Michelle Fareri

From: Breean Stumpf [opra+request-20799-9b4b4873@requests.opramachine.com]
Sent: Wednesday, March 03, 2021 10:30 AM
To: hmannel@collingswood.com
Subject: OPRA request - OPRA- 320 Conard Ave Collingswood NJ 08108

Dear Collingswood Borough,

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

Records requested: Any open/closed permits for 320 Conard Ave Collingswood NJ 08108

Thanks,

Breean Stumpf

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-20799-9b4b4873@requests.opramachine.com

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

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

View this OPRA request & responses online:
https://opramachine.com/request/opra_320_conard_ave_collingswood

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

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

CONSTRUCTION PERMIT

Permit #: 97-0294
Date Issued: 07/28/97

IDENTIFICATION Block/Lot/Qual: 80. 9.02
Work Site Location: 320 CONARD AVE
Owner in Fee: RADELOW HELENE
Address: 320 CONARD AVE
COLLINGSWOOD NJ 08108
Tel.

Contractor: PRE-CONV CUST PERMIT OPEN
Address:

Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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 $ 1,480.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 97-0294
Issue Date: 07/28/97
Application Id: 10003310
Application Date:

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

Block/Lot/Qual: 80. 9.02

Work Site Location: 320 CONARD AVE

Owner in Fee: RADELOW HELENE

Tel. email:

320 CONARD AVE COLLINGSWOOD NJ 08108

Contractor: HUTCHINSON PLUMB, HEAT, COOL. Tel. (856)429-5807

621 CHAPEL AVE email: CARLCANFIELD@HUTCHBIZ.COM

CHERRY HILL, NJ 08034

Contractor License No.: 19HC00022700 Exp Date: 06/30/22

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

Federal Emp. ID No. 223766253 FAX: (856)429-4995

B. PLUMBING CHARACTERISTICS

Use Group Present R-4 Proposed R-4

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

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

Est. Cost of Plumbing Work $ 1,480.00

JOB SUMMARY (Office Use Only)

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

Plumbing Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

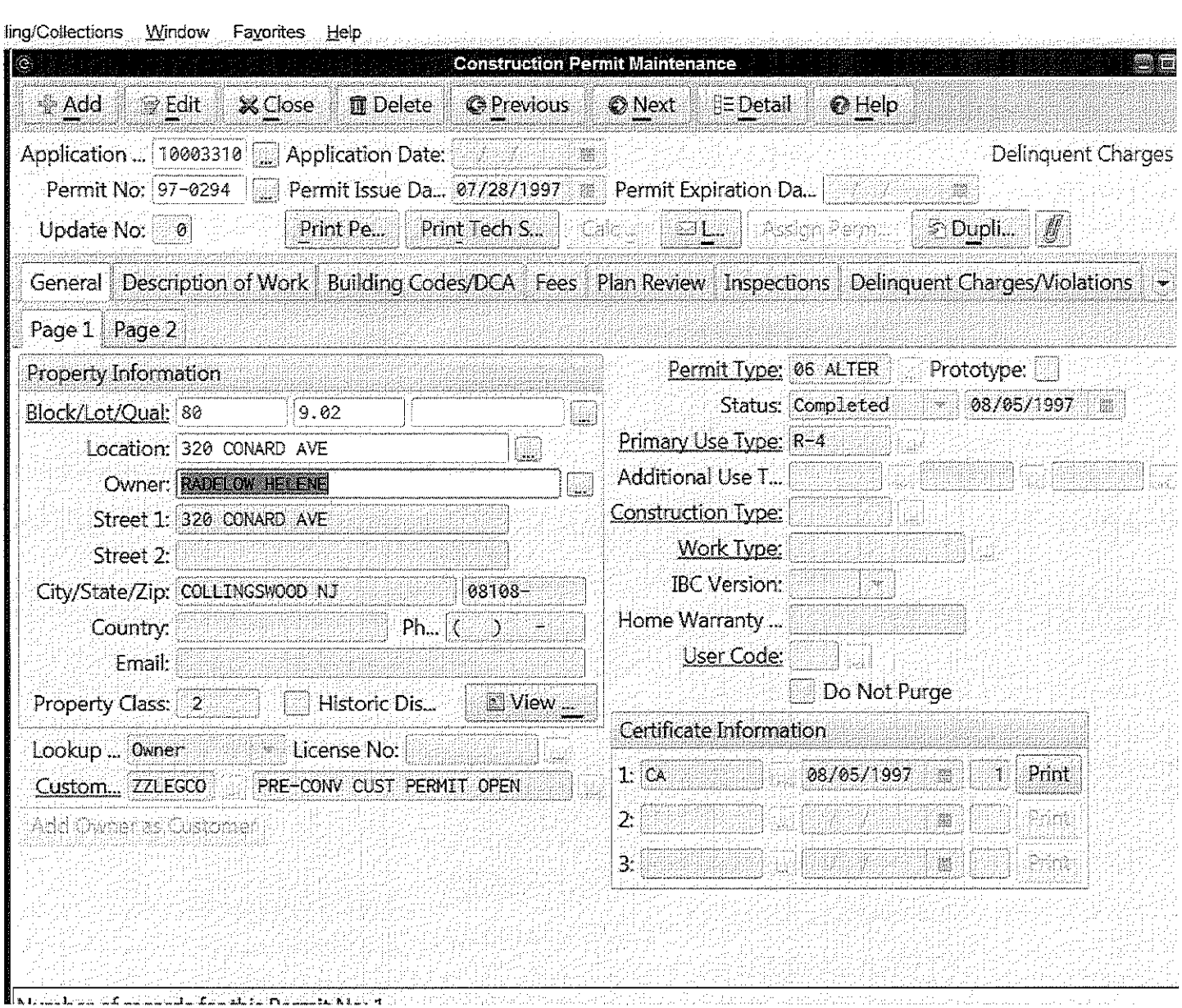
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water Service Connection	65.00
	Stacks _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 3.00
TOTAL FEE	$ 68.00

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


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10003310 Application Date:
Delinquent Charges
Permit No: 97-0294 Permit Issue Da... 07/28/1997 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Calc... L... 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: 80 9.02
Location: 320 CONARD AVE
Owner: RADELOW HELENE
Street 1: 320 CONARD AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country: Ph... ( ) -
Email:
Property Class: 2 Historic Dis... View
Lookup ... Owner License No:
Custom... ZZLEGCO PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 08/05/1997
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 08/05/1997 1 Print
2: Print
3: Print

CONSTRUCTION PERMIT

Permit #: 01-0427
Date Issued: 09/28/01

IDENTIFICATION Block/Lot/Qual: 80. 9.02
Work Site Location: 320 CONARD AVE
Owner in Fee: CATLING JOHN
Address: 320 CONARD AVE
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 (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
RE-DECK AND REPLACE PORCH SUPPORT POSTS,
REMOVE EXISTING CONCRETE STEPS. AND
REPLACE WITH WOOD..

