,857

_____ Construction Official

_____ Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	$65
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	$60
046	DCA Training Fee	$10
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$135

Check No.	16548
Check	$135
Cash	$0
Credit	$0
Collected By	Sandi Del Rocini

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/18/2015
Date Issued 11/24/2015
Control # 96985
Permit # 20153731

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

Block 518.15 Lot 3 Qualification Code

Work Site Location: 206 HADLEIGH DR CHERRY HILL, NJ 08003

Owner in Fee: BOSTELMANN CARL & JANET

Address 206 HADLEIGH DR CHERRY HILL NJ 08003

Email

Tel. [redacted]

Contractor: SPECTRUM HOME REPAIRS LLC

Address 38 ELIzabeth Street PEMBERTON NJ 08068

Email

Tel [redacted] Fax.

Lic No. Exp. Date

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

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $800

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACEMENT GAS FURNACE,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$65
State Permit Surcharge Fee	$2
TOTAL FEE	$67

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

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 11/18/2015
Control # 96985
Date Issued 11/24/2015
Permit # 20153731

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

Block 518.15 Lot 3 Qualification Code

Work Site Location: 206 HADLEIGH DR CHERRY HILL, NJ 08003

Owner in Fee: BOSTELMANN CARL & JANET

Address 206 HADLEIGH DR CHERRY HILL NJ 08003

Email

Tel. [redacted]

Contractor: SPECTRUM HOME REPAIRS LLC

Address 38 ELIzabeth Street PEMBERTON NJ 08068

Email

Tel. [redacted] Fax.

Contractor License No. Expiration Date:

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

Federal Emp. ID No.

B. MECHANICAL CHARACTERISTICS

Use Group Present Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☑ Replacement

Type: ☐ Hydronic ☑ Hot Air

Fuel: ☑ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $4,057

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Final			1/11	

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT GAS FURNACE,

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

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$8
TOTAL FEE	$68

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

Block 518.15 Lot 3 Qualification Code _____ Address (Site) 206 HADLEIGH DRIVE Permit No. 20180793

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 206 HADLEIGH DRIVE CHERRY HILL NJ 08003
2. Name of Owner in Fee: MIKE & JEN HERNANDEZ Te [redacted]
   Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: KONVERSION PROPERTIES Te [redacted]
   Address 4 KENNINGTON RD MARLTON NJ 08053
   Email [redacted]
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. [redacted] Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	65		
2. Electrical	95		
3. Plumbing	65		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	225		
7. Less 20% for State Plan Review			
8. Subtotal	225		
9. State Permit Surcharge Fee	6		
10. Subtotal	231		
11. Cert of Occupancy			
12. Other			
13. TOTAL	231		

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 _____	

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	800	FK	3/6/2018		3/15/2018				
☑ Electrical	1000	JV	3/6/2018		3/7/2018				
☑ Plumbing	800	MT	3/6/2018		3/8/2018				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 2600

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units:

	All Units	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: R-5
2. Use Group: R-5
3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: TYPE VB

III. PLAN REVIEW (optional)

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

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	3/6/2018
Date Issued	3/22/2018
Control #	109849
Permit #	20180793

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 518.15 Lot: 3 Qualifier _____ Use Group R-5

Work Site Location: 206 HADLEIGH DRIVE CHERRY HILL, NJ 08003
Contractor KONVERSION PROPERTIES
Address 4 KENNINGTON RD MARLTON NJ 08053

Owner in Fee MIKE & JEN HERNANDEZ
Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. 13VH08245000 13VH08245000
Telephone: [redacted]
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

KITCHEN RENOVATION - REMOVE LOAD BEARING WALL- INSTALL BEAM

Note: If constuction 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 $2,600

Construction Official _____ Date _____

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

035	Building	$65
039	Electrical	$95
032	Plumbing	$65
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$6
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$231

Check No.	1928
Check	$231
Cash	$0
Credit	$0
Collected By	Aishe Metkov-Spor

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/6/2018
Control # 109849
Date Issued 3/22/2018
Permit # 20180793

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

Block 518.15 Lot 3 Qualification Code

Work Site Location: 206 HADLEIGH DRIVE CHERRY HILL, NJ 08003

Owner in Fee: MIKE & JEN HERNANDEZ

Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003

Tel. [redacted] Email

Contractor: KONVERSION PROPERTIES

Address 4 KENNINGTON RD MARLTON NJ 08053

Ema[redacted]

