

UNIFORM CONSTRUCTION CODE
CONSTRUCTION PERMIT

Permit #: 285-94
Date Issued: 08/09/94

IDENTIFICATION Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Contractor: PRE-CONV CUST PERMIT OPEN

Owner in Fee: STEWART WILLIAM G ESTATE OF

Address:

Address: 272 CRESTMONT TERRACE

COLLINGSWOOD NJ 08108

Tel.

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVAL OF ASBESTOS WRAP ON THE AIR
DUCTS IN THE BASEMENT.

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

Est. Cost of Work \$ 600.00

Construction Official

Date

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No. _____
Cash _____
Collected by _____

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: STEWART WILLIAM G ESTATE OF

Tel. [REDACTED] email:

272 CRESTMONT TERRACE

COLLINGSWOOD NJ 08108

Contractor:

Tel.

email:

Contractor License No. or Builder Registration No.:

Exp Date:

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

Federal Emp. ID No.

FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
☐ No Plans Required			Footing			
☐ All			Footing Bonding			
☐ Footings/Foundations			Foundation			
☐ Structural/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer			
Date: _____			Finishes -Final			
Approved by: _____			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
☐ CO ☐ CCO ☐ CA			TCO			
Date: _____			Other			
Approved by: _____			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	R-4	Proposed	R-4	Constr. Class	Present	Proposed
No. of Stories		0.00			If Industrialized Building:		
Height of Structure			ft.		State Approved	HUD	
Area — Largest Floor			sq. ft.		Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors		0	sq. ft.		1. New Bldg.	\$	
Volume of New Structure		0	cu. ft.		2. Rehabilitation	\$	
Max. Live Load					3. Total (1+ 2)	\$	600.00
Max. Occupancy Load							

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

Permit #: 285-94

Issue Date: 08/09/94

Application Id: 10001588

Application Date: 08/09/94

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVAL OF ASBESTOS WRAP ON THE AIR
DUCTS IN THE BASEMENT.

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)

\$	_____

	0.00

	40.00

Administrative Surcharge	\$	_____
Minimum Fee	\$	_____
State Permit Surcharge Fee	\$	1.00
TOTAL FEE	\$	41.00

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

Construction Permit Maintenance															
	Add		Edit		Close		Delete		Previous		Next		Detail		Help
Application ...		10001588				Application Date:		08/09/1994							
Permit No:		285-94				Permit Issue Da...:		08/09/1994				Permit Expiration Da...: 01/01/2000			
Update No:		0				Print Pe...		Print Tech S...		Calculate		Assign Perm...		Duplicate	
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations															
		Add		Edit			Delete	Send ICal							
Building Code		BUILDING		Activity Type		FINAL INSP		Inspector		BARNET01		Date		04/21/1995	
Start Time		End Time		Actual Time		PASS									



UNIFORM CONSTRUCTION PERMIT

Permit #: 133-95
Date Issued: 05/01/95

IDENTIFICATION Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER
Owner In Fee: STEWART WILLIAM G ESTATE OF
Address: 272 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
Tel. (609) 595-5464
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

REROOFING (MAIN ROOF) TAKING OFF 1
LAYER, REPLACING FIBERGLASS SHINGLES.

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

Est. Cost of Work \$ 2,000.00

Construction Official _____ Date _____

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)





BUILDING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: STEWART WILLIAM G ESTATE OF

Tel: [REDACTED]

272 CRESTMONT TERRACE

email:

COLLINGSWOOD NJ 08108

Tel.

Contractor:

email:

Contractor License No. or Builder Registration No.:

Exp Date:

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

Federal Emp. ID No.

FAX:

JOB SUMMARY (Office Use Only)

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

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: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	R-4	Proposed	R-4	Constr. Class	Present	Proposed
No. of Stories					If Industrialized Building:		
Height of Structure					State Approved		HUD
Area — Largest Floor					Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors					1. New Bldg.	\$	
Volume of New Structure					2. Rehabilitation	\$	
Max. Live Load					3. Total (1+2)	\$	2,000.00
Max. Occupancy Load							

Permit #: 133-95

Issue Date: 05/01/95

Application Id: 10001977

Application Date: 05/01/95

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REROOFING (MAIN ROOF) TAKING OFF 1
LAYER, REPLACING FIBERGLASS SHINGLES.

TYPE OF WORK:

☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Retaining Wall
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☒ Other
☐ Demolition

FEE (Office Use Only)

\$ _____
0.00
40.00

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 5.00
TOTAL FEE \$ 45.00

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

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

Construction Permit Maintenance

Add Edit Close Delete Previous Next Detail Help

Application ... 10001977 Application Date: 05/01/1995

Permit No: 133-95 Permit Issue Da... 05/01/1995

Update No: 0 Print Pe... Print Tech S... Assign Permit Dupli...

