CONSTRUCTION PERMIT

Permit #: 19-00613
Date Issued: 01/02/20

IDENTIFICATION Block/Lot/Qual: 133. 9.
Work Site Location: 40 HADDON AVE
Owner in Fee: 40 HADDON AVENUE HOLDING LLC
Address: 9 COLEMAN ROAD
EAST BRUNSWICK 08116
Tel. (609)845-4788

Contractor: ZOE GENERAL CONTRACTORS LLC
Address: 75 HINSDALE LN
WILLINGBORO, NJ 08046
Tel. (609)346-5586
Lic. No. or Bldrs. Reg. No. 13VH01975100

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVE LOAD BEARING WALL AND CONSTRUCT HALF WALL IN KITCHEN. BATHROOM RENOV., HWH

PAYMENTS (Office Use Only)	
Building	96.00
Electrical	
Plumbing	105.00
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	9.00
Cert. of Occupancy	
Other	
Total	210.00

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 $ 4,800.00

_____ _____
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 #: 19-00613
Issue Date: 01/02/20
Application Id: 90005817
Application Date: 10/18/19

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

Block/Lot/Qual: 133. 9.

Work Site Location: 40 HADDON AVE

Owner in Fee: 40 HADDON AVENUE HOLDING LLC

Tel. (609)845-4788 email:

9 COLEMAN ROAD EAST BRUNSWICK 08116

Contractor: ZOE GENERAL CONTRACTORS LLC Tel. (609)346-5586

75 HINSDALE LN email: ZOECONSTRUCTIONLLC@GMAIL.COM

WILLINGBORO, NJ 08046

Contractor License No. or Builder Registration No.: 13VH01975100 Exp Date: 03/31/20

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

Federal Emp. ID No. 141918711 FAX: (866)357-7801

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
REMOVE LOAD BEARING WALL AND CONSTRUCT
HALF WALL IN KITCHEN. BATHROOM RENOV.,
HWH

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:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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-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) $ 2,500.00

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
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ _____
_____
96.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 5.00
TOTAL FEE	$ 101.00

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 19-00613
Issue Date: 01/02/20
Application Id: 90005817
Application Date: 10/18/19

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

Block/Lot/Qual: 133. 9.

Work Site Location: 40 HADDON AVE

Owner in Fee: 40 HADDON AVENUE HOLDING LLC

Tel. (609)845-4788 email:

9 COLEMAN ROAD EAST BRUNSWICK 08116

Contractor: A. BELL & SON MECH. INC. Tel. (609)346-5586

1734 GRANT AVE email:

ATLANTIC CITY, NJ 08401

Contractor License No.: 36BI00996200 Exp Date: 06/30/21

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

Federal Emp. ID No. 437888773 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

