17 North Main Street • Medford • NJ 08055 • 609/654-2608

www.medfordtownship.com
MAIN FAX 609/953-4087
CLERK/FINANCE FAX 609/714-1790
CONSTRUCTION FAX 609/953-7720
PUBLIC WORKS FAX 609/654-7646

April 30, 2021

Kimberly Hofffman

Via email: opra+request-22430-bc994e56@requests.opramachine.com

Dear Ms. Hoffman:

The Township of Medford received your Open Public Records Act (OPRA) request on April 21, 2021. The official Records Custodian received your OPRA request on April 21, 2021. As such, the seven (7) business day deadline to respond to your request is May 3, 2021. This response to your request is being provided to you on the 6th business day after the custodian's receipt of your request.

List of all records responsive to OPRA request	**List of all records provided, with redactions, or denied in their entirety.**	**If records are disclosed with redactions, give a general nature description of the redactions.**	**If records were denied in their entirety, give a general nature description of the record.**	**List the legal explanation and statutory citation for the denial of access to records in their entirety or with redactions.**
All permits both open and closed for 12 Highland Trl. Medford	Zoning Permits and Construction Permits and documents with redactions.	Redactions were made to delete personal information	N/A	N.J.S.A. 47:1A-1.1 (19) (Personal identifying information)

These records are being transmitted to you via email, as per your request. There is no cost for this request.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Township of Medford to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton,

NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,

Maureen Lyons
Administrative Assistant
Medford Township
Manager's and Clerk's Office

Medford Township
Zoning Permit

Application #:	4633	Permit No:	20160051.000	Issue Date:	02/22/2016
Construction Control Number :					
Block:	5002	Lot:	1.01	Qualifier:	
Work Site:	12 HIGHLAND TRAIL			Zone:	RGD-1
Owner:	MILLER, JEFFREY B & HARTWELL, KAREN			Agent:	MILLER, JEFFREY B & HARTWELL, KAREN
Address:	12 HIGHLAND TRAIL			Address:	
City/State/Zip:	MEDFORD NJ 08055			City/State/Zip:	
Telephone:	609 7142178			Telephone:	___-____
Fax:	(___)-___-____			Fax:	(___)-___-____
EMail:				EMail :	
Tenant:	THIS IS AN "AT-RISK" PERMIT				

Voucher/Receipt #:
Check #:
Amount collected:

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

CONSTRUCTION OF A 719 SF REAR DECK TO INCLUDE A FIREPLACE AND A 16'x10' BAR AREA W/ROOF - VERBAL APPROVAL BY THE ZONING BOARD FEBRUARY 17, 2016 AND WILL NOT BE MEMORIALIZED UNTIL MARCH 16, 2016
*****NOTE--THIS IS AN "AT-RISK" ZONING PERMIT*****

PLEASE CONTACT THE CONSTRUCTION DEPARTMENT FOR ANY PERMIT THAT MAY BE REQUIRED. THE PHONE NUMBER IS 609-654-2608, EXTENSION 317

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[ ] Other: THIS ZONING PERMIT EXPIRES ONE (1) YEAR FROM THE DATE OF ISSUE

Zoning Official

This is NOT a Construction Permit

Medford Township
Zoning Permit

Application #:	**4568**	Permit No:	**20160012.000**	Issue Date:	**03/29/2016**
Construction Control Number :					
Block:	**5002**	Lot:	**1.01**	Qualifier:	
Work Site:	**12 HIGHLAND TRAIL**			Zone:	**RGD-1**
Owner:	**MILLER, JEFFREY B & HARTWELL, KAREN**			Agent:	**ADVANCED EXTERIOR SOLUTIONS**
Address:	**12 HIGHLAND TRAIL**			Address:	
City/State/Zip:	**MEDFORD NJ 08055**			City/State/Zip:	
Telephone:	[redacted]			Telephone:	[redacted]
Fax:	(___)-___-____			Fax:	(___)-___-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	0
Check #:	1341
Amount collected:	$40.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

CONSTRUCTION OF A 9'x9' REAR ADDITION, A 719 SF DECK TO INCLUDE FIREPLACE AND A 10'x16' ROOF EXTENSION OVER PORTION OF REAR DECK ***APPROVED BY ZONING BOARD RESOLUTION 2016-16***

PLEASE CONTACT THE CONSTRUCTION DEPARTMENT FOR ANY PERMIT THAT MAY BE REQUIRED. THE PHONE NUMBER IS 609-654-2608, EXTENSION 317

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[ ] Other: THIS ZONING PERMIT EXPIRES ONE (1) YEAR FROM THE DATE OF ISSUE

Zoning Official

This is NOT a Construction Permit

Township of Medford
17 North Main Street
Medford, NJ 08055
609-6542608

CERTIFICATE

Date Issued: 07/23/2020
Control #: 49366
Permit #: 20200521

IDENTIFICATION

Block: 5002 Lot: 1.01 Qual: _____
Work Site Location: 12 HIGHLAND TRAIL
MEDFORD
Owner in Fee: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD NJ 08055
Telephone: _____
Agent/Contractor: SMITH POWER GROUP INC
Address: 701 N BLACKHORSE PKE
WILLIAMSTOWN NJ 08094
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: 17895 Federal Emp. No.: [redacted]
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
INSTALL GENERATOR

Update Desc. of Wk/Use:

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 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 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.

[ ] **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

Richard Falasco, Construction Official

Fees: $0.00
Paid [X] Check No: 2129
Collected by: TR

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20200521
Update Number:
Control Number: 49366
Application Date: 07/08/20
Permit Date: 7/14/2020

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 5002 Lot : 1.01 Qualifier :
Work Site Location: 12 HIGHLAND TRAIL MEDFORD

Owner In Fee: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD NJ, 08055
Telephone: 0
Use Group(s): R-5

Contractor: SMITH POWER GROUP INC
Address: 701 N BLACKHORSE PKE
WILLIAMSTOWN NJ, 08094
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: 17895
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL GENERATOR

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$4,800.00
Cost of Demolition:	$0.00
Total Cost:	$4,800.00

PAYMENTS	(Office Use Only)
Building	
Electrical	$240.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	$150.00
VolFee (DCA)	
AltFee (DCA)	$10.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$400.00
All Fees Waived	No

Amount to be Paid: **$400.00**
Check Number: 2129
Check amount: $400.00

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

Richard Falasco — 7/14/20
Richard Falasco, Jr.
Construction Official
Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: TR
Receipt No:
Total Cash Amount:
Total Check Amount: $400.00
Total CC Amount:
Grand Total: $400.00

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

Township of Medford

Date Received: 07/08/2020
Control #: 49366

Date Issued: 07/14/2020
Permit #: 20200521

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

Block: 5002 Lot: 1.01 Qualification Code:

Work Site Location: 12 HIGHLAND TRAIL

DESCRIPTION OF WORK:
INSTALL GENERATOR

Owner in Fee: MILLER, JEFFREY B & HARTWELL, KAREN

12HIGHLAND TRAIL
MEDFORD, NJ 08055

E-mail:

Telephone: ()

Contractor: SMITH POWER GROUP INC
ATTN:

Address: 701 N BLACKHORSE PKE
WILLIAMSTOWN NJ 08094

Telephone: [redacted]
Fax: [redacted]

E-mail:

Home Improvement Registration No. or Exemption Reason: 13VH068449

Contractor License No.: 17895 Exp. Date: 3/31/2021 Federal Emp. No.: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

1. New Building: $0.00 2. Rehabilitation: $4,000.00

3. Demolition: $0.00 Est.Cost of Elec.Work (1+2+3): $4,000.00

Job Summary(Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____

[ ] Electrical Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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 Issue				
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's Signature/Contractor's seal and Signature

Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 0	
		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 Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
1	22.00	KW Transformer/Generator	$80.00
1	200.00	AMP Service	$80.00
1	200.00	AMP Subpanels	$80.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$8.00
TOTAL FEE	$248.00

Township of Medford

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 07/08/2020 Date Issued: 07/14/2020
Control #: 49366 Permit #: 20200521

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

Block: 5002 Lot: 1.01 Qualification Code:
Work Site Location: 12 HIGHLAND TRAIL
Owner in Fee: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD, NJ 08055
Telephone: () - Email:
Contractor: LEROY LLOYD PLUMBING & HEATING LLC
ATTN:
Address: 1238 MAGNOLIA AVE
CAMDEN NJ 08103
Telephone: [redacted] Fax: [redacted] Email:
License No.: 5272 Exp Date: Federal Emp. No.: [redacted]
Home Improvement Registration No. or Exemption Reason:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R3, R4 or R5 (circle one) Proposed: R3, R4 or R5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ] Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:
Type: [ ] Hydronic [ ] Hot Air
1. New Building: $0.00 2. Rehabilitation: $800.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Plumbing
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mechanical

PLANS APPROVED
Date: _____
Approved by: _____
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	DATES Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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.

Signature Print Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALL GENERATOR

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
0	Water Heater	
0	Fuel Oil Piping	
1	Gas Piping	$75.00
0	Steam Boiler	
0	Hot Water Boiler	
0	Hot Air Furnace	
0	Oil Tank	
0	LPG Tank	
0	Fireplace	
1	Other 1: GENERATOR	$75.00
0	Other 2:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2.00
TOTAL FEE	$152.00

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20190451
Update Number:
Control Number: 47094
Application Date: 12/28/18
Permit Date: 5/15/2019

CONSTRUCTION PERMIT

IDENTIFICATION

OPEN PERMIT

OWNER/PROPERTY DETAILS

Block : 5002 Lot : 1.01 Qualifier :
Work Site Location: 12 HIGHLAND TRAIL MEDFORD

Owner In Fee: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD NJ, 08055
Telephone: ()

Use Group(s): R-5

Contractor: HORIZON SERVICES, INC
Address: 17 ROLAND AVENUE
MT LAUREL NJ, 08054
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: 36B101232300
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE GAS HWH

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$3,091.00
Cost of Demolition:	$0.00
Total Cost:	$3,091.00

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	$69.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$6.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$75.00
All Fees Waived	No

Amount to be Paid: **$75.00**
Check Number: 15108kg
Check amount: $75.00

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

Richard Falasco 5/15/19
Richard Falasco Date
Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by:
Receipt No:
Total Cash Amount:
Total Check Amount: $75.00
Total CC Amount:
Grand Total: $75.00

Note:

Township of Medford

Date Received: 12/28/2018 Date Issued: 05/15/2019

PLUMBING SUBCODE TECHNICAL SECTION

Control #: 47094 Permit #: 20190451

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

Block: 5002 Lot: 1.01 Qualification Code:

Work Site Location: 12 HIGHLAND TRAIL

Owner in Fee: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12HIGHLAND TRAIL
MEDFORD, NJ 08055

E-mail:

Telephone: ()

Contractor: HORIZON SERVICES, INC
ATTN: DAVID H. GEIGER III

Address: 17 ROLAND AVENUE
MT LAUREL NJ 08054

Telephone: [redacted]
Fax:

E-mail:

Contractor License No.: 36B101232300 Expiration Date: 6/30/2021 Federal Emp. No.: [redacted]

Home Improvement Registration No. or Exemption Reason: 13VH05117300

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Alteration: $3,091.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $3,091.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilites Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work on this application.

_____ Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
REPLACE GAS HWH

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	
0	Urinal/Bidet	
0	Bath Tub	
0	Lavatory	
0	Shower	
0	Floor Drain	
0	Sink	
0	Dishwasher	
0	Drinking Fountain	
0	Washing Machine	
0	Hose Bibb	
1	Water Heater	
0	Fuel Oil Piping	
0	Gas Piping	
	LPGas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
0	Sewer Pump	
0	Interceptors/Seperators	
0	Backflow Preventer : Residential	
0	Backflow Preventer : Commercial	
0	Greasetrap	
0	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
0	Stacks	
0	Other 1:	
0	Other 2:	
0	Other 3:	

Administrative Surcharge	
Minimum Fee	$69.00
State Permit Surcharge Fee	$6.00
TOTAL FEE	$75.00

Township of Medford
17 North Main Street
Medford, NJ 08055
609-6542608

CERTIFICATE

IDENTIFICATION

Date Issued: 05/26/2016
Control #: 41793
Permit #: 20160058

Block: 5002 Lot: 1.01 Qual: _____
Work Site Location: 12 HIGHLAND TRAIL
MEDFORD
Owner in Fee: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD NJ 08055
Telephone: _____
Agent/Contractor: ADVANCED EXTERIOR SOLUTIONS
Address: 11 BIG CHIEF TRAIL
MEDFORD NJ 08055
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: [redacted]

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
9 X 9 KITCHEN NOOK ADDITION, PORCH & DECK WITH FIREPLACE

Update Desc. of Wk/Use:
ROOF OVER 16 X 10 DECK

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 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 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.

[ ] **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

Richard Falasco, Construction Official

Fees: $100.00
Paid [X] Check No: 104
Collected by: DS

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20160058
Update Number:
Control Number: 41793
Application Date: 12/29/15
Permit Date: 1/14/2016

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 5002 Lot : 1.01 Qualifier :
Work Site Location: 12 HIGHLAND TRAIL MEDFORD

Owner In Fee: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD NJ, 08055
Telephone: ()

Use Group(s): R-5

Contractor: ADVANCED EXTERIOR SOLUTIONS
Address: 11 BIG CHIEF TRAIL
MEDFORD NJ, 08055
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

9 X 9 KITCHEN NOOK ADDITION, PORCH & DECK WITH FIREPLACE

ESTIMATED COST OF WORK:

Cost of Construction:	$24,500.00
Cost of Alteration:	$10,000.00
Cost of Demolition:	$0.00
Total Cost:	$34,500.00

PAYMENTS (Office Use Only)	
Building	$414.00
Electrical	$69.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	$5.00
AltFee (DCA)	$19.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	$100.00
CCO Fee	
Minimum Fee	
Total	$607.00
All Fees Waived	No

Amount to be Paid: **$607.00**
Check Number: 104
Check amount: $607.00

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

Richard Falasco 1/14/16

Richard Falasco — Date
Construction Official

Collected by: DS
Receipt No:
Total Cash Amount:
Total Check Amount: $607.00
Total CC Amount:
Grand Total: $607.00

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20160058
Update Number: 1
Control Number: 42154
Application Date: 03/23/16
Permit Date: 4/1/2016

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 5002 Lot : 1.01 Qualifier :
Work Site Location: 12 HIGHLAND TRAIL MEDFORD

Owner In Fee: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD NJ, 08055
Telephone: ()

Use Group(s): R-5

Contractor: ADVANCED EXTERIOR SOLUTIONS
Address: 11 BIG CHIEF TRAIL
MEDFORD NJ, 08055
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF OVER 16 X 10 DECK

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$9,700.00
Cost of Demolition:	$0.00
Total Cost:	$9,700.00

PAYMENTS	(Office Use Only)
Building	$288.00
Electrical	$65.00
Plumbing	$75.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$19.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$447.00
All Fees Waived	No

Amount to be Paid: **$447.00**
Check Number: 1002
Check amount: $447.00

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

Richard Falasco — 4/1/16

Richard Falasco — Date

Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Collected by: ds
Receipt No:
Total Cash Amount:
Total Check Amount: $447.00
Total CC Amount:
Grand Total: $447.00

Note:

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

update

Date Received
Control # 4-1-16

Date Issued
Permit # 2016-0058

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

Block 5082 Lot 1.01 Qualification Code

Work Site Location 12 Highland Trail
Medford NJ 08055

Owner in Fee: Jeffrey Miller

Tel. [redacted] e-mail

Address 12 Highland Trail
street municipality

Contractor: Advanced exterior solutions Tel. ([redacted]

Address 11 Big Chief Trail e-mail
Medford NJ

Contractor License No. or Builder Registration No. 13VH01119700 Exp. Date 3/16

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

Federal Emp. ID No. [redacted] FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior	3-24-16	AC
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 5-25-16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			4-7-16	AC
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	5-5-16		5-25-16	AC
Barrier-Free				

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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work: 8000
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 8000

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

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: Doug Reynolds

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof over deck
16'x 10'

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)
$ _____

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

42154

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 1-14-16

Date Issued
Permit # 2016-0058

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

Block 5002 Lot 1.06 Qualification Code

Work Site Location 12 Highland Trail Medford NJ

Owner in Fee: Jeffrey Miller & Karen Hartwell

Tel. ([redacted]) e-mail

Address 12 Highland Trail (street) Medford (municipality) NJ 08055

Contractor: Advanced Exterior Solutions Tel. ([redacted])

Address 11 Big Chief Trail e-mail

Medford NJ

Contractor License No. or Builder Registration No. 13VH01119200 Exp. Date 3/16

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

Federal Emp. ID No. [redacted] FAX: [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All 1-5-16 AC
- [ ] 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			1-21-16	
Footing Bonding				
Foundation			2-1-16	
Slab				
Frame			2-22-16	
Truss Sys./Bracing				
Barrier-Free				
Insulation			3-24-16	
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Stook			2-12-16	
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ ft.
Area — Largest Floor 324 sq. ft.
New Bldg. Area/All Floors ____ sq. ft.
Volume of New Structure 1350 cu. ft.
Max. Live Load ____
Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ 40,000 32,000
2. Rehabilitation $ ____
3. Total (1+ 2) $ 40,000 32,000

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

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: [signature]

Print name here: Doug Reynolds

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Add 9'x9' kitchen nook addition
Add Deck w/ Fireplace
& Bar Area w/ ~~roof over~~
* Going for variance for roof

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

FEE (Office Use Only)
$

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

Township of Medford

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 12/29/2015
Control #: 41793

Date Issued: 01/14/2016
Permit #: 20160058

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

Block: 5002 Lot: 1.01 Qualification Code:
Work Site Location: 12 HIGHLAND TRAIL

Owner Details
Name: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD, NJ 08055
Telephone: ()
E-mail:

Contractor Details
Contractor: MILLER, JEFFREY B & HARTWELL
Address: 12 HIGHLAND TRAIL
MEDFORD NJ 08055
Telephone: () Fax:
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason:

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:	
Constr. Class	Present:	Proposed:	
No. of Stories			
Height of Structure		Ft.	
Area - Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors	324	Sq. Ft.	
Volume of New Structure	1350	Cu. Ft	
Total Land Area Disturbed		Sq. Ft	
Max. Live Load			
Max. Occupancy Load			

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building.	22,000.00
2. Alteration	10,000.00
3. Demolition	0.00
4. Total (1+2+3)	$32,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] 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)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finish-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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:
9 X 9 KITCHEN NOOK ADDITION, PORCH & DECK WITH FIREPLACE

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	
[X] Addition	$54.00
[X] Rehabilitation	$360.00
[ ] Roofing	
[ ] Siding	
[ ] Fence _____ Height (exceeds 6')	
[ ] Pylon Sign Sq. Ft.	
[ ] Ground or Wall Sign Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall 0.00 Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other 1:	
[ ] Other 2:	
[ ] Other 3:	
[ ] Demolition	

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$24.00
Total Fee	$438.00

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

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

Township of Medford

BUILDING SUBCODE TECHNICAL SECTION

Date Received: 03/23/2016
Control #: 42154

Date Issued: 04/01/2016
Permit #: 20160058 - 1

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

Block: 5002 Lot: 1.01 Qualification Code:
Work Site Location: 12 HIGHLAND TRAIL

Owner Details
Name: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD, NJ 08055
Telephone: ()
E-mail:

Contractor Details
Contractor: ADVANCED EXTERIOR SOLUTION
ATTN:
Address: 11 BIG CHIEF TRAIL
MEDFORD NJ 08055
Telephone: [redacted] Fax [redacted]
E-mail:
Federal Emp. No:
Lic No. or Bldrs Reg. No.: Expiration Date:
Home Improvement Registration No. or Exemption Reason: 13VH01119700

B. BUILDING CHARACTERISTICS

Use Group	Present: R-5	Proposed:
Constr. Class	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
Max. Live Load		
Max. Occupancy Load		

If Industrialized Building
State Approved _____ HUD_____

Est. Cost of Bldg. work:

1. New Building.	0.00
2. Alteration	8,000.00
3. Demolition	0.00
4. Total (1+2+3)	$8,000.00

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:
ROOF OVER 16 X 10 DECK

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall 0.00 Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1:
[ ] Other 2:
[ ] Other 3:
[ ] Demolition

FEE (Office Use Only)

	$288.00

Administrative Surcharge Minimum Fee	
State Permit Surcharge Fee	$15.00
Total Fee	$303.00

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elec. [ ] 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
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finish-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates(Month/Day)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

UPDATE

Date Received
Control # 4-1-16

Date Issued
Permit # 2016-0058

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

Block 5002 Lot 1.01 Qualification Code _____

Work Site Location 12 Highland Trail Medford NJ

Owner in Fee: Jeff Miller

Tel. [redacted] e-mail _____

Address 12 Highland Trail (street) Medford (municipality) NJ 08055 (zip code)

Contractor: Homeowner Tel. ( ) _____

Address _____ 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 _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: 4-1-16 Approved by: [signature]

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6-23-16

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			4-1-16	[signature]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	5-5-16		6-23-16	[signature]
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. Jeff Miller Jeff Miller

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Lights & Fan in roof over deck

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
2		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ 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 $ _____

42154

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 1-14-16

Date Issued
Permit # 2016-0058

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

Block 5002 Lot 1.01 Qualification Code _____

Work Site Location 12 Highland Trail Medford NJ

Owner in Fee: Jeffrey Miller & Karen Hartwell

Tel. ([redacted]) _____ e-mail _____

Address 12 Highland Trail Medford NJ
street municipality zip code

Contractor: Homeowner Tel. ( ) _____

Address _____ 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 _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required _____ _____

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 1-14-16

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 6-25-16

Approved by: _____

INSPECTIONS Dates (Month/Day)

Type: Final Box

	Failure	Failure	Approval	Initial
Rough			2-25-16	JC
Barrier-Free			2-18-16	JC
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-25-16	JC
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. Jeffrey B. Miller

Applicant's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Receptacles, lights & switches to kitchen nook addition

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
5		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
10		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ 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 $ _____

Reorder From OCS Printing (609) 390-1400

Township of Medford

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 12/29/2015
Control #: 41793

Date Issued: 01/14/2016
Permit #: 20160058

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

Block: 5002 Lot: 1.01 Qualification Code:

Work Site Location: 12 HIGHLAND TRAIL

Owner in Fee: MILLER, JEFFREY B & HARTWELL, KAREN

12HIGHLAND TRAIL
MEDFORD, NJ 08055

E-mail:

Telephone: ()

Contractor: MILLER, JEFFREY B & HARTWELL, KAREN

Address: 12 HIGHLAND TRAIL
MEDFORD NJ 08055

Telephone: ()
Fax:

E-mail:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp. Date: Federal Emp. No.:

DESCRIPTION OF WORK:
9 X 9 KITCHEN NOOK ADDITION, PORCH & DECK WITH FIREPLACE

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

1. New Building: $2,500.00 2. Rehabilitation: $0.00

3. Demolition: $0.00 Est.Cost of Elec.Work (1+2+3): $2,500.00

Job Summary(Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved
Date: Approved by:

[ ] Electrical Plans Approved
Date: Approved by:

Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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 Issue				
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's Signature/Contractor's seal and Signature

Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
5		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 10	$65.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	$69.00
State Permit Surcharge Fee	
TOTAL FEE	$69.00

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Township of Medford

Date Received: 03/23/2016
Control #: 42154

Date Issued: 04/01/2016
Permit #: 20160058 -1

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

Block: 5002 Lot: 1.01 Qualification Code:

Work Site Location: 12 HIGHLAND TRAIL

DESCRIPTION OF WORK:
ROOF OVER 16 X 10 DECK

Owner in Fee: MILLER, JEFFREY B & HARTWELL, KAREN

12HIGHLAND TRAIL
MEDFORD, NJ 08055

E-mail:
Telephone: ()
Contractor: MILLER, JEFFREY B & HARTWELL, KAREN

Address: 12 HIGHLAND TRAIL
MEDFORD NJ 08055

Telephone: ()
Fax:

E-mail:
Home Improvement Registration No. or Exemption Reason:
Contractor License No.: Exp. Date: Federal Emp. No.:

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
1. New Building: $0.00 2. Rehabilitation: $800.00
3. Demolition: $0.00 Est.Cost of Elec.Work (1+2+3): $800.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electrical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
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 Issue				
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's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
2		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 11	$65.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	$69.00
State Permit Surcharge Fee	$2.00
TOTAL FEE	$67.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 4-1-16

Date Issued / Permit # 2016-0058

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

Block 5002 Lot 1.01 Qualification Code

Work Site Location [redacted] 12 Highland Trail Medford NJ

Owner in Fee: Jeff Miller

Tel. [redacted] e-mail

Address 12 Highland Trail (street) Medford (municipality) NJ 08055 (zip code)

Contractor: Homeowner Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Gost of Plumbing Work $ 900

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 3-29-16 Approved by: AP
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3-29-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-25-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			4-7-16	AP
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Final	5-5-16		5-25-16	AP

5-5-16 Need Shut off at Heater

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: Jeff Miller

Print name here: Jeff Miller

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Run 1" gas line from meter to deck grill & heater Copper w/ insul

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	75
	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	$
TOTAL FEE	$

42184

Township of Medford

Date Received: 03/23/2016 Date Issued: 04/01/2016

PLUMBING SUBCODE TECHNICAL SECTION Control #: 42154 Permit #: 20160058 - 1

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

Block: 5002 Lot: 1.01 Qualification Code:

Work Site Location: 12 HIGHLAND TRAIL

Owner in Fee: MILLER, JEFFREY B & HARTWELL, KAREN
Address: 12HIGHLAND TRAIL
MEDFORD, NJ 08055

E-mail:

Telephone: ()

Contractor: MILLER, JEFFREY B & HARTWELL, KAREN

Address: 12 HIGHLAND TRAIL
MEDFORD NJ 08055

Telephone: ()
Fax:

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building: $0.00 2. Alteration: $900.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilites Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Date(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
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 and perform the work on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
ROOF OVER 16 X 10 DECK

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	
0	Urinal/Bidet	
0	Bath Tub	
0	Lavatory	
0	Shower	
0	Floor Drain	
0	Sink	
0	Dishwasher	
0	Drinking Fountain	
0	Washing Machine	
0	Hose Bibb	
0	Water Heater	
0	Fuel Oil Piping	
1	Gas Piping	$75.00
	LPGas Tank	
0	Steam Boiler	
0	Hot Water Boiler	
0	Sewer Pump	
0	Interceptors/Seperators	
0	Backflow Preventer : Residential	
0	Backflow Preventer : Commercial	
0	Greasetrap	
0	Air Conditioning	
0	Sewer Connection	
0	Water Service Connection	
0	Stacks	
0	Other 1:	
0	Other 2:	
0	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2.00
TOTAL FEE	$77.00

Medford Township
Zoning Permit

Application #:	**4568**	Permit No:	**20160012.000**	Issue Date:	**03/29/2016**
Construction Control Number :					
Block:	**5002**	Lot:	**1.01**	Qualifier:	
Work Site:	**12 HIGHLAND TRAIL**			Zone:	**RGD-1**
Owner:	**MILLER, JEFFREY B & HARTWELL, KAREN**			Agent:	**ADVANCED EXTERIOR SOLUTIONS**
Address:	**12 HIGHLAND TRAIL**			Address:	
City/State/Zip:	**MEDFORD NJ 08055**			City/State/Zip:	
Telephone:	[redacted]			Telephone:	[redacted]
Fax:	(___)-___-____			Fax:	(___)-___-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	0
Check #:	1341
Amount collected:	$40.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

CONSTRUCTION OF A 9'x9' REAR ADDITION, A 719 SF DECK TO INCLUDE FIREPLACE AND A 10'x16' ROOF EXTENSION OVER PORTION OF REAR DECK ***APPROVED BY ZONING BOARD RESOLUTION 2016-16***

PLEASE CONTACT THE CONSTRUCTION DEPARTMENT FOR ANY PERMIT THAT MAY BE REQUIRED. THE PHONE NUMBER IS 609-654-2608, EXTENSION 317

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[ ] Other: THIS ZONING PERMIT EXPIRES ONE (1) YEAR FROM THE DATE OF ISSUE

Zoning Official

This is NOT a Construction Permit

Medford Township
Zoning Permit

Application #:	4633	Permit No:	20160051.000	Issue,Date:	02/22/2016
Construction Control Number :					
Block:	5002	Lot:	1.01	Qualifier:	
Work Site:	12 HIGHLAND TRAIL			Zone:	RGD-1
Owner:	MILLER, JEFFREY B & HARTWELL, KAREN			Agent:	MILLER, JEFFREY B & HARTWELL, KAREN
Address:	12 HIGHLAND TRAIL			Address:	
City/State/Zip:	MEDFORD NJ 08055			City/State/Zip:	
Telephone:	[redacted]			Telephone:	___-____
Fax:	(___)-___-____			Fax:	(___)-___-____
EMail:				EMail :	
Tenant:	THIS IS AN "AT-RISK" PERMIT				

Voucher/Receipt #:
Check #:
Amount collected:

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

CONSTRUCTION OF A 719 SF REAR DECK TO INCLUDE A FIREPLACE AND A 16'x10' BAR AREA W/ROOF - VERBAL APPROVAL BY THE ZONING BOARD FEBRUARY 17, 2016 AND WILL NOT BE MEMORIALIZED UNTIL MARCH 16, 2016
*****NOTE--THIS IS AN "AT-RISK" ZONING PERMIT*****

PLEASE CONTACT THE CONSTRUCTION DEPARTMENT FOR ANY PERMIT THAT MAY BE REQUIRED. THE PHONE NUMBER IS 609-654-2608, EXTENSION 317

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[ ] Other: THIS ZONING PERMIT EXPIRES ONE (1) YEAR FROM THE DATE OF ISSUE

Zoning Official

This is NOT a Construction Permit

Medford Township
Zoning Permit

Application #:	**4568**	Permit No:	**20160012.000**	Issue Date:	**01/13/2016**
Construction Control Number :					
Block:	**5002**	Lot:	**1.01**	Qualifier:	
Work Site:	**12 HIGHLAND TRAIL**			Zone:	**RGD-1**
Owner:	**MILLER, JEFFREY B & HARTWELL, KAREN**			Agent:	**ADVANCED EXTERIOR SOLUTIONS**
Address:	**12 HIGHLAND TRAIL**			Address:	
City/State/Zip:	**MEDFORD NJ 08055**			City/State/Zip:	
Telephone:	[redacted]			Telephone:	[redacted]
Fax:	(___)-___-____			Fax:	(___)-___-____
EMail:				EMail :	
Tenant:					

Voucher/Receipt #:	0
Check #:	1341
Amount collected:	$40.00

This is to certify that the above-described premises together with any building thereon, are approved for use as indicated below and as depicted on the Plot Plan:

CONSTRUCTION OF A 9'x9' REAR ADDITION, A 719 SF DECK TO INCLUDE FIREPLACE AND A 16'x10' BAR AREA - PER DOCUMENTS SUBMITTED DECEMBER 29, 2015 AND JANUARY 12, 2016 ***NOTE-ROOFING OVER DECKS AND BAR AREA NOT PERMITTED - VARIANCE REQUIRED*

PLEASE CONTACT THE CONSTRUCTION DEPARTMENT FOR ANY PERMIT THAT MAY BE REQUIRED. THE PHONE NUMBER IS 609-654-2608, EXTENSION 317

Which is a:

[ ] Use permitted by Zoning Ordinance, Article - Section -

[ ] Use permitted by variance approved on _____, #_____ subject to any special conditions attached to the grant thereof.

[ ] Valid nonconforming use as established by ( ) findings of the Zoning Board of Adjustment or by ( ) the undersigned zoning officer or by ( ) Planning Board on the basis of evidence supplied by applicant. Conditions, if any:

[ ] There is a nonconforming structure on the premises by reason of insufficient

[ ] Other: THIS ZONING PERMIT EXPIRES ONE (1) YEAR FROM THE DATE OF ISSUE

Zoning Official

This is NOT a Construction Permit

Township of Medford
17 North Main Street
Medford NJ 08055
609-654-2608

CERTIFICATE

IDENTIFICATION

Date Issued: 04/10/2002
Control #: 16464
Permit # 20001320

Block: 5002 Lot : 1.01 Qual: _____
Work Site : 12 HIGHLAND TRAIL
MEDFORD
Owner in Fee: MILLER, JEFFREY & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD NJ 08055
Telephone: _____
Agent/Contractor: MILLER, JEFFREY & HARTWELL, KAREN
Address: 12 HIGHLAND TRAIL
MEDFORD NJ 08055
Telephone: _____
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: SHED

[ ] **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.

[X] **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.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 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 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.

[ ] **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

Edwin J. Brown Jr. Construction Official

Fees $0.00
Paid[X]Check No 3880
Collected by HMH

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Date Issued 11 /15/00
Control # C-11-6-1
Permit # 00-11-1320

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 5002 Lot 1.01 Qual

Work Site Location 12 HIGHLAND TRAIL
SHED
Owner in Fee MILLER, JEFFREY & HARTWELL, KA
Address 12 HIGHLAND TRAIL
MEDFORD, NJ 08055
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SHED

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 $ 1,000

Edwin J. Brown, Jr. FOB
Construction Official

/ /
Date

PAYMENTS (Office Use Only)

Building	43
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	44
Check No.	3880
Cash	
Collected By	M

11/15 called HO

U.C.C. F170 (rev. 3/96)

BP

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/15/00
Control #
Permit # 06-11-1320

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

Block 5002 Lot 1.01
Work Site Location 12 Highland Trail
Medford NJ 08055
Owner in Fee Jeffrey Miller
Address 12 Highland Trail
Medford NJ 08055
Tele: [redacted]
Contractor homeowner
Address

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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.

Signature Jeffrey B. Miller

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Shed - see attached
10'x10'

Applied for Variance + approved

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other SHED	11-14	BP

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/1/02
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other SITE	1-12 BP			
Final ✓	3/14/02		4-1-02	
Barrier-Free				

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

[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class 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.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $ 1000.00

U.C.C. F110
(rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/06/2000
Date Issued 11/15/00
Control # C-11-6-1
Permit # 00-11-1320

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
SHED
Owner in Fee MILLER, JEFFREY & HARTWELL, KA
Address 12 HIGHLAND TRAIL
MEDFORD, NJ 08055
Tele. [redacted]
Contractor
Address

Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SHED

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other SHED	43
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # 3580 Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 43
DCA Training Fee	$ 1

U.C.C. F110 (rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Date Issued 10/27/99
Control #
Permit # 99-10-1106

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
TEMP. ELECTRIC POLE
Owner in Fee/Occupant MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Telephone [redacted]
Contractor TMR ELECTRICAL CONTRACTORS
Address 1609 ROUTE 206
TABERNACLE, NJ 08088-
Telephone [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No. 12237
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TEMPORARY ELECTRIC POLE

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 1024
Collected by: REB

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Date Issued 10/20/99
Control # C-5002
Permit # 99-10-1104

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 5002 Lot 1.01 Qual

Work Site Location 12 HIGHLAND TRAIL
TEMP. ELECTRIC POLE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Telephone [redacted]

Contractor TMR ELECTRICAL CONTRACTORS
Address 1609 ROUTE 206
TABERNACLE,, NJ 08088-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No. 12237
Federal Emp. No. [redacted]

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:
TEMPORARY ELECTRIC POLE

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 $ 250

Edwin J. Brown Jr. B
Construction Official

10/20/99
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	43
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	43
Check No.	1024
Cash	
Collected By	PMB

U.C.C. F170 (rev. 3/96)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 10-20-99
Control #
Permit # 99-16-1106

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

Block 5002 Lot 1.01
Work Site Location 12 Highland Tr.
Medford, N.J.
Owner in Fee/Occupant Medford Pines Assoc. L.L.C.
Address P.O. Box 560
Berlin, N.J.
Tele. ([redacted]
Contractor TMR Electrical Contractors, Inc.
Address 520 Stokes Rd. Ste. C3
Medford N.J. 08055
Tele. [redacted] Fax ( ) _____
Lic. No. 12231 A
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed Temp. Elec. Pole
[✓] Pole/Pad # 61823 mF [✓] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ # 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9-24-99
Approved by: B. Tamou

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-22-99
Approved by: B. Tamou

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final ✓			10-22-99	BT

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Sam Cobb
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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 Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	3
TOTAL FEE	$	3

U.C.C. F120
(rev. 3/96)

1 WHITE - OFFICE COPY
2 YELLOW - APPLICANT COPY
3 WHITE CARD - INSPECTOR COPY

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/24/99
Date Issued 10/20/99
Control # C-5002
Permit # 99-10-1106

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
TEMP. ELECTRIC POLE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Tele [redacted]0 Fax ( )
Contractor TMR ELECTRICAL CONTRACTORS
Address 1609 ROUTE 206
TABERNACLE,, NJ 08088-
Tele. [redacted]
Lic. No. or Bldrs. Reg. No. 12237
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	43
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 43
DCA Training Fee $ 0

U.C.C. R120 (rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Date Issued 05/09/2000
Control #
Permit # 99-11-1217

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL

Owner in Fee/Occupant MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Telephone [redacted]
Contractor MA GRANN CONSTRUCTION SER.INC
Address 15000U COMMERCE PARKWAY
MT. LAUREL,, NJ 08054-
Telephone [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No. 12749
Federal Emp. No. [redacted]

Home Warranty No. 240413
Type of Warranty Plan: [ ] State [X] Private
Use Group R-4
Maximum Live Load 40
Construction Classification 5B
Maximum Occupancy Load 10
Description of Work/Use:

4 BEDROOM NEW SINGLE FAMILY DWELLING

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

Fee $ 170
Paid [X] Check No. 17927
Collected by: CB

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Date Issued 11/12/99
Control # C-5002
Permit # 99-11-127

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 5002 Lot 1.01 Qual

Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Telephone [redacted]

Contractor MA GRANN CONSTRUCTION SER.INC
Address 15000U COMMERCE PARKWAY
MT. LAUREL,, NJ 08054-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No. 12749
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW SINGLE FAMILY DWELLING

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 $ 115,450

Edwin J. Braun Jr
Construction Official

1 1
Date

PAYMENTS (Office Use Only)

Building	1,028
Electrical	136
Plumbing	372
Fire Protection	169
Elevator Devices	0
Other	
DCA Training Fee	82
Cert. of Occupancy	170
Other	
Total	1,957
Check No.	17927
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Update Issued 03/16/2000
Control #
Permit # 99-11-1217+A
Permit Issued 11/12/1999

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 5002 Lot 1.01 Qual

Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Telephone [redacted]

Contractor G. BINGEMANN ELECTRIC L.L.C.
Address 8 LOG ROAD
TABERNACLE, NJ 08088-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
2ND ZONE HVAC

PAYMENTS (Office Use Only)

Building	0
Electrical	43
Plumbing	0
Fire Protection	43
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	86
Check No.	18861
Cash	
Collected By	CB

Estimated Cost of Work $ 2,275

Edwin J. Brown Jr.
Construction Official

03/16/2000
Date

U.C.C. F190 (rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Update Issued 04/26/200(
Control #
Permit # 99-11-1217+B
Permit Issued 11/12/199(

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 5002 Lot 1.01 Qual

Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Telephone [redacted]

Contractor CATI COM SYSTEMS
Address 811 LINCOLN AVE
WILLIAMSTOWN, NJ 08094-
Telephone [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARM SYSTEM

PAYMENTS (Office Use Only)

Building	0
Electrical	33
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	33
Check No.	1808
Cash	
Collected By	CB

Estimated Cost of Work $ 1,235

Edwin J. Brown Jr.
Construction Official

04/26/2000
Date

U.C.C. F190 (rev. 3/96)

* CP-10 SES TRUSS AS OF 11/4/99

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-12-99
Control #
Permit # 99-11-1217

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

Block 5002 Lot 1.01
Work Site Location 12 Highland Trail
Medford, N.J.
Owner in Fee Medford Pines Assoc. L.L.C.
Address P.O. Box 560
Berlin, N.J. 08009
Tele. ([redacted]
Contractor MA Gahan Construction
Address 15,000 Commerce Pkwy
Mt. Laurel, N.J.
Tele. ([redacted] Fax ([redacted]
Lic. No. or Bldrs. Reg. No. 12749
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	11-3-99	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-9-00
Approved by:

INSPECTIONS Type:	Failure	Failure (Month/Day)	Approval (Month/Day)	Initial
Footing ✓		4/13	12-10	
Foundation ✓			1-7	
Slab ~~BASEMENT~~ GARAGE ✓		3/10	3/22	
Frame		3/22	3-24	
Barrier-Free ✓				
Insulation ✓		3/29	3/30	
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓		5/5	5/8	
Barrier-Free				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R-4	R-4
Constr. Class		5-B
No. of Stories		2
Height of Structure		28 Ft.
Area — Largest Floor		1348 Sq. Ft.
New Bldg. Area/All Floors		2751 Sq. Ft.
Volume of New Structure		43901 Cu. Ft.
Total Land Area Disturbed		3100 Sq. Ft.

5/4/19

Est. Cost of Bldg. Work:
1. New Bldg. $ 105,000
2. Alteration $
3. Total (1+ 2) $ 105,000

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.

Steve Lby
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct A Single Family Home "The Essex"
options: (1) Sunroom
CABO/BSMT

TYPE OF WORK:
[✓] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)

	$ 1028
Administrative Surcharge	$ 878
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

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

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/27/99
Date Issued 11/12/99
Control # C-5002
Permit # 99-11-1217

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Tele. [redacted]
Contractor MA GRANN CONSTRUCTION SER.INC
Address 15000U COMMERCE PARKWAY
MT. LAUREL,, NJ 08054-
Tele. [redacted] Fax ( )
Lic. No. or Bldrs. Reg. No. 12749
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-4
Constr. Class Present Proposed 5B
No. of Stories 2
Height of Structure 28 Ft.
Area Largest Floor 1,348 Sq. Ft.
New Bldg. Area/All Floors 2,751 Sq. Ft.
Volume of New Structure 51,419 Cu. Ft.
Total Land Area Disturbed 3,100 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 105,000
2. Alteration $ 0
3. Total (1+2)$ 105,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

NEW SINGLE FAMILY DWELLING

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 1,028
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Paid [✓] Check # 17927
Collected by:

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 1,028
DCA Training Fee	$ 82

U.C.C. F110 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-12-99
Control #
Permit # 99-11-1217

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

Block 5002 Lot 1.01
Work Site Location 12 Highland Tr
Medford, N.J.
Owner in Fee/Occupant Medford Pines Assoc. L.L.C.
Address P.O. Box 560
Berlin N.J.
Tele. ([redacted])
Contractor T.M.R. Electrical Contractors, Inc
Address 520 Stokes Rd., Ste. C3
Medford, N.J. 08055
Tele. ([redacted]) Fax ( )
Lic. No. [redacted]
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as S.F.D. Utility Co. P.S.E.+G
Est. Cost of Elec. Work $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 7-28-99
Approved by: B. Tassone

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5-5-00
Approved by: R. Kmon

INSPECTIONS

Type:	Failure	Failure Dates (Month/Day)	Approval Dates (Month/Day)	Initial
Rough ✓		3-6-00		
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service ✓			5-5-00	BT
Final ✓				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
30		Lighting Fixtures	
62		Receptacles	
25		Switches	
8		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
125		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	2	KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	4	KW Elec. Dryer/Receptacle	
1	2	KW Dishwasher	
		HP Garbage Disposal	
1	4	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	2	HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F120
(rev. 3/96)

1 WHITE - OFFICE COPY
2 YELLOW - APPLICANT COPY
3 WHITE CARD - INSPECTOR COPY

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3-16-00
Control #
Permit # 99-11-1217+A update

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

Block 5009 Lot 1.01
Work Site Location 12 HIGHLAND TRAIL

Owner in Fee/Occupant MEDFORD PINES LLC
Address P.O. BOX 560
BERLIN NJ
Tele. ([redacted]
Contractor G. Bingemann Elect
Address 8 Cox Rd
Tabernacle N.J. 08088
Tele. ([redacted] Fax ([redacted]
Lic. No. 14574
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-4
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3-30-00
Approved by: J. Allen

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5-5-00
Approved by: D. Fanone

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-5-00	TF

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

2ND ZONE HVAC

D. TECHNICAL SITE DATA

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	
1	40	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 4-26-00
Control #
Permit # 99-11-1217-[illegible] update

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

Block 5002 Lot 401
Work Site Location 12 Highland Trail
Medford NJ
Owner in Fee/Occupant Medford Pines Assoc L.L.C.
Address PO Box 560
Berlin NJ
Tele. ([redacted]
Contractor CATT Com Systems
Address 311 Lincoln Ave
Williamstown NJ 08094
Tele. ([redacted] Fax ([redacted]
Lic. No.
Federal Emp. No. [redacted]5

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1235

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5-20-00
Approved by: B. Tasone

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5-5-00
Approved by: B. Tasone

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5-5-00	BT

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F120 (rev. 3/96)

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

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/27/99
Date Issued 11/12/99
Control # C-5002
Permit # 99-11-1217

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Tele. [redacted] Fax (__)
Contractor TMK ELECTRICAL CONTRACTORS
Address 1609 ROUTE 206
TABERNACLE,, NJ 08088-
Tele. [redacted]
Lic. No. of Bldrs. Reg. No. 12237
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present ____ Proposed R-4
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as ____ Utility Co. ____
Estimated Cost of Electrical Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued ____

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
30		Lighting Fixtures	
62		Receptacles	
25		Switches	
8		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
125		TOTAL NUMBERS	48
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
1	2	KW Elect Range/Receptacle	9
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
1	4	KW Elect Dryer/Receptacle	9
1	2	KW Dishwasher	9
0	0	HP Garbage Disposal	0
1	4	KW Central A/C Unit	9
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
1	2	HP Motors 1/+ HP	9
0	0	KW Transformer/Generator	0
1	200	AMP Service	43
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other ____	0
		Other ____	0

Paid [✓] Check # 1792
Collected by: [illegible]

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	136
DCA Training Fee	$	0

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/07/2000
Date Issued 03/16/2000
Control #
Permit # 99-11-1217+A

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Tele [redacted] Fax ( )
Contractor G. BINGEMANN ELECTRIC L.L.C.
Address 8 LOG ROAD
TABERNACLE, NJ 08088-
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 125

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	40	KW Central A/C Unit	43
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 18861 Minimum Fee $ 0
Collected by: CB TOTAL FEE $ 43
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 04/26/2000
Control #
Permit # 99-11-1217+B

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Tele. [redacted] Fax (__)
Contractor CATI COM SYSTEMS
Address 811 LINCOLN AVE
WILLIAMSTOWN, NJ 08094-
Tele [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,235

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	33
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [X] Check # 1808 Minimum Fee $ 0
Collected by: CB TOTAL FEE $ 33
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-12-99
Control #
Permit # 99-11-1217

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

Block 5002 Lot 1.01
Work Site Location 12 Highland Tr. Medford, N.J.
Owner in Fee Medford Pines Assoc. L.L.C.
Address P.O. Box 568 Mt. Laurel N.J.
Tele. ([redacted]
Contractor B. F. Plumbing Inc.
Address 77 upper Neck RD. Pitts Grove N.J.
Tele. ([redacted] Fax ([redacted]
Lic. No. 6196
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed R-4
Building Sewer Size 4" Public Sewer ✓ Private Septic ____
Water Service Size 1" Public Water [redacted] Private Well ✓
Est. Cost of Plumbing Work $ 6200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 10/29/99
Approved by: [signature]

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5-5-00
Approved by: M Lucio

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Slab ✓			1-7-00	SM
Rough ✓			3-1-00	DPB
Water				
Sewer ✓			4-19-00	MAG
Fixtures				
Gas Equipment				
Gas Piping ✓			3-1-00	DPB
Solar				
TPO [signature]			5-5-00	MAG

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.

[signature]
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$
—	Urinal/Bidet	
2	Bath Tub	
5 ~~3~~	Lavatory	
1	Shower	
1	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
2	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
3	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

CHANGE OF CONTRACTOR

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

update

Date Received 5-8-00
Date Issued
Control #
Permit # 99-11-1217

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

Block 5002 Lot 1.01
Work Site Location 12 HIGHLAND TRAIL MEDFORD
Owner in Fee MEDFORD PINES LLC
Address PO BOX 560
BERLIN NJ 08009
Tele. ( )
Contractor RICH ROUSTLE PLUMBING
Address 6736 ROGERS AVE
PENNSAUKEN NJ 08109
Tele. [redacted] Fax ([redacted]
Lic. No. 10655
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-4
Building Sewer Size _____ Public Sewer X Private Septic _____
Water Service Size _____ Public Water _____ Private Well X
Est. Cost of Plumbing Work $ 6,200 ±

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 5-8-00
Approved by: M Sfuno

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

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

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.

Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
3	Water Closet
0	Urinal/Bidet
2	Bath Tub
5	Lavatory
1	Shower
1	Floor Drain
1	Sink
1	Dishwasher
	Drinking Fountain
1	Washing Machine
2	Hose Bibb
1	Water Heater
	Fuel Oil Piping
1	Gas Piping
	Steam Boiler
	Hot Water Boiler
1	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
1	Sewer Connection
1	Water Service Connection
5	Stacks
	Other _____
	Other _____
	Other _____

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/27/99
Date Issued 11/12/99
Control # C-5002
Permit # 99-11-217

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Tele. [redacted] Fax ( )
Contractor BRADFORD R. FOSTER
Address 271M UPPER NECK RD
ELMER, NJ 08318-
Tele. [redacted]
Lic. No. or Bldrs. Reg. No. 6196
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-4
Building Sewer Size [X] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [X] Private Well
Estimated Cost of Plumbing Work $ 6,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
[ ] No Plans Required	Type	Failure	Failure	Approval	Initial
Joint Plan Review Required:	Slab				
[ ] Bldg [ ] Elect	Rough				
[ ] Fire [ ] Elevator	Water				
[ ] Plumb. Plans Approved	Sewer				
Date:	Fixtures				
Approved By:	Gas Equip.				
SUBCODE APPROVAL	Gas Piping				
[ ] CO [ ] CCO [ ] CA	Solar				
Approved By:	TCO				
Date:					

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	24
0	Urinal / Bidet	0
2	Bath Tub	16
5	Lavatory	40
1	Shower	8
1	Floor Drain	8
1	Sink	8
1	Dishwasher	8
0	Drinking Fountain	0
1	Washing Machine	8
2	Hose Bib	16
1	Water Heater	8
0	Fuel Oil Piping	0
1	Gas Piping	47
0	Steam Boiler	0
0	Hot Water Boiler	0
1	Sewer Pump	47
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
1	Sewer Connection	47
1	Water Service Connection	47
5	Stacks	40
	Other	0
	Other	0

Paid [✓] Check # 17927
Collected by: CB

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	372
DCA Training Fee	$	0

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CABO/BSMT/SUNRM/4BED/2CAR

Date Received
Date Issued 11-12-99
Control #
Permit # 99-11-1217

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

Block 5002 Lot 1.01

Work Site Location 12 Highland Tr
Medford, N.J.

Owner in Fee Medford Pines Assoc. L.L.C.

Address P.O. Box 560
Berlin, N.J. 08009

Tele. ([redacted]

Contractor TMR Electrical Contractors, Inc.

Address 520 Stokes Rd., Ste. C3
Medford, N.J. 08055

Tele. [redacted] Fax ( )

Lic. No. 12231 A

Federal Emp. No. [redacted]

MA GRAW

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R-4

Constr. Class Present ____ Proposed 5-B

Heating Systems [✓] New [ ] Existing [✓] HVAC

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

[ ] Other ____

Location: ____

Total Cost of Fire Protection Work $ 250

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: ____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: ____

Approved by: ____

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 5.5.00

Approved by: Ed Bu

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System	____	____	5/5/00	EB
Suppression Sys.	____	____	____	____
Standpipe	____	____	____	____
Fire Pump	____	____	____	____
Pre-Eng. System	____	____	____	____
Mechanical	____	____	____	____
Smoke Control	____	____	____	____
TCO Site ✓	____	____	3/24/00	EB
Final ✓ ✓	____	____	5/5/00	EB
Other Rough ✓	3/10/00	3/13 3/15	3/22/00	R.V.
Fireplace ✓	3/14/00	3/13 3/15	3/16/00	DB

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Smoke detectors

Water Supply Source Well

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [✓] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	8	
Supervisory Devices (i.e., tampers, low/high air)	____	
Signaling Devices (i.e., horn/strobes, bells)	____	
Other Devices ____	____	40
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	____	
Halon Suppression	____	
Other ____	____	
Kitchen Hood Exhaust System	____	
Smoke Control System	____	
Gas [✓] or Oil [ ] Fired Appliances	2	86
Other Gas Fireplace	1	43

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ 169

U.C.C. F140
(rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-16-00
Control #
Permit # 99-11-1217+A Update

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

Block 5002 Lot 1.01
Work Site Location 12 HIGHLAND TRAIL

Owner in Fee MEDFORD PINES LLC
Address P.O. BOX 560
BERLIN NJ
Tele. [redacted]
Contractor ATMOSTEMP INC
Address 245 B CLIFTON AVENUE
P.O BOX A. WEST BERLIN NJ
Tele. [redacted] Fax ( ) _____
Lic. No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R-4
Constr. Class Present _____ Proposed 5B
Heating Systems [-] New [ ] Existing [+] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: ATTIC
Total Cost of Fire Protection Work $ 2150.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 3.16.00
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
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.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD 2ND ZONE HEATING/COOLING

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., 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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	1	
Other _____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F140

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/27/99
Date Issued 11/2/99
Control # C-5002
Permit # 99-11-1217

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Tel [redacted] Fax ( )
Contractor TMR ELECTRICAL CONTRACTORS
Address 1609 ROUTE 206
TABERNACLE,, NJ 08088-
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-4
Constr Class Present Proposed 5B
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 250

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
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.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	8	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	8	40
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	86
Other FIREPLACE		43
Other		0

Paid [✓] Check # 1792
Collected by: CB

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	169
DCA Training Fee	$	0

U.C.C. B140 (rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/07/2000
Date Issued 03/16/2000
Control #
Permit # 99-11-1217+A

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIGHLAND TRAIL
NEW SINGLE FAMILY HOUSE
Owner in Fee MEDFORD PINES ASSOCIATION LLC
Address P.O. BOX 560
BERLIN, NJ
Tele. [redacted] Fax (__)
Contractor ATMOSTEMP INC
Address 215 B CLIFTON AVE
WEST BERLIN, NJ 08091-
Tele [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-4
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,150

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	43
Other		0
Other		0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 43
DCA Training Fee	$ 0

Paid [X] Check # 18861
Collected by: CB

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Date Issued 06/07/200
Control #
Permit # 00-5-487

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIHGLAND TRAIL

Owner in Fee/Occupant MILLER, JEFF
Address 12 HIGHLAND TRAIL
MEDFORD, NJ 08055-
Telephone [redacted]
Contractor H O M E O W N E R
Address

Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

CEDAR DECK

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 1/96)

Fee $ 0
Paid [X] Check No. 3713
Collected by: CB

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

Date Issued 5/12/00
Control # C-5002
Permit # 00-5-487

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 5002 Lot 1.01 Qual

Work Site Location 12 HIHGLAND TRAIL
CEDAR DECK
Owner in Fee MILLER, JEFF
Address 12 HIGHLAND TRAIL
MEDFORD, NJ 08055-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CEDAR DECK

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 $ 5,500

Edwin J. Brown Jr. 5/12/00
Construction Official Date

PAYMENTS (Office Use Only)

Building	99
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	0
Other	
Total	103
Check No.	3773
Cash	
Collected By	CB

U.C.C. F170 (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 5-12-06
Control #
Permit # 00-5-487

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

Block 5002 Lot 1.01

Work Site Location 12 Highland Trail

Owner in Fee Jeff Miller / Karen Hartwell

Address 12 Highland Trail
Medford NJ 08055

Tele. ([redacted]

Contractor Jeff Miller

Address same

Tele. ( ) same Fax ([redacted]

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	5-12-06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-30-06
Approved by:

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing✓			5/15/06	
Foundation				
Slab				
Frame✓			5/25	
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓			5/30	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class 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.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 5500.00
3. Total (1+ 2) $

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.

Signature Jeffrey B. Miller / Karen Hartwell

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Cedar Deck- see attached

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

FEE (Office Use Only)

Administrative Surcharge	$ 99 -
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

MEDFORD TOWNSHIP
17 N.MAIN STREET
MEDFORD, N.J. 08055

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/25/2000
Date Issued 5/2/00
Control # C-5002
Permit # 00-5-487

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

Block 5002 Lot 1.01 Qual
Work Site Location 12 HIHGLAND TRAIL
CEDAR DECK
Owner in Fee MILLER, JEFF
Address 12 HIGHLAND TRAIL
MEDFORD, NJ 08055-
Tele. [redacted]
Contractor
Address

Tele.(__) Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

CEDAR DECK

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 5,500
3. Total (1+2)$ 5,500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	99
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Paid [ ] Check # 3763
Collected by: CB

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 99
DCA Training Fee	$ 4

U.C.C. F110 (rev. 3/96)

Board of Chosen Freeholders
County of Burlington
New Jersey

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard, Westampton
P.O. Box 6000
Mount Holly, N.J. 08060

Tele: (609) 265-5548
Fax: (609) 265-5541

MAY 8, 2000

President & Members
Board of Health Twp.
MEDFORD TWP.

Re: WELL APPLICATION 3307-99
BLOCK 5002 LOT 1.01
MaGRANN CONSTRUCTION
MEDFORD TWP.

Gentlemen:

Pursuant to instructions set forth in Chapter 199, Public Law 1954 and Standards for the Construction of Public Non-Community and Non-Public Water Systems, a **final** inspection of the individual water supply referenced above was conducted on 5-9-00.

Our findings indicate that installation of said system appears to be in substantial compliance with state and local regulations. Analytical results for bacteriological, physical and chemical quality of the raw water from a certified laboratory have been received by this Department and found to be satisfactory at the time of sampling.

Sincerely,

Michael J McQuaide

MICHAEL J McQUAIDE,
SANITARY INSPECTOR

bk
cc: Construction Code Official
owner
file

12 Highland Trail
C-5002

Board of Chosen Freeholders
Of The County of Burlington
MOUNT HOLLY, NEW JERSEY
08060

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard
P.O. Box 6000
Westampton, N.J. 08060

Tele: (609) 265-5548
Fax: (609) 265-5541

October 21, 1999

MaGrann Construction
15000 Commerce Parkway
Mt. Laure. NJ 08054

Re: Well Application 3307-99
Block 5002 Lot 1.01
Medford Twp.

Your application for the installation of a proposed individual water supply system is approved to be in compliance with provisions of applicable state and local laws.

THIS APPROVAL BECOMES NULL AND VOID 9-27-2000.

This approval is not a permit to install the system. If a local permit is required, said permit must be obtained from your municipal agent.

Our office shall be notified three (3) working days in advance of starting installation. The installation must be inspected by a representative of this department. The well inspection shall include but not be limited to the following: WELL LOCATION; WELL SEAL; PROPER VENTING; WATER SUPPLY LINE; STORAGE TANK; INSTALLATION OF TREATMENT SYSTEM & METHOD OF BACKWASH DISPOSAL when required.

Final certification for use of the well will not be given until this department has received the analytical results for bacteriological, physical and chemical quality of the raw water from a New Jersey Certified Laboratory. The analytical report shall identify the property by the block, lot and county application number. Also, the responsible laboratory official shall certify that the laboratory has drawn the raw sample. Further, a WELL RECORD accurately completed and prepared by the well driller is required and shall be submitted on NJDEP FORM DWR-138, which shall serve as certification of construction.

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to ensure that your building contractor, plumber and the installer of the system are made aware of this approved application prior to the beginning of any construction. It is also your responsibility to ensure that the system is installed in strict accordance with this approved application. Any discrepancy between the water system's installation and the certified well application shall be submitted as an as-built in accordance with NJAC 7:10-12.40(b). Any unauthorized deviation from the plan could result in legal action being instituted in Municipal Court against all parties concerned.

Sincerely,

Michael C. Gavio
Senior Sanitary Inspector

bk

c: Board of Health
Construction Code Official
Well Driller
file

REV 11/96

DWR-583
1/99

BEVERLY

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJ

MAIL TO:
NJDEP
BUREAU OF WATER ALLOCATION
PO BOX 426
TRENTON, NJ 08625-0426

21

Permit No. 3156886

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE D.E.P.

Pinelands #86-0106.01

COORD #: 31 . 14 .6 32

Property Owner McCrann Construction

Address 15000 Commerce Parkway
Mt. Laurel, NJ 08054

Name of Facility New Residence

Address 12 Highland Trail
Medford, NJ 08055

Driller Robbins Water Service, Inc.

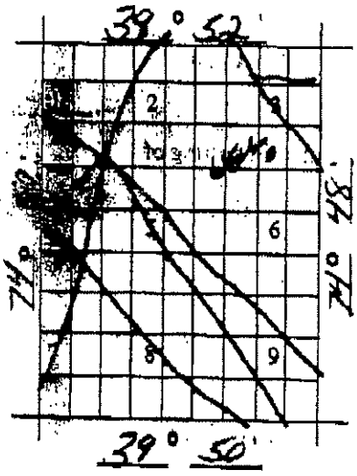
Address 462 Atsion Road
Shamong, NJ 08088

Diameter of Well	4 inches	Proposed Depth of Well	300 Feet
Proposed Capacity of Pump	12 GPM	Method of Drilling (Cable-tool, Rotary, etc.)	Rotary
Use of Well (See Reverse)	Domestic - New		
Drinking Water Supply?	XX yes (see #6 on reverse)		no

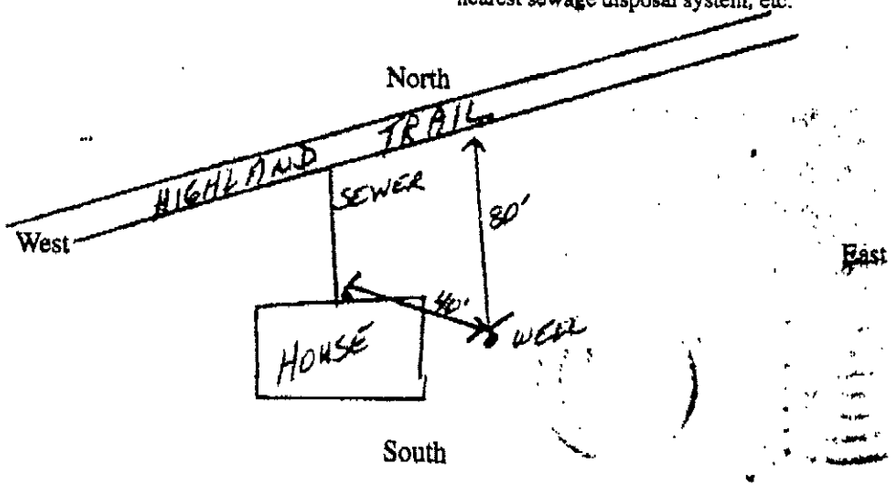
LOCATION OF WELL

Lot #	Block #	Municipality	County
1.01	5002	Medford	Burlington

State Atlas Map No. 31



Draw sketch showing distance and location of well site to nearest public roads, streets, components of the nearest sewage disposal system, etc.



SEE REVERSE SIDE FOR IMPORTANT PROVISIONS AND REGULATIONS PERTAINING TO THIS PERMIT. APPROVAL OF THIS PERMIT IS MADE SUBJECT TO ACCEPTANCE OF AND COMPLIANCE WITH THE FOLLOWING ADDITIONAL CONDITIONS.

- [X] DOMESTIC/PUBLIC NON-COMMUNITY/NON-PUBLIC Water Supply Wells shall comply with N.J.A.C. 7:10-12.1 et seq.
- [ ] PUBLIC COMMUNITY Water Supply Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.1 et seq.
- [ ] CLOSED LOOP GEOTHERMAL - see attached conditions.
- [ ] OPEN LOOP GEOTHERMAL HEAT PUMP WELLS - Wells must be a minimum of 50 feet apart and the water must be returned to the same aquifer as the production well.
- [ ] INDUSTRIAL SUPPLY - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10.1 et seq.
- [ ] IRRIGATION SUPPLY - A physical connection control permit may be required pursuant to the provisions of N.J.A.C. 7:10-10.1 et seq.
- [ ] REPLACEMENT WELL - Existing well must be sealed by a certified New Jersey licensed well driller upon abandonment.
- [ ] IRRIGATION PURPOSES ONLY [ ] TEST PURPOSES ONLY
- [X] PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84 (a)4.v. are met.
- [ ] MINIMUM distance requirements as per N.J.A.C. 7:10-12.12 have not been met - see attached condition(s).
- [ ] The well shall be equipped with a totalizing flow meter per N.J.A.C. 7:19-2 et seq.
- [ ]

This Space for Approval Stamp

WELL PERMIT APPROVED
NJDEP
SEP 27 1999
BUREAU OF WATER ALLOCATION

In compliance with N.J.S.A. 58:4A-14, application is made for a permit to drill a well as described above.

Date September 21, 1999 Signature of Driller Henry W. Robbins, Jr. Registration No. MD1008

Signature of Property Owner Mark McCrann

COPIES: *Water Allocation - White Health Dept. - Yellow Owner - Pink Driller - Goldenrod*

BURLINGTON COUNTY HEALTH DEPARTMENT

15 Pioneer Blvd., P.O. Box 6000, Westampton, NJ 08060

APPLICATION FOR CERTIFICATION OF A PROPOSED INDIVIDUAL WATER SUPPLY SYSTEM

10/16/98 MW

- [x] NEW CONSTRUCTION
- [ ] ALTERATION*
- [ ] REPLACEMENT **
- [ ] EMERGENCY (no water) **

If property will also be served by a septic system, no action will take place until both applications have been received

FOR COUNTY USE ONLY
County No. 3-2107-1.01
Date Received 10/16/98

INSTRUCTIONS TO THE APPLICANT:

Four (4) copies of the application must be submitted. Only clear, legible copies will be accepted. The white copy must be original. Only one copy will be returned to the owner after approval. Each copy of the application must be accompanied by a surveyor's plot plan or sketch (preferably drawn to scale) showing all pertinent distances and locations of the following:

(SKETCH MAY BE OMITTED IF SUBMITTED IN CONJUNCTION WITH SEWAGE DISPOSAL DESIGN)

- [ ] Dimensions of lot with property lines labeled
- [ ] Location of all buildings within 150 feet of water source
- [ ] Location of proposed water supply system
- [ ] Location of all existing water and sewerage facilities within 150 ft. radius of well & proximity to storm drains or other sources of pollution (200 ft. radius for public noncommunity wells)
- [ ] Location of fuel storage tank, if any
- [ ] Any other data which may affect the system should be included

APPROVED
IN COMPLIANCE WITH N.J.A.C. 7:9A-1 ET SEQ. & P.L. 1954, CHAPTER 199
BY [signature] DATE 10/16/98
BURLINGTON COUNTY HEALTH DEPARTMENT
COUNTY NUMBER 3-2107-99

NOTE: The Health Department shall issue or deny certification of this application within fifteen (15) days after receipt. The certification will not be issued until the property has been physically inspected by a representative of this department.

OWNER of PROPERTY McGrann Construction PHONE 722-9699

MAILING ADDRESS 15000 Commerce Parkway, Mt. Laurel, NJ 08054

MUNICIPALITY Medford BLOCK 5002 LOT 1.01

STREET ADDRESS 12 Highland Trail, Medford, NJ 08055

LOCATION: Give directions to property from Mt. Holly, to include landmarks & distances in order that the inspector may locate the site.

WELL HEAD: [x] Pitless Well Cap [ ] Sanitary Well Seal

TYPE OF BUILDING TO BE SERVED: [x] Individual Dwelling (non-public) [ ] Other-Specify _____

IS MUNICIPAL WATER LOCATED WITHIN 200 FEET OF PROPERTY LINE? YES [ ] NO [x]

NJDEP PERMIT NO. 3156686 Distance from Supply Line to Building Sewer 25'

Depth of Well 395' Diameter of Well 4" Type of Casing PVC

Pressure Line 1" Suction Line _____ Type of Screen PVC

Size of Annular Space 6" Grouting Material Bentonite Grouting Method Pressure

Type of Pump & Capacity 3/4 HP sub 12 GPM Type of Storage Facility & Capacity WX-203

Method and Substance Used for Disinfection Chlorine

Method of Venting Well - Describe Vented Pitless Cap

Type of Water Treatment System (if required) _____

Method of Backwash Disposal _____ *(Sodium content of finished water not to exceed 50 mg/l)*

*DESCRIPTION OF WORK TO BE PERFORMED:

** Existing well shall either be properly sealed or a permit for change of well use must be obtained from NJDEP. Evidence of either must be submitted to this department prior to final certification.

The undersigned agrees to construct the described water supply system in accordance with the provisions of the New Jersey Safe Drinking Water Act Regulations (NJAC 7:10-12) and those established by local ordinance, where said local ordinance prescribes higher standards than those promulgated by NJDEP.

Certified by:

NAME OF WELL DRILLER Robbins Water Service, Inc. LICENSE NO. 20308

MAILING ADDRESS 46 Main Road, Shamong, NJ 08088 PHONE NO. [redacted]

NAME OF PUMP INSTALLER _____ LICENSE NO. _____
(if other than driller)

[signature] [signature]
SIGNATURE OF DRILLER SIGNATURE OF OWNER or AUTHORIZED AGENT

SIGNATURE OF PUMP INSTALLER

2_97