Permit Expiration Da...

General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations

Page 1 Page 2

Property Information

Block/Lot/Qual: 18 40
 Location: 272 CRESTMONT TER
 Owner: STEWART WILLIAM G ESTATE OF
 Street 1: 272 CRESTMONT TERRACE
 Street 2:
 City/State/Zip: COLLINGSWOOD NJ 08108-
 Country: Ph...
 Email:

Property Class: 2 Historic Dis... View

Lookup ... Owner License No:

Custom... ZZLEGO PRE-CONV CUST PERMIT OPEN

Add Owner as Customer

Permit Type: 06 ALTER Prototype:

Status: Completed 11/20/1995

Primary Use Type: R-4

Additional Use T...

Construction Type:

Work Type:

IBC Version:

Home Warranty ...

User Code:

☐ Do Not Purge

Certificate Information

1: CA	11/20/1995	1	Print
2:			Print
3:			Print

Construction Permit Maintenance

Add	Edit	Close	Delete	Previous	Next	Detail	Help
Application No.: 10001977		Application Date: 05/01/1995					
Permit No.: 133-95		Permit Issue Da...: 05/01/1995		Permit Expiration Da...:			
Update No.: 0		Print Pe...		Print Tech S...	L...	Assign Per...	Dupli...
General		Description of Work		Building Codes/DCA	Fees	Plan Review	Inspections
Add		Edit	Delete	Send iCal			
Building Code		Activity Type		Inspector	Date	Start Time	End Time
BUILDING	FINAL INSP			BARNET01	11/20/1995		PASS



USE CONSTRUCTION PERMIT

Permit #: 02-0438
Date Issued: 07/24/02

IDENTIFICATION Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER
Owner in Fee: LUDOLPH JOHN
Address: 272 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
Tel. [REDACTED]
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

24 X 44' 2ND FLOOR ADDITION.

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

Est. Cost of Work \$ 26,500.00

Construction Official _____ Date _____

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

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

(see reverse side)



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

Permit #: 02-0438
Issue Date: 07/24/02
Application Id: 10006378

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.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: LUDOLPH JOHN

Tel. (954) 551-7616
277 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
email:

Contractor: _____ Tel.: _____

email:

Contractor License No. or Builder Registration No.:

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

Federal Emp. ID No. FAX:

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

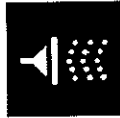
B. BUILDING CHARACTERISTICS

Use Group	Present	R-3	Proposed	R-3	Constr. Class	Present	Proposed
No. of Stories			0.00				
Height of Structure				ft.		State Approved	HUD
Area --- Largest Floor				sq. ft.		Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors			8448	sq. ft.		1. New Bldg.	\$
Volume of New Structure			11,088	cu. ft.		2. Rehabilitation	\$
						3. Total (1+2)	\$ 22,500.00
Max. Live Load							
Max. Occupancy Load							

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER

Owner in Fee: LUDOLPH JOHN
Tel. [REDACTED] email: COLLINGSWOOD NJ 08108
Contractor: Tel.

Contractor License No.:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS
Use Group Present R-3 Proposed
Building Sewer Size [] Private Septic []
Water Service Size [] Private Well []
Est. Cost of Plumbing Work \$ 3,000.00

JOB SUMMARY (Office Use Only)			
PLAN REVIEW		DATES (Month/Day)	
[] No Plans Required		Failure	Approval
[] Partial - Underslab Utilities Approved		Initial	
Date: _____	Approved by: _____		
Plumbing Plans Approved			
Date: _____	Approved by: _____		
Joint Plan Review Required:			
[] Bldg. [] Elec. [] Fire. [] Elev.			
SUBCODE APPROVAL FOR PERMIT			
Date: _____	Approved by: _____		
SUBCODE APPROVAL FOR CERTIFICATE			
[] CO [] CCO [] CA			
Date: _____	Approved by: _____		

Permit #: 02-0438
Issue Date: 07/24/02
Application Id: 10006378

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: [] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
24 X 44' 2ND FLOOR ADDITION.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	\$ 16.00
	Urinal/Bidet	
1	Bath Tub	8.00
2	Lavatory	16.00
1	Shower	8.00
2	Floor Drain	16.00
1	Sink	8.00
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	8.00
	Hose Bibb	
1	Water Heater	8.00
1	Fuel Oil Piping	8.00
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	52.00
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	52.00
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$ 0.00
TOTAL FEE	\$ 200.00



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: LUDOLPH JOHN

Tel. [REDACTED] email: COLLINGSWOOD NJ 08108

272 CRESTMONT TERRACE

Tel.

Contractor:

email:

Fire Alarm Contractor No.:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
FAX:
Federal Emp. ID No.