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

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

Est. Cost of Plumbing Work $ 2,300.00

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

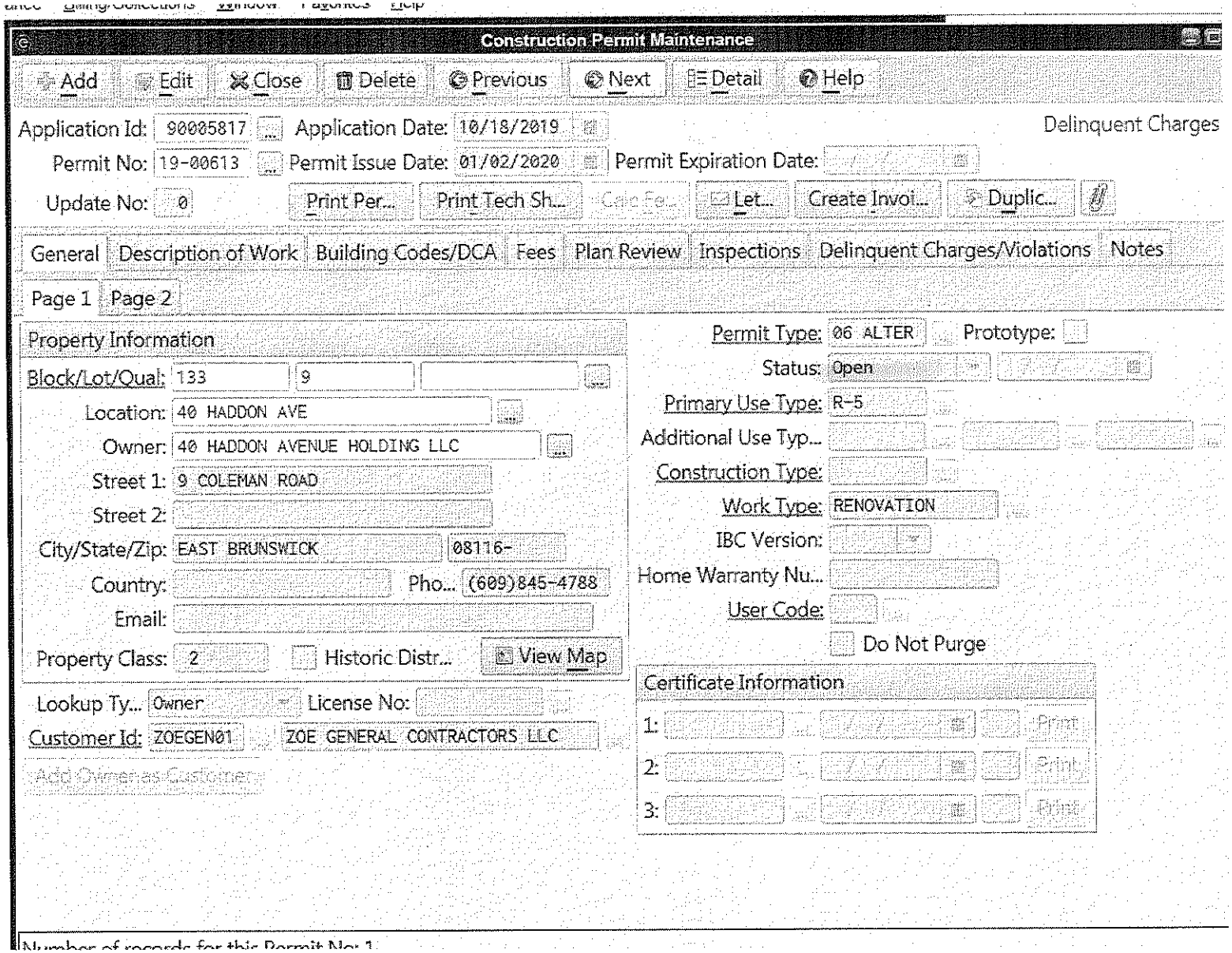
D. TECHNICAL SITE DATA

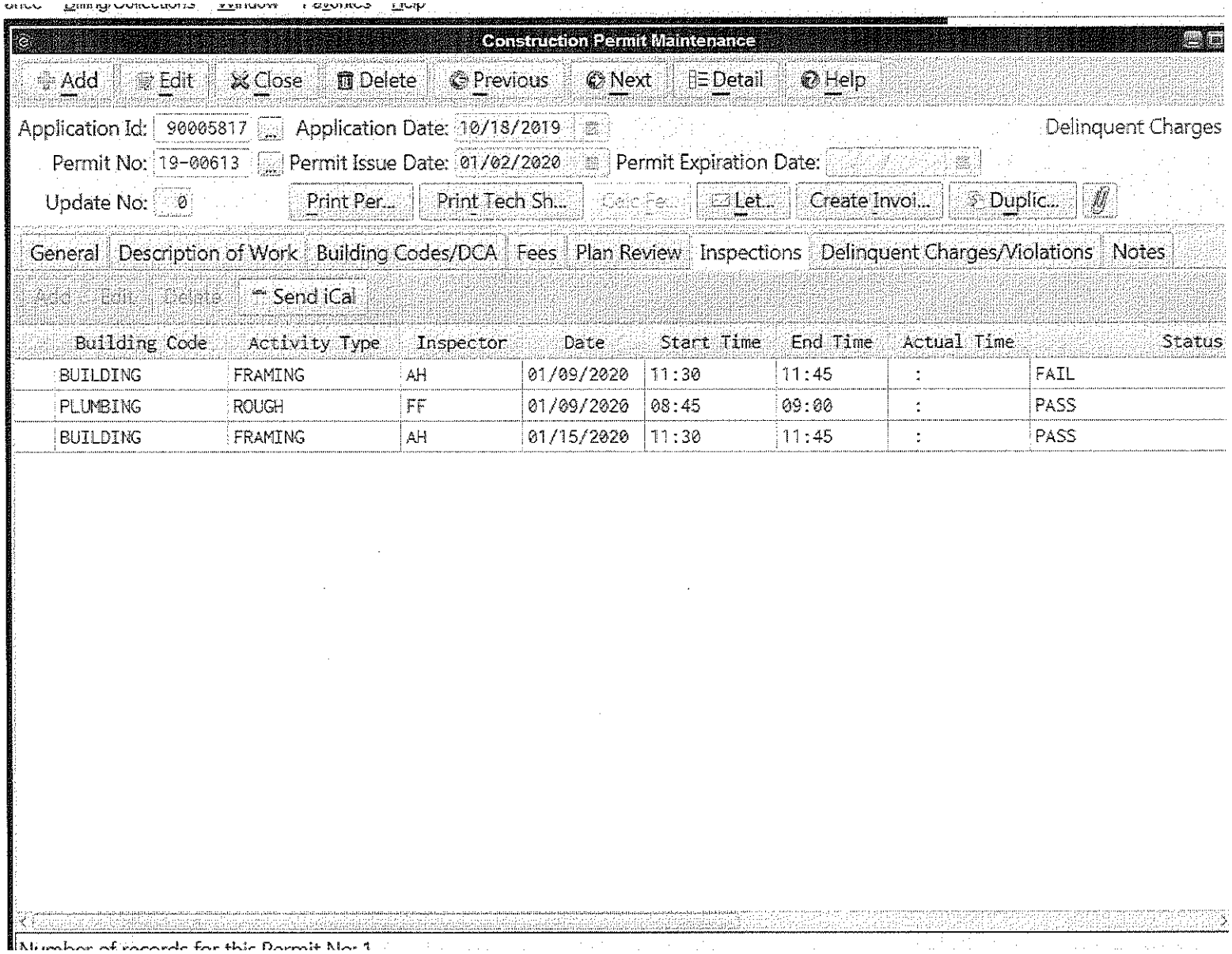
DESCRIPTION OF WORK
REMOVE LOAD BEARING WALL AND CONSTRUCT HALF WALL IN KITCHEN. BATHROOM RENOV.,

