



Interoffice

MEMORANDUM

To: Nancy Power, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: April 23, 2026.

Dear Nancy,

This letter is regarding the request from Emily A.S. Attached please find the information you requested for the address 1030 W Somerdale Rd Block 9107 Lots 20. These are all the permits in our records for this property; all permits are marked open or closed. There is no Building violation. **If you have any questions, please feel free to Contact me at 856-374-3500.**

Thank you,
Cookie Pessagno
Construction Office

Lorraine Baker

From: Emilyn A.S. <opra+request-88276-b4a3dc6d@requests.opramachine.com>
Sent: Monday, March 9, 2026 2:21 PM
To: GT Clerk
Subject: OPRA request - OPRA OPEN/CLOSE PERMITS FOR 1030 W Somerdale Rd, Somerdale, NJ 08083

9/07/20

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Gloucester Township,

Please accept this electronic request for public records made under OPRA and the common law right of access. I am not required to fill out an official form or use a particular software platform to submit my request per NJSA 47:1A-6(f), which states that an email from a requestor including all of the information required on the adopted form shall suffice in place of a completed form as a valid government record request.

I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

I WILL NOT use the requested government records for a commercial purpose.

I AM NOT seeking records in connection with a legal proceeding.

Records requested: OPRA OPEN/CLOSE PERMITS FOR 1030 W Somerdale Rd, Somerdale, NJ 08083

My preferred delivery method for response(s) to this request is by E-mail as attachments. Please confirm you have received this request. If you are not the custodian of records, please forward my request to that person and provide their email address to me for future reference.

Yours faithfully,

Emilyn A.S.

opra+request-88276-b4a3dc6d@requests.opramachine.com

https://protect.checkpoint.com/v2/r01/___https://opramachine.com/change_request/new?body=gloucester_township
 ___.YzJ1Omdsb3VjZXN0ZXJ0b3duc2hpcDpjOm86MjhkNTM0NmVkJmJczYTZlYtC5NmE0OTJiOWU2NTAzNzQ6Nzo3Y2l1OjUz
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https://protect.checkpoint.com/v2/r01/___https://opramachine.com/help/officers___YzJlOmdsb3VjZXN0ZXJ0b3duc2hpcDpjOm86MjhkNTM0NmVkMjc3YTZlYTc5NmE0OTJiOWU2NTAzNzQ6Nzo1MDQ1OjhkNjg0OTBmNTRiNTY5NTY3ODcwZjlmZDM2NDlkMzQyZDI0Y2VIMGlwMjJhNTEzNDExNTE3OTU3ZTNlMzE3MjE6cDpUOk4

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J1Omdsb3VjZXN0ZXJ0b3duc2hpcDpjOm86MjhkNTM0NmVkJmJcYTZlYTc5NmE0OTJiOWU2NTAzNzQ6Nzo2ZDE5OjExZTE5
YjI2MTg2OGUwNmYzYjY4ZTA2MmY4NjA1YWQ0ZmRlNTgxODU2NTI1OGlwNGUxM2UyMjY2NjgxN2JiOWI6cDpUOk4

For more information, contact us at: (732) 707-1628 or PO Box 3180, New Brunswick, NJ 08903."

5



CONSTRUCTION PERMIT

Date Issued 5/13/2003
Control # 28921
Permit # 20030620

IDENTIFICATION Block: 9107 Lot: 20 Qualifier _____
Work Site Location: 1030 SOMERDALE RD Somerdale Gloucester Contractor D. Radvansky
Township, NJ Address 1030 Somerdale Road Somerdale, NJ 08029 NJ
Owner in Fee D. Radvansky Telephone: _____
1030 Somerdale Road Somerdale, NJ 08029 NJ Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Electric hot water heater replacement.

