From: Breean Stumpf
To: hmannel@collingswood.com
Subject: OPRA request - OPRA - 450 Woodlawn Terrace
Date: Tuesday, February 23, 2021 4:14:29 PM

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 450 Woodlawn Terrace.

Thanks,

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-20441-cdef75bc@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_450_woodlawn_terrace

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 #: 484-95
Date Issued: 12/04/95

IDENTIFICATION Block/Lot/Qual: 19.07 32.
Work Site Location: 450 WOODLAWN TER
Owner in Fee: RESSA
Address: 450 WOODLAWN 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 [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 $ 1,000.00

_____ _____
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 #: 484-95
Issue Date: 12/04/95
Application Id: 10002350
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: 19.07 32.

Work Site Location: 450 WOODLAWN TER

Owner in Fee: RESSA

Tel. [redacted] email:

450 WOODLAWN 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. 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 $ 1,000.00

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

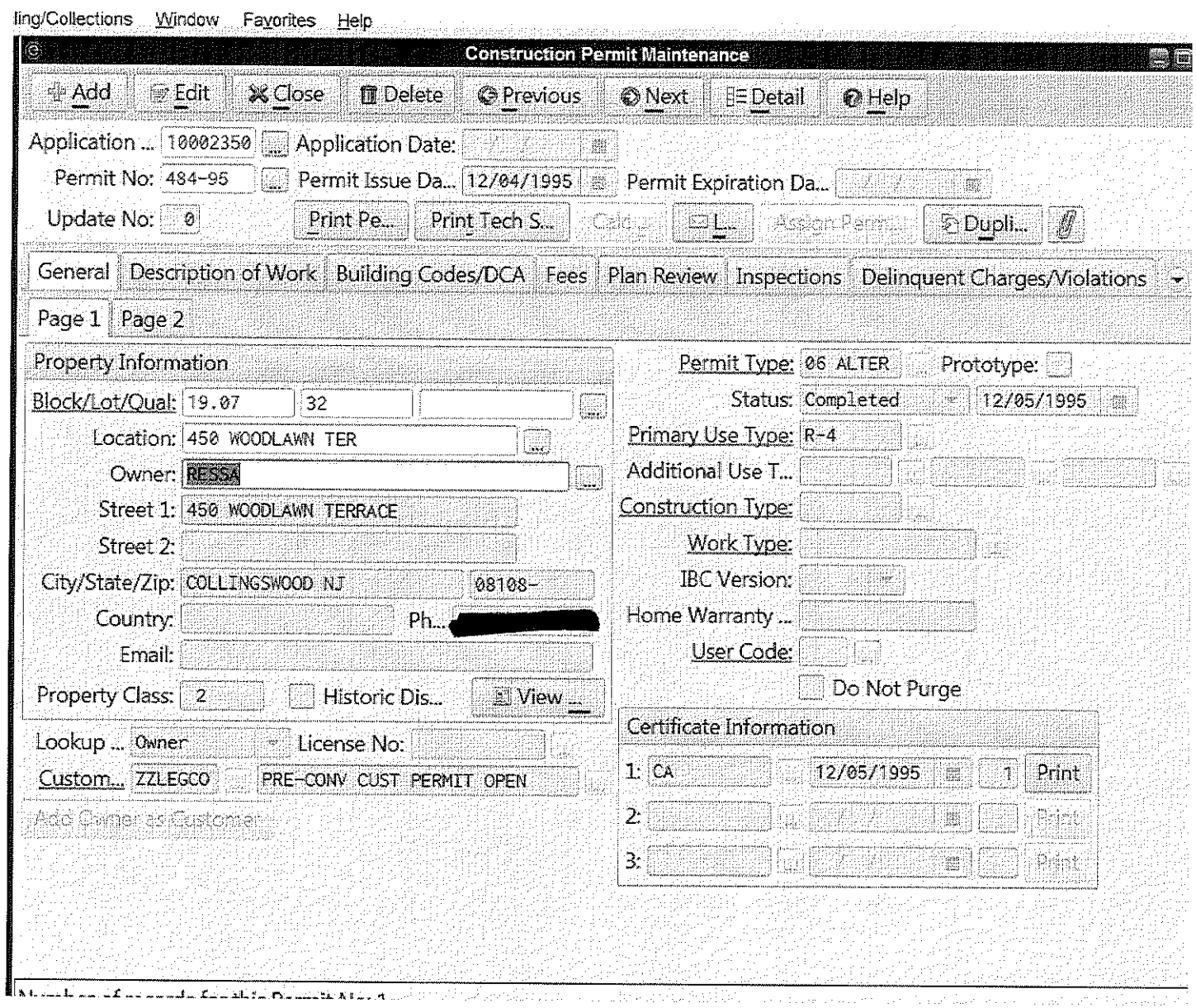
D. TECHNICAL SITE DATA

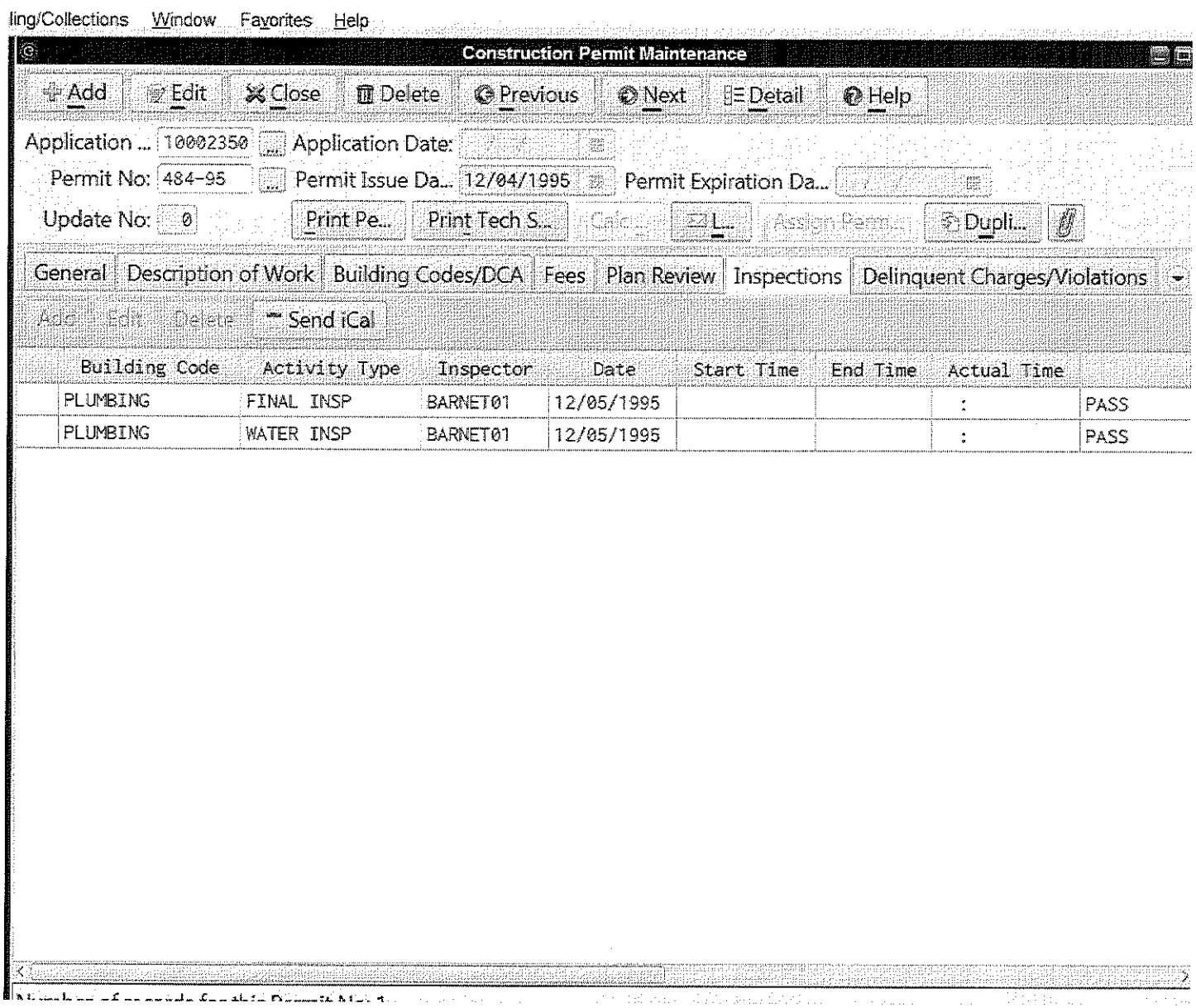
DESCRIPTION OF WORK

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	42.00
	Stacks _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 2.00
TOTAL FEE	$ 44.00

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 ... 10002350 Application Date:
Permit No: 484-95 Permit Issue Da... 12/04/1995 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Calc... L... 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: 19.07 32
Location: 450 WOODLAWN TER
Owner: RESSA
Street 1: 450 WOODLAWN TERRACE
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 12/05/1995
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 12/05/1995 1 Print
2: Print
3: Print


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10002350 Application Date:
Permit No: 484-95 Permit Issue Da... 12/04/1995 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Calc... L... 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 FINAL INSP BARNET01 12/05/1995 : PASS
PLUMBING WATER INSP BARNET01 12/05/1995 : PASS

CONSTRUCTION PERMIT

Permit #: 44-96
Date Issued: 02/22/96

IDENTIFICATION Block/Lot/Qual: 19.07 32.
Work Site Location: 450 WOODLAWN TER
Owner in Fee: RESSA JESSICA
Address: 450 WOODLAWN 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 (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
ROOFING.

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 $ 950.00

_____ _____
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 #: 44-96
Issue Date: 02/22/96
Application Id: 10002428
Application Date: 02/22/96

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

Block/Lot/Qual: 19.07 32.