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 15.00
	Urinal/Bidet	
1	Bath Tub	15.00
1	Lavatory	15.00
	Shower	
	Floor Drain	
1	Sink	15.00
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	15.00
	Fuel Oil Piping	
2	Gas Piping	30.00
	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	$	4.00
TOTAL FEE	$	109.00

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 Id: 90005817
Application Date: 10/18/2019
Delinquent Charges
Permit No: 19-00613
Permit Issue Date: 01/02/2020
Permit Expiration Date:
Update No: 0
Print Per...
Print Tech Sh...
Let...
Create Invoi...
Duplic...
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 133 9
Location: 40 HADDON AVE
Owner: 40 HADDON AVENUE HOLDING LLC
Street 1: 9 COLEMAN ROAD
Street 2:
City/State/Zip: EAST BRUNSWICK 08116-
Country:
Pho... (609)845-4788
Email:
Property Class: 2
Historic Distr...
View Map
Lookup Ty... Owner
License No:
Customer Id: ZOEGEN01
ZOE GENERAL CONTRACTORS LLC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Open
Primary Use Type: R-5
Additional Use Typ...
Construction Type:
Work Type: RENOVATION
IBC Version:
Home Warranty Nu...
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Print
Print


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005817
Application Date: 10/18/2019
Delinquent Charges
Permit No: 19-00613
Permit Issue Date: 01/02/2020
Permit Expiration Date:
Update No: 0
Print Per...
Print Tech Sh...
Let...
Create Invoi...
Duplic...
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
BUILDING FRAMING AH 01/09/2020 11:30 11:45 : FAIL
PLUMBING ROUGH FF 01/09/2020 08:45 09:00 : PASS
BUILDING FRAMING AH 01/15/2020 11:30 11:45 : PASS

CONSTRUCTION PERMIT

Permit #: 318-91
Date Issued: 09/24/91

IDENTIFICATION Block/Lot/Qual: 133. 9.
Work Site Location: 40 HADDON AVE
Owner in Fee: MOWERY ELSIE
Address: 40 HADDON AVE
COLLINGSWOOD NJ 08108
Tel. (609)854-1551

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
[X] ELECTRICAL [X] 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 $ 2,000.00

_____ _____
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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 318-91
Issue Date: 09/24/91
Application Id: 90000961
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: 133. 9.
Work Site Location: 40 HADDON AVE

Owner in Fee: MOWERY ELSIE
Tel. (609)854-1551 email:
40 HADDON AVE COLLINGSWOOD NJ 08108
Contractor: GEORGE J FLINN ELEC CONTR Tel. (856)784-7454
12 LEE LN email:
ERIAL, NJ 08081
Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-276363 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-4 Proposed R-4
[ ] 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
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

I hereby 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:

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	$ 32.00
		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	
1		HP/KW Space Heater/Air Handler	0.00
		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	$	3.00
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	36.00

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 #: 318-91
Issue Date: 09/24/91
Application Id: 90000961
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: 133. 9.

Work Site Location: 40 HADDON AVE

Owner in Fee: MOWERY ELSIE
Tel. (609)854-1551 email:
40 HADDON AVE COLLINGSWOOD NJ 08108
Contractor: MOHRFELDPETRO Tel. (609)854-1234
1435 RIVER RD email:
CAMDEN, NJ 08102
Fire Alarm Contractor No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 21-051631 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-4 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 $ 1,900.00