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 $ 1,200.00

_____ _____
Construction Official Date

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)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 01-0427
Issue Date: 09/28/01
Application Id: 10005676
Application Date: 09/26/01

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

Block/Lot/Qual: 80. 9.02

Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING JOHN

Tel: [redacted] email:

320 CONARD AVE 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:

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
RE-DECK AND REPLACE PORCH SUPPORT POSTS,
REMOVE EXISTING CONCRETE STEPS. AND
REPLACE WITH WOOD..

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

	$
Rehabilitation	29.00

Administrative Surcharge	$
Minimum Fee	$ 11.00
State Permit Surcharge Fee	$ 2.00
TOTAL FEE	$ 42.00

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present _____ Proposed _____

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

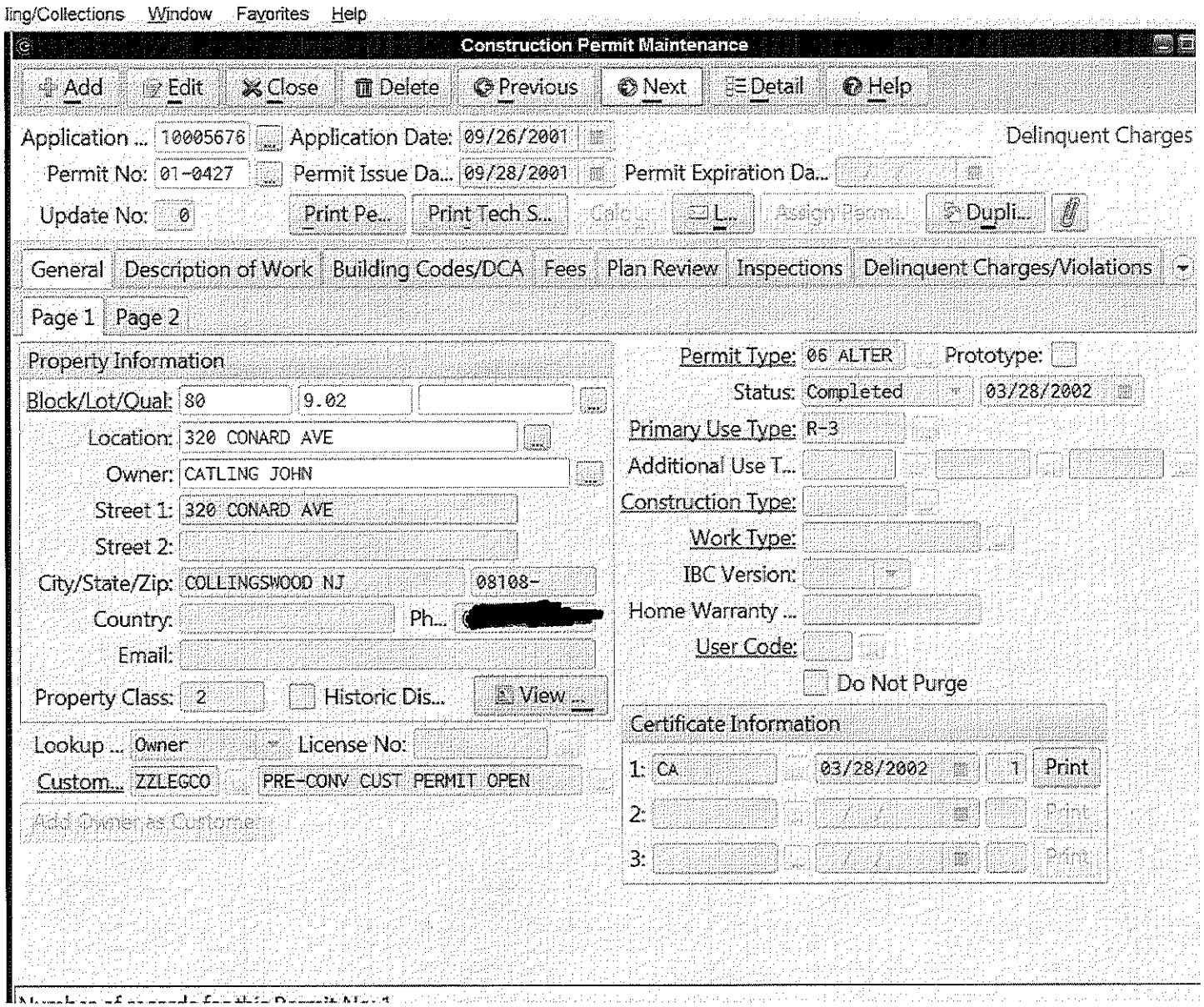
If Industrialized Building:
State Approved _____ HUD _____