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

Estimated Cost of Work \$450

Open Inspections Needed
Construction Official _____ Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$46
Plumbing	\$46
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$92
Check No.	17553
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 9107 Lot 20 Qualification Code _____

Work Site Location 1030 SOMERDALE RD Somerdale Gloucester Township, NJ

Owner in Fee: D. Radvansky

Tel. _____ e-mail _____

Address 1030 Somerdale Road Somerdale, NJ 08029 NJ

Street _____ Municipality _____ Tel. _____ zip code _____

Contractor: _____

Address NJ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

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 \$ \$400

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing	
PLAN REVIEW		INSPECTIONS	
☐ No Plan Required	Type: _____	Failure _____	Approval _____
☐ Partial Underslab Utilities Approved	Slab _____	Failure _____	Approval _____
Date: _____ Approved by: _____	Rough _____	Failure _____	Approval _____
☐ Plumbing Plans Approved	Water _____	Failure _____	Approval _____
Date: _____ Approved by: _____	Sewer _____	Failure _____	Approval _____
Joint Plan Review Required		Fixtures _____	_____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Equipment _____	_____	_____
SUBCODE APPROVAL for PERMIT		Gas Piping _____	_____
Date: _____	LPGas Tank _____	_____	_____
Approved by: _____	Fuel Oil Piping _____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Solar _____	_____
☐ CO ☐ CCO ☐ CA	TCO _____	_____	_____
Date: _____	Final _____	_____	_____
Approved by: _____	Other _____	_____	_____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 4/10/2003
Control # 28921
Date Issued 5/13/2003
Permit # 20030620

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Electric hot water heater replacement.

NO.	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	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ \$48



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 4/10/2003
Date Issued 5/13/2003
Control # 28921
Permit # 20030620

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor sign

and seal here: Print name here:

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Electric hot water heater replacement.

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	
		TOTAL NUMBERS	\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/4 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\$
TOTAL FEE\$ \$48

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

Block 9107 Lot 20 Qualification Code

Work Site Location 1030 SOMERDALE RD Somerdale Gloucester Township, NJ

Owner in Fee: D. Radvansky

Tel. e-mail

Address 1030 Somerdale Road Somerdale, NJ 08029 NJ

Street Municipality zip code

Contractor: Tel.

Address NJ e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration 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 \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

☐ Partial-Underslab Approved

Date: Approved by:

☐ Electrical Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: Approved by:

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

U.C.F.120 (rev. 01/21)

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy



Gloucester Township
1261 Chews Landing Rd
Laurel Springs, NJ 08021

Tracking Number
28921

Inspection Activity Report

Inspections for Permit Number 20030620

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
05/29/2003			Electrical	Fail	D. Radvansky 1030 SOMERDALE RD	Alteration		
05/29/2003			Plumbing	Pass	D. Radvansky 1030 SOMERDALE RD	Alteration		



CONSTRUCTION PERMIT

Date Issued 10/16/2012
Control # 57199
Permit # 20121656

IDENTIFICATION Block: 9107 Lot: 20 Qualifier _____
Work Site Location: 1030 SOMERDALE RD 08083 Somerdale Contractor PHOENIX CONSULTING
Gloucester Township, NJ Address PO BOX 229 PHOENIXVILLE, PA 19460 NJ
Owner in Fee COLE LOUIS E JR
1030 W SOMERDALE ROAD SOMERDALE NJ 08083 Telephone: (609) 935-3527
NJ Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Remove 250gal AST from basement

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

Estimated Cost of Work \$1,100

open NO inspections made
Construction Official _____ Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$65
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	\$0
Other	\$0
Total	\$65
Check No.	65
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



Date Received 10/16/2012
Control # 57199
Date Issued 10/16/2012
Permit # 20121656

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

Block 9107 Lot 20 Qualification Code

Work Site Location 1030 SOMERDALE RD 08083 Somerdale Gloucester Township, NJ

Owner in Fee: COLE LOUIS E JR

Tel. e-mail

Address 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ

Contractor: PHOENIX CONSULTING Municipality Tel. (610) 935-3527 zip code

Address PO BOX 229 PHOENIXVILLE PA 19460

Email

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

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

Federal Emp. ID No. FAX

INSPECTIONS

Type: Failure Approval Initial

Footings

Footings Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes-Base Layer

Finishes-Final

Energy

Mechanical

TCO

Other

Final

Barrier-Free

Constr. Class Present Proposed

If Industrial Building: State Approved HUD

No. of Stories

Height of Structure Ft.

Area - Largest Floor Sq. Ft.

New Bldg. Area / All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.