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

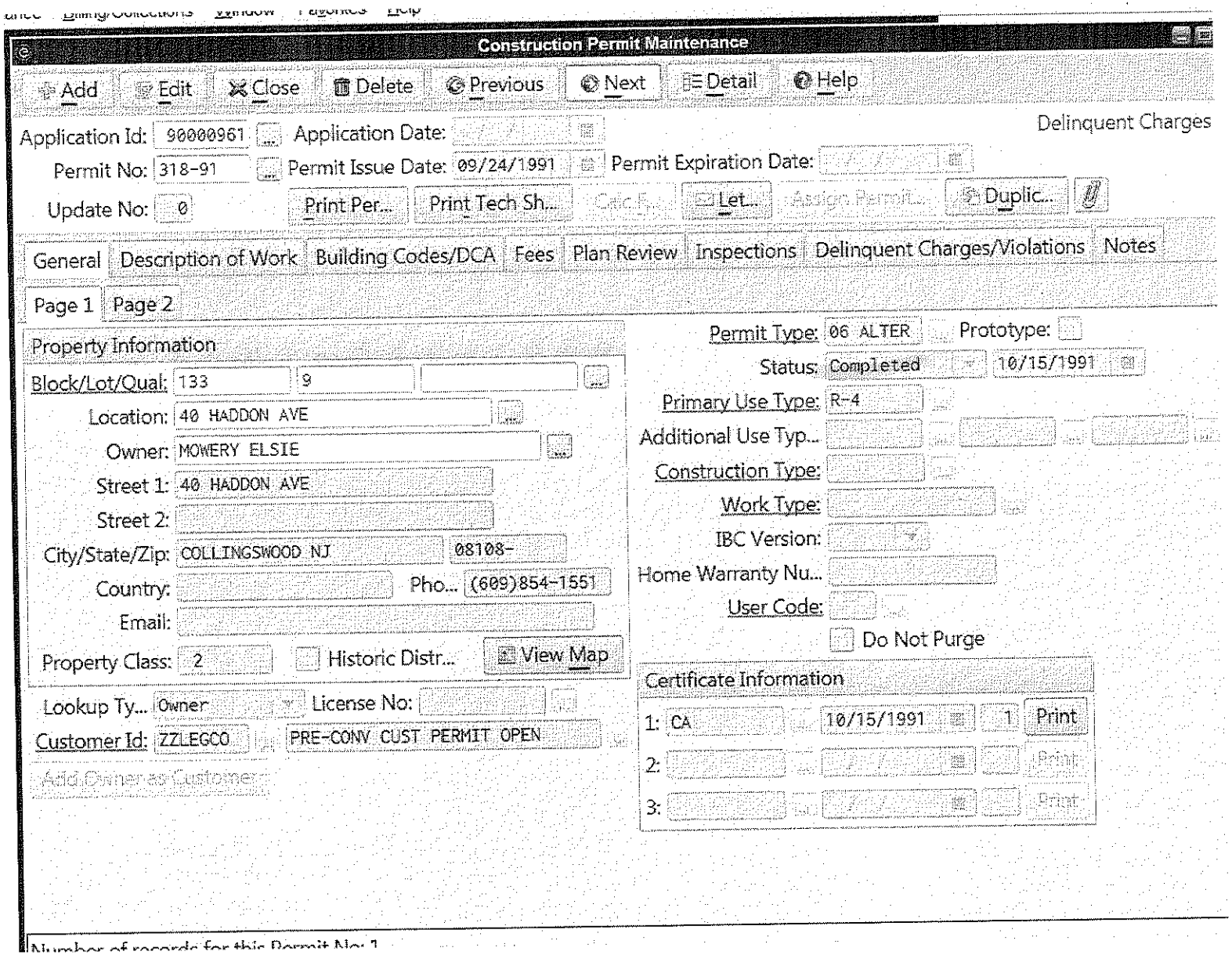
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
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	1	40.00
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	4.00
TOTAL FEE $	44.00

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 Id: 90000961
Application Date:
Delinquent Charges
Permit No: 318-91
Permit Issue Date: 09/24/1991
Permit Expiration Date:
Update No: 0
Print Per...
Print Tech Sh...
Let...
Duplic...
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 133 9
Location: 40 HADDON AVE
Owner: MOWERY ELSIE
Street 1: 40 HADDON AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Pho... (609)854-1551
Email:
Property Class: 2
Historic Distr...
View Map
Lookup Ty... Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 10/15/1991
Primary Use Type: R-4
Additional Use Typ...
Construction Type:
Work Type:
IBC Version:
Home Warranty Nu...
User Code:
Do Not Purge
Certificate Information
1: CA 10/15/1991 1 Print
2: Print
3: Print

CONSTRUCTION PERMIT

Permit #: 02-0252
Date Issued: 04/12/02

IDENTIFICATION Block/Lot/Qual: 133. 9.
Work Site Location: 40 HADDON AVE
Owner in Fee: BATES, RETA L.
Address: 40 HADDON AVENUE
COLLINGSWOOD, NJ 08108
Tel. (856)858-0684

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

DESCRIPTION OF WORK:
INSTALL NEW OIL FIRED HOT WATER BOILER.

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 $ 2,263.00

_____ _____
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 #: 02-0252
Issue Date: 04/12/02
Application Id: 10006156
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: 133. 9.
Work Site Location: 40 HADDON AVE

Owner in Fee: BATES, RETA L.
Tel. (856)858-0684 email:
40 HADDON AVENUE COLLINGSWOOD, NJ 08108
Contractor: OIL COMPANY Tel. (856)786-0707
1708 UNION LANDING RD email:
CINNAMINSON, NJ 08077
Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-377223 FAX:

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 $ 1,131.00

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
INSTALL NEW OIL FIRED HOT WATER BOILER.

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	
1	Hot Water Boiler	8.00
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	52.00
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 2.00
TOTAL FEE	$ 62.00

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 #: 02-0252
Issue Date: 04/12/02
Application Id: 10006156
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: 133. 9.

Work Site Location: 40 HADDON AVE

Owner in Fee: BATES, RETA L.

Tel. (856)858-0684 email:

40 HADDON AVENUE COLLINGSWOOD, NJ 08108

Contractor: OIL COMPANY Tel. (856)786-0707

1708 UNION LANDING RD email:

CINNAMINSON, NJ 08077

Fire Alarm Contractor No.: Exp Date:

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

Federal Emp. ID No. 22-377223 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 $ 1,132.00

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: INSTALL NEW OIL FIRED HOT WATER BOILER.