Work Site Location: 450 WOODLAWN TER

Owner in Fee: RESSA JESSICA

Tel. [redacted] email:

450 WOODLAWN TERRACE COLLINGSWOOD NJ 08108

Contractor: CARL SORG ROOFING INC Tel. (856)964-1623

P.O. BOX 656 email:

PENNSAUKEN, NJ 08110

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

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

Federal Emp. ID No. 22-330460 FAX: (856)964-0105

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
ROOFING.

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-4 Proposed R-4

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) $ 950.00

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
- [X] Other _____
- [ ] Demolition

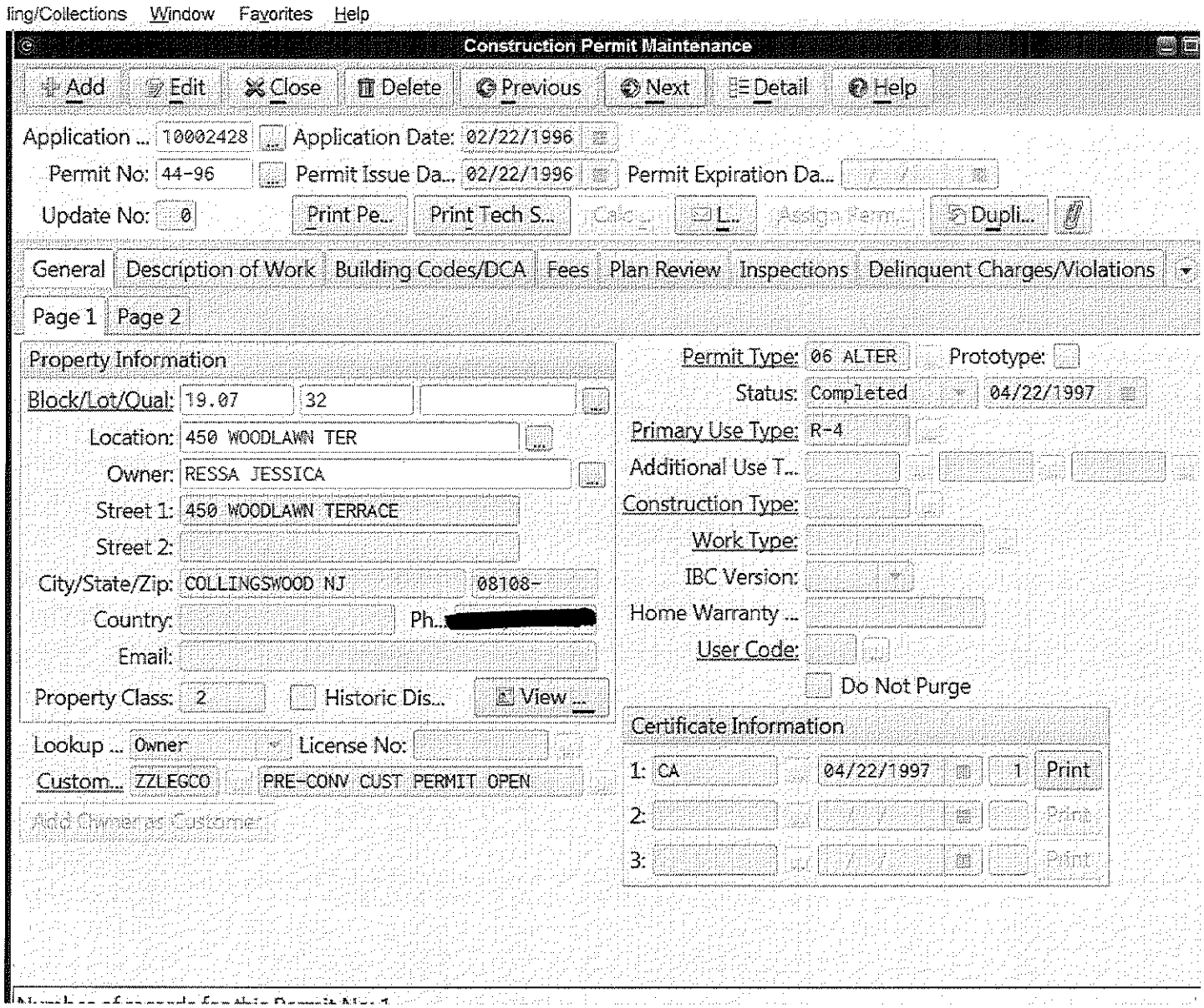
FEE (Office Use Only)