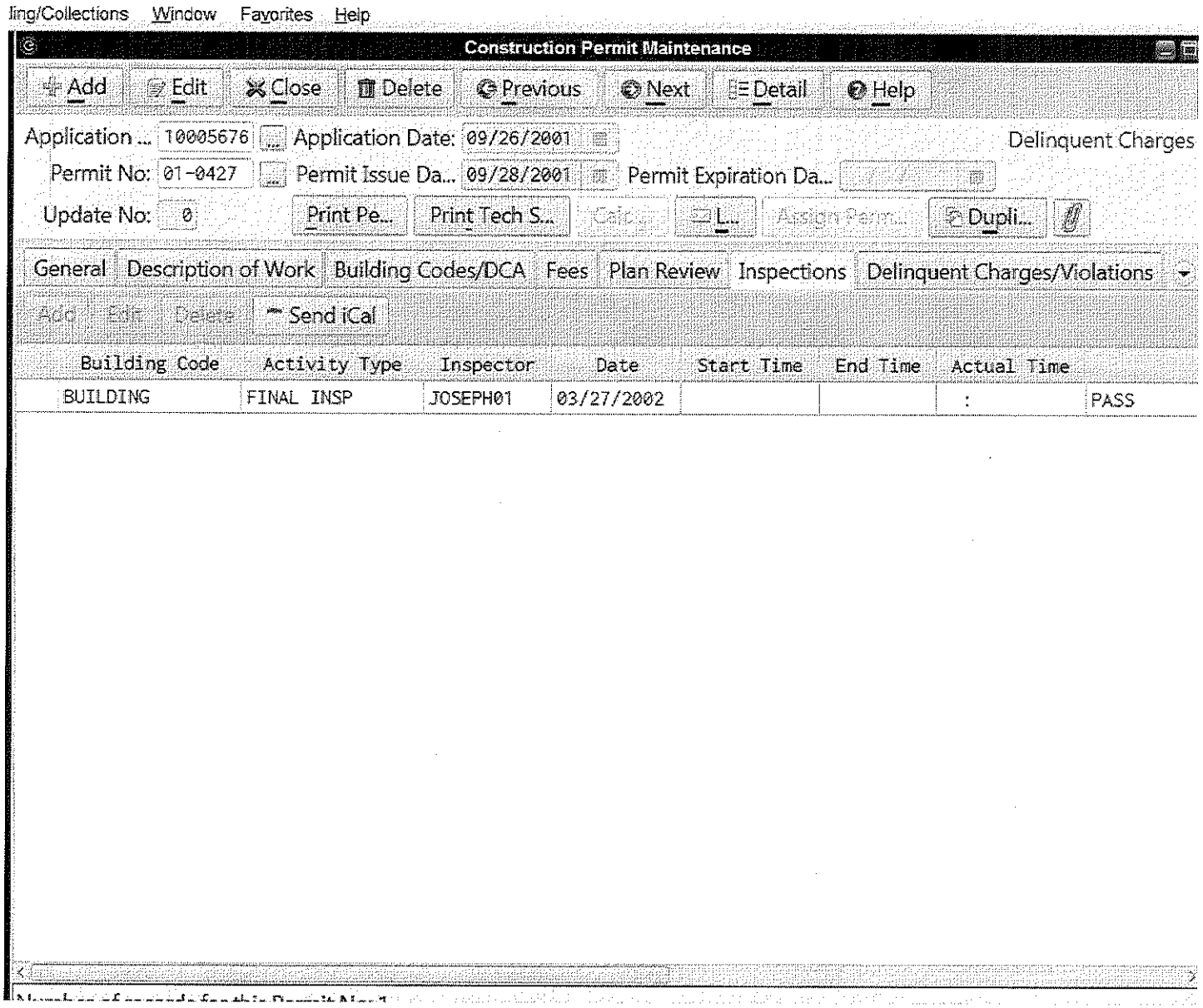
Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
3. Total (1+ 2)	$ 1,200.00

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

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


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10005676 Application Date: 09/26/2001
Delinquent Charges
Permit No: 01-0427 Permit Issue Da... 09/28/2001 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Calc L... 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: 80 9.02
Location: 320 CONARD AVE
Owner: CATLING JOHN
Street 1: 320 CONARD AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country: Ph...
Email:
Property Class: 2 Historic Dis... View
Lookup ... Owner License No:
Custom... ZZLEGCO PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 03/28/2002
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 03/28/2002 1 Print
2: Print
3: Print


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10005676 Application Date: 09/26/2001
Delinquent Charges
Permit No: 01-0427 Permit Issue Da... 09/28/2001 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time
BUILDING FINAL INSP JOSEPH01 03/27/2002 : PASS

CONSTRUCTION PERMIT

Permit #: 02-0222
Date Issued: 03/25/02

IDENTIFICATION Block/Lot/Qual: 80. 9.02

Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING, JOHN A.

Address: 320 CONARD AVE
COLLINGSWOOD, N J 08108-3

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

DESCRIPTION OF WORK:

24' X 54" ABOVE GROUND POOL.

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 $ 3,900.00

_____ _____
Construction Official Date

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

(see reverse side)

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 02-0222
Issue Date: 03/25/02
Application Id: 10006122
Application Date:

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

Block/Lot/Qual: 80. 9.02

Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING, JOHN A.

Tel. [redacted] email:

320 CONARD AVE COLLINGSWOOD, N J 08108-3

Contractor: BUDDS POOL CO INC Tel. (856)845-9000

950 COOPER ST email:

DEPTFORD, NJ 08096

Contractor License No. or Builder Registration No.: LO32824 Exp Date:

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

Federal Emp. ID No. 22-181919 FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
24' X 54" ABOVE GROUND POOL.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 3,800.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [X] 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
	50.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 7.00
TOTAL FEE	$ 57.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 02-0222
Issue Date: 03/25/02
Application Id: 10006122
Application Date:

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

Block/Lot/Qual: 80. 9.02
Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING, JOHN A.
Tel. [redacted] email:
320 CONARD AVE COLLINGSWOOD, N J 08108-3
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-3 Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