2. Rehabilitation

3. Total (1+2) \$1,100

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 250gal AST from basement

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6') Sq. Ft.
- ☐ 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)

\$

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

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



CONSTRUCTION PERMIT

Date Issued 11/23/2015
Control # 67080
Permit # 20152607

IDENTIFICATION Block: 9107 Lot: 20 Qualifier _____
Work Site Location: 1030 SOMERDALE RD SOMERDALE Gloucester Contractor ELS FUTURES, LLC
Township, NJ Address 3451 HAMMOND AVENUE WATERLOO IA 50702 NJ
Owner in Fee ELS FUTURES, LLC Telephone: _____
3451 HAMMOND AVENUE WATERLOO IA 50702 NJ Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Replace Gas Furnace, AC, remodel kitchen (oil to gas conversion)

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

Estimated Cost of Work \$13,400

PAYMENTS (Office Use Only)

Building	\$228
Electrical	\$110
Plumbing	\$80
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$25
CO Fee	
Other	\$0
Total	\$508
Check No.	2025
Cash	\$0
Credit	\$0
Collected By	

Construction Official

Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE
TECHNICAL SECTION



Date Received 11/9/2015
Control # 67080
Date Issued 11/23/2015
Permit # 20152607

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE: CALL UTILITY DIG NO: 1-800-272-1000
Block 9107 Lot 20 Qualification Code _____

Work Site Location 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ELS FUTURES, LLC

Tel. _____ e-mail _____

Address 3451 HAMMOND AVENUE WATERLOO IA 50702 NJ

Contractor: RICHARD BIGELOW Municipality _____ zip code 609-885-8695

Address 1200 KINGS HIGHWAY W HADDON HEIGHTS NJ 08035

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

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

Federal Emp. ID No. _____ FAX _____

INSPECTIONS

Type: Failure Approval Initial

Footings _____

Footings Bonding _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes-Base Layer _____

Finishes-Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Proposed _____

Constr. Class Present

If Industrial Building: _____

State Approved _____

HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$9,500

3. Total (1+2) \$9,500

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

1 White = Inspector Copy 3 Pink = Office Copy

2 Canary = Office Copy 4 Gold = Applicant Copy

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

1 White = Inspector Copy 3 Pink = Office Copy

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C. CERTIFICATION IN LIEU OF OATH

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Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Gas Furnace, AC, remodel kitchen (oil to gas conversion)

TYPE OF WORK

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____

☐ 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)

\$ _____

_____ \$228

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____ \$25

TOTAL FEE \$ _____ \$253



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 9107 Lot 20 Qualification Code _____
Work Site Location 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ELS FUTURES, LLC e-mail _____
Tel. _____

Address 3451 HAMMOND AVENUE WATERLOO IA 50702 NJ zip code _____
Contractor: W.C. FALLOWS PLUMBING SERVICES LLC Tel. (856) 783-8333

Address 17 BEEBETOWN RD HAMMONTON NJ 08037 NJ e-mail _____
Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 47566882 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 \$ \$100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan 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)
Slab	Failure Approval Initial
Rough	
Water	
Sewer	
Fixtures	
Gas Equipment	
Gas Piping	
LPGas Tank	
Fuel Oil Piping	
Solar	
TCO	
Final	
Other	

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

Date Received 11/9/2015
Control # 67080
Date Issued 11/23/2015
Permit # 20152607

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.
Applicant's sign/Contractor sign _____
and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Gas Furnace, AC, remodel kitchen (oil to gas conversion)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	\$80
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$ \$25

TOTAL FEE \$ \$105



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 11/9/2015
Date Issued 11/23/2015
Control # 67080
Permit # 20152607

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor sign

and seal here: Print name here:

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace Gas Furnace, AC, remodel kitchen (oil to gas conversion)

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
6		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
14		TOTAL NUMBERS	\$ 550
		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	2	KW Dishwasher	\$15
1		HP Garbage Disposal	\$15
1	5	KW Central A/C Unit	\$15
1	2	HP/KW Space Heater/Air Hand	\$15
		KW Baseboard Heat	
		HP Motors 1/4 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 \$ 25

TOTAL FEES \$135

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

Block 9107 Lot 20 Qualification Code

Work Site Location 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ELS FUTURES, LLC