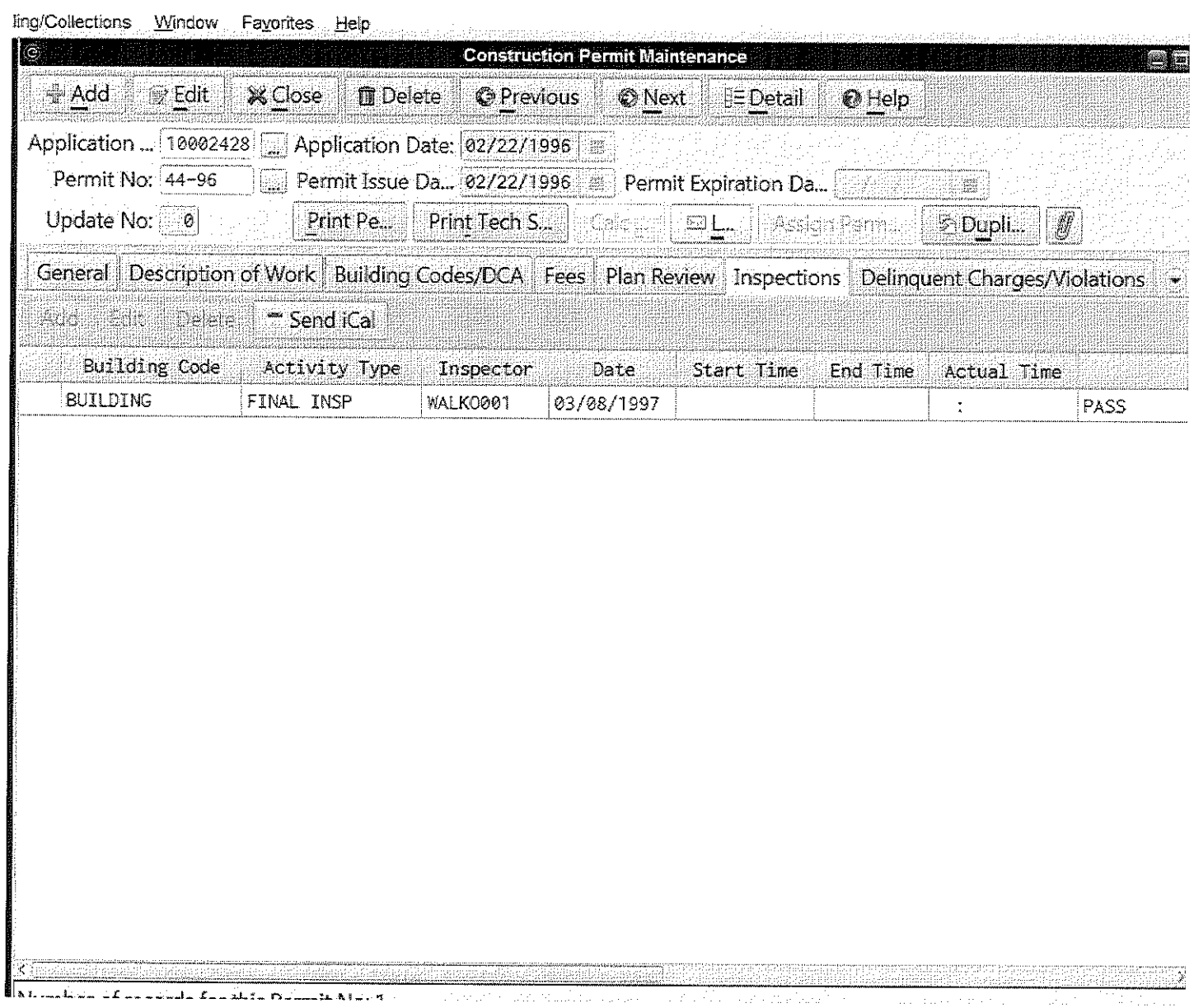
$	
	0.00
	46.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 2.00
TOTAL FEE	$ 48.00

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 ... 10002428 Application Date: 02/22/1996
Permit No: 44-96 Permit Issue Da... 02/22/1996 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: 19.07 32
Location: 450 WOODLAWN TER
Owner: RESSA JESSICA
Street 1: 450 WOODLAWN TERRACE
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 Changes as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 04/22/1997
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 04/22/1997 1 Print
2: Print
3: Print


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10002428 Application Date: 02/22/1996
Permit No: 44-96 Permit Issue Da... 02/22/1996 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
BUILDING FINAL INSP WALK0001 03/08/1997 : PASS

CONSTRUCTION PERMIT

Permit #: 00-0132
Date Issued: 05/02/00

IDENTIFICATION Block/Lot/Qual: 19.07 32.
Work Site Location: 450 WOODLAWN TER
Owner in Fee: SCHWEIM BILL
Address: 450 WOODLAWN 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 [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
REPLACE SEWER LINE.

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 $ 1,500.00

_____ _____
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 #: 00-0132
Issue Date: 05/02/00
Application Id: 10004738
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: 19.07 32.