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

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

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

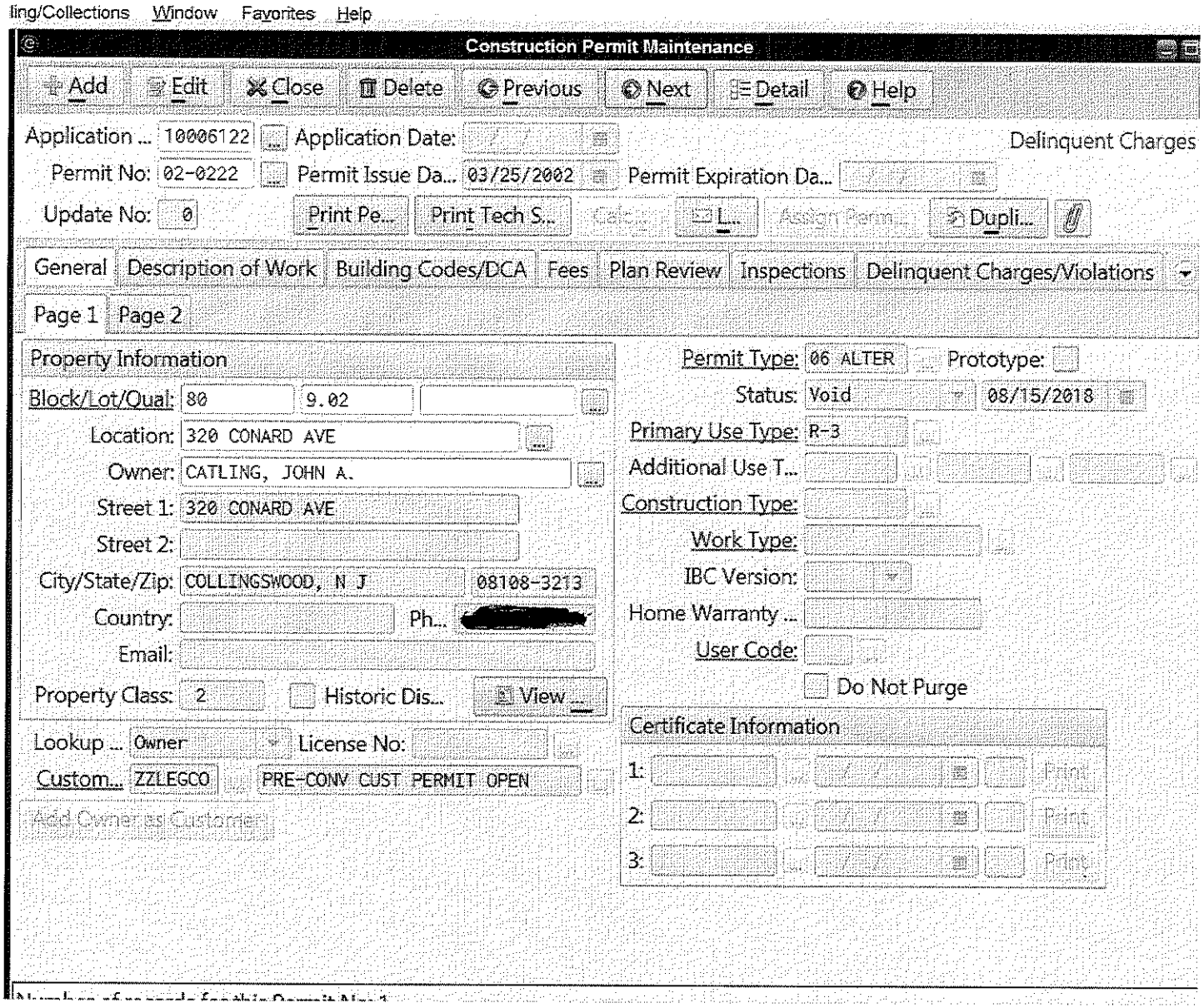
DESCRIPTION OF WORK:
24' X 54" ABOVE GROUND POOL.

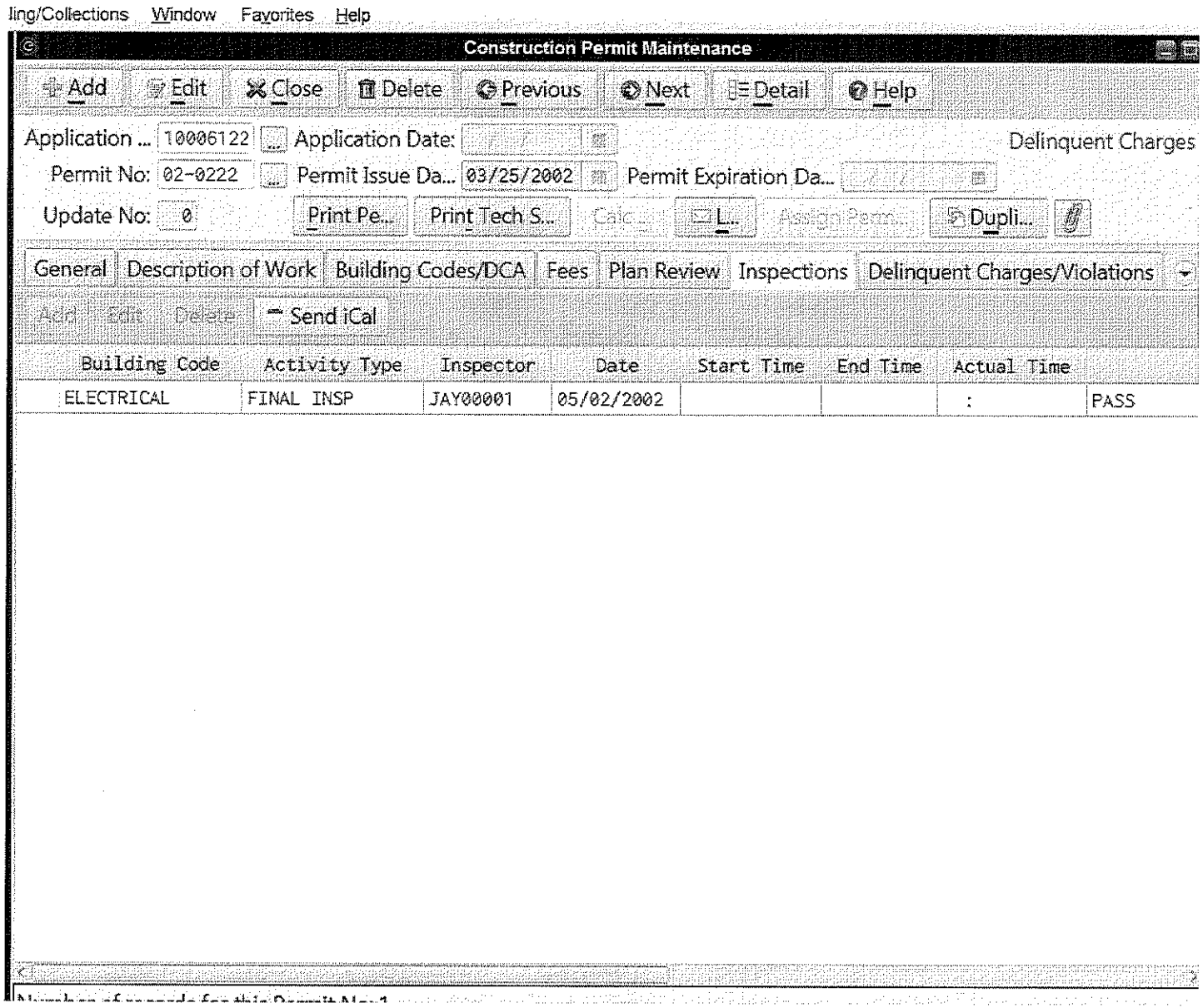
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 29.00
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	8.00
		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	
1		AMP Subpanels	0.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	37.00