Tel. e-mail

Address 3451 HAMMOND AVENUE WATERLOO IA 50702 NJ

Street Municipality zip code

Contractor: GEORGE CASSIDY ELECTRIC Tel. (609) 352-6971

Address 2963 MT. EPHRAIM AVE CAMDEN, NJ 08104 NJ

e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. 136423506 FAX

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 800

JOB SUMMARY (Office Use Only)

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



FIRE SUBCODE
TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 9107 Lot 20 Qualification Code _____

Work Site Location 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ELS FUTURES, LLC
Tel. _____ e-mail _____
Address 3451 HAMMOND AVENUE WATERLOO IA 50702 NJ
Contractor: ALWAYS THERE HEATING & AIR LLC Municipality _____ zip code _____
Address 20 PLYMOUTH RD ERIAL, NJ 08081 NJ Tel. (856) 346-0881 e-mail _____
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Alarm Contractor No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason(if applicable): _____
Federal Emp. ID No. 200374596 Fax: _____

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present R-5 Proposed _____ Fuel Type ☐ Flammable or ☐ Combustible
Constr. Class: Present _____ Proposed _____ Capacity _____
Heating Systems: ☒ New or ☐ Modification to Existing Fire Alarm System: ☐ New or ☐ Existing
or ☐ Conversion or ☐ Replacement Location of Panel: _____
Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Fire Suppression/Standpipe System: ☐ New or ☐ Existing
☐ Other _____ Location of Main Control Valve: _____
Location: _____

Total Cost of Fire Protection Work \$ \$3,000

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

Date Received 11/9/2015
Control # 67080
Date Issued 11/23/2015
Permit # 20152607

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's Signature/Contractor's Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
Replace Gas Furnace, AC, remodel kitchen (oil to gas conversion)
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 (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances ☒ Gas ☐ Oil ☐ Solid <u>1</u>		\$56
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ \$25
TOTAL FEE \$ \$90



Gloucester Township
1261 Chews Landing Rd
Laurel Springs, NJ 08021

Inspection Activity Report

Inspections for Permit Number 20152607

Tracking Number
67080

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
12/08/2015	Rough		Plumbing	Fail	ELS FUTURES, LLC 1030 SOMERDALE RD	Alteration		Rough- gas pipe Lock box # 3107
12/10/2015	Rough		Electrical	Pass	ELS FUTURES, LLC 1030 SOMERDALE RD	Alteration		Rough
12/10/2015	Final		Plumbing	Pass	ELS FUTURES, LLC 1030 SOMERDALE RD	Alteration		Re-inspection Rough gas line Lock box #3107



CONSTRUCTION PERMIT

Date Issued 11/23/2015
Control # 67081
Permit # 20152607+A

IDENTIFICATION Block: 9107 Lot: 20 Qualifier _____
Work Site Location: 1030 SOMERDALE RD Gloucester Township, NJ Contractor ELS FUTURES, LLC
Address 3451 HAMMOND AVENUE WATERLOO IA 50702 NJ
Owner in Fee ELS FUTURES, LLC
3451 HAMMOND AVENUE WATERLOO IA 50702 NJ Telephone: _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

update for roofing, siding & condensate drain under different contractor.

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

Estimated Cost of Work \$10,100

up Date open
Construction Official

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$100
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$19
CO Fee	
Other	\$0
Total	\$119
Check No.	5025
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 9107 Lot 20 Qualification Code _____
Work Site Location 1030 SOMERDALE RD Gloucester Township, NJ

Owner in Fee: ELS FUTURES, LLC
Tel. _____ e-mail _____

Address 3451 HAMMOND AVENUE WATERLOO IA 50702 NJ
Street Municipality zip code
Contractor: W.C. FALLOWS PLUMBING SERVICES LLC Tel. (856) 783-8333

Address 17 BEEBETOWN RD HAMMONTON NJ 08037 NJ
e-mail _____ Exp. Date _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 47566882 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 \$ \$100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan 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:	Failure	Dates (Month/Day)
Slab	_____	Initial _____ Approval _____
Rough	_____	Failure _____
Water	_____	_____
Sewer	_____	_____
Fixtures	_____	_____
Gas Equipment	_____	_____
Gas Piping	_____	_____
LP Gas Tank	_____	_____
Fuel Oil Piping	_____	_____
Solar	_____	_____
TCO	_____	_____
Final	_____	_____
Other	_____	_____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C.F 130 (rev. 11/09)

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

Date Received 11/9/2015
Control # 67081
Date Issued 11/23/2015
Permit # 20152607+A

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor sign
and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
update for roofing, siding & condensate drain under different contractor.