Tel. [redacted] 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. [redacted]

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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			3/23	SK
Truss Sys./Bracing				
Barrier-Free				
Insulation			3/26	SK
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			1/11	SK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 If Industrial Building:
Constr. Class Present TYPE VB Proposed TYPE VB State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $800
3. Total (1+2) $800

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

KITCHEN RENOVATION, - REMOVE LOAD BEARING WALL- INSTALL BEAM

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)

Rehabilitation	$65
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2
TOTAL FEE	$67

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/6/2018
Control # 109849
Date Issued 3/22/2018
Permit # 20180793

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

Block 518.15 Lot 3 Qualification Code

Work Site Location: 206 HADLEIGH DRIVE CHERRY HILL, NJ 08003

Owner in Fee: MIKE & JEN HERNANDEZ

Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003

Email

Tel [redacted]

Contractor: WOLFSCHMIDT HOME SERVICES/PLG

Address 16 BROAD STREET RIVERTON NJ 08077

Email [redacted]

Tel. [redacted] Fax.

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

Contractor License No. 36BI01215300 Expiration Date: 6/30/2021

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $800

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough			3/23	JPA
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final		1/11		
Other				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
KITCHEN RENOVATION, - REMOVE LOAD BEARING WALL- INSTALL BEAM

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	$15
1	Dishwasher	$15
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$15
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	$2
TOTAL FEE	$67

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/6/2018
Date Issued 3/22/2018
Control # 109849
Permit # 20180793

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

Block 518.15 Lot 3 Qualification Code

Work Site Location: 206 HADLEIGH DRIVE CHERRY HILL, NJ 08003

Owner in Fee: MIKE & JEN HERNANDEZ

Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003

Email

Tel. [redacted]

Contractor: KONVERSION PROPERTIES

Address 4 KENNINGTON RD MARLTON NJ 08053

Email [redacted]

Tel. [redacted] Fax.

Lic No. Exp. Date

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

Federal Employee No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			3/23	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/11	
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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
KITCHEN RENOVATION, - REMOVE LOAD BEARING WALL- INSTALL BEAM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
12		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
27		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	9.6	KW Elec. Range/Receptical	$15
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
1	2.4	KW Dishwasher	$15
1	2.4	HP Garbage Disposal	$15
		KW Central A/C Unit	
		HP/KW Space Heater/Air	
		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	$2
TOTAL FEE	$97

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

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	2/6/2019
Date Update Issued	2/13/2019
Control #	114266
Permit #	20180793+A

CONSTRUCTION PERMIT UPDATE

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 518.15 Lot: 3 Qualifier _____ Use Group R-5

Work Site Location: 206 HADLEIGH DRIVE CHERRY HILL, NJ 08003
Contractor KONVERSION PROPERTIES
Address 4 KENNINGTON RD MARLTON NJ 08053
Owner in Fee MIKE & JEN HERNANDEZ
Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. 13VH08245000 13VH08245000
Telephone: [redacted]
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

UPDATE - (1) GAS PIPING

Note: If constuction 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 $200

Construction Official _____ Date _____

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	
032	Plumbing	$15
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$1
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$16

Check No.	2089
Check	$16
Cash	$0
Credit	$0
Collected By	Lois Tadley

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/6/2019
Control # 114266
Date Issued 2/13/2019
Permit # 20180793+A

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

Block 518.15 Lot 3 Qualification Code

Work Site Location: 206 HADLEIGH DRIVE CHERRY HILL, NJ 08003

Owner in Fee: MIKE & JEN HERNANDEZ

Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003

Email

Tel. [redacted]

Contractor: WOLFSCHMIDT HOME SERVICES/PLG

Address 16 BROAD STREET RIVERTON NJ 08077

Ema[redacted]

Tel. [redacted] Fax.