Water Supply Source _____

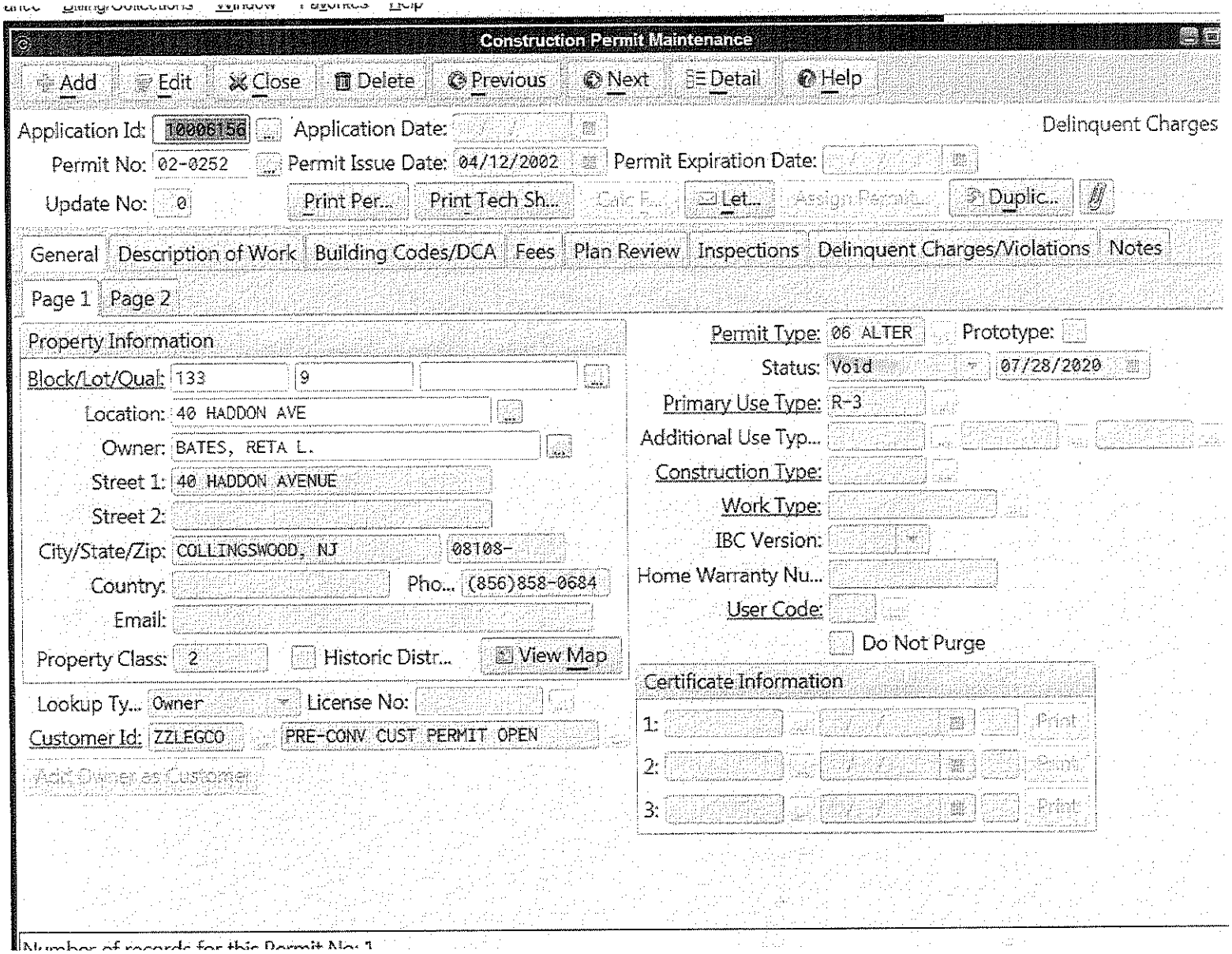
Method of Alarm/Suppression System Supervision _____

	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	1	46.00
Fireplace Venting/Metal Chimney		
Other _____		

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

U.C.C. F140 (rev. 02/11) Internet version

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 Id: 10006156
Application Date:
Delinquent Charges
Permit No: 02-0252
Permit Issue Date: 04/12/2002
Permit Expiration Date:
Update No: 0
Print Per...
Print Tech Sh...
Let...
Duplic...
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 133 9
Location: 40 HADDON AVE
Owner: BATES, RETA L.
Street 1: 40 HADDON AVENUE
Street 2:
City/State/Zip: COLLINGSWOOD, NJ 08108-
Country:
Pho... (856)858-0684
Email:
Property Class: 2
Historic Distr...
View Map
Lookup Ty... Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Void 07/28/2020
Primary Use Type: R-3
Additional Use Typ...
Construction Type:
Work Type:
IBC Version:
Home Warranty Nu...
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Number of records for this Permit No: 1

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 06-0109
Issue Date: 03/08/06
Application Id: 10009066
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: 133. 9.
Work Site Location: 40 HADDON AVE

Owner in Fee: BATES, RETA L.
Tel. (856)858-0684 email:
40 HADDON AVENUE COLLINGSWOOD, NJ 08108
Contractor: ATLANTIC HEATING & COOLING Tel. (856)854-4810
P.O. BOX 53 email:
OAKLYN, NJ 08107
Contractor License No.: 13VH01620800 Exp Date: 03/31/18
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 149425288 FAX: (856)858-0028

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 $ 800.00

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 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	10.00
	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	$ 30.00
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.