NO.	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	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
_____	Sewer Connector	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ \$18

TOTAL FEE \$ \$18



CONSTRUCTION PERMIT

Date Issued 4/4/2017
Control # 72255
Permit # 20170731

IDENTIFICATION Block: 9107 Lot: 20 Qualifier _____
Work Site Location: 1030 SOMERDALE RD SOMERDALE Gloucester Contractor CODE GREEN SOLAR, LLC
Township, NJ Address 523 Hollywood Ave Ste 300 Cherry Hill, NJ 08002 NJ
Owner in Fee ZGRZEPSKI STANLEY IV & ELIZABETH
1030 W SOMERDALE ROAD SOMERDALE NJ 08083 Telephone: (877) 209-9393
NJ Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 300303993

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Solar Panel System - Rooftop - WITH STRUCTURAL UPGRADES - no racking

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

Estimated Cost of Work \$14,200

Closed
Construction Official

Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$165
Electrical	\$220
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$27
CO Fee	
Other	\$0
Total	\$412
Check No.	12774
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 9107 Lot 20 Qualification Code _____

Work Site Location 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ZGRZEPSKI STANLEY IV & ELIZABETH

Tel. _____ e-mail _____

Address 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ

Contractor: CODE GREEN SOLAR, LLC Municipality _____ Tel. (877) 209-9363 zip code _____

Address 523 Hollywood Ave Ste 300 Cherry Hill, NJ 08002 NJ

Email JS@CODEGREENSOLAR.COM

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

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

Federal Emp. ID No. 300303993 FAX (877) 209-9365

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ All

☐ Footing/Foundations

☐ Struct/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: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ Ft.

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area / All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

If Industrial Building:

State Approved _____

HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation \$2,200

3. Total (1+2) \$2,200

U.C.C F110

(rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Solar Panel System - Rooftop - WITH STRUCTURAL UPGRADES - no racking

TYPE OF WORK

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6')

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Retaining Wall _____ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz Abatement NJAC 5:17

☐ Radon Remediation

☒ Other Solar Panels _____

☐ Demolition

FEE (Office Use Only)

\$ _____

_____ \$65

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____ \$27

TOTAL FEE \$ _____ \$132

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy

Date Received 3/1/2017

Control # 72255

Date Issued 4/4/2017

Permit # 20170731



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 9107 Lot 20 Qualification Code _____

Work Site Location 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ZGRZEPSKI STANLEY IV & ELIZABETH

Tel. _____ e-mail _____

Address 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ

Street _____ Municipality _____ zip code _____

Contractor: CODE GREEN (ELECTRIC) Tel. (877) 209-9363

Address 523 HOLLYWOOD AVE STE 300 CHERRY HILL, NJ 08002 NJ

_____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. 300303993 FAX (877) 209-9365

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ R-5 _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

☐ Partial-Underslab Approved

Date: _____ Approved by: _____

☐ Electrical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

UCC F20 (rev. 01/21)

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

Date Received 3/1/2017

Date Issued 4/4/2017

Control # 72255

Permit # 20170731

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor sign _____

and seal here: Print name here: _____

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Solar Panel System - Rooftop - WITH STRUCTURAL UPGRADES - no racking

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	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Recepticle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Hand	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
1	120	AMP Subpanels	\$55
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____
1	_____	AMP Disconnect	\$55

Administrative Surcharge\$ _____

Minimum Fee\$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEES\$ \$247



Gloucester Township
1261 Chews Landing Rd
Laurel Springs, NJ 08021

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 6/22/2017
Control Number 72255
Permit Number 20170731
Permit Issue Date 4/4/2017
Certificate Number 20170731

Identification

Block: 9107 Lot: 20 Qual: _____
Work Site Location: 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ZGRZEPSKI STANLEY IV & ELIZABETH
Owner Address: 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ
Telephone: _____