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

Contractor License No. 36BI01215300 Expiration Date: 6/30/2021

Federal Employee No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Other				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
UPDATE, - (1) GAS PIPING

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	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	$15
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	
TOTAL FEE	$15

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

Block 518.15 Lot 3 Qualification Code _____ Address (Site) 206 HADLEIGH DR Permit No. 20190068

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 206 HADLEIGH DR CHERRY HILL TOWNSHIP NJ 08003
2. Name of Owner in Fee: HERNANDEZ MICHAEL A & JENNIFER M Tel. [redacted]
   Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: DRYMASTER Te[redacted]
   Address 61 STRATTON LANE SEWELL NJ 08080
   Email [redacted]
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. [redacted] Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	238		
2. Electrical			
3. Plumbing	65		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	303		
7. Less 20% for State Plan Review			
8. Subtotal	303		
9. State Permit Surcharge Fee	15		
10. Subtotal	318		
11. Cert of Occupancy			
12. Other			
13. TOTAL	318		

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 _____	

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	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Resubmission Dates Reviewer
☑ Building	6500	FK	11/30/2018		12/5/2018				
☐ Electrical									
☑ Plumbing	895	MT	11/30/2018		12/4/2018				
☐ Fire Protection									
☐ Elevator									

TOTAL COST 7395

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: R-5
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units:	*All Units*	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: R-5
2. Use Group: R-5
3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: TYPE VB

III. PLAN REVIEW (optional)

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

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	11/30/2018
Date Issued	1/8/2019
Control #	113499
Permit #	20190068

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 518.15 Lot: 3 Qualifier _____ Use Group R-5

Work Site Location: 206 HADLEIGH DR CHERRY HILL TOWNSHIP, NJ 08003
Owner in Fee: HERNANDEZ MICHAEL A & JENNIFER M
Address: 206 HADLEIGH DRIVE CHERRY HILL NJ 08003
Telephone: [redacted]

Contractor: DRYMASTER
Address: 61 STRATTON LANE SEWELL NJ 08080
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. 13VH05983600 13VH05983600
Federal Employee. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

BASEMENT WATERPROOFING

Note: If constuction 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 $7,395

Construction Official _____ Date _____

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

035	Building	$238
039	Electrical	
032	Plumbing	$65
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$15
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$318

Check No.	2726
Check	$318
Cash	$0
Credit	$0
Collected By	Sandi Del Rocini

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/30/2018
Control # 113499
Date Issued 1/8/2019
Permit # 20190068

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

Block 518.15 Lot 3 Qualification Code

Work Site Location: 206 HADLEIGH DR CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: HERNANDEZ MICHAEL A & JENNIFER M

Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003

Tel. [redacted] Email

Contractor: DRYMASTER

Address 61 STRATTON LANE SEWELL NJ 08080

Email [redacted]

Te [redacted] Fax. (856) 302-5306

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. [redacted]

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

BASEMENT WATERPROOFING,

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:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab			1/11	SK
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 If Industrial Building:
Constr. Class Present TYPE VB Proposed TYPE VB State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $6,500
3. Total (1+2) $6,500

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)

☑ Rehabilitation	$238
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$13
TOTAL FEE	$251

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11/30/2018
Control # 113499
Date Issued 1/8/2019
Permit # 20190068

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

Block 518.15 Lot 3 Qualification Code

Work Site Location: 206 HADLEIGH DR CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: HERNANDEZ MICHAEL A & JENNIFER M

Address 206 HADLEIGH DRIVE CHERRY HILL NJ 08003

Email

Tel. [redacted]

Contractor: DRYMASTER

Address 61 STRATTON LANE SEWELL NJ 08080

Email [redacted]

Tel. [redacted] Fax. (856) 302-5306

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

Contractor License No. Expiration Date:

Federal Employee No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $895

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			1/11	JPA
Other				

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BASEMENT WATERPROOFING,

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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
2	Other sump pumps	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	$2
TOTAL FEE	$67

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

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.

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

MECHANICAL INSPECTOR TECHNICAL SECTION

518.15

Date Received 10-28-98
Date Issued 11-9-98
Control #
Permit # 98-3132

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

Block 518.B Lot 3

Work Site Location 206 Hadleigh Dr

424-7387

Owner in Fee JANET BOSTELMANN

Address 206 Hadleigh Dr

CONECTIV SERVICES
621 CHAPEL AVE.
CHERRY HILL, NJ 08034

Tele. ( )

Contractor PHONE: [redacted] FAX: (609) 429-4995

Address Lic. No. PLUMBING LIC # 7169 DENNIS O'BRIEN LMP
Federal Emp. No [redacted]

Tele. ( ) Fax ( )

Lic. No.