U.C.C. F120 (rev. 11/09)
Internet version

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


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10006122 Application Date:
Delinquent Charges
Permit No: 02-0222 Permit Issue Da... 03/25/2002 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... L... 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: 80 9.02
Location: 320 CONARD AVE
Owner: CATLING, JOHN A.
Street 1: 320 CONARD AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-3213
Country: Ph...
Email:
Property Class: 2 Historic Dis... View ...
Lookup ... Owner License No:
Custom... ZZLEGCO PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Void 08/15/2018
Primary Use Type: R-3
Additional Use T...
Construction Type:
Work Type:
IBC Version:
Home Warranty ...
User Code:
Do Not Purge
Certificate Information
1: Print
2: Print
3: Print


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10006122 Application Date:
Delinquent Charges
Permit No: 02-0222 Permit Issue Da... 03/25/2002 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Calc... L... Assign Perm... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time
ELECTRICAL FINAL INSP JAY00001 05/02/2002 : PASS

CONSTRUCTION PERMIT

Permit #: 04-0103
Date Issued: 03/12/04

IDENTIFICATION Block/Lot/Qual: 80. 9.02

Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING, JOHN A.

Address: 320 CONARD AVE
COLLINGSWOOD, N J 08108-3

Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT

[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:

CONVERT 1 1/2 STORY BUNGALOW INTO A FULL
2 STORY HOME WITH A FRAME ROOF..
RELOCATE BASEMENT AND SECOND FLOOR STEPS
AND FIRST FLOOR BATHROOM, ADD. BATHROOM

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 $ 17,800.00

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 _____

_____ _____
Construction Official Date

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 04-0103
Issue Date: 03/12/04
Application Id: 10007516
Application Date:

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

Block/Lot/Qual: 80. 9.02

Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING, JOHN A.

Tel. [redacted] email:

320 CONARD AVE COLLINGSWOOD, N J 08108-3

Contractor: Tel.

email:

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

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

Federal Emp. ID No. FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONVERT 1 1/2 STORY BUNGALOW INTO A FULL
2 STORY HOME WITH A FRAME ROOF..
RELOCATE BASEMENT AND SECOND FLOOR STEPS
AND FIRST FLOOR BATHROOM, ADD. BATHROOM
ON SECOND FLOOR..

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

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

	$ _____
	318.00
Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ 39.00
TOTAL FEE	$ 357.00

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present _____ Proposed _____

No. of Stories	0.00	
Height of Structure		ft.
Area — Largest Floor		sq. ft.
New Bldg. Area/All Floors	1008	sq. ft.
Volume of New Structure	11,792	cu. ft.
Max. Live Load		
Max. Occupancy Load		

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	$ _____
2. Rehabilitation	$ _____
3. Total (1+ 2)	$ 14,000.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 04-0103
Issue Date: 03/12/04
Application Id: 10007516
Application Date:

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

Block/Lot/Qual: 80. 9.02
Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING, JOHN A.
Tel. [redacted] email:
320 CONARD AVE COLLINGSWOOD, N J 08108-3
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-3 Proposed
[ ] 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:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
CONVERT 1 1/2 STORY BUNGALOW INTO A FULL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
21		Lighting Fixtures	
41		Receptacles	
20		Switches	
9		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
93		TOTAL NUMBERS	$ 48.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	0.00
1		HP/KW Space Heater/Air Handler	0.00
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	46.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	94.00

U.C.C. F120 (rev. 11/09)
Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 04-0103
Issue Date: 03/12/04
Application Id: 10007516
Application Date:

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

Block/Lot/Qual: 80. 9.02

Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING, JOHN A.

Tel. [redacted] email:

320 CONARD AVE COLLINGSWOOD, N J 08108-3

Contractor: Tel.

email:

Fire Alarm Contractor No.: Exp Date:

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

Federal Emp. ID No. FAX:

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 $ 300.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CONVERT 1 1/2 STORY BUNGALOW INTO A FULL

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)	9	0.00
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices	2.0000	0.00
TOTAL		
Suppression Systems		
Fire Pump [ ] GPM Type [ ]		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	2	92.00
Fireplace Venting/Metal Chimney		
Other		36.00

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	0.00
TOTAL FEE $	128.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 04-0103
Issue Date: 03/12/04
Application Id: 10007516
Application Date:

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

Block/Lot/Qual: 80. 9.02

Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING, JOHN A.

Tel. [redacted] email:

320 CONARD AVE COLLINGSWOOD, N J 08108-3

Contractor: Tel.

email:

Contractor License No.: Exp Date:

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 _____ Public Sewer [ ] Private Septic [ ]

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

Est. Cost of Plumbing Work $ 2,000.00

JOB SUMMARY (Office Use Only)