Contractor CODE GREEN SOLAR, LLC
Address 523 Hollywood Ave Ste 300 Cherry Hill, NJ 08002 NJ
Telephone: (877) 209-9393 Fax: (877) 209-9365
License Number or Builders Registration Number: _____
Federal Emp. Number: 300303993

Certificate Comments:

☐ Certificate of Occupancy

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ Certificate of Continued Occupancy

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

☐ Temporary Certificate of Compliance

The following conditions must be met no later than _____
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: _____ Use Group: _____
Maximum Occupancy Load: _____ Maximum Live Load: _____

Description of Work/Use:

Solar Panel System - Rooftop - WITH STRUCTURAL UPGRADES - no racking

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Compliance

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

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: _____
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:



CONSTRUCTION PERMIT

Date Issued 5/17/2017
Control # 73078
Permit # 20171177

IDENTIFICATION Block: 9107 Lot: 20 Qualifier _____
Work Site Location: 1030 SOMERDALE RD Gloucester Township, NJ Contractor Right On Home Improvements
Address 407 Elmwood Street Forked River, NJ 08731 NJ
Owner in Fee ZGRZEPSKI STANLEY IV & ELIZABETH
1030 W SOMERDALE ROAD SOMERDALE NJ 08083 Telephone: (908) 910-4511
NJ Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 462218643

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Gas Line For Pool Heater

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

Estimated Cost of Work \$3,200

Closed
Construction Official

_____ Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$80
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$6
CO Fee	
Other	\$0
Total	\$86
Check No.	105
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



PLUMBING SUBCODE TECHNICAL SECTION

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

Block 9107 Lot 20 Qualification Code _____

Work Site Location 1030 SOMERDALE RD Gloucester Township, NJ

Owner in Fee: ZGRZEPSKI STANLEY IV & ELIZABETH

Tel. _____ e-mail _____

Address 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ

Street _____ Municipality _____ zip code _____

Contractor: Right On Home Improvements Tel. (908) 910-4511

Address 407 Elmwood Street Forked River, NJ 08731 NJ

_____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 462218643 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 \$ \$3,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan 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: _____

Truss Sys./Bracing

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

Other _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

☐ Licensed Plumbing Contractor

☐ Exempt Applicant

U.C.C.F130 (rev. 11/09)

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

Date Received 5/8/2017

Control # 73078

Date Issued 5/17/2017

Permit # 20171177

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor sign _____

and seal here: Print name here: _____

☐ Licensed Electrical Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Gas Line For Pool Heater

NO. FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____ \$80

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventor _____

Greasetrap _____

Sewer Connector _____

Water Service Connection _____

Stacks _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____ \$8

TOTAL FEE \$ _____ \$88



Gloucester Township
1261 Chews Landing Rd
Laurel Springs, NJ 08021

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 9/27/2017
Control Number 73078
Permit Number 20171177
Permit Issue Date 5/17/2017
Certificate Number 20171177

Identification

Block: 9107 Lot: 20 Qual: _____
Work Site Location: 1030 SOMERDALE RD Gloucester Township, NJ
Owner in Fee: ZGRZEPSKI STANLEY IV & ELIZABETH
Owner Address: 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ
Telephone: _____

Contractor Right On Home Improvements
Address 407 Elmwood Street Forked River, NJ 08731 NJ
Telephone: (908) 910-4511 Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: 462218643

Certificate Comments:

☐ Certificate of Occupancy

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ Certificate of Continued Occupancy

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

☐ Temporary Certificate of Compliance

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: _____
This certificate has an expiration date of: _____
Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Compliance

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

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: _____
This certificate has an expiration date of: _____
Conditions to be met:



CONSTRUCTION PERMIT

Date Issued 6/20/2019
Control # 80386
Permit # 20191051

IDENTIFICATION Block: 9107 Lot: 20 Qualifier _____
Work Site Location: 1030 SOMERDALE RD SOMERDALE Gloucester Contractor ZGRZEPSKI STANLEY IV & ELIZABETH
Township, NJ Address 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ
Owner in Fee ZGRZEPSKI STANLEY IV & ELIZABETH
1030 W SOMERDALE ROAD SOMERDALE NJ 08083 Telephone: _____
NJ Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Finish basement

