Bonnie Richards

From: Breean Stumpf <opra+request-16798-e18e676d@requests.opramachine.com>
Sent: Friday, September 18, 2020 10:22 AM
To: OPRA requests at Haddon Township
Subject: OPRA request - OPRA -233 Strawbridge Ave Westmont NJ 08108

Dear Haddon Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: Any open and closed permits for 233 Strawbridge Ave Westmont NJ 08018

Thanks,

Breean Stumpf

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-16798-e18e676d@requests.opramachine.com

Is opra@haddontwp.com the wrong address for OPRA requests to Haddon Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=haddon_township

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

View this OPRA request & responses online:
https://opramachine.com/request/opra_233_strawbridge_ave_westmon

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

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

27.08/16 19930295 ✓
19940662 ✓
20100205 ✓
19840062 ✓

BLOCK 2708 LOT 16 ADDRESS (SITE) _____ PERMIT NO. 94-0662

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 233 Strawbridge Ave
2. Name of Owner in Fee: Breland H. Smith Tel. (____) _____
   Address 233 (street) Strawbridge (municipality) Ave (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Homeowner Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical		46 (OK)		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee				
10. Subtotal	$			
11. Cert. of Occupancy		10		
12. Other				
13. TOTAL	$	56.		

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 ____ sq. ft.	
no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and *no prior approvals*)	275
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ *Plumbing*	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

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:
2. Use Group:
3. Change in Use Group, Indicate Former:

5/31/10 1:46 p.m message left on machine for williams

BLOCK 27.08 LOT 16 QUALIFICATION CODE _____ ADDRESS (SITE) 233 STRAWBRIDGE AVE. PERMIT NO. 10-0205

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 233 STRAWBRIDGE AVE.
2. Name of Owner in Fee: JOSEPHINE NOU
   Tel. (856) 240-1856 e-mail _____
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: J.N. WILLIAMS ELECTRIC Tel. (856) 858-6918
   Address 6116 EVERETT AVE. e-mail _____
   COLLINGSWOOD N.J. 08107
   License No. OR, if new home, Builder Reg. No. 12115 Exp. Date 3/12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3235121 FAX: (856) 858-7239
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun TOM WILLIAMS
   Tel. (609) 685-6280 FAX: (856) 858-7239

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	75.00		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	7		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 82		

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	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	4000-				5/31/10				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
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 _____ 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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

5-11-10

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 T.N. Williams Electric

Address 616 Everett Ave.

Collingswood N.J. 08107

Telephone (609) 685-6280

Signature T. L. Williams

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

TOWNSHIP OF HADDON
135 HADDON AVENUE
HADDON TWP, NJ 08108

Date Issued 08/15/11
Control #
Permit # 10-0205

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 27.08 Lot 16 Qual
Work Site Location 233 STRAWBRIDGE AVE
HADDON TOWNSHIP
Owner in Fee/Occupant JOSEPHINE NOLL
Address 233 STRAWBRIDGE AVE
HADDON TOWNSHIP, NJ 08108-
Telephone (856) 240-1856
Contractor T N WILLIAMS ELEC, INC.
Address 616 EVERTT AVE
COLLINGSWOOD, NJ 08108-
Telephone (856)858-6918 Fax (856)858-7239
Lic. No. or Bldrs. Reg. No. 12115
Federal Emp. No. 22-3235121

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

FIXTURES, RECEPTACLES, SWITCHES

[ ] 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 the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

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

[ ] CERTIFICATE OF COMPLIANCE

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

Fee $ 0
Paid [X] Check No. 8362
Collected by: BMR

Construction Official

U.C.C. F260 (rev. 3/96)

TOWNSHIP OF HADDON
135 HADDON AVENUE
HADDON TWP, NJ 08108

UCC NEW JERSEY
ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/03/10
Date Issued 05/11/10
Control #
Permit # 10-0205

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

Block 27.08 Lot 16 Qual

Work Site Location 233 STRAWBRIDGE AVE
HADDON TOWNSHIP

Owner in Fee JOSEPHINE NOLL

Address 233 STRAWBRIDGE AVE
HADDON TOWNSHIP, NJ 08108-

Tele. (856)240-1856

Contractor T N WILLIAMS ELEC, INC.