Work Site Location: 450 WOODLAWN TER

Owner in Fee: SCHWEIM BILL

Tel. [redacted] email:

450 WOODLAWN TERRACE COLLINGSWOOD NJ 08108

Contractor: HARRY C WITTMAIER INC Tel [redacted]

215 EAST HOMESTEAD AVE email:

COLLINGSWOOD, NJ 08108

Contractor License No.: 6204 Exp Date: 06/30/21

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

Federal Emp. ID No. 261960657 FAX: (856)858-1972

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 $ 1,500.00

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

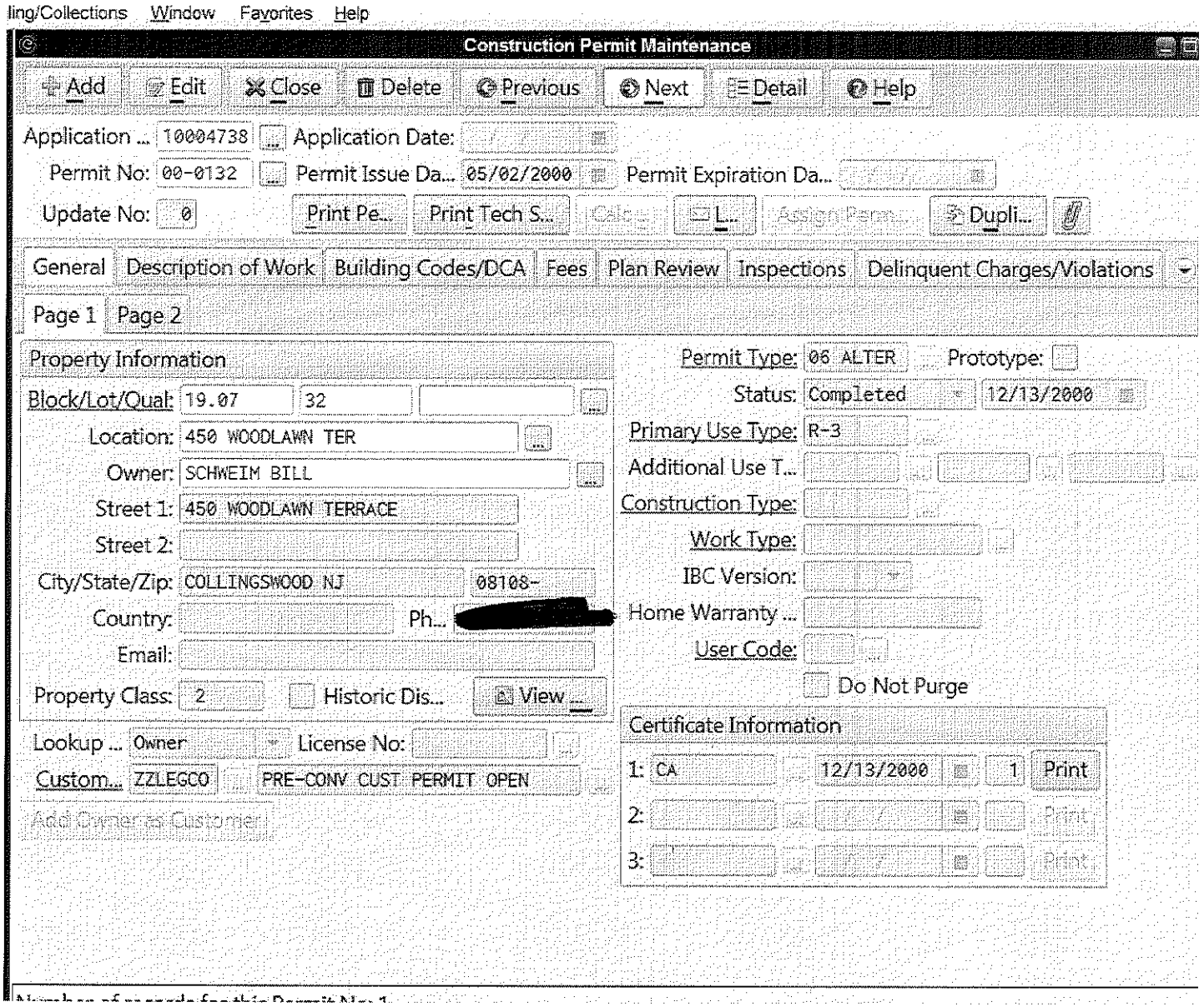
D. TECHNICAL SITE DATA

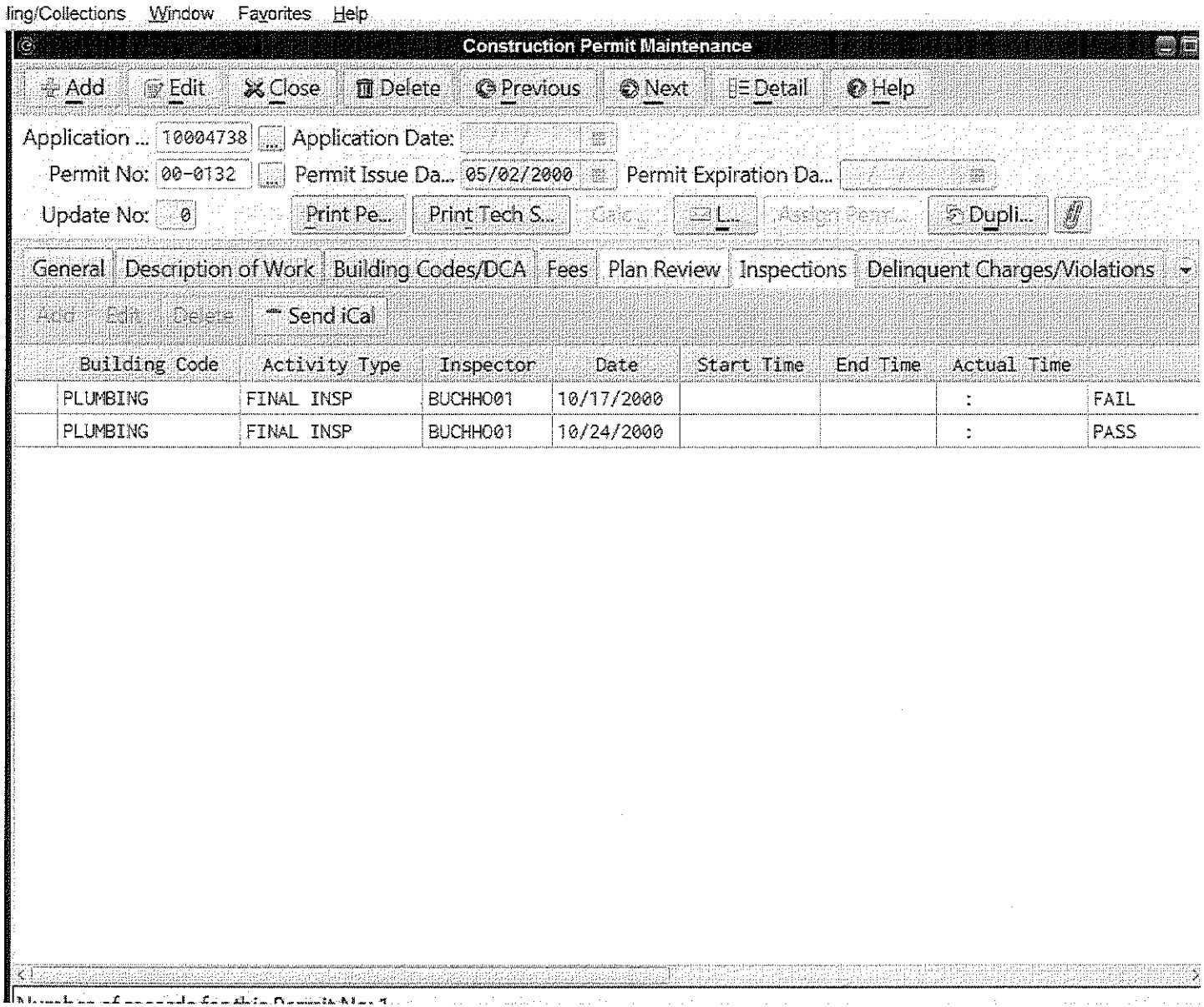
DESCRIPTION OF WORK
REPLACE SEWER LINE.

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	
1	Sewer Connection	32.00
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	8.00
State Permit Surcharge Fee	$	3.00
TOTAL FEE	$	43.00

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 ... 10004738 Application Date:
Permit No: 00-0132 Permit Issue Da... 05/02/2000 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... L... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Page 1 Page 2
Property Information
Block/Lot/Qual: 19.07 32
Location: 450 WOODLAWN TER
Owner: SCHWEIM BILL
Street 1: 450 WOODLAWN TERRACE
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 12/13/2000
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 12/13/2000 1 Print
2: Print
3: Print


ling/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10004738 Application Date:
Permit No: 00-0132 Permit Issue Da... 05/02/2000 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... L... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time