Fire Protection Equipment; NJ Div of Fire Safety Permit No.
Fire Protection Equipment; NJ Div of Fire Safety Installer No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed
Constr. Class: Present Proposed

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

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

Location: _____

Est. Cost of Fire Protection Work \$ 1,000.00

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

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

Permit #: 02-0438

Issue Date: 07/24/02

Application Id: 10006378

Application Date:

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant/Contractor
sign here:

Print name here:

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 24 X 44' 2ND FLOOR ADDITION.

Water Supply Source

Method of Alarm/Suppression System Supervision

NUMBER

FEE (Office Use Only)

Flammable/Combustible Tanks

Alarm Systems

[] System [] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (smoke, heat, pulls, water/flow)

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

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

Other Devices

TOTAL

Suppression Systems

Fire Pump [] GPM Type []

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Construction Permit Maintenance

Add Edit Close Delete Previous Next Detail Help	
Application ... 10006378 Permit No: 02-0438 Update No: 0	Application Date: 07/24/2002 Permit Issue Da... 07/24/2002 Permit Expiration Da... 04/25/2003 Assign Permi... Dupli...
Print Pe... Print Tech S... Calc...	
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations	
Page 1 Page 2	
Property Information Block/Lot/Qual: 18 40 Location: 272 CRESTMONT TER Owner: LUDOLPH JOHN Street 1: 272 CRESTMONT TERRACE Street 2: City/State/Zip: COLLINGSWOOD NJ 08108- Country: PH Email: Property Class: 2 Historic Dis... View Lookup ... Owner License No: Custom... ZZLEGO PRE-CONV CUST PERMIT OPEN Add Owner as Customer	
Permit Information Permit Type: 05 ADD Prototype: Status: Completed 04/25/2003 Primary Use Type: R-3 Additional Use T... Construction Type: Work Type: IBC Version: Home Warranty ... User Code: Do Not Purge	
Certificate Information 1: 00 04/25/2003 1 Print 2: Print 3: Print	

Construction Permit Maintenance

Add Edit Close Delete Previous Next Detail Help

Application ... 10006378 Application Date: 07/24/2002

Permit No: 02-0438 Permit Issue Date: 07/24/2002

Permit Expiration Date: 07/24/2003

Update No: 0

Print Pe...

Print Tech S...

Calc...

Assign Permit...

Dupli...

General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations

Add Edit Delete Send ICal

Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time
PLUMBING	ROUGH INSP	HARRY001	09/10/2002			FAIL
PLUMBING	GAS PIPE INSP	HARRY001	10/08/2002			PASS
PLUMBING	ROUGH INSP	HARRY001	10/08/2002			PASS
BUILDING	FRAMING	JOSEPH01	10/09/2002			PASS
BUILDING	INSULATE INSP	LARRY001	11/15/2002			PASS
PLUMBING	FINAL INSP	HARRY001	04/17/2003			PASS
BUILDING	FINAL INSP	LARRY001	04/22/2003			PASS
FIRE	FINAL INSP	HALL0001	04/22/2003			PASS
FIRE	OTHER INSP	HALL0001	04/22/2003			PASS



UNIVERSITY CONSTRUCTION PERMIT

Permit #: 02-0438-01
Date Issued: 07/25/02

IDENTIFICATION Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER
Owner in Fee: CLINE MICHAEL W & ANDREA R
Address: 272 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
Tel. [REDACTED]
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:
ELECTRIC FOR ADDITION.

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

Est. Cost of Work \$ 1,500.00

Construction Official

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R

Tel. (856)854-7616

email:

272 CRESTMONT TERRACE

COLLINGSWOOD NJ 08108

Tel.

Contractor:

email:

Exp Date:

Contractor License No.:

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

Federal Emp. ID No.

FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3

Proposed R-3

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: Approved by:

☐ Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: Approved by:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: Approved by:

Date of Grounding and Bonding Certification

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Permit #: 02-0438 -01

Issue Date: 07/25/02

Application Id: 10006390

Application Date:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here:

☐ Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

ELECTRIC FOR ADDITION.

QTY. SIZE ITEMS

10 Lighting Fixtures

28 Receptacles

8 Switches

10 Detectors

Light Poles

1 Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

59

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

37.00

0.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$ 34.00

\$ 3.00

\$ 74.00

[illegible]

Construction Permit Maintenance

Add	Edit	Close	Delete	Previous	Next	Detail	Help
Application ...	10006390		Application Date:				
Permit No:	02-0438		Permit Issue Da..	07/25/2002		Permit Expiration Da..	
Update No:	1		Print Pe...	Print Tech S...	Cal...	Assign Perm...	Dupli...

Application ...	10006390	Application Date:	07/25/2002	Permit Expiration Date:	07/25/2002	Permit
Permit No:	02-0438	Permit Issue Date:	07/25/2002	Permit Expiration Date:	07/25/2002	Permit
Update No:	1	Print Pe...	Print Tech S...	Calc...	Assign Perm...	50 Du...