Address 616 EVERTT AVE
COLLINGSWOOD, NJ 08108-

Tele. (856)858-6918 Fax (856)858-7239

Lic. No. or Bldrs. Reg. No. 12115

Federal Emp. No. 22-3235121

B. ELECTRICAL CHARACTERISTICS

Use Group -Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/13/10
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			5/13/10	

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

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
10		Lighting Fixtures	
20		Receptacles	
10		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
40		TOTAL NUMBERS	46
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0
		Other	0

Administrative Surcharge$ 0
Paid [X] Check # 8362 Minimum Fee$ 29
Collected by: BMR TOTAL FEE$ 75
DCA State Permit Fee$ 7

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

TOWNSHIP OF HADDON
135 HADDON AVENUE
HADDON TWP, NJ 08108

Date Issued 05/11/10
Control #
Permit # 10-0205

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 27.08 Lot 16 Qual

Work Site Location 233 STRAWBRIDGE AVE
HADDON TOWNSHIP
Owner in Fee JOSEPHINE NOLL
Address 233 STRAWBRIDGE AVE
HADDON TOWNSHIP, NJ 08108-
Telephone (856)240-1856

Contractor T N WILLIAMS ELEC, INC.
Address 616 EVERTT AVE
COLLINGSWOOD, NJ 08108-
Telephone (856)858-6918
Lic. No. or Bldrs. Reg. No. 12115
Federal Emp. No. 22-3235121

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIXTURES, RECEPTACLES, SWITCHES

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

Estimated Cost of Work $ 4,000

Construction Official

05/11/10
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	75
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	7
Cert. of Occupancy	0
Other	
Total	82
Check No.	8362
Cash	
Collected By	BMR

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 27.08 Lot 16
Work Site Location 233 STRAWBRIDGE AVE
WESTMONT NJ 08108
Owner in Fee/Occupant JOSEPHINE NOLL
Address 233 STRAWBRIDGE AVE
WESTMONT NJ 08108
Tele. (856) 240-1856
Contractor T.N. WILLIAMS ELECTRIC INC.
Address 1010 EVERETT AVE.
COLLINGSWOOD NJ. 08107
Tele. (856) 858-6918 Fax (856) 858-7239
Lic. No. 12115
Federal Emp. No. 22-3235121

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 4,000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 8/3/12
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

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

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.

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

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

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

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

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 Breland H. Arnett Date Oct 21, 1994

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____

Address _____

_____

Telephone (____) _____

Signature Date

Haddon Township
New Jersey

CERTIFICATE

Date Issued 11-2-94
Control #
Permit # 94-0662

IDENTIFICATION

Block 27.08 Lot 16
Work Site Location 233 Strawbridge Ave
Haddon Township, N.J.
Owner in Fee Breland Smith
Address 233 Strawbridge Ave
Haddon Township, N.J.
Tele. (609) 858-33
Contractor Homeowner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Install 150 AMP Service

☐ **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.

☐ **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 _____, 19____ or the owner will be subject to fine or order to vacate:

Fee $ 10.00
Paid [X] Check No. 228
Collected by: BMR

CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

HADDON TWP.
NEW JERSEY

CONSTRUCTION PERMIT

Date Issued 10/21/94
Control #
Permit # 94-0662

IDENTIFICATION Block 27.08 Lot 16

Work Site Location 233 STRAWBRIDGE AVE
HADDON TWP N. J.
Owner in Fee BRELAND H SMITH
Address 233 STRAWBRIDGE AVE
HADDON TWP N. J.
Tele. (___) 858-38

Contractor HOMEOWNER
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No. ___ Exp. Date ___
Federal Emp. No. ___
or Social Security No. ___

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

INSTALL 150 AMP ELEC.