Federal Emp. No.

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4

Heating System [X] Conversion [ ] Replacement

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

Type: [ ] Hydronic [X] Hot Air

Estimated Cost of Mechanical Work $ 2462.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire [ ] Mech.

PLANS APPROVED
Date: 11-2-98
Approved by: EVANS

SUBCODE APPROVAL
[ ] CA [ ] CCO
Date: 11-10-98
Approved by: EVANS

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping ✓			11/2/98	
Appliance ✓			11/2/98	
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			11/2/98	
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.

Corey Herrman
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
OIL TO GAS Conversion
~~Fill oil tank with Sand~~

Call For Inspection ✓

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	N/C
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	43.00
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 43.00
DCA Training Fee	$
TOTAL FEE	$

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
PH: (609) 488-7855

CERTIFICATE

Issue Date: 02/01/99
Control Number: 2-6624
Permit Number: 98-3132
Date Permit Issued: 11/09/98

IDENTIFICATION

Work Site Location: 206 HARLEIGH DRIVE
CHERRY HILL

Block: 518.15 Lot: 3
Unit Number:

Owner in Fee: BOSTELMANN, JANET
Address: 206 HARLEIGH DRIVE
CHERRY HILL, NJ 08003
Telephone: [redacted]

Agent: CONNECTIV SERVICES
Address: 621 CHAPEL AVENUE
CHERRY HILL, NJ 08034
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.: [redacted]

Home Warranty No.: Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-3
Maximum Live Load: 0 PSF Construction Classification: Maximum Occupancy Load:
DESCRIPTION OF WORK: Alteration
Oil To Gas Conversion

[ ] 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 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 (____yrs); see file

[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.

[ ] 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 _____.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

Construction Official

Fee: N/A
Check Number: N/A
Collected By: N/A

U.C.C. F260 (rev. 3/96) 1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-28-98
Date Issued 11-9-98
Control #
Permit # 98-3132

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

Block 3/8.18 Lot 3
Work Site Location 206 Hadleigh Dr
424-7383
Owner in Fee/Occupant JANET BOSTELMANN
Address 206 Hadleigh Dr
Cherry Hill NJ
Tele. ( )
Contractor MAIN LINE ELECTRIC INC.
Address 8 MADISON AVE
E.H.N.J. 08004
Tele. ( ) [redacted] Fax ( )
Lic. No 12930
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 75 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10/29/98
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-1-99
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/1	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
1		GAS FURNACE	27

Administrative Surcharge	$	5
Minimum Fee	$	27
DCA Training Fee	$	
TOTAL FEE	$	32

U.C.C. F120 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BLOCK 518.15 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 206 Hadleigh Dr. PERMIT NO. _____

RECEIVED
NOV - 6 1998
26678
BUILDING

CONSTRUCTION PERMIT APPLICATION

(Application Complete: Sections I, II, III (optional), IV, VI, and VII

called 11-12-98

I. IDENTIFICATION

1. Propsed Work Site at: 206 HADLEIGH DR.
2. Name of Owner in Fee: CARL BOSTELMANN Tel. [redacted]
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: VENTURE TANK Tel. [redacted]
   Address 218 TEANECK RD
   License No. OR, if new home Builder Reg. No [redacted] Exp. Date _____
   Federal Employee No. [redacted] US000745 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work JEFF CUMMINGS
   Tel. (_____) _____ FAX (_____) _____

983-071-403 DIO#

TANK ABAN

V. FEE SUMMARY (for office use only)

		Update	Update
~~1.~~ Building	$		
2. Electrical			
3. Plumbing			
(4) Fire Protection		46.00	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee		1.00	
10. Subtotal			
(11.) Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$	111.00	

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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☑ Fire Protection	SW				11/6/98				
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: U1
2. Use Group: U
3. Change in Use Group, Indicate Former:

LDS CH-B 10603402

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(e)1.vii:

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. 5:32-2.15(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 STEVE CUMMINGS

Address ~~841 EMERALD AVE~~ 218 TEANECK RD. BARNEGATE, NJ

Telephone [redacted]