CONSTRUCTION PERMIT

Permit #: 06-0109
Date Issued: 03/08/06

IDENTIFICATION Block/Lot/Qual: 133. 9.
Work Site Location: 40 HADDON AVE
Owner in Fee: BATES, RETA L.
Address: 40 HADDON AVENUE
COLLINGSWOOD, NJ 08108
Tel. (856)858-0684

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 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 _____

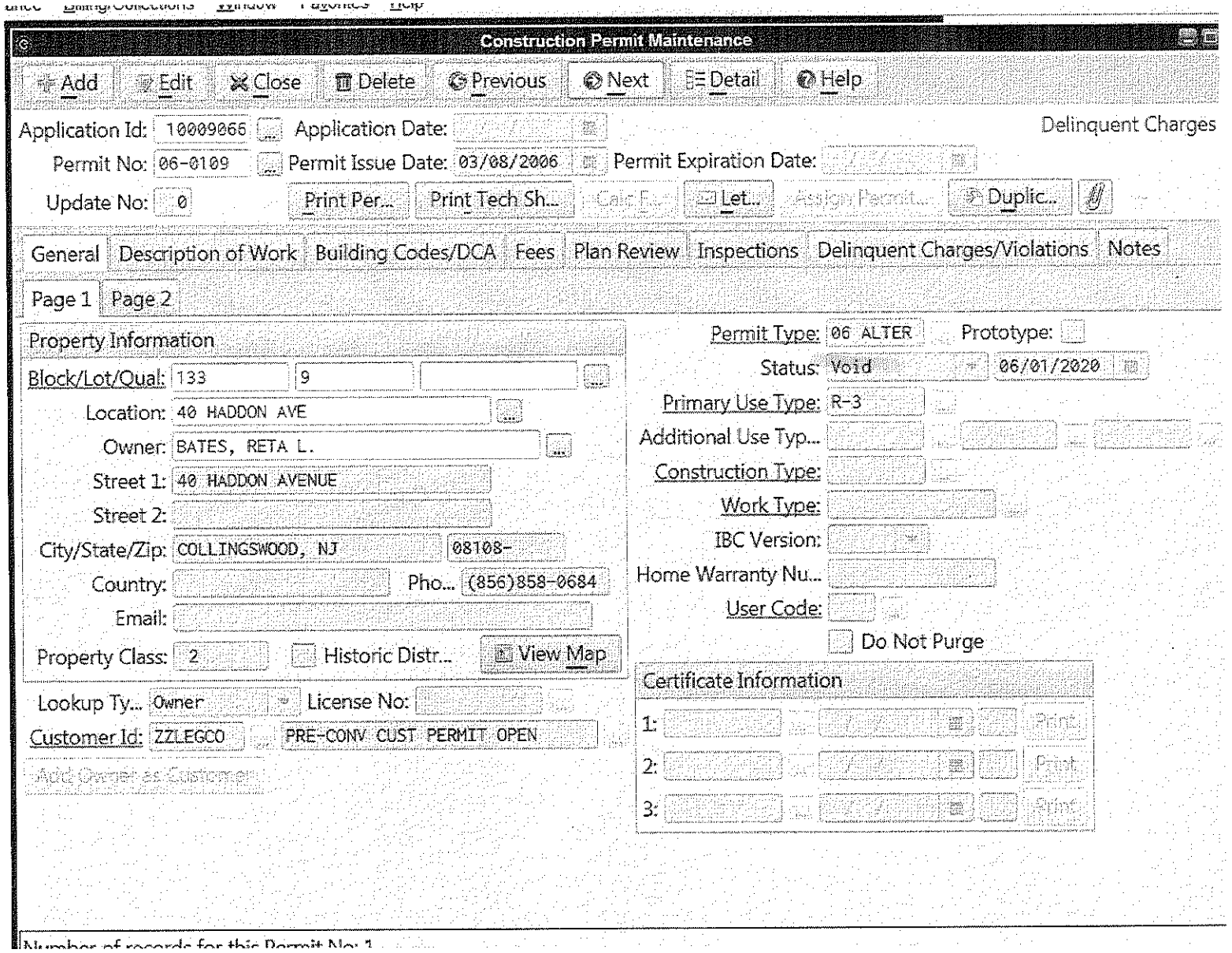
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Est. Cost of Work $ 800.00

_____ _____
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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10009065
Application Date:
Delinquent Charges
Permit No: 06-0109
Permit Issue Date: 03/08/2006
Permit Expiration Date:
Update No: 0
Print Per...
Print Tech Sh...
Let...
Duplic...
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 133 9
Location: 40 HADDON AVE
Owner: BATES, RETA L.
Street 1: 40 HADDON AVENUE
Street 2:
City/State/Zip: COLLINGSWOOD, NJ 08108-
Country:
Pho... (856)858-0684
Email:
Property Class: 2
Historic Distr...
View Map
Lookup Ty... Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Void 06/01/2020
Primary Use Type: R-3
Additional Use Typ...
Construction Type:
Work Type:
IBC Version:
Home Warranty Nu...
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Print
Print
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 19-00547
Date Issued: 01/02/20

IDENTIFICATION Block/Lot/Qual: 133. 9.
Work Site Location: 40 HADDON AVE
Owner in Fee: 40 HADDON AVENUE HOLDING LLC
Address: 40 HADDON AVENUE
COLLINGSWOOD, NJ 08108
Tel. (609)945-4788