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

Estimated Cost of Work $ $275

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	46
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	10
Other	
Total	56
Check No.	828
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

CUT-IN-CARD

MUNICIPALITY Haddon Twp. N.J.
LOCATION 233 Strawbridge Ave UTILITY CO PSE&G
Haddon Twp., New Jersey BLK 27.08 LOT 16
OWNER Breland Smith OCCUPANT Breland Smith

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

[X] FINAL [ ] TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 150 Amp.
INSTALLED BY Homeowner LICENSE NO Exempt
DATE 11/1/94 PERMIT # 94-0662 INSPECTOR L Orcutt
[X] CALLED IN 11 / 1 / 94 Lic. No: 5647

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

HADDON ... TWP.
NEW JERSEY

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 10/21/94
Date Issued
Control #
Permit # 94-0662

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

Block 27.00 Lot 16
Work Site Location 233 STRAWBRIDGE AVE. WESTMONT N.J. (HAD. TWP.)
Owner in Fee BRELAND N. SMITH
Address 233 STRAWBRIDGE AVE. WESTMONT, N.J. (HAD TWP.)
Tele. (609) 858-3867 -- UNLISTED --
Contractor SAME AS ABOVE.
Address SAME AS ABOVE.
Tele. (____)
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as SINGLE RESIDENCE Utility Co. PUBLIC SERV. ELECT & GAS CO.
Est. Cost of Elec. Work $ 275.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CO [X] CA
Date: 11/9/95
Approved By: Eddy

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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.

Breland N. Smith
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	150 Amp	Service Entrance	40
	___	Other	

Paid [✓] Check # 828	Administrative Surcharge	$ 10
	Minimum Fee	$
	DCA Training Fee	$
Collected by:	TOTAL FEE	$ 50

U.C.C. Form F-120B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ENTERED 5/3/93

ISSUED 5/3/93

BLOCK 11 27.05 LOT 16 16 ADDRESS (SITE) 233 PERMIT NO. 93-0295

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 233 Shawnstrike Ave
2. Name of Owner in Fee: Smith Tel. ( )
   Address 233 Shawnstrike Ave (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Anthony D. Fabrizio Tel. (489 0378
   Address 253 Chestnut St Pitman, NJ
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. 138-34-5560
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person in Charge of Work Ron D. Fabrizio Tel. (489 0378

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	51		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		2		
10. Subtotal	$			
11. Cert. of Occupancy		10		
12. Other				
13. TOTAL	$	63		

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 ____ sq. ft. / no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor work (single trade)	3100
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3100

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

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:
2. Use Group:
3. Change in Use Group, Indicate Former:

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 New Jersey 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.

(X) Check if contractor.

Agent Name Ronald D. Falvo Jr.

Address 253 Chestnut St

Audubon, NJ

Telephone ( ) 429-0378

Signature Ronald D. Falvo Date 5/3/93

CERTIFICATE

Date Issued May 12, 1999
Control #
Permit # 99-0295

IDENTIFICATION

Block 11 Lot 16
Work Site Location 233 Strawbridge Ave
Hadden Township, N.J.
Owner in Fee Breland Smith
Address 233 Strawbridge Ave
Hadden Township, N.J.
Tele. ( )
Contractor Anthony DiFabio & Son
Address 253 Chestnut St.
Audubon, N.J.
Tele. (609) 429-0979
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No. 132-34-5560

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Re-Roof

☐ **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.