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

Plumbing Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

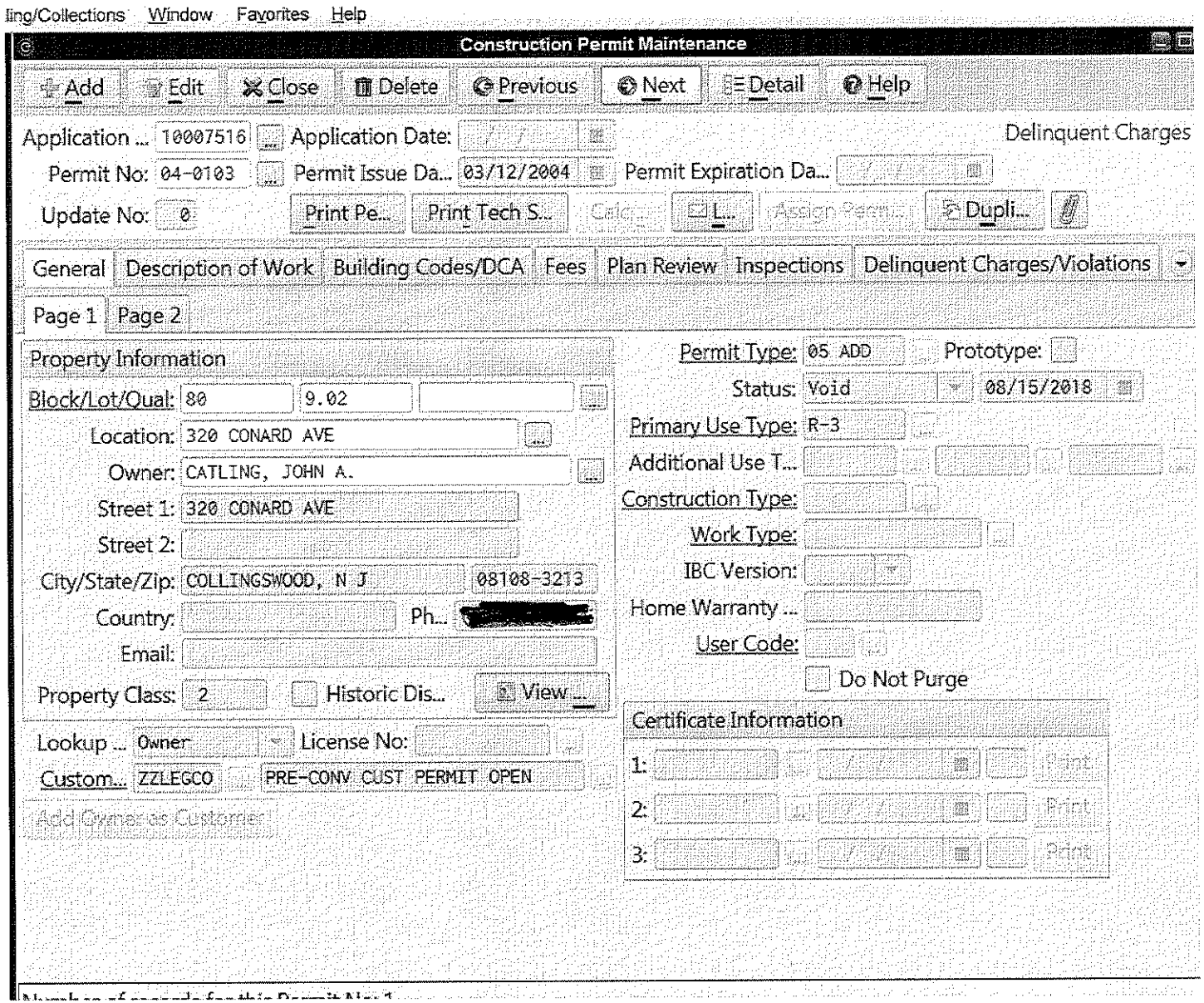
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONVERT 1 1/2 STORY BUNGALOW INTO A FULL 2 STORY HOME WITH A FRAME ROOF..

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	10.00
2	Lavatory	20.00
2	Shower	20.00
	Floor Drain	
2	Sink	20.00
1	Dishwasher	10.00
	Drinking Fountain	
1	Washing Machine	10.00
	Hose Bibb	
1	Water Heater	10.00
	Fuel Oil Piping	
1	Gas Piping	10.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	110.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.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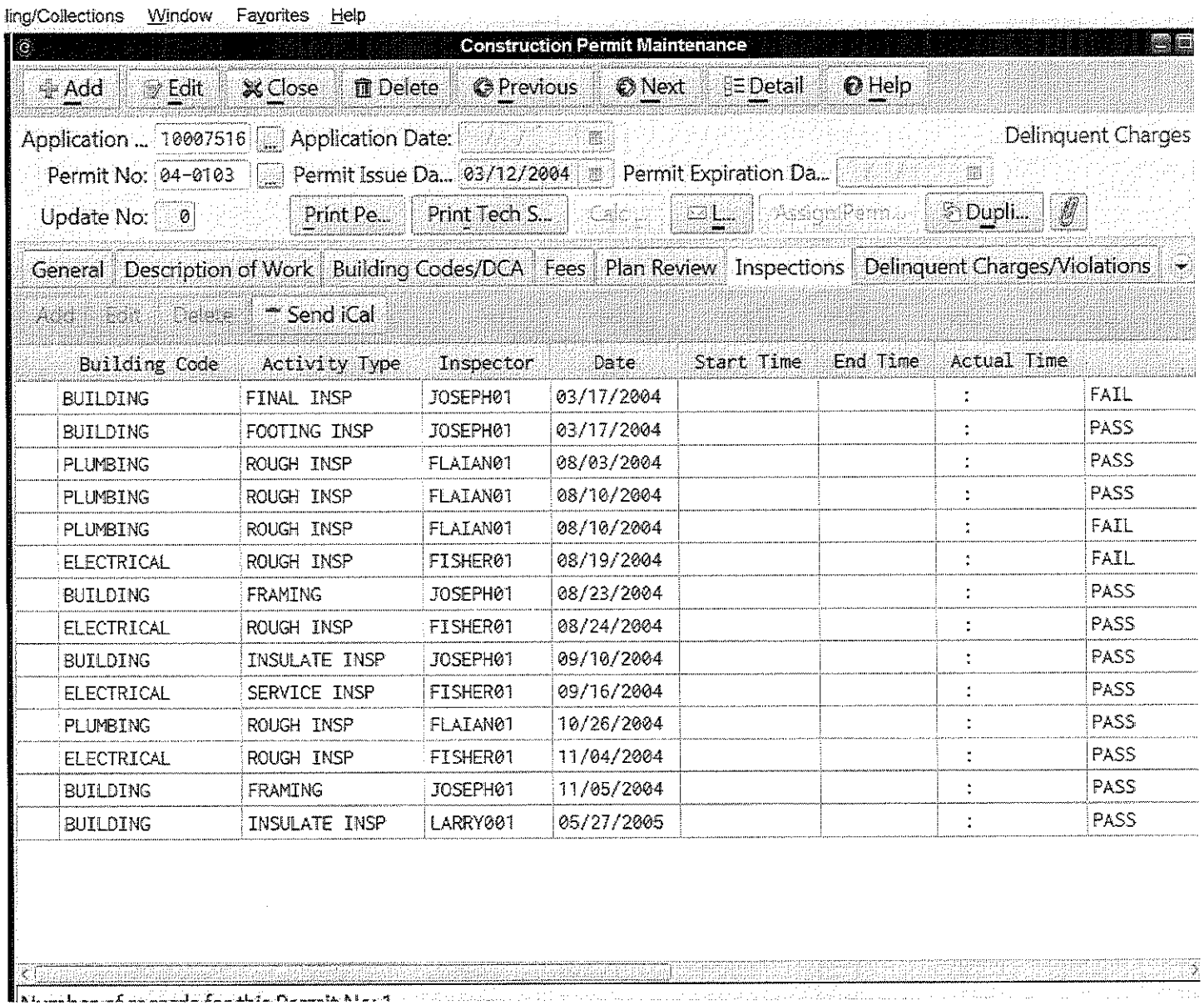
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10007516 Application Date:
Delinquent Charges
Permit No: 04-0103 Permit Issue Da... 03/12/2004 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Page 1 Page 2
Property Information
Block/Lot/Qual: 80 9.02
Location: 320 CONARD AVE
Owner: CATLING, JOHN A.
Street 1: 320 CONARD AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-3213
Country: Ph...
Email:
Property Class: 2 Historic Dis... View ...
Lookup ... Owner License No:
Custom... ZZLEGCO PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 05 ADD Prototype:
Status: Void 08/15/2018
Primary Use Type: R-3
Additional Use T...
Construction Type:
Work Type:
IBC Version:
Home Warranty ...
User Code:
Do Not Purge
Certificate Information
1: Print
2: Print
3: Print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Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10007516 Application Date:
Delinquent Charges
Permit No: 04-0103 Permit Issue Da... 03/12/2004 Permit Expiration Da...
Update No: 0
Print Pe... Print Tech S... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time
BUILDING FINAL INSP JOSEPH01 03/17/2004 : FAIL
BUILDING FOOTING INSP JOSEPH01 03/17/2004 : PASS
PLUMBING ROUGH INSP FLAIAN01 08/03/2004 : PASS
PLUMBING ROUGH INSP FLAIAN01 08/10/2004 : PASS
PLUMBING ROUGH INSP FLAIAN01 08/10/2004 : FAIL
ELECTRICAL ROUGH INSP FISHER01 08/19/2004 : FAIL
BUILDING FRAMING JOSEPH01 08/23/2004 : PASS
ELECTRICAL ROUGH INSP FISHER01 08/24/2004 : PASS
BUILDING INSULATE INSP JOSEPH01 09/10/2004 : PASS
ELECTRICAL SERVICE INSP FISHER01 09/16/2004 : PASS
PLUMBING ROUGH INSP FLAIAN01 10/26/2004 : PASS
ELECTRICAL ROUGH INSP FISHER01 11/04/2004 : PASS
BUILDING FRAMING JOSEPH01 11/05/2004 : PASS
BUILDING INSULATE INSP LARRY001 05/27/2005 : PASS