PLUMBING FINAL INSP BUCHHO01 10/17/2000 : FAIL
PLUMBING FINAL INSP BUCHHO01 10/24/2000 : PASS

CONSTRUCTION PERMIT

Permit #: 09-0285
Date Issued: 07/27/09

IDENTIFICATION Block/Lot/Qual: 19.07 32.
Work Site Location: 450 WOODLAWN TER
Owner in Fee: RADELET SHARON
Address: 450 WOODLAWN 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 [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
REPLACE FURNACE AND HOT WATER HEATER.

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 $ 11,063.00

_____ _____
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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 09-0285
Issue Date: 07/27/09
Application Id: 10011754
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: 19.07 32.
Work Site Location: 450 WOODLAWN TER

Owner in Fee: RADELET SHARON
Tel. [redacted] email:
450 WOODLAWN TERRACE COLLINGSWOOD NJ 08108
Contractor: HUTCHINSON PLUMBING HEATCOOL Tel. [redacted]
621 CHAPEL AVE email:
CHERRY HILL, NJ 08034
Contractor License No.: 13VH017475 Exp Date: 12/31/13
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-376625 FAX: (856)429-4995

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 $ 50.00

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:
REPLACE FURNACE AND HOT WATER HEATER.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 45.00
		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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	2.00
TOTAL FEE	$	47.00

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 09-0285
Issue Date: 07/27/09
Application Id: 10011754
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: 19.07 32.