☐ **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 _____, 19____ or the owner will be subject to fine or order to vacate:

Fee $ 10.00
Paid [ ] Check No. 9196
Collected by: BNR

CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

HADDON TWP
NEW JERSEY

CONSTRUCTION PERMIT

Date Issued 5/3/93
Control #
Permit # ~~93-0295~~ 93 0295

IDENTIFICATION Block 11 Lot 16

Work Site Location 233 STRAWBRIDGE AVE
HADDON TWP N. J.
Owner in Fee BRELAND SMITH
Address 233 STRAWBRIDGE AVE
HADDON TWP N. J
Tele. (____)

Contractor ANTHONY DIFABIO & SON
Address 253 CHESTNUT ST.
AUDUBON N. J.
Tele. (____) 429-0378
Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. ____
or Social Security No. 138-34-5560

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RE-ROOF

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

**Estimated Cost of Work $** ~~$~~ 3100 —

Lawrence Quinn
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	51 —
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2 —
Cert. of Occ.	10 —
Other	
Total	63 —
Check No.	0195
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

Township of Haddon
Municipal Building
Haddon And Reeve Avenues
Westmont, NJ 08108
(609) 854-2233

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5/3/93
Date Issued
Control # ~~93-0295~~
Permit # 93 0295

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

Block 11 Lot 16
Work Site Location 233 Strawbridge Ave

Owner in Fee Smith BRELAND SMITH
Address 233 Strawbridge Ave

Tele. ( )
Contractor Anthony D. Fabi & Son
Address 259 Chestnut St
Paulsboro, N.J.
Tele. ( ) 429-0378
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ____ or Social Security No. 138-34-5360

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [✓] CA			TCO				
Date: 5/4/93			Other				
Approved By: [signature]			Final			5/11/93	[initials]

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3100.00
3. Total (1+2) $ 3100.00

C. CERTIFICATION IN LIEU OF OATH

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

[signature] Ronald D. Fabi
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Remove one layer of roofing - reroof 25 year roof -

TYPE OF WORK:	(Office Use Only) FEE
[ ] New Building	$
[ ] Addition	
[ ] Alteration	
[✓] Roofing	
[ ] Siding	51-
[ ] Other	
[ ] Demolition	
[ ] Miscellaneous	
[ ] Fence ____ Height	
[ ] Sign ____ Sq. Ft.	
[ ] Pool	
[ ] Elevator	
[ ] Asbestos Abatement	
[ ] Other	STF 2-

Paid [✓] Check # 0195
Collected by: [initials]
Administrative Surcharge $ CA 10-
Minimum Fee $
TOTAL FEE $ 63-

U.C.C. Form F-110A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

MNSHIP OF HADDON

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

ENTIFICATION

sed Work at: 233 Strawbridge Ave

r Name: Breland N. + Mary Lou Smith Tel. (609) 858-3860

ess 233 Strawbridge Ave Westmont, NJ

ipal Contractor: [illegible] Tel. (___)

ess

No. or Builder Reg. No. ___ Federal Emp. No. 148-22-7985

itect or Engineer: ___ Tel. (___)

ess

onsible Person in Charge of Work [illegible] Tel. (___)

ROPOSED WORK

E OF WORK

- ☐ Minor Work (Single Trade)
- ☐ Small Job ($5,000 and no Prior Approvals)

Complete only II.B., III and IV.A. and Page 2

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Repair, Replacement
- ☐ Demolition
- ☐ Other: Pool Patio

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ [illegible]
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other ___	
6. ☐	Other ___	
	TOTAL COST	$ [illegible]

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☒ Prototype Processing

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

- 1. ☐ Elevators/Dumbwaiters
- 2. ☐ High-Pressure Boilers
- 3. ☐ Refrigeration Systems
- 4. ☐ Pressure Vessels
- 5. ☐ Hazardous Uses/Places of Assembly
- 6. ☐ Cross-connections/ Backflow Preventors
- 7. ☐ Sprinklers
- 8. ☐ Smoke Control Systems in Open Wells

ESCRIPTION OF BUILDING USE (USE GROUPS)

IDENTIAL

- ☐ Hotels (R–1)
- ☐ Multi-Family (R–2) HMD Reg. No.: ___
- ☐ Two Family (R–3b)
- ☒ One-Family (R–3a)