Contractor: LIGHTSOURCE CONTR. & ELEC. INC
Address: 157 FORREST AVENUE
RUNNEMEDE, NJ 08078
Tel. (856)308-3581
Lic. No. or Bldrs. Reg. No. 15444

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REWIRE HOUSE

PAYMENTS (Office Use Only)	
Building	
Electrical	151.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	8.00
Cert. of Occupancy	
Other	
Total	159.00

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 $ 4,000.00

_____ _____
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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 19-00547
Issue Date: 01/02/20
Application Id: 90005728
Application Date: 09/13/19

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

Block/Lot/Qual: 133. 9.
Work Site Location: 40 HADDON AVE

Owner in Fee: 40 HADDON AVENUE HOLDING LLC
Tel. (609)945-4788 email:
40 HADDON AVENUE COLLINGSWOOD, NJ 08108
Contractor: LIGHTSOURCE CONTR. & ELEC. INC Tel. (856)308-3581
157 FORREST AVENUE email:
RUNNEMEDE, NJ 08078
Contractor License No.: 15444 Exp Date: 03/31/21
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 204739144 FAX: (856)665-3037

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 $ 4,000.00

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
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

I hereby 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

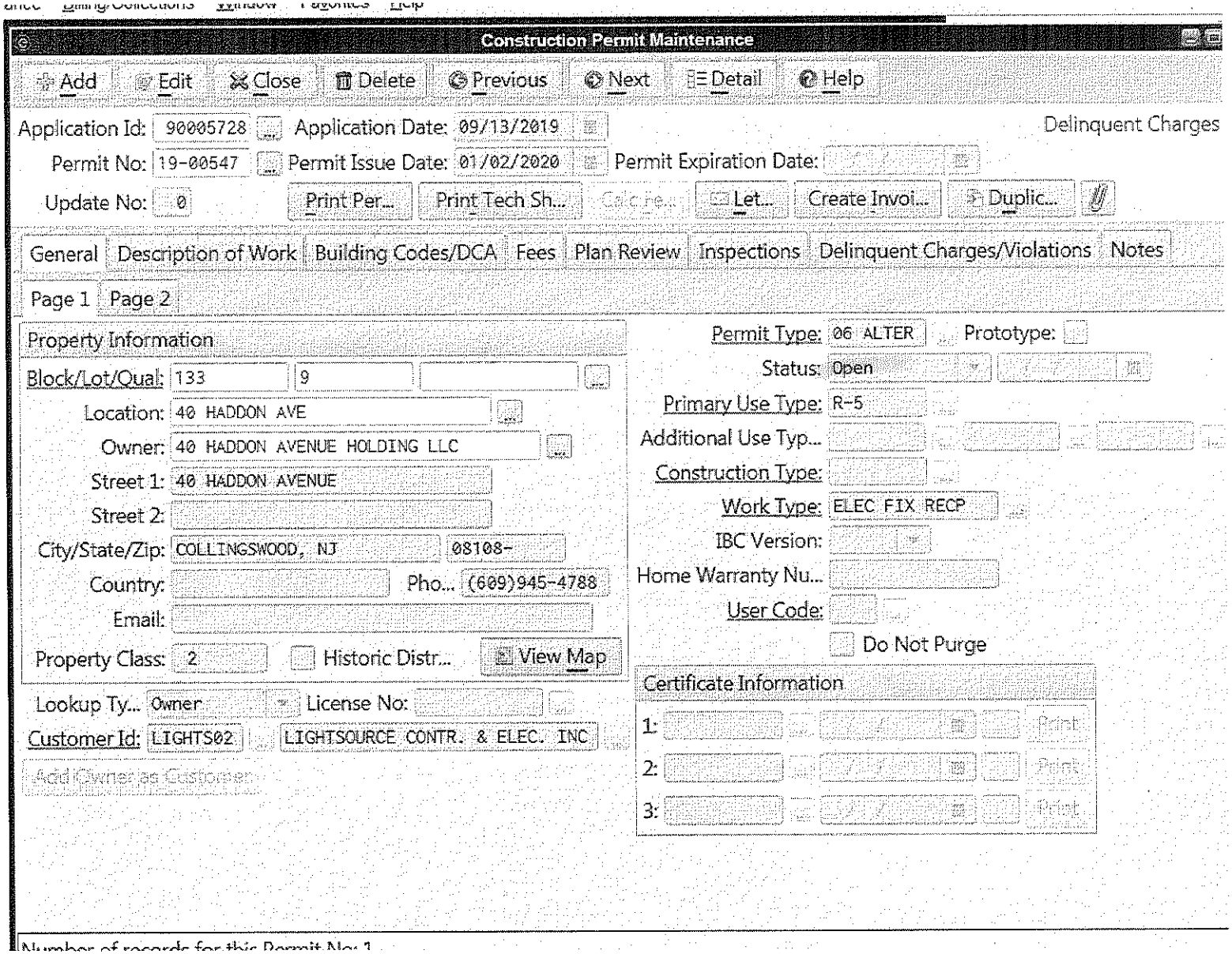
DESCRIPTION OF WORK:
REWIRE HOUSE

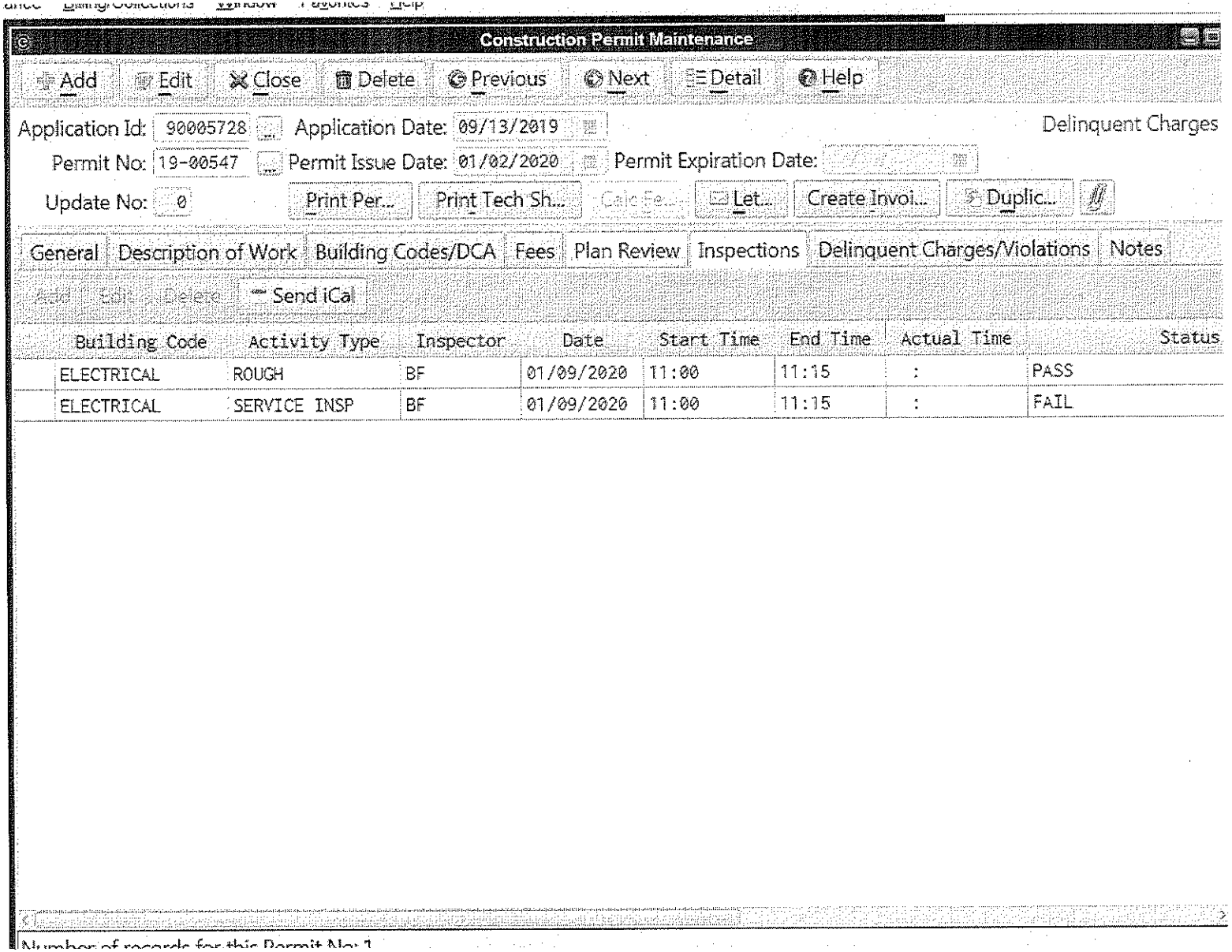
QTY.	SIZE	ITEMS	FEE (Office Use Only)
22		Lighting Fixtures	
28		Receptacles	
14		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
64		TOTAL NUMBERS	$ 56.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	15.00
1		HP Garbage Disposal	15.00
