Township of Monroe

Office of the Monroe Township Council and Clerk

125 Virginia Avenue
Williamstown, NJ 08094
Office (856) 728-9800 Ext. 214

May 19, 2021

Via Email Only to: opra+request-22869-f414097e@requests.opramachine.com
Kimberly Hoffman

Re: OPRA Request #21-124 – 1115 Falkirk Road, Williamstown, NJ 08094

Dear Ms. Hoffman,

The Township of Monroe received your Open Public Records Act (OPRA) request on May 9, 2021. The official Records Custodian, Aileen Chiselko, received your OPRA request on May 10, 2021. As such, the seven (7) business day deadline to respond to your request is May 19, 2021. This response to your request is being provided to you on the 7th business day after the custodian's receipt of said request.

Your OPRA request sought access to the following:

Records requested:

all permits both open and closed for 1115 Falkirk Rd

The Township of Monroe is not in the possession of any records for the following:

1. Open Permits

The following record is being provided in its entirety and is responsive to your request.

1. Construction Property History Report – 1115 Falkirk Rd, 2 pages

The following records are being provided with redactions, which are exempt under OPRA, as per N.J.S.A. 47:1A-1.1:

1. 2001 Closed/Expired Construction Permit #20011030, 16 pages (redactions of unlisted telephone numbers on multiple pages)

2. 2017 Closed Construction Permit #20171818, 21 pages (redactions of unlisted telephone numbers on multiple pages)

3. 1988 Closed Construction Permit #70188, 27 pages (redactions of unlisted telephone numbers on multiple pages)

4. Township of Monroe Zoning Permits, 4 pages (redactions of unlisted telephone numbers on each page)

These records are being transmitted to you via email, as per your request at no charge.

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 Monroe 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,

Aileen Chiselko

Aileen Chiselko, RMC
Township of Monroe

OPRA EXEMPTIONS
(Exceptions are noted in italics)

N.J.S.A. 47:1A-1.1

1) Inter-agency or intra-agency advisory, consultative or deliberative material (Note: generally refers to draft documents or documents used in a deliberative process).

2) Legislative records. Specifically:

   a. information received by a member of the Legislature from a constituent or information held by a member of the Legislature concerning a constituent, including but not limited to information in written form or contained in any e-mail or computer data base, or in any telephone record whatsoever, *unless it is information the constituent is required by law to transmit*;
   b. any memorandum, correspondence, notes, report or other communication prepared by, or for, the specific use of a member of the Legislature in the course of the member's official duties, *except that this provision shall not apply to an otherwise publicly-accessible report which is required by law to be submitted to the Legislature or its members.*

3) Medical examiner records – photographs, negatives, print, videotapes taken at the scene of death or in the course of post mortem examination or autopsy, *except:*

   a. when used in a criminal action or proceeding in this State which relates to the death of that person,
   b. for the use as a court of this State permits, by order after good cause has been shown and after written notification of the request for the court order has been served at least five days before the order is made upon the county prosecutor for the county in which the post mortem examination or autopsy occurred,
   c. for use in the field of forensic pathology or for use in medical or scientific education or research, or
   d. or use by any law enforcement agency in this State or any other state or federal law enforcement agency.

4) Criminal investigatory records - records which are not required by law to be made, maintained or kept on file that are held by a law enforcement agency which pertain to any criminal investigation or related civil enforcement proceeding. (Note: N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed).

5) Victims' records - an individually-identifiable file or document held by a victims' rights agency which pertains directly to a victim of a crime except that a victim of a crime shall have access to the victim's own records. "Victims' rights agency" means a public agency, or part thereof, the primary responsibility of which is providing services, including but not limited to food, shelter, or clothing, medical, psychiatric, psychological or legal services or referrals, information and referral services, counseling and support services, or financial services to victims of crimes, including victims of sexual assault, domestic violence, violent crime, child endangerment, child abuse or child neglect, and the Victims of Crime Compensation Board.

6) Trade secrets and proprietary commercial or financial information obtained from any source. Includes data processing software obtained by a public agency under a licensing agreement which prohibits its disclosure.

7) Any record within the attorney-client privilege.

8) Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security.

9) Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein.

10) Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software.

11) Information which, if disclosed, would give an advantage to competitors or bidders.

12) Information generated by or on behalf of public employers or public employees in connection with:

a. Any sexual harassment complaint filed with a public employer;
b. Any grievance filed by or against an individual; or
c. Collective negotiations, including documents and statements of strategy or negotiating position.

13) Information which is a communication between a public agency and its insurance carrier, administrative service organization or risk management office.

14) Information which is to be kept confidential pursuant to court order.

15) Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency, *except that a veteran or the veteran's spouse or surviving spouse shall have access to the veteran's own records.*

16) Personal identifying information. Specifically:

a. Social security numbers, *except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor.*
b. Credit card numbers
c. Unlisted telephone numbers
d. Drivers' license numbers.

Except for:

a. Use by any government agency, including any court or law enforcement agency, in carrying out its functions,
b. or any private person or entity acting on behalf thereof,
c. or any private person or entity seeking to enforce payment of court-ordered child support; except with respect to the disclosure of driver information by the Division of Motor Vehicles as permitted by section 2 of P.L.1997, c.188 (C.39:2-3.4);

17) Certain records of higher education institutions:

a. Pedagogical, scholarly and/or academic research records and/or the specific details of any research project, *except that a custodian may not deny inspection of a government record or part thereof that gives the name, title, expenditures, source and amounts of funding and date when the final project summary of any research will be available.*
b. Test questions, scoring keys and other examination data pertaining to the administration of an examination for employment or academic examination.
c. Records of pursuit of charitable contributions or records containing the identity of a donor of a gift if the donor requires non-disclosure of the donor's identity as a condition of making the gift provided that the donor has not received any benefits of or from the institution of higher education in connection with such gift other than a request for memorialization or dedication.
d. Valuable or rare collections of books and/or documents obtained by gift, grant, bequest or devise conditioned upon limited public access.
e. Information contained on individual admission applications.

f. Information concerning student records or grievance or disciplinary proceedings against a student to the extent disclosure would reveal the identity of the student.

N.J.S.A. 47:1A-1.2

18) Biotechnology trade secrets.

N.J.S.A. 47:1A-2.2

19) Limitations to convicts - personal information pertaining to the person's victim or the victim's family, including but not limited to a victim's home address, home telephone number, work or school address, work telephone number, social security account number, medical history or any other identifying information. *Information may be released only if the information is necessary to assist in the defense of the requestor. A determination that the information is necessary to assist in the requestor's defense shall be made by the court upon motion by the requestor or his representative.*

N.J.S.A. 47:1A-3.a.

20) Ongoing investigations – any records pertaining to an investigation in progress by any public agency if disclosure of such record or records shall be detrimental to the public interest. *This provision shall not be construed to allow any public agency to prohibit access to a record of that agency that was open for public inspection, examination, or copying before the investigation commenced.*

N.J.S.A. 47:1A-5.k.

21) Public defender records that relate to the handling of any case, *unless authorized by law, court order, or the State Public Defender.*

N.J.S.A. 47:1A-9

22) Upholds exemptions contained in other State or federal statutes and regulations, Executive Orders of the Governor, Rules of Court, Constitution of this State, or judicial case law.

N.J.S.A. 47:1A-10

23) Personnel and pension records, *except specific information identified as follows*:

a. An individual's name, title, position, salary, payroll record, length of service, date of separation and the reason for such separation, and the amount and type of any pension received,

b. When required to be disclosed by another law, when disclosure is essential to the performance of official duties of a person duly authorized by this State or the United States, or when authorized by an individual in interest.

c. Data contained in information which disclose conformity with specific experiential, educational or medical qualifications required for government employment or for receipt of a public pension, but not including any detailed medical or psychological information.

N.J.S.A. 47:1A-1 (Legislative Findings)

24) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

Burnette v. County of Bergen, 198 N.J. 408 (2009). Without ambiguity, the court held that the privacy provision "is neither a preface nor a preamble." Rather, "the very language expressed in the privacy clause reveals its substantive nature; it does not offer reasons why OPRA was adopted, as preambles typically do; instead, it focuses on the law's implementation." "Specifically, it imposes an obligation on public agencies to protect against disclosure of personal information which would run contrary to reasonable privacy interests."

Executive Order No. 21 (McGreevey 2002)

1) Records where inspection, examination or copying would substantially interfere with the State's ability to protect and defend the State and its citizens against acts of sabotage or terrorism, or which, if disclosed, would materially increase the risk or consequences of potential acts of sabotage or terrorism.

2) Records exempted from disclosure by State agencies' promulgated rules are exempt from disclosure by this Order.

3) Executive Orders No. 9 (Hughes), 11 (Byrne), 79 (Byrne) and 69 (Whitman) are hereby continued to the extent that they are not inconsistent with this Executive Order.

Executive Order No. 9 (Hughes) exemptions that are still active:

a. Questions on examinations required to be conducted by any State or local governmental agency;
b. Personnel and pension records (same as N.J.S.A. 47:1A-10);
c. Records concerning morbidity, mortality and reportable diseases of named persons required to be made, maintained or kept by any State or local governmental agency;
d. Records which are required to be made, maintained or kept by any State or local governmental agency which would disclose information concerning illegitimacy;
e. Fingerprint cards, plates and photographs and other similar criminal investigation records which are required to be made, maintained or kept by any State or local governmental agency;
f. Criminal records required to be made, maintained and kept pursuant to the provisions of R. S. 53:1-20.1 and R. S. 53:1- 20.2;
g. Personal property tax returns required to be filed under the provisions of Chapter 4 of Title 54 of the Revised Statutes; and
h. Records relating to petitions for executive clemency.

Executive Order No. 11 (Byrne) exemptions are the same as N.J.S.A. 47:1A-10.

Executive Order No. 79 (Byrne) exemptions are the similar to # 8, 9, 10 above under N.J.S.A. 47:1A-1.1.

Executive Order No. 69 (Whitman) exemptions that are still active: Fingerprint cards, plates and photographs and similar criminal investigation records that are required to be made, maintained or kept by any State or local governmental agency.

Executive Order No. 26 (McGreevey 2002)

1) Certain records maintained by the Office of the Governor:

a. Any record made, maintained, kept on file or received by the Office of the Governor in the course of its official business which is subject to an executive privilege or grant of confidentiality established or recognized by the Constitution of this State, statute, court rules or judicial case law.
b. All portions of records, including electronic communications, that contain advisory, consultative or deliberative information or other records protected by a recognized privilege.
c. All portions of records containing information provided by an identifiable natural person outside the Office of the Governor which contains information that the sender is not required by law to transmit and which would constitute a clearly unwarranted invasion of personal privacy if disclosed.
d. If any of the foregoing records shall contain information not exempted by the provision of the Open Public Records Act or the preceding subparagraphs (a), (b) or (c) hereof then, in such event, that portion of the record so exempt shall be deleted or excised and access to the remainder of the record shall be promptly permitted.

2) Resumes, applications for employment or other information concerning job applicants while a recruitment search is ongoing. *The resumes of successful candidates shall be disclosed once the successful candidate is hired. The resumes of unsuccessful candidates may be disclosed after the search has been concluded and the position has been filled, but only where the unsuccessful candidate has consented to such disclosure.*

3) Records of complaints and investigations undertaken pursuant to the Model Procedures for Internal Complaints Alleging Discrimination, Harassment or Hostile Environments.

4) Information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation.

5) Information in a personal income or other tax return

6) Information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed.

7) Test questions, scoring keys and other examination data pertaining to the administration of an examination for public employment or licensing.

8) Records in the possession of another department (including NJ Office of Information Technology or State Archives) when those records are made confidential by a regulation of that department or agency adopted pursuant to N.J.S.A. 47:1A-1 et seq. and Executive Order No. 9 (Hughes 1963), or pursuant to another law authorizing the department or agency to make records confidential or exempt from disclosure.

9) Records of a department or agency held by the Office of Information Technology (OIT) or the State Records Storage Center of the Division of Archives and Records Management (DARM) in the Department of State, or an offsite storage facility outside of the regular business office of the agency. Such records shall remain the legal property of the department or agency and be accessible for inspection or copying only through a request to the proper custodian of the department or agency. In the event that records of a department or agency have been or shall be transferred to and accessioned by the State Archives in the Division of Archives and Records Management, all such records shall become the legal property of the State Archives, and requests for access to them shall be submitted directly to the State Archives.

Property History

1115 FALKIRK RD

Block/Lot **13715/15**
Owner **COLLINS, KRISTINE & KALABIC, ANEL**
1115 FALKIRK RD
WILLIAMSTOWN, NJ 08094

Log of Actions, Letters and Contacts

Date	Type	Name	Summary

(None on File)

Construction Permits

Permit No.	Date	Description (May be Shortened)	Subcodes		Cert Date	Est Value
20061655	9/11/06	ROOF	BLD		12/07/06	5700
20011030	/ /	ONS PATIOROOMexpired 1/28/2004	BLD ELE		1/28/04	0
20171818	11/16/17	A/C, FURNACE, INTERIOR RENOVATIONS MISC ELECTRIC	ELE	PLU	12/22/17	5350

Planning/Zoning Applications

Applic No.	Type	Venue	Date Applic	Date Approved	Project	Applicant

(None on File)

Construction Permit Inspections

Date	Permit No.	Type	Subcode	P/F	By	Result(May be Shortened)
12/07/06	20061655	FIN	BLDG	P	EO	
11/27/17	20171818	FIN	ELEC	F	JM	
11/27/17	20171818	FINA	PLUM	F	SD	
12/06/17	20171818	FIN	ELEC	F	JM	
12/06/17	20171818	FINA	PLUM	F	SD	
12/13/17	20171818	FINA	PLUM	F	SD	
12/13/17	20171818	FIN	ELEC	P	JM	
12/19/17	20171818	FINA	PLUM	P	SD	

Code Enforcement & Zoning Inspections

Insp#	Date	P/F	Type	Regist#	Unit	Inspctr	If Zoning-Related: Zone	Z-Type	Board Action	Apprvl Type/Date	Comment (May be Shortened)
10018005	/ /	P	CCO	10010308							
10013229	/ /	P	VAC	1007107	Single						

Tickets Issued

Ticket No.	Date	Inspector	Violation	Hearing	Disposition	Fine w Costs

Township Of Monroe
125 Virgina Ave
Williamstown, NJ 08094
(856)728-9800 FAX *(856)581-7960*

5/10/21

Property History

1115 FALKIRK RD

Block/Lot **13715/15**
Owner **COLLINS, KRISTINE & KALABIC, ANEL**
1115 FALKIRK RD
WILLIAMSTOWN, NJ 08094

(None on File)

Photos

(None on File)

BLOCK 13715 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 1115 Falkirk Rd PERMIT NO. 103001

CONSTRUCTION PERMIT APPLICATION

17661

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1115 Falkirk rd
2. Name of Owner in Fee: Donyea Kumar Tel. ([redacted])
   Address 1115 Falkirk rd Williamstown NJ 08094 (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Better Living Tel. (610) 9401233
   Address 960 Booth rd Coatesville PA 19425
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 23-3067552 FAX: (610) 940 1898
5. Architect or Engineer Gerald Jess Tel. (215) 721 7200
   Address 53 Souderton Hatfield Pike Souderton PA
6. Responsible Person in Charge of Work Keith Fetterer
   Tel. (610) 940-1233 FAX (610) 940 1898

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building 3 Season Room	$ 40 —		
2. Electrical	40 —		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	3 —		
10. Subtotal			
11. Cert. of Occupancy	40 —		
12. Other Check			
13. TOTAL	400 $ 123 —		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
2. Height of Structure 10' ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area 165 sq. ft.
5. Volume of New Structure 1650 cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed — sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☑ Addition	10 000								
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					9/25/01				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	10 000								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☑ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

PLAN REVIEW
BUILD SG
PLUMB _____
ELEC
FIRE _____

U.C.C. F100-1 (rev. 3/98)

DISPOSITION SHEET

	CONTACTED	DATE	TIME	REASON	INITIALS
1.	Jerry	7-12-01	930	Permit intake	ds
2.	Jerry	7-12-01	930	Need additional information or correction to application: Needs elec tech	ds
3.	Nancy	8-17-01	10⁰⁰	Permit ready for payment	
4.	Cont	8/20/01	11:00	Payment accepted by	TD
5.	Cont	8/20/01	11:00	Permit ready for pick-up	TD
6.				Change of Contractor	
7.				Need disposal receipt	
8.				CO or CA ready for pick-up	
9.				Violation Notice Open / Satisfied	
10.				Other:	

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name Brian Smith / BETTER LIVING PATIO ROOMS
Address 960 Brook rd Conshohocken PA 19428

Telephone (610) 940 1233
Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: 7-12-01

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board Permit		12-8-01	X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy	Other	
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		Built Elevation Cert.		
Mechanical		ner		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-12-01
Date Issued 8-20-01
Control #
Permit # 103001

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

Block 13115 # Lot 15
Work Site Location 1115 Falkirk rd

Owner in Fee Denyce Hummer
Address 1115 Falkirk rd Williamstown NJ 08094

Tele. ([redacted]

Contractor Better Living
Address 960 Brook rd Conshohocken PA 19428

Tele. (610) 940 1233 Fax (610) 940 1898
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-306 7835

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 3 Seasoned Patio Room consisting of Glass & Aluminum.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-12	EA
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

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

[ ] Demolition

FEE (Office Use Only)
$ 40.00
40.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 3.00
TOTAL FEE	$ 83.00

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	✓	
Constr. Class	✓	
No. of Stories	1	
Height of Structure	10	Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors	165	Sq. Ft.
Volume of New Structure	1650	Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,000
2. Alteration $
3. Total (1+ 2) $ 10,000

MUST COMPLY WITH N.E.C. ARTICLES 210-52 AND 210-70 RECEPTICLE AND LIGHTING REQUIREMENTS.

U.C.C. F110 (Rev. 1/98)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-25-01
Date Issued 8-20-01
Control #
Permit # 103001

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

Block 13115 Lot 5
Work Site Location same as address

Owner in Fee/Occupant Donna Kummer
Address 1115 Fallcrk Rd. Scotland Run
Williamstown NJ
Tele. ([redacted]
Contractor Michael Miller Electric
Address 4734 Highland Ave
Williamstown NJ 08094
Tele. ( ) 629-3059 Fax ( )
Lic. No. 4666
Federal Emp. No. 22-1980400

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed X
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/25/01
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.			8/21	
Constr. 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 owner of record and am authorized to make this application and perform the work listed on this application.

Applicant Signature

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
6		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 UV Lights	
		Portable 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	

APPROVED SUBJECT TO FIELD INSPECTION

Administrative Surcharge	$	
Minimum Fee	$	40.00
DCA Training Fee	$	
TOTAL FEE	$	40—

MUST COMPLY WITH N.E.C. ARTICLES 210-52 AND 210-70 RECEPTICLE AND LIGHTING REQUIREMENTS.

U C C. F120 (rev 3/96)
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BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-12-01
Date Issued 8-20-01
Control #
Permit # 102001

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

Block 1375 / Lot 15

Work Site Location 115 E. Kirkwood

Owner In Fee Dorothy Hummer

Address 115 E. Kirkwood Williamstown NJ 08094

Tele. [redacted]

Contractor Better Living

Address 960 Brooks Rd Westchester PA 19428

Tele. (610) 946 1233 Fax (610) 946 1698

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 23-306 7535

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 3 Season Room consisting of Glass & Aluminum.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-12	SG
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

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

FEE (Office Use Only)

$	
	40.00
	-/-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 3.-
TOTAL FEE	$ 83.-

B. BUILDING CHARACTERISTICS

	Present	Proposed	
Use Group	✓		
Constr. Class	✓		
No. of Stories	1		
Height of Structure	10		Ft.
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors	165		Sq. Ft.
Volume of New Structure	1650		Cu. Ft.
Total Land Area Disturbed	—		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 10,000
2. Alteration $
3. Total (1+ 2) $ 10,000

MUST COMPLY WITH N.E.C. ARTICLES 210-52 AND 210-70 RECEPTICLE AND LIGHTING REQUIREMENTS.

U.C.C. F110 (rev. 3/98)

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3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-25-01
Date Issued 8-20-01
Control #
Permit # 103001

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

Block 1511 Lot 7
Work Site Location [illegible] ADDRESS

Owner in Fee/Occupant [illegible]
Address [illegible] LOT Card Run
Tele. ([redacted]
Contractor Michael Miller Elec Inc
Address 1734 HIGHLAND Ave
WINSTOWN NJ 08094
Tele. ( ) 629-3059 Fax ( )
Lic. No. 4666
Federal Emp. No. 22-1990400

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed X
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/25/01
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough.				
Temp. Serv.				
Constr. 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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
6		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	$ 40.00
DCA Training Fee	$
TOTAL FEE	$ 40—

U.C.C. F120 (rev. 3/98)

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2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF MONROE
ZONING/CODE ENFORCEMENT OFFICE
125 VIRGINIA AVENUE, SUITE 5
WILLIAMSTOWN, NJ 08094-1768
(856) 728-9800 EXT. 295
(856) 875-2941 FAX

ZONING PERMIT

A. IDENTIFICATION

OWNER: Brian Smith / Kummer
WORK SITE ADDRESS: 115 Falkirk Rd.
WILLIAMSTOWN, NJ 08094
TELEPHONE: [redacted]

BLOCK: 13715
LOT: 15
ZONING CLASS: R-2
PINELANDS: N

THIS ZONING PERMIT IS BEING ISSUED FOR

B. ZONING PERMIT USE:

11Ft. X15 Ft. Sunroom. _____

C. INFORMATION:
TYPE OF WORK AND/OR USE:

_____ NEW BUILDING
_____ ADDITION
_____ NEW USE
_____ CHANGE OF USE
_____ CHANGE OF OCCUPANCY
___X___ ACCESSORY USE
_____ VENDOR PEDDLER USE
_____ OTHER_____

COMMENTS

RESOLUTION_____
SKETCH____X_____
PLOT PLAN_____
SURVEY___X_____
OTHER_____

NOTICE:
IT IS THE RESPONSIBILITY OF THE OWNER AND/OR CONTRACTOR FOR THE CLEAN UP AND REMOVAL OF ALL CONSTRUCTION MATERIALS AND DEBRIS. THE DEPARTMENT OF PUBLIC WORKS, DIVISION OF SANITATION WILL NOT PICK UP OR REMOVE THIS TYPE OF MATERIAL. PLEASE ALSO BE ADVISED THAT THIS PERMIT IS AN APPROVAL OF LAND USE AND REQUIREMENTS SETFORTH. PLEASE CONTACT THE CONSTRUCTION OFFICE AT 609-728-9850 TO INQUIRE IF ADDITIONAL PERMITS ARE NEEDED.

SIGNED BY: _____
FREDERICK WEIKEL
ZONING/CODE ENFORCEMENT OFFICER

WHITE: APPLICANT **PINK: CONSTRUCTION** **YELLOW: FILE**

APPROVED
JUN 0 8 2001
ZONING PERMIT

NOTE: UNDER AND SUBJECT TO ALL CONDITIONS, RESTRICTIONS AND EASEMENTS OF RECORD, WHERE APPLICABLE.

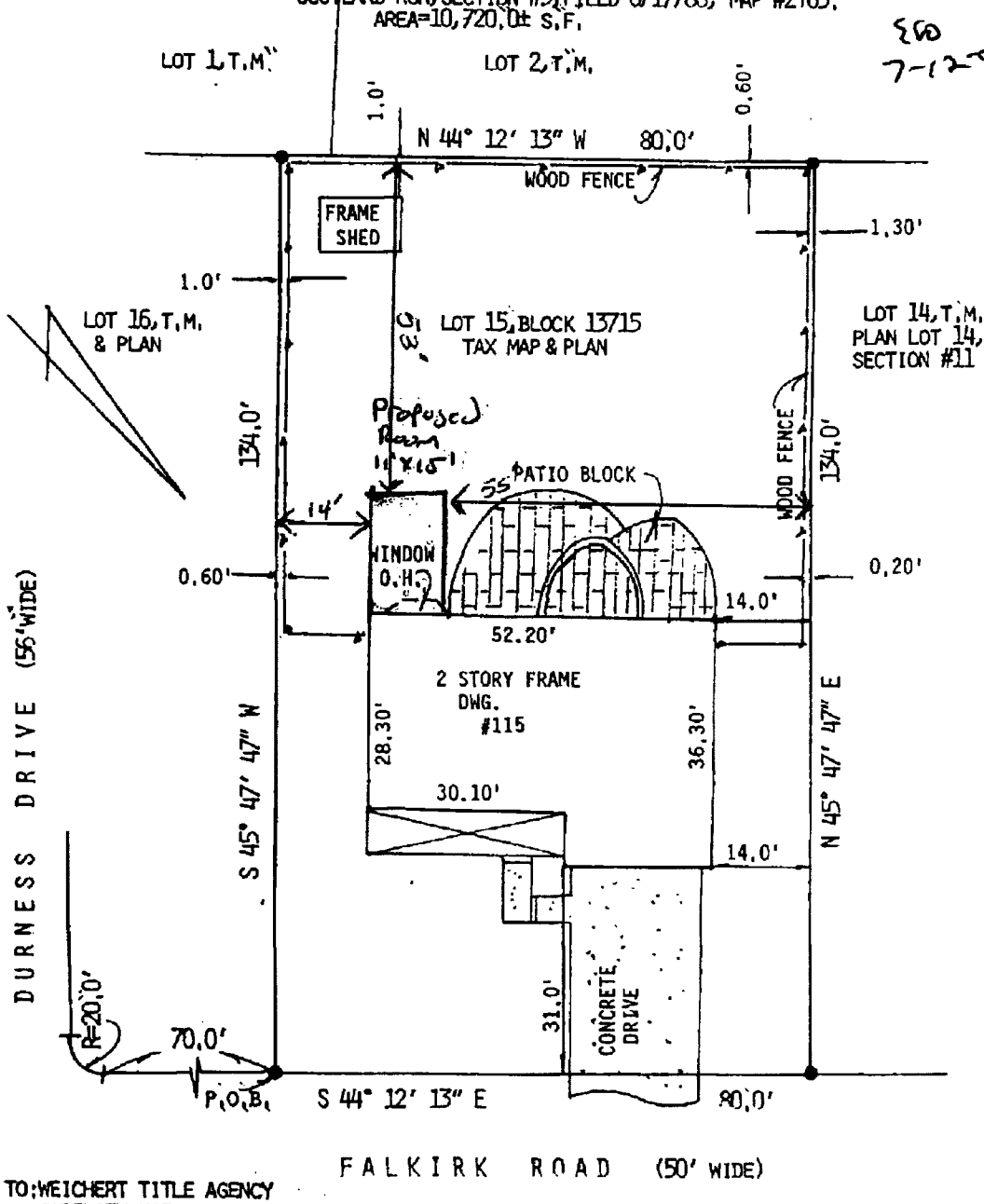
MERIDIAN - DEED BASE XX TAX MAP BASE __ PLAN BASE __ FORMER SURVEY BASE __

● = REBAR/IRON PIPE SET

■ = CONCRETE MONUMENT SET

DESCRIPTION: BEING KNOWN AND DESIGNATED AS LOT 15, BLOCK 13715 ON THE OFFICIAL TAX MAP.; A/K/A LOT 15, BLOCK 13715 AS SHOWN ON MAP OF SCOTLAND RUN, SECTION #3, FILED 6/17/88, MAP #2165.
AREA=10,720.0± S.F.

$60
7-12-01



TO: WEICHERT TITLE AGENCY
FIDELITY NATIONAL TITLE INSURANCE COMPANY

TO THE OWNER:
DONYEA M. KUMMER

SURVEY OF PREMISES
NO. 1115 FALKIRK ROAD

SITUATE
TOWNSHIP OF MONROE
GLOUCESTER COUNTY, NEW JERSEY

TO THE INSURER OF TITLE relying hereon, in consideration of the fee paid for making this survey in accordance with the description furnished in regard to this transaction only per below date, I hereby certify to its accuracy (except such easements, if any, that may be located below the surface of lands or on the surface of lands and not visible) as an inducement for the insurer of title to insure the title to the lands and premises shown hereon.

Albert N. Floyd
ALBERT N. FLOYD L.S.

ALBERT N. FLOYD & SON
LAND SURVEYORS
ALBERT N. FLOYD ... N.J. LIC. NO. 21759
ALBERT N. FLOYD, JR. N.J. LIC. NO. 36725
P.O. BOX 903, ELMER, NEW JERSEY 08318

DATE	SCALE	DRAWN	CHECKED	NUMBER
8/3/00	1"=20'	DAM	A.N.F.	00-1404

NOTE: UNDER AND SUBJECT TO ALL CONDITIONS, RESTRICTIONS AND EASEMENTS OF RECORD, WHERE APPLICABLE.

MERIDIAN - DEED BASE XX TAX MAP BASE __ PLAN BASE __ FORMER SURVEY BASE __

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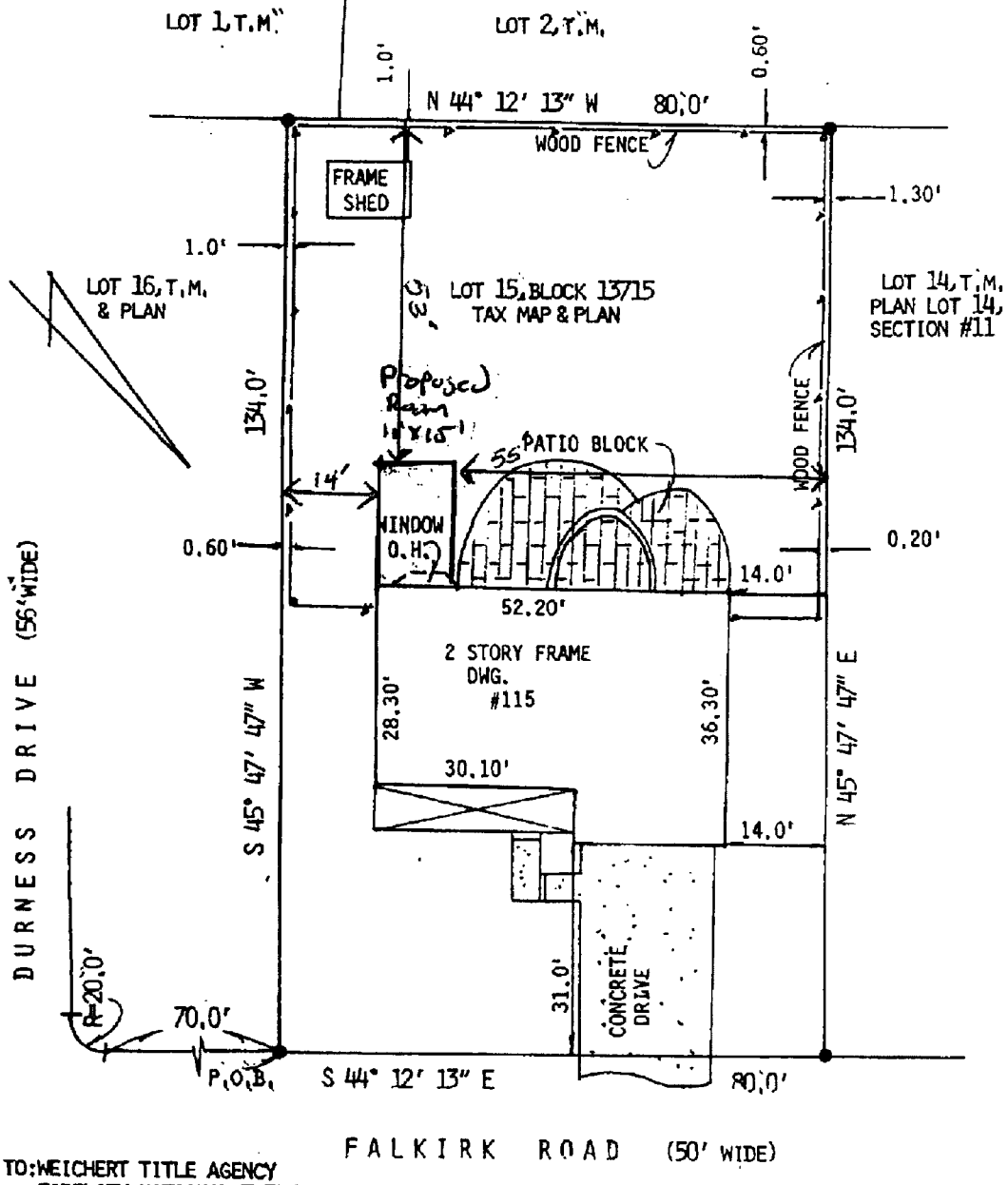
AREA=10,720.0± S.F.



TO: WEICHERT TITLE AGENCY
FIDELITY NATIONAL TITLE INSURANCE COMPANY

TO THE OWNER:
DONYEA M. KUMMER

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ALBERT N. FLOYD L.S.

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NO. 1115 FALKIRK ROAD

SITUATE
TOWNSHIP OF MONROE
GLOUCESTER COUNTY, NEW JERSEY

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LAND SURVEYORS
ALBERT N. FLOYD ... N.J. LIC. NO. 21759
ALBERT N. FLOYD, JR. N.J. LIC. NO. 36725
P.O. BOX 903, ELMER, NEW JERSEY 08318

DATE	SCALE	DRAWN	CHECKED	NUMBER
8/3/00	1"=20'	DAM	A.N.F.	00-1404

NOTE: UNDER AND SUBJECT TO ALL CONDITIONS, RESTRICTIONS AND EASEMENTS OF RECORD, WHERE APPLICABLE.

MERIDIAN - DEED BASE XX TAX MAP BASE __ PLAN BASE __ FORMER SURVEY BASE __

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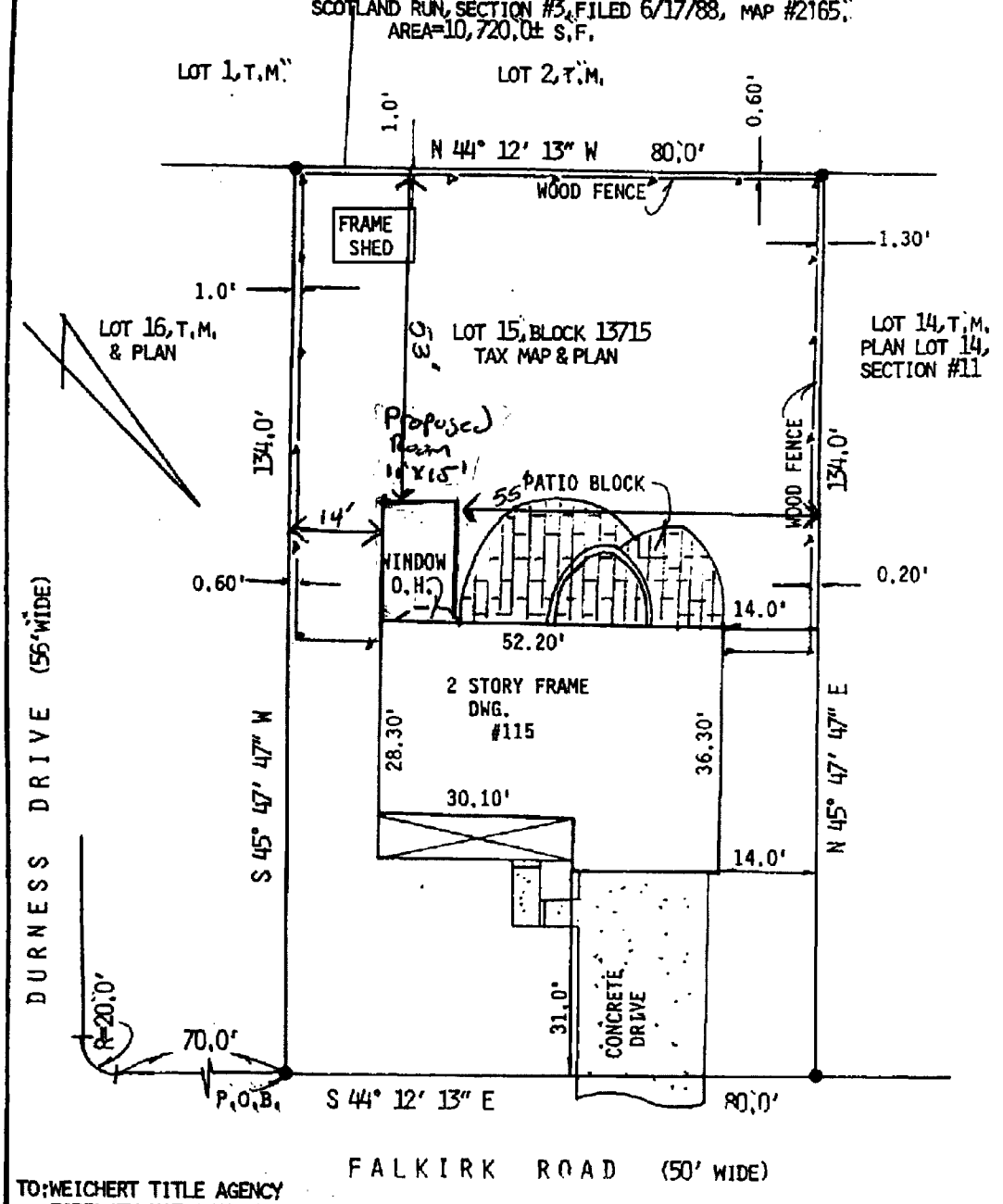
DESCRIPTION: BEING KNOWN AND DESIGNATED AS LOT 15, BLOCK 13715 ON THE OFFICIAL TAX MAP.; A/K/A LOT 15, BLOCK 13715 AS SHOWN ON MAP OF SCOTLAND RUN, SECTION #3, FILED 6/17/88, MAP #2165.
AREA=10,720.0± S.F.



TO: WEICHERT TITLE AGENCY
FIDELITY NATIONAL TITLE INSURANCE COMPANY

TO THE OWNER:
DONYEA M. KUMMER

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SURVEY OF PREMISES
NO. 1115 FALKIRK ROAD

SITUATE
TOWNSHIP OF MONROE
GLOUCESTER COUNTY, NEW JERSEY

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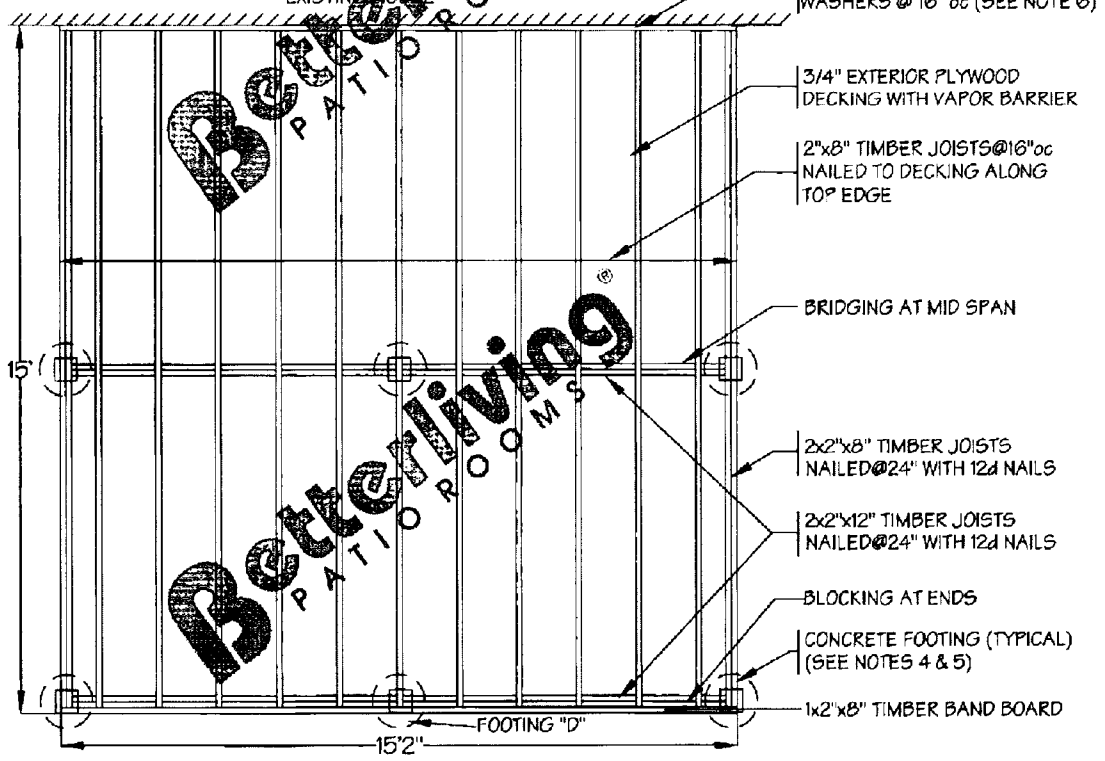
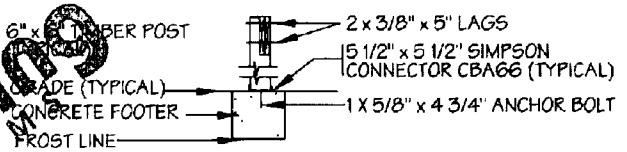
ALBERT N. FLOYD ... N.J. LIC. NO. 21759
ALBERT N. FLOYD, JR. N.J. LIC. NO. 36725
P.O. BOX 903, ELMER, NEW JERSEY 08318

DATE	SCALE	DRAWN	CHECKED	NUMBER
8/3/00	1"=20'	DAM	A.N.F.	00-1404



DECK FRAMING PLAN



TYPICAL POST DETAIL

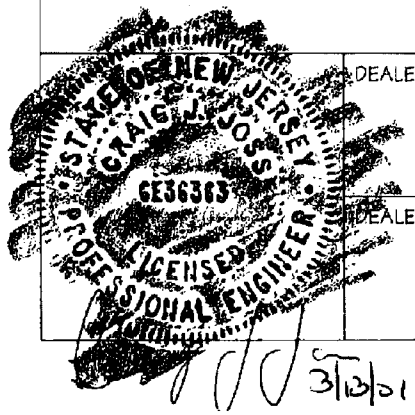
NOTES:

1. TIMBER DESIGN STRESS ASSUMPTIONS:
   SPECIES: SOUTHERN PINE NO. 2

	2" x 8"	2" x 12"
BENDING STRESS F	1,200 PSI	975 PSI
COMP. PERP. TO GRAIN	565 PSI	565 PSI
COMP. PARALLEL TO GRAIN	1,600 PSI	1,500 PSI
SHEAR PARALLEL TO GRAIN	90 PSI	90 PSI

   MODULUS OF ELASTICITY: 1,600,000 PSI.
   EXTERIOR LUMBER SHALL BE PRESSURE TREATED.
2. DESIGN LOADS:
   DECK: LIVE LOAD = 60 PSF DEAD LOAD = 10 PSF
   PATIO ROOM: LIVE LOAD = 40 PSF DEAD LOAD = 5 PSF.
3. AUTHORIZED FOR BETTERLIVING DEALER USE ONLY.
4. FOOTING DIAMETER:
   14" DIAMETER FOOTING FOR 4,000 PSF BEARING
   16" DIAMETER FOOTING FOR 3,000 PSF BEARING

   INCREASE DIAMETER OF FOOTING "D" BY 3".
5. FOOTING DESIGN ASSUMES:
   FOOTINGS SHALL BE LOCATED BELOW FROST LINE.
   CONCRETE IS TO HAVE A MINIMUM COMPRESSIVE STRENGTH OF 3,000 PSI AT 28 DAYS.
6. FOR NO STRUCTURAL CONNECTION TO HOUSE, SUPPORT DECK ON EXTRA ROW OF FOOTERS & JOISTS.



DEALER NAME:	DRAWN BY: JJ	15'x15'2" DECK FRAMING PLAN FOR GABLE ROOM
	DWG. NO.: DECK15x15	
DEALER ADDRESS:	SCALE: 1/4" = 1'-0"	
	DATE: 7/19/99	

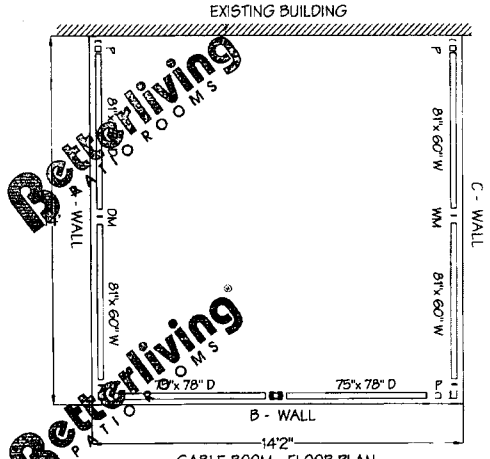
Betterliving
OF THE DELAWARE VALLEY
PATIO ROOMS & SECURITY SHUTTERS

960 Brook Rd.
Conshohocken, PA 19428

610.940.1233 - voice
610.940.1898 - fax
Email - BTLDV4@aol.com
www.Betterliving4you.com

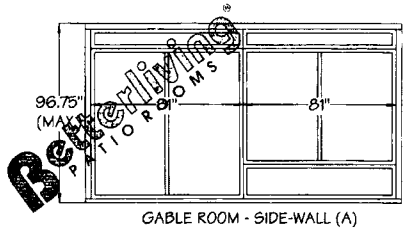
Jerry Kaye
Design Consultant

LAYOUT PLANS

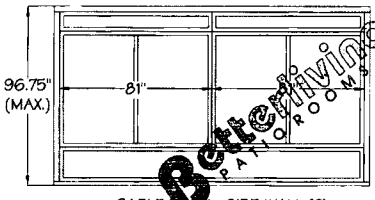


GABLE ROOM - FLOOR PLAN
NOT TO SCALE

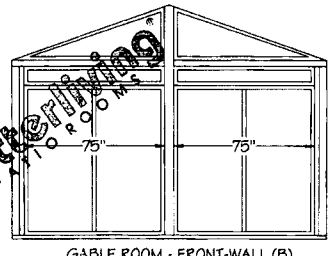
WALL SECTIONS



GABLE ROOM - SIDE-WALL (A)

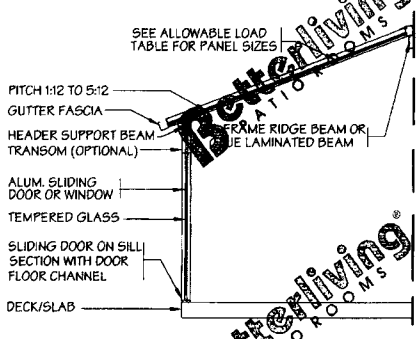


GABLE ROOM - SIDE-WALL (C)



GABLE ROOM - FRONT-WALL (B)

ASSEMBLY DETAILS



TYPICAL GABLE ROOM SECTION
NOT TO SCALE

ALLOWABLE LIVE LOAD TABLE FOR 8 FT. PANEL (WITH 7 FT. OR LESS SPAN)

20 PSF	25 PSF	30 PSF	35 PSF	40 PSF	45 PSF	50 PSF	55 PSF	60 PSF
3"HC	3"HC	3"HC	3"HC	3"HC	3"HC	3"HC	3"HC	3"HC

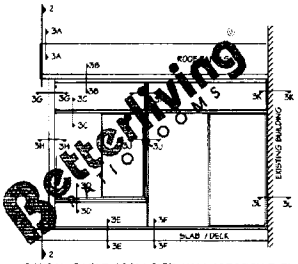
NOTES FOR GABLE ROOM CONSTRUCTION

1. STRUCTURAL MEMBERS SHALL COMPRISE 6063 T6 ALUMINUM EXTRUSIONS PROVIDED BY CRAFT-BILT MANUFACTURING COMPANY.
2. ALLOWABLE LOADS ARE BASED UPON THE LESSOR OF THE ULTIMATE LOAD/2.5 OR THE LOAD AT SPAN/120.
3. HC REFERS TO CRAFT-BILT HONEYCOMB PANELS WITH COATED ALUMINUM SKINS BONDED TO HONEYCOMB CORE MATERIAL & CONNECTED TO ADJACENT PANELS BY VINYL CLEATS OR Hs. (PANELS AVAILABLE IN 3", 4½" AND 6" THICKNESSES).
4. WIND LOADS = 20 PSF FOR 80 MPH EXPOSURE A,B,C
5. DEAD LOADS = 5 PSF
6. DOOR AND WINDOW LOCATIONS & SIZES ARE INTERCHANGEABLE.
7. GLASS KNEE WALLS ARE INTERCHANGEABLE WITH PANELS.
8. ROOM PROJECTION (A or C WALL WIDTH) MAY VARY PER DOOR & WINDOW LAYOUT & RIDGE BEAM/ COLUMN DESIGN (UP TO 16 FT).
9. AUTHORIZED FOR BETTERLIVING DEALER USE ONLY.
10. ABBREVIATIONS:
    D = DOOR
    M = MULLION
    W = WINDOW
    WM = WINDOW MULLION
    U = CHANNEL
    HC = HONEYCOMB PANELS
    H = THERMALLY-BROKEN H-STIFFENER
    PSF = POUNDS / SQ. FOOT
    P = PANEL
    FT. = FEET
    ALUM. = ALUMINUM
    MAX. = MAXIMUM