If new construction, enter no. of dwelling units ___

If other than new construction, enter no. of dwelling units:

Before Construction: ___

After Construction: ___

Net Gain (or loss): ___

I-RESIDENTIAL

- ☐ Theatres with Stage (A–1–A)
- ☐ Movie Theatres (A–1–B)
- ☐ Night Clubs (A–2)
- ☐ Restaurants, Libraries, Museums (A–3)
- ☐ Religious Assembly (A–4)
- ☐ Outdoor Assembly (A–5)
- ☐ Business (B)
- ☐ Educational (E)
- ☐ Moderate-Hazard Factory (F–1)
- ☐ Low-Hazard Factory (F–2)
- ☐ High-Hazard (H)
- 16. ☐ Institutional Detention Center (I–1)
- 17. ☐ Hospitals, Infirmaries (I–2)
- 18. ☐ Group Homes (I–3)
- 19. ☐ Mercantile (M)
- 20. ☐ Moderate-Hazard Warehouse (S–1)
- 21. ☐ Low-Hazard Warehouse (S–2)
- 22. ☐ Temporary, Misc. (U)
- 23. ☐ Other ___

Specific Use: ___

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

- 1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
- 2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ___

C. TYPE OF SEWAGE DISPOSAL

- 10. ☐ Public or Private Company
- 11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

- 12. ☐ Public or Private Company
- 13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

- 14. No. of Stories 2
- 15. Height of Structure ___ Ft.
- 16. Area–Largest Floor ___ Sq. Ft.

BLOCK NO. 27.08 LOT NO. 6 16 SUBDIVISION ___ PERMIT NO. 0062

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☑ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☑ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE Roland H Arnett DATE 4/3/84

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

TOWNSHIP OF HADDON

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. № 0062

DATE ISSUED ~~0062~~ 4-3-84

Block 11 Lot 16

Subdivision

A. IDENTIFICATION

Owner Breland H. Smith

Address 233 Strawbridge Ave.

Westmont, N J

Tel. ( ) 858-3861

Work Site Address Same

Agent Owner

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Permit Fee $ 16.00

Fees Remitted $

[X] Check No. 422

[ ] Cash

[ ] Other

Collected By: C.B.

Date: 4-3-84

is hereby granted permission to perform the following work:

[XX] BUILDING [ ] ELECTRICAL

[ ] PLUMBING [ ] FIRE PROTECTION

[ ] OTHER

Description of work:

Rear porch - screened

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

Estimated Cost of Work: $ ~~6,500.00~~ 1,500.00

Benn Modano
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF HADDON

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 0062
DATE ISSUED 4-3-84
REVISION DATE
Block 11 Lot 16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Breland Smith
Address 233 Strawbridge Ave Westmont, NJ
Tel. (609) 858-3867
Work Site Address 233 Strawbridge

Contractor Owner
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

☑ See Plans

TYPE OF WORK:

- ☐ New Building
- ☑ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☑ Other Reroofing
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$ 16.00
SUBTOTAL		$ 16.00
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$