Work Site Location: 450 WOODLAWN TER

Owner in Fee: RADELET SHARON

Tel [redacted] email:

450 WOODLAWN TERRACE COLLINGSWOOD NJ 08108

Contractor: HUTCHINSON PLUMBING HEATCOOL Tel [redacted]

621 CHAPEL AVE email:

CHERRY HILL, NJ 08034

Contractor License No.: 13VH017475 Exp Date: 12/31/13

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

Federal Emp. ID No. 22-376625 FAX: (856)429-4995

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 $ 50.00

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
REPLACE FURNACE AND HOT WATER HEATER.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	13.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	27.00
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	40.00

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 #: 09-0285
Issue Date: 07/27/09
Application Id: 10011754
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: 19.07 32.

Work Site Location: 450 WOODLAWN TER

Owner in Fee: RADELET SHARON

Tel. [redacted] email:

450 WOODLAWN TERRACE COLLINGSWOOD NJ 08108

Contractor: HUTCHINSON PLUMBING HEATCOOL Tel. (856)429-5807

621 CHAPEL AVE email:

CHERRY HILL, NJ 08034

Fire Alarm Contractor No.: 13VH017475 Exp Date: 12/31/13

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

Federal Emp. ID No. 22-376625 FAX: (856)429-4995

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 $ 10,963.00

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

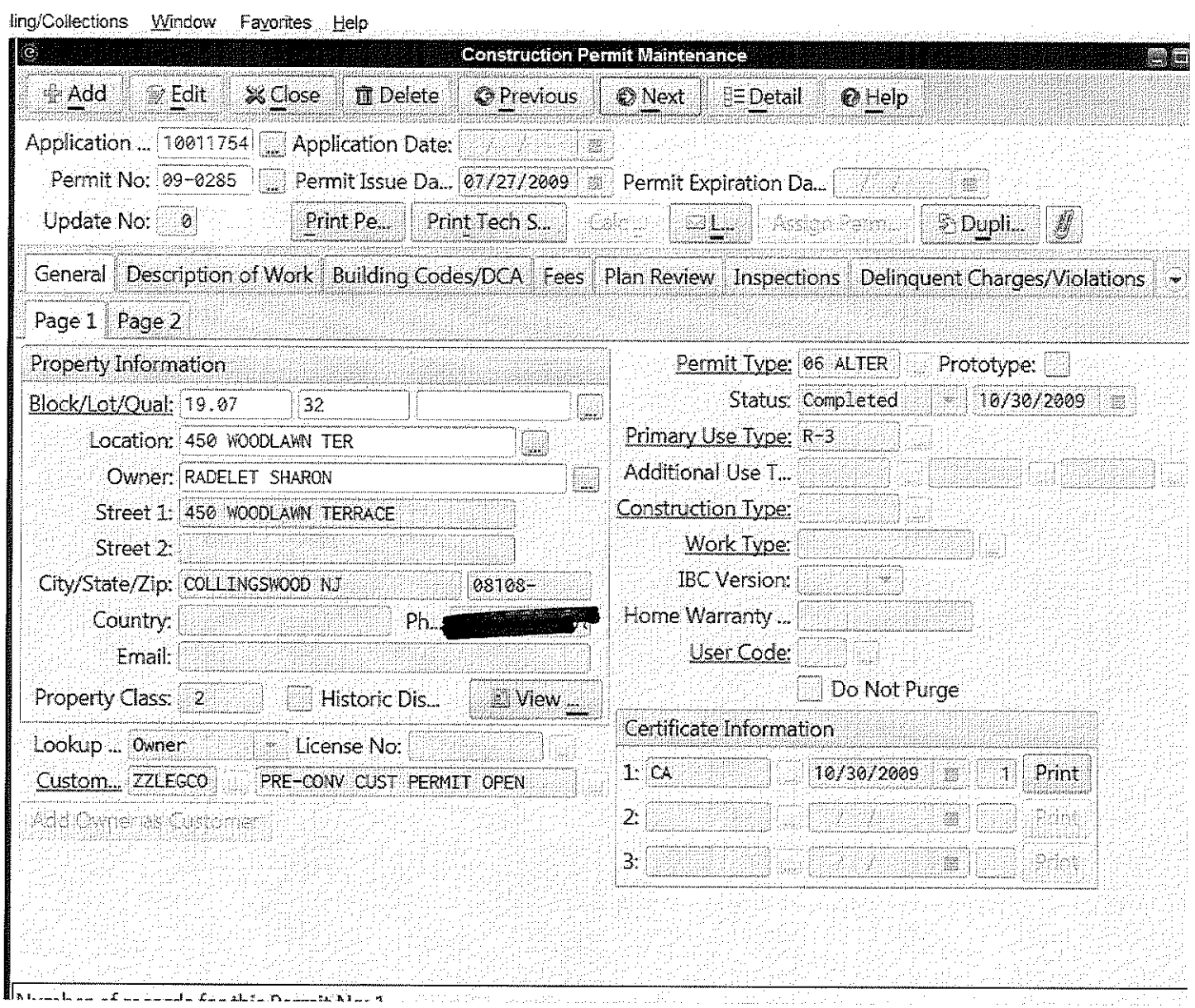
DESCRIPTION OF WORK: REPLACE FURNACE AND HOT WATER HEATER.