Signature _____

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

OFFICE DATE RECEIVED: 11-6-98

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
PH: (609) 488-7855

CERTIFICATE

Issue Date: 11/19/98
Control Number: 2-6678
Permit Number: 98-3172
Date Permit Issued: 11/13/98

IDENTIFICATION

Work Site Location: 286 HADLEIGH DRIVE
CHERRY HILL
Block: 518.15 Lot: 3
Unit Number:

Owner in Fee: COSTELLARCA, JANET
Address: 286 HADLEIGH DRIVE
CHERRY HILL, NJ 08033
Telephone: [redacted]

Agent: VENTURA TANK CO.
Address: 218 TEANECK ROAD
BARNEGAT, NJ 08005
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.: [redacted]

Home Warranty No.: Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: 0 PSF Construction Classification: Maximum Occupancy Load:
DESCRIPTION OF WORK: Alteration
Tank Abandonment

[ ] 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 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 (____yrs); see file

[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.

[ ] 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 ___ ___.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

Construction Official

Fee: N/A
Check Number: N/A
Collected By: N/A

U.C.C. F260 (rev. 3/96) 1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

PAID NOV 13 1998 1st QTR

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
PH: (609) 488-7855

CONSTRUCTION PERMIT

Date Permit Issued: 11/13/98
Permit Number: 98-3172
Update Number: - 0

Application Date: 11/06/98
Control Number: 26678

IDENTIFICATION

Work Site Location: 206 HADLEIGH DRIVE
CHERRY HILL

Block: 518.15 Lot: 3
Unit Number:

Owner in Fee: BOSTELMANN, JANET
Address: 206 HADLEIGH DRIVE
CHERRY HILL, NJ 08003
Telephone: [redacted]

Agent: VENTURA TANK CO.
Address: 218 TEANECK ROAD
BARNEGAT, NJ 08005
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING
[ ] ELECTRICAL
[ ] PLUMBING
[X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

TANK ABANDONMENT

CODES	PAYMENTS (Office Use Only)	
[70-43]	Building:	$
[70-48]	Electric:	$
[70-36]	Plumbing:	$
[70-37]	Fire Protection:	$46.00
[70-61]	Elevator Devices:	$
[70-91]	DCA Training Fee (Vol):	$
[70-91]	DCA Training Fee (Alt):	$ 1.00
[70-50]	Cert. of Occupancy:	$
[70-50]	Cert. of Approval:	$
[70-50]	Cert. of Compliance:	$
[70-50]	Cert. Cont Occupancy:	$
[70-45]	Engineering:	$
[71-78]	Sewer:	$
[70-62]	Shade Tree:	$
[70-53]	Street Opening:	$
[73-83]	Street Opening Escrow:	$
	Total of All Permit Fees:	$47.00
	Total Amount Due:	$47.00

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

Estimated cost of alteration: $ 500.00
TOTAL estimated cost of work: $ 500.00

Check No.: 2304 ..... $47.00
Cash: $0
Collected By: ..... SRW

Use Group(s): U

Anthony Saccomanno, Construction Official — 11-13-98 Date

- An approved set of plans must be kept at the worksite at all times.
- Failure to obtain all required inspections may result in administrative action.
- Final inspections are required before final payment is to be made to contractor.

U.C.C. F170 (Rev. 3/96)

1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

Make Site Plan

FIRE SUBCODE TECHNICAL SECTION

Date Received 11-6-98
Date Issued 11/12/98
Control #
Permit # 98-3172

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

Block 518.15 Lot 3
Work Site Location 206 HADLEIGH DR.

Owner in Fee JANET BOSTELMANN [redacted]
Address 206 HADLEIGH DR.

Tele. [redacted]
Contractor VENTURE TANK
Address 218 TEANECK RD.

Tele. ( ) Fax ( )
Lic. No. US00949
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present N Proposed
Constr. Class Present N Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 500.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 11/6/98
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11/12/98
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other TANK ABANDONMENT			11/12/98	

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

JTNCR

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: LOT 3 BLOCK 518.15

Water Supply Source TANK ABANDONMENT
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		
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		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other TANK ABAND.	1	46*

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	46*
TOTAL FEE	$	

U.C.C. F140
(rev. 3/98)