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

Estimated Cost of Work \$8,000

Closed
Construction Official

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	<u>\$156</u>
Electrical	<u>\$65</u>
Plumbing	<u>\$0</u>
Fire Protection	<u>\$0</u>
Elevator Devices	<u>\$0</u>
Other	<u>\$0.00</u>
DCA Training Fee	<u>\$15</u>
CO Fee	_____
Other	<u>\$0</u>
Total	<u>\$236</u>
Check No.	<u>1159</u>
Cash	<u>\$0</u>
Credit	<u>\$0</u>
Collected By	_____

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 9107 Lot 20 Qualification Code _____

Work Site Location 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ZGRZEPSKI STANLEY IV & ELIZABETH

Tel. _____ e-mail _____

Address 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ zip code _____

Contractor: RICHARD BIGELOW Street _____ Municipality _____ Tel. (609) 685-8695

Address 1200 KINGS HIGHWAY W HADDON HEIGHTS NJ 08035

Email _____ Exp. Date _____

Contractor License No. or Builder Registration No. _____

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

Federal Emp. ID No. _____ FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundations	_____	_____
☐ Struct/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		Dates (Month/Day)	
Type:	Failure	Failure	Approval
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	Proposed	Constr. Class	Present	Proposed
If Industrial Building:					
No. of Stories	_____	_____	State Approved	_____	HUD
Height of Structure	_____ Ft.	_____	Est. Cost of Bldg. Work:		
Area - Largest Floor	_____ Sq. Ft.	_____	1. New Bldg.	_____	_____
New Bldg. Area / All Floors	_____ Sq. Ft.	_____	2. Rehabilitation	\$6,500	_____
Volume of New Structure	_____ Cu. Ft.	_____	3. Total (1+2)	\$6,500	_____
Total Land Area Disturbed	_____ Sq. Ft.	_____			

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

Date Received 5/2/2019
Control # 80386
Date Issued 6/20/2019
Permit # 20191051

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Finish basement

TYPE OF WORK

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

FEE (Office Use Only)

\$ _____
\$156

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ \$18
TOTAL FEE \$ \$171

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 5/2/2019
Date Issued 6/20/2019
Control # 80386
Permit # 20191051

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's sign/Contractor sign

and seal here: Print name here:

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Finish basement

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
10		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	\$ <u>550</u>
		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 Hand	
		KW Baseboard Heat	
		HP Motors 1/4 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 \$ \$15

TOTAL FEE\$ \$80

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

Block 9107 Lot 20 Qualification Code _____

Work Site Location 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ZGRZEPSKI STANLEY IV & ELIZABETH

Tel. _____ e-mail _____

Address 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ

Street _____ Municipality _____ zip code _____

Contractor: RICHARD BIGELOW Tel. (609) 685-8695

Address 1200 KINGS HIGHWAY W HADDON HEIGHTS NJ 08035

_____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ R-5 _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

☐ Partial-Underslab Approved

Date: _____ Approved by: _____

☐ Electrical 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: _____

Type:	INSPECTIONS			Dates (Month/Day)	
	Failure	Approval	Initial	Failure	Approval
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					



Gloucester Township
1261 Chews Landing Rd
Laurel Springs, NJ 08021

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 12/2/2020
Control Number 80386
Permit Number 20191051
Permit Issue Date 6/20/2019
Certificate Number 20191051

Identification

Block: 9107 Lot: 20 Qual: _____
Work Site Location: 1030 SOMERDALE RD SOMERDALE Gloucester Township, NJ

Owner in Fee: ZGRZEPSKI STANLEY IV & ELIZABETH

Owner Address: 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ

Telephone: _____

Contractor ZGRZEPSKI STANLEY IV & ELIZABETH

Address 1030 W SOMERDALE ROAD SOMERDALE NJ 08083 NJ

Telephone: _____

Fax: _____

License Number or Builders Registration Number: _____

Federal Emp. Number: _____

Certificate Comments:

☐ Certificate of Occupancy

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ Certificate of Continued Occupancy

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

☐ Temporary Certificate of Compliance

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____
Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ Certificate of Compliance

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

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____
Conditions to be met:

Fee: \$0.00

Check Number: _____

Collected By: _____