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	65.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	8.00
TOTAL FEE	$	159.00

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.


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90005728
Application Date: 09/13/2019
Delinquent Charges
Permit No: 19-00547
Permit Issue Date: 01/02/2020
Permit Expiration Date:
Update No: 0
Print Per...
Print Tech Sh...
Let...
Create Invoi...
Duplic...
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 133 9
Location: 40 HADDON AVE
Owner: 40 HADDON AVENUE HOLDING LLC
Street 1: 40 HADDON AVENUE
Street 2:
City/State/Zip: COLLINGSWOOD, NJ 08108-
Country:
Pho... (609)945-4788
Email:
Property Class: 2
Historic Distr...
View Map
Lookup Ty... Owner
License No:
Customer Id: LIGHTS02
LIGHTSOURCE CONTR. & ELEC. INC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Open
Primary Use Type: R-5
Additional Use Typ...
Construction Type:
Work Type: ELEC FIX RECP
IBC Version:
Home Warranty Nu...
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Print
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
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Application Id: 90005728
Application Date: 09/13/2019
Delinquent Charges
Permit No: 19-00547
Permit Issue Date: 01/02/2020
Permit Expiration Date:
Update No: 0
Print Per...
Print Tech Sh...
Let...
Create Invoi...
Duplic...
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
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Delete
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Activity Type
Inspector
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End Time
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11:00
11:15
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PASS
ELECTRICAL
SERVICE INSP
BF
01/09/2020
11:00
11:15
:
FAIL