CONSTRUCTION PERMIT

Permit #: 18-00303
Date Issued: 06/15/18

IDENTIFICATION Block/Lot/Qual: 80. 9.02
Work Site Location: 320 CONARD AVE
Owner in Fee: CATLING, JOHN A.
Address: 320 CONARD AVE
COLLINGSWOOD, N J 08108-3
Tel. [redacted]

Contractor: M&T QUALITY CONSTRUCTION
Address: 326 PRICKETTS MILL ROAD
TABERNACLE, NJ 08088
Tel. (856)433-0120
Lic. No. or Bldrs. Reg. No. 13VH09901400

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
10 X 10 DECK

PAYMENTS (Office Use Only)	
Building	160.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	9.00
Cert. of Occupancy	
Other	
Total	169.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 4,850.00

_____ Construction Official

_____ Date

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 18-00303
Issue Date: 06/15/18
Application Id: 90004628
Application Date: 06/08/18

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

Block/Lot/Qual: 80. 9.02

Work Site Location: 320 CONARD AVE

Owner in Fee: CATLING, JOHN A.

Tel. [redacted] email:

320 CONARD AVE COLLINGSWOOD, N J 08108-3

Contractor: M&T QUALITY CONSTRUCTION Tel. (856)433-0120

326 PRICKETTS MILL ROAD email: MTQUALITYCO@GMAIL.COM

TABERNACLE, NJ 08088

Contractor License No. or Builder Registration No.: 13VH09901400 Exp Date: 03/31/19

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

Federal Emp. ID No. 823163026 FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
10 X 10 DECK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

	$
Rehabilitation	160.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 9.00
TOTAL FEE	$ 169.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present _____ Proposed _____

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

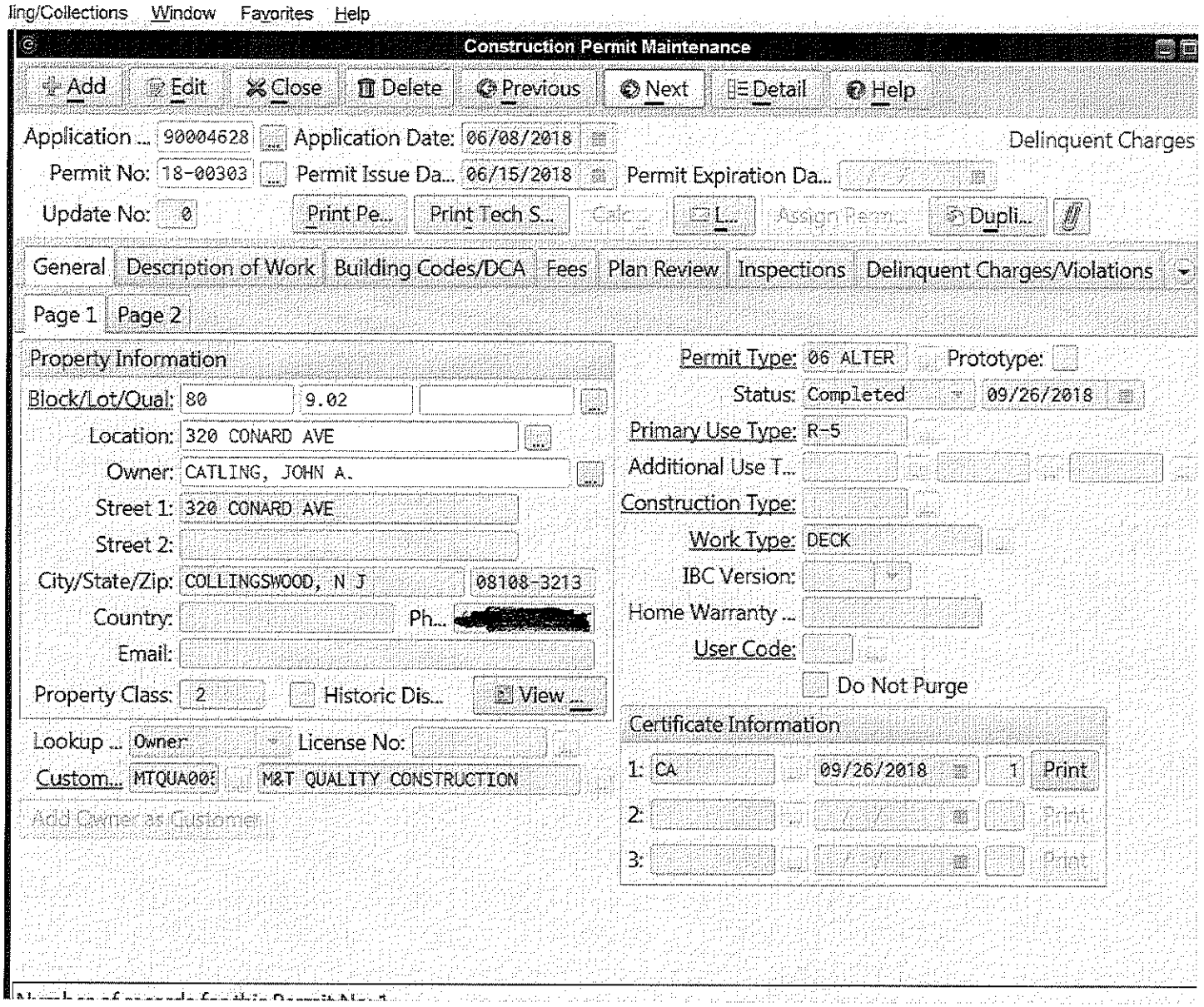
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
3. Total (1+ 2)	$ 4,850.00

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.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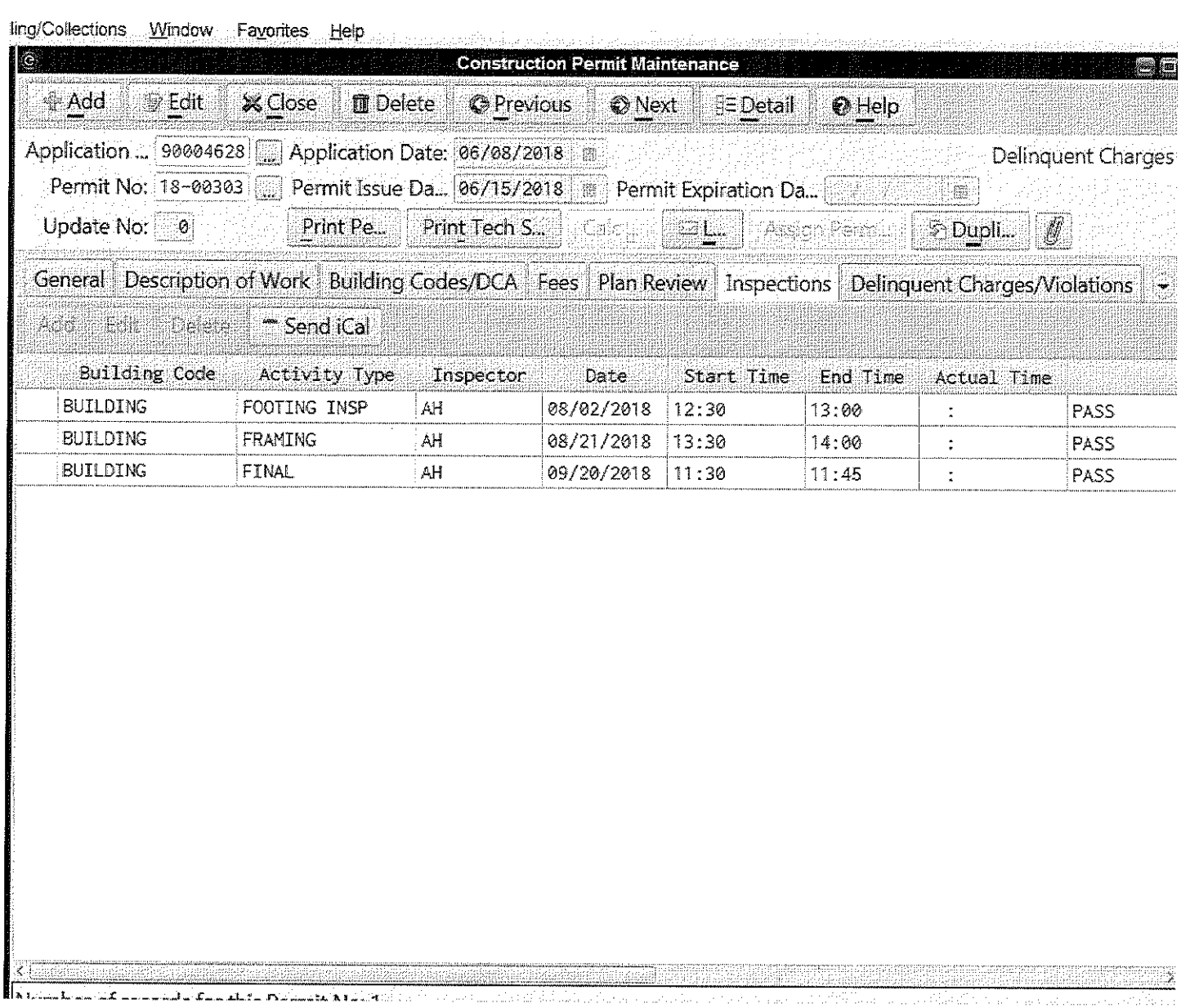
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 90004628 Application Date: 06/08/2018
Delinquent Charges
Permit No: 18-00303 Permit Issue Da... 06/15/2018 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Calc... L... Assign Perm... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Page 1 Page 2
Property Information
Block/Lot/Qual: 80 9.02
Location: 320 CONARD AVE
Owner: CATLING, JOHN A.
Street 1: 320 CONARD AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-3213
Country: Ph...
Email:
Property Class: 2 Historic Dis... View ...
Lookup ... Owner License No:
Custom... MTQUA00 M&T QUALITY CONSTRUCTION
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 09/26/2018
Primary Use Type: R-5
Additional Use T...
Construction Type:
Work Type: DECK
IBC Version:
Home Warranty ...
User Code:
Do Not Purge
Certificate Information
1: CA 09/26/2018 1 Print
2: Print
3: Print


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 90004628 Application Date: 06/08/2018
Delinquent Charges
Permit No: 18-00303 Permit Issue Da... 06/15/2018 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time
BUILDING FOOTING INSP AH 08/02/2018 12:30 13:00 : PASS
BUILDING FRAMING AH 08/21/2018 13:30 14:00 : PASS
BUILDING FINAL AH 09/20/2018 11:30 11:45 : PASS