Permit No: 02-0438 Permit Issue Date: 07/25/2002 Permit Expiration Date: [icon] [icon]

Update No: 1 Print Pe... Print Tech S... Cal... L... Assign Perm... Dupli... [icon]

Update No: 1 Print Pe... Print Tech S... Calc... L... Assign... Dupl...

General	Description of Work	Building Codes/DCA	Fees	Plan Review	Inspections	Delinquent Charges/Violations
For a complete list of services, please visit our website at www.dca.state.tx.us . For a complete list of fees, please visit our website at www.dca.state.tx.us . For a complete list of delinquent charges, please visit our website at www.dca.state.tx.us .						

SendiCa

Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time
ELECTRICAL	ROUGH INSP	SALVAT01	08/15/2002			:
ELECTRICAL	ROUGH INSP	SALVAT01	09/03/2002			:
ELECTRICAL	FINAL INSP	SALVAT01	12/12/2002			:



UNIVERSITY CITY CONSTRUCTION PERMIT

Permit #: 02-0438 -02
Date Issued: 08/26/02

IDENTIFICATION Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER
Owner in Fee: CLINE MICHAEL W & ANDREA R
Address: 272 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
Tel. (856)854-7616
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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

Construction Official

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Date

(see reverse side)

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



UNIFORM CONSTRUCTION CODE NEW JERSEY PERMIT

Permit #: 02-0496
Date Issued: 08/28/02

IDENTIFICATION Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER
Owner in Fee: LUDOLPH JOHN
Address: 272 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
Tel. (908) 554-7616
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:
INSTALL NEW VINYL SIDING.

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

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

Est. Cost of Work \$ 2,500.00

Construction Official _____ Date _____
U.C.C. F170 (rev. 01/04) 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT
(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: LUDOLPH JOHN

Tel: [REDACTED]

272 CRESTMONT TERRACE

email:

COLLINGSWOOD NJ 08108

Tel.

Contractor:

email:

Contractor License No. or Builder Registration No.:

Exp Date:

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

FAX:

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Initial	Dates (Month/Day)	Initial
☐ No Plans Required	_____	Failure	_____
☐ All	_____	Approval	_____
☐ Footings/Foundations	_____	Failure	_____
☐ Structural/Framework	_____	Approval	_____
☐ Exterior	_____	Failure	_____
☐ Interior	_____	Approval	_____
Joint Plan Review Required:		Failure	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Approval	_____
SUBCODE APPROVAL for PERMIT		Failure	_____
Date: _____		Approval	_____
Approved by: _____		Failure	_____
SUBCODE APPROVAL for CERTIFICATE		Approval	_____
☐ CO ☐ CCO ☐ CA		Failure	_____
Date: _____		Approval	_____
Approved by: _____		Failure	_____

B. BUILDING CHARACTERISTICS

Use Group	Present	R-3	Proposed	R-3
No. of Stories	_____	_____	_____	_____
Height of Structure	_____	_____	_____	_____
Area — Largest Floor	_____	_____	_____	_____
New Bldg. Area/All Floors	_____	_____	_____	_____
Volume of New Structure	_____	_____	_____	_____
Max. Live Load	_____	_____	_____	_____
Max. Occupancy Load	_____	_____	_____	_____

Est. Cost of Bldg. Work:

1. New Bldg.	\$	_____
2. Rehabilitation	\$	_____
3. Total (1+2)	\$	2,500.00

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

Permit #: 02-0496

Issue Date: 08/28/02

Application Id: 10006447

Application Date: 08/26/02

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL NEW VINYL SIDING.

FEE (Office Use Only)

\$ _____

_____ 0.00

_____ 46.00

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ 6.00

TOTAL FEE \$ 52.00

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

Construction Permit Maintenance

Add

Edit

Close

Delete

Previous

Next

Detail

Help

Application ... 10006447

Application Date: 08/26/2002

Permit No: 02-0496

Permit Issue Da... 08/28/2002

Permit Expiration Da...

Update No: 0

Print Pe...

Print Tech S...

Calc...

Assign Permit...

Dupli...

General

Description of Work

Building Codes/DCA

Fees

Plan Review

Inspections

Delinquent Charges/Violations

Page 1

Page 2

Property Information

Block/Lot/Qual: 18 40

Location: 272 CRESTMONT TER

Owner: LUDOLPH JOHN

Street 1: 272 CRESTMONT TERRACE

Street 2:

City/State/Zip: COLLINGSWOOD NJ 08108-

Country: Ph... (856) 854-761

Email:

Property Class: 2

Historic Dis...

View

Permit Type: 06 ALTER

Prototype:

Status: Completed

04/25/2003

Primary Use Type: R-3

Additional Use T...

Construction Type:

Work Type:

IBC Version:

Home Warranty ...

User Code:

Do Not Purge

Certificate Information

1: CA 04/25/2003 1 Print

2: 1 Print

3: 1 Print

Lookup ... Owner

License No:

Custom... ZZLEGCO PRE-CONV CUST PERMIT OPEN

Add Owner as Customer

Construction Permit Maintenance

Application ... 10006447 Application Date: 08/26/2002

Permit No: 02-0496 Permit Issue Da... 08/28/2002

Update No: 0 Print Pe... Print Tech S... Assign Permi... Dupli...

Permit Expiration Da...

General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations

Add Edit Delete Send iCal

Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time
BUILDING	FINAL INSP	LARRY001	04/22/2003			PASS



UNIFORM CONSTRUCTION CODE NEW JERSEY CONSTRUCTION PERMIT

Permit #: 02-0438 -03
Date Issued: 09/13/02

IDENTIFICATION Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER
Owner in Fee: CLINE MICHAEL W & ANDREA R
Address: 272 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
Tel. [REDACTED]
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:
GAS PIPING.

(Subchapter 8 only)

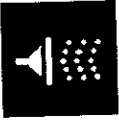
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Est. Cost of Work \$ 500.00

Construction Official _____ Date _____
U.C.C. F170 (rev. 01/04) 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT
(see reverse side)

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



PLUMBING SUBCODE TECHNICAL SECTION



Permit #: 02-0438 -03
Issue Date: 09/13/02
Application Id: 10006502

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

Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R

Tel. [REDACTED] email: COLLINGSWOOD NJ 08108
272 CRESTMONT TERRACE Tel.

Contractor: [REDACTED] email: [REDACTED]

Contractor License No.: [REDACTED] Exp Date: [REDACTED]
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable): [REDACTED]
Federal Emp. ID No. FAX: [REDACTED]

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required		Type:	Failure	Approval	Initial
☐ Partial—Underslab Utilities Approved		Slab			
Date: [REDACTED] Approved by: [REDACTED]		Rough			
Plumbing Plans Approved		Water			
Date: [REDACTED] Approved by: [REDACTED]		Sewer			
Joint Plan Review Required:		Fixtures			
☐ Bldg. [] Elec. [] Fire. [] Elev.		Gas Equipment			
SUBCODE APPROVAL for PERMIT		Gas Piping			
Date: [REDACTED]		LP Gas Tank			
Approved by: [REDACTED]		Fuel Oil Piping			
SUBCODE APPROVAL for CERTIFICATE		Solar			
☐ JCO [] CCO [] CA		TCO			
Date: [REDACTED]		Final			
Approved by: [REDACTED]					

U.C.C. F130 (rev. 11/09)
Internet version
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
GAS PIPING.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	8.00
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$ 1.00
TOTAL FEE	\$ 9.00

Figure 1

Construction Permit Maintenance

Add Edit Close Delete Previous Next Detail Help

Application ... 10006502 Application Date: 09/13/2002 Permit Expiration Da...
Permit No: 02-0438 Permit Issue Da...
Update No: 3 Print Tech S... Print Pe... Assign Permi... Dupli...

General	Description of Work	Building Codes/DCA	Fees	Plan Review	Inspections	Delinquent Charges/Violations
AGG	Edr	DEPIS	Send iCal			
Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time
PLUMBING	GAS PIPE INSP	HARRY001	04/25/2003			PASS



UNIFORM CONSTRUCTION PERMIT

Permit #: 08-0390
Date Issued: 09/15/08

IDENTIFICATION Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER
Owner in Fee: CLINE MICHAEL W & ANDREA R
Address: 272 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
Tel. (609) 766-3636
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:
INTERIOR RENOVATIONS, 200 AMP SERVICE,
UPGRADE WIRING AND KITCHEN. PLUMBING.

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

Est. Cost of Work \$ 16,560.00

Construction Official

U.C.C. F176 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Date

(see reverse side)

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R

Tel. (609)709-7938

email:

272 CRESTMONT TERRACE

COLLINGSWOOD NJ 08108

Contractor:

Tel.

email:

Contractor License No. or Builder Registration No.:

Exp Date:

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

Federal Emp. ID No.

FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings/Foundations			Footings Bonding				
☐ Structural/Framework			Foundation				
☐ Exterior			Slab				
☐ Interior			Frame				
☐ Truss Sys./Bracing			Truss Sys./Bracing				
☐ Barrier-Free			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes-Base Layer				
SUBCODE APPROVAL for PERMIT			Finishes-Final				
Date:			Energy				
Approved by:			Mechanical				
SUBCODE APPROVAL for CERTIFICATE			TCO				
☐ CO ☐ CCO ☐ CA			Other				
Date:			Final				
Approved by:			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	R-3	Proposed	R-3	Constr. Class	Present	Proposed
No. of Stories				0.00	If Industrialized Building:		
Height of Structure				ft.	State Approved		HUD
Area — Largest Floor				sq. ft.	Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors				0 sq. ft.	1. New Bldg.		\$
Volume of New Structure				0 cu. ft.	2. Rehabilitation		\$
Max. Live Load					3. Total (1+2)		\$ 13,500.00
Max. Occupancy Load							

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

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

Permit #: 08-0390

Issue Date: 09/15/08

Application Id: 10011054

Application Date:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR RENOVATIONS, 200 AMP SERVICE,
UPGRADE WIRING AND KITCHEN. PLUMBING.

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)

\$ _____
324.00

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 26.00
TOTAL FEE \$ 350.00



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R

Tel. [REDACTED] COLLINGSWOOD NJ 08108
272 CRESTMONT TERRACE Tel. (609)220-4726

Contractor: FIVE STAR ELECTRIC
113 EDDY RD email:

MANAHAWKIN, NJ 08050
Contractor License No.: Exp Date:

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

Federal Emp. ID No. 15-580793 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed
[] Pole/Pad # [] Temporary [] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 2,575.00

JOB SUMMARY (Office Use Only)

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

Permit #: 08-0390

Issue Date: 09/15/08

Application Id: 10011054

Application Date:

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INTERIOR RENOVATIONS, 200 AMP SERVICE,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
13		Receptacles	
5		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
31		TOTAL NUMBERS	\$ 36.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	0.00
1		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	46.00
1		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$ 5.00
TOTAL FEE \$ 87.00



PLUMBING SUBCODE TECHNICAL SECTION

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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R

Tel. [REDACTED]
272 CRESTMONT TERRACE

email: COLLINGSWOOD NJ 08108
Tel.

Contractor:

email:

Contractor License No.:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:
Exp Date:

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed
Building Sewer Size _____ Public Sewer [] Private Septic []
Water Service Size _____ Public Water [] Private Well []
Est. Cost of Plumbing Work \$ 485.00

JOB SUMMARY (Office Use Only)

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

Permit #: 08-0390

Issue Date: 09/15/08

Application Id: 10011054

Application Date:

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR RENOVATIONS, 200 AMP SERVICE,
UPGRADE WIRING AND KITCHEN. PLUMBING.

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

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

Add Edit Close Delete Previous Next Detail Help	
Application ... 10011054 Permit No: 08-0390 Update No: 0	Application Date: 09/15/2008 Permit Issue Date: 09/15/2008 Permit Expiration Date: 06/29/2020
Print Pe... Print Tech S... Assign Permi... Dupli...	
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations	
Page 1 Page 2	
Property Information	
Block/Lot/Qual: 18 40	Permit Type: 06 ALTER Prototype:
Location: 272 CRESTMONT TER	Status: Void
Owner: CLINE MICHAEL W & ANDREA R	Primary Use Type: R-3
Street 1: 272 CRESTMONT TERRACE	Additional Use T...
Street 2:	Construction Type:
City/State/Zip: COLLINGSWOOD NJ	Work Type:
Country:	IBC Version:
Email:	Home Warranty ...
Property Class: 2	User Code:
Historic Dis... View ...	☐ Do Not Purge
Certificate Information	
Lookup ... Owner	License No:
Custom... ZZLEGCO	PRE-CONV CUST PERMIT OPEN
Add Owner as Cashowner	

Construction Permit Maintenance

Add Edit Close Delete Previous Next Detail Help

Application ... 10011054 Application Date: 09/15/2008

Permit No: 08-0390 Permit Issue Da... 09/15/2008

Permit Expiration Da... 09/15/2008

Update No: 000 Print Pe... Print Tech S... Assign Permit... Dupli...

General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations

Add Edit Delete Send iCal

Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time
ELECTRICAL	ROUGH INSP	FISHER01	09/09/2008			PASS
ELECTRICAL	SERVICE INSP	FISHER01	09/09/2008			FAIL
PLUMBING	ROUGH INSP	FLAIAN01	09/09/2008			FAIL
PLUMBING	ROUGH INSP	FLAIAN01	09/11/2008			PASS
BUILDING	FRAMING	JOSEPH01	09/16/2008			PASS
BUILDING	INSULATE INSP	JOSEPH01	09/18/2008			FAIL
BUILDING	INSULATE INSP	JOSEPH01	09/19/2008			PASS
ELECTRICAL	SERVICE INSP	FISHER01	03/10/2011			FAIL
BUILDING	INSULATE INSP	JOSEPH01	03/14/2011			PASS



UNIFORM CONSTRUCTION PERMIT

Permit #: 10-0427
Date Issued: 10/12/10

IDENTIFICATION Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER
Owner in Fee: CLINE MICHAEL W & ANDREA R
Address: 272 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
Tel. 609.700.7038
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:
REPLACE FURNACE, A/C, HOT WATER HEATER.

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Est. Cost of Work \$ 4,250.00

Construction Official _____ Date _____
U.C.C. F170 (rev. 01/04) 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT
(see reverse side)

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R
Tel. (609)709-7938

272 CRESTMONT TERRACE COLLINGSWOOD NJ 08108

Contractor: LOWNBURY PLUMBING

554 ALEXANDER AVE email:

MAPLE SHADE, NJ 08052

Contractor License No.: Exp Date:

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

Federal Emp. ID No. 14-342022 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5

Building Sewer Size

Water Service Size

Est. Cost of Plumbing Work \$ 1,500.00

Proposed

Public Sewer ☐ Private Septic ☐

Public Water ☐ Private Well ☐

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial—Underlab Utilities Approved

Date: Approved by:

Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ JCO ☐ JCCO ☐ JCA

Date:

Approved by:

Dates (Month/Day)

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

Failure Approval Initial

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C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE FURNACE, A/C, HOT WATER HEATER.

FEE (Office Use Only)

\$

QTY. FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R

Tel. [REDACTED] email: [REDACTED]

272 CRESTMONT TERRACE

COLLINGSWOOD NJ 08108

Tel. [REDACTED]

Contractor: MOUNT LAUREL HEATING COOLING

23 OREGON AVE email: [REDACTED]

MOUNT LAUREL, NJ 08054

Fire Alarm Contractor No.:

Exp Date:

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

FAX: (856)722-0361

Federal Emp. ID No. 52-233075

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present

Constr. Class: Present

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

OR [] Conversion OR [] Replacement

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

[] Other

Location: [REDACTED] Location of Main Control Valve:

Est. Cost of Fire Protection Work \$ 750.00

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

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

Internet version

Permit #: 10-0427

Issue Date: 10/12/10

Application Id: 10012563

Application Date:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor

sign here:

Print name here:

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE FURNACE, A/C, HOT WATER HEATER.

Water Supply Source

Method of Alarm/Suppression System Supervision

NUMBER

FEE (Office Use Only)

Flammable/Combustible Tanks

Alarm Systems

[] System [] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (smoke, heat, pulls, water/flow)

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

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

Other Devices

TOTAL

Suppression Systems

Fire Pump [] GPM Type []

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

58.00

1

2.00

60.00

Construction Permit Maintenance

Add Edit Close Delete Previous Next Detail Help

Application ... 10012503 Application Date: 10/12/2010 Permit Issue Date: 10/12/2010 Permit Expiration Date: 03/10/2011
 Permit No: 10-0427 Update No: 0 Print Tech S... Print Pe... Assign Permit... Dupli...

General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations

Page 1 Page 2

Property Information

Block/Lot/Qual: 18 40
 Location: 272 CRESTMONT TER
 Owner: CLINE MICHAEL W & ANDREA R
 Street 1: 272 CRESTMONT TERRACE
 Street 2:
 City/State/Zip: COLLINGSWOOD NJ 08108
 Country: Ph... (609) 709-7938
 Email:

Property Class: 2 Historic Dis... View

Lookup ... Owner License No:
 Custom... ZZLEGGC PRE-CONV CUST PERMIT OPEN

Add Owner as Customer

Permit Type: 06 ALTER Prototype:
 Status: Completed 03/10/2011
 Primary Use Type: R-5
 Additional Use T...
 Construction Type:
 Work Type:
 IBC Version:
 Home Warranty ...
 User Code:
☐ Do Not Purge

Certificate Information

1: Print
 2: Print
 3: Print



UNIVERSAL CONSTRUCTION CODE PERMIT

Permit #: 11-0024
Date Issued: 01/25/11

IDENTIFICATION Block/Lot/Qual: 18. 40.
Work Site Location: 272 CRESTMONT TER
Owner in Fee: CLINE MICHAEL W & ANDREA R
Address: 272 CRESTMONT TERRACE
COLLINGSWOOD NJ 08108
Tel. [REDACTED]
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVE CHIMNEY, REPAIR ROOF, REMOVE
SIDING AND SHEATHING AROUND CHIMNEY,
REFRAME AND SHEATH DAMAGED WALL, SISTER
FLOOR JOISTS APPROX. 6FT WIDTH. FROM

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

Est. Cost of Work \$ 10,000.00

Construction Official

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Date

(see reverse side)

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____



BUILDING SUBCODE TECHNICAL SECTION



Permit #: 11-0024
Issue Date: 01/25/11
Application Id: 10012759
Application Date: 01/12/11

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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R

Tel. [REDACTED] email: COLLINGSWOOD NJ 08108

272 CRESTMONT TERRACE Tel.

Contractor: email:

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

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

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INspeCTIONS		Dates (Month/Day)	
☐	No Plans Required			Type:	Failure	Approval	Initial
☐	All			Footings			
☐	Footings/Foundations			Footings Bonding			
☐	Structural/Framework			Foundation			
☐	Exterior			Slab			
☐	Interior			Frame			
☐	Joint Plan Review Required:			Truss Sys./Bracing			
☐	Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free			
SUBCODE APPROVAL for PERMIT				Insulation			
Date:				Finishes -Base Layer			
Approved by:				Finishes -Final			
SUBCODE APPROVAL for CERTIFICATE				Energy			
☐ CO ☐ CCO ☐ CA				Mechanical			
Date:				TCO			
Approved by:				Other			
				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	Proposed	R-5	Constr. Class	Present	Proposed
No. of Stories					If Industrialized Building:		
Height of Structure					State Approved		HUD
Area — Largest Floor					Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors					1. New Bldg.		
Volume of New Structure					2. Rehabilitation		
Max. Live Load					3. Total (1+2)		10,000.00
Max. Occupancy Load							

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

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE CHIMNEY, REPAIR ROOF, REMOVE
SIDING AND SHEATHING AROUND CHIMNEY,
REFRAME AND SHEATH DAMAGED WALL, SISTER
FLOOR JOISTS APPROX. 6FT WIDTH. FROM
GROUND TO ROOF, RESTORE SIDING, FASCIA,
SOFFIT, GUTTER, TRIM, DRYWALL.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)
\$
300.00
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$ 21.00
TOTAL FEE \$ 321.00

Construction Permit Maintenance

	Add		Edit		Close		Delete		Previous		Next		Detail		Help
Application ...		10012759				Application Date:		01/12/2011							
Permit No:		11--0024				Permit Issue Da...		01/25/2011				Permit Expiration Da...			
Update No:		0				Print Pe...				Print Tech S...				Assign Params	
						Calculation		☐ L...		☐ L...		Dupli...			

General		Description of Work	Building Codes/DCA	Fees	Plan Review	Inspections	Delinquent Charges/Violations
Add Edit Delete		Send iCal					
Building	Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time
BUILDING		FRAMING	JOSEPH01	03/10/2011			PASS
BUILDING		INSULATE INSP	JOSEPH01	03/14/2011			PASS



UNIFORM CONSTRUCTION PERMIT

Permit #: 11-0127
Date Issued: 04/08/11

IDENTIFICATION Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R

Address: 272 CRESTMONT TERRACE

COLLINGSWOOD NJ 08108

Tel.

Lic. No. or Bldrs. Reg. No.

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Tel.

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:

CHANGED 2 LIGHT FIXTURES ON WALL,
REPLACED WITH 3 OUTLETS.

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

Est. Cost of Work \$ 25.00

Construction Official

Date

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 18. 40.

Work Site Location: 272 CRESTMONT TER

Owner in Fee: CLINE MICHAEL W & ANDREA R

Tel. [REDACTED]

email:

272 CRESTMONT TERRACE

COLLINGSWOOD NJ 08108

Contractor:

Tel.

email:

Contractor License No.:

Exp Date:

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

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 25.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial—Underslab Utilities Approved

Date: Approved by:

☐ Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

INSPECTIONS

Type:

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

Dates (Month/Day)

Failure

Approval

Initial

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

CHANGED 2 LIGHT FIXTURESON WALL,

QTY. SIZE ITEMS

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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 45.00

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

Construction Permit Maintenance

Add

Edit

Close

Delete

Previous

Next

Detail

Help

Application ... 10012886

Application Date: 04/08/2011

Permit Issue Da... 04/08/2011

Permit Expiration Da... 06/29/2020

Update No: 0

Print Pe...

Print Tech S...

Assign Perm...

Dupli...

General

Description of Work

Building Codes/DCA

Fees

Plan Review

Inspections

Delinquent Charges/Violations

Page 1

Page 2

Property Information

Block/Lot/Qual: 18 40

Location: 272 CRESTMONT TER

Owner: CLINE MICHAEL W & ANDREA R

Street 1: 272 CRESTMONT TERRACE

Street 2:

City/State/Zip: COLLINGSWOOD NJ 08108-

Country: Ph... (609) 709-7930

Email:

Property Class: 2

Historic Dis...

View ...

Permit Type: 06 ALTER

Prototype:

Status: Void

06/29/2020

Primary Use Type: R-5

Additional Use T...

Construction Type:

Work Type:

IBC Version:

Home Warranty ..

User Code:

Do Not Purge

Certificate Information

1: Print

2: Print

3: Print

Lookup ... Owner

License No:

Custom... ZZLEGOO

PRE-CONV CUST PERMIT OPEN

Add Owner as Customer

Number of records for this Permit No. 1