C. BUILDING CHARACTERISTICS

USE GROUP: R-2 Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

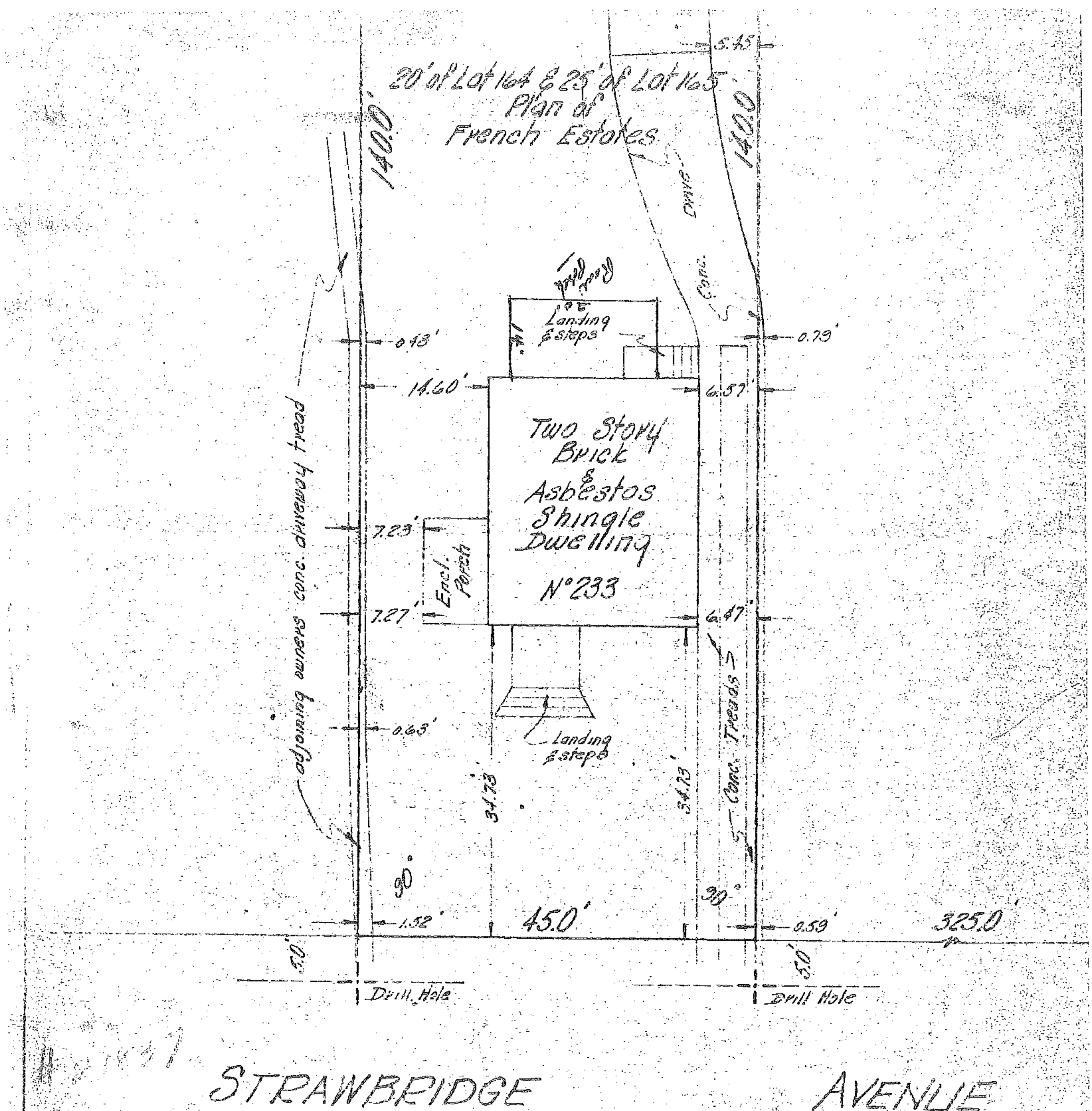
Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1500.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



TO: [illegible] AND ANY OTHER PARTY IN INTEREST:

IN CONSIDERATION OF THE FEE PAID FOR [illegible] THIS SURVEY, I HEREBY CERTIFY [illegible] ACCURATE [illegible] THAT MAY BE LOCATED BELOW THE SURFACE OF THE [illegible] OF THE SURFACE OF THE LANDS [illegible] AS AN [illegible] OF TITLE [illegible] THE TITLE TO THE LANDS [illegible] THEREON [illegible] MATTER FOR WHICH IT IS BEING MADE.

Walter H Macnamara

[illegible]

MAP

Showing Survey of Pro[...]
HADDON TOWNSHI[...]
Scale 1"=15'
Mar[...]

Walter H Macnamara
806 Federal St. Camden[...]