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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid	2	116.00
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge		$
Minimum Fee		$
State Permit Surcharge Fee		$ 21.00
TOTAL FEE		$ 137.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.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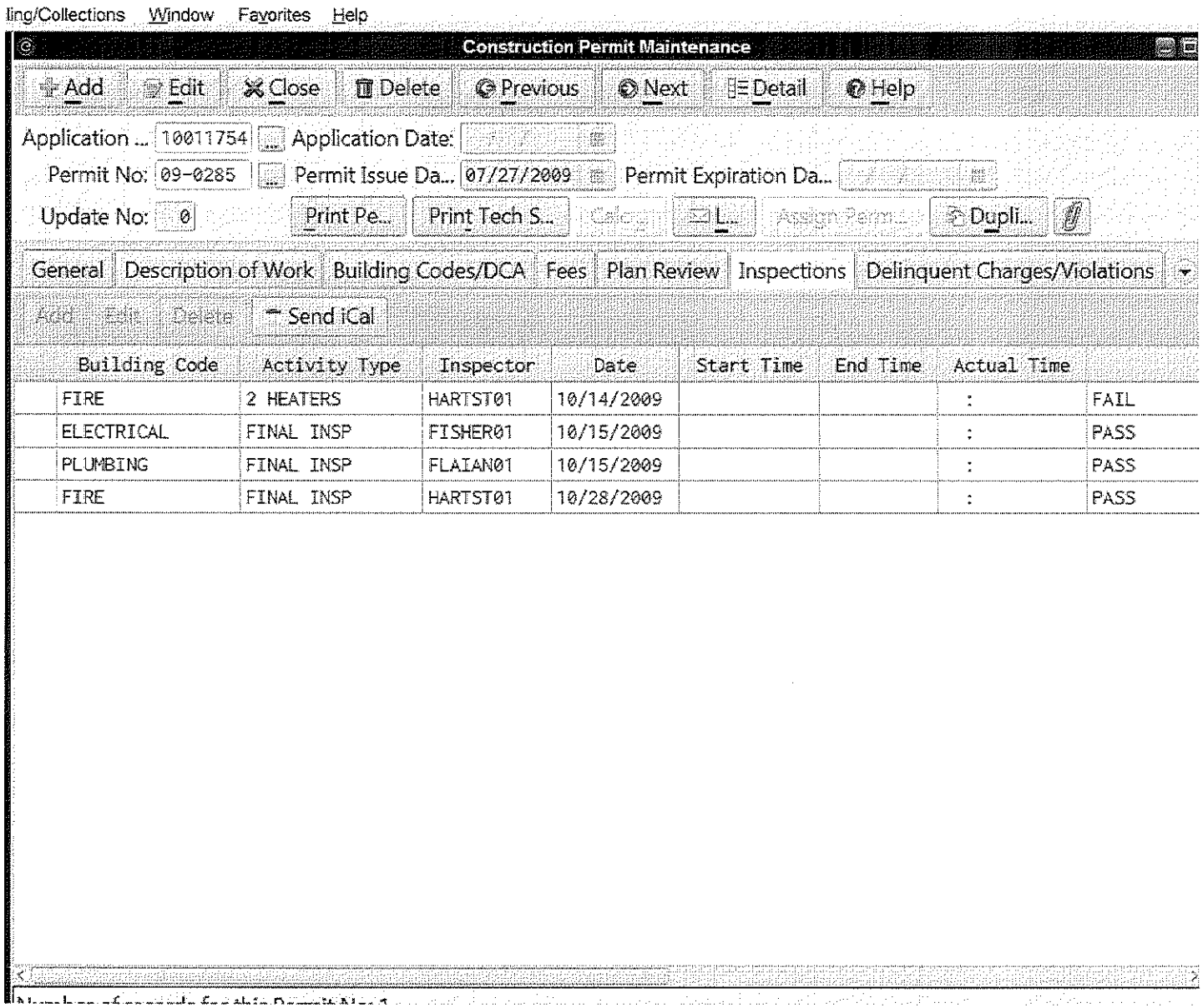
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application ... 10011754 Application Date:
Permit No: 09-0285 Permit Issue Da... 07/27/2009 Permit Expiration Da...
Update No: 0 Print Pe... Print Tech S... Dupli...
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations
Page 1 Page 2
Property Information
Block/Lot/Qual: 19.07 32
Location: 450 WOODLAWN TER
Owner: RADELET SHARON
Street 1: 450 WOODLAWN TERRACE
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 10/30/2009
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 10/30/2009 1 Print
2: Print
3: Print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Update No: 0 Print Pe... Print Tech S... L... 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
FIRE 2 HEATERS HARTST01 10/14/2009 : FAIL
ELECTRICAL FINAL INSP FISHER01 10/15/2009 : PASS
PLUMBING FINAL INSP FLAIAN01 10/15/2009 : PASS
FIRE FINAL INSP HARTST01 10/28/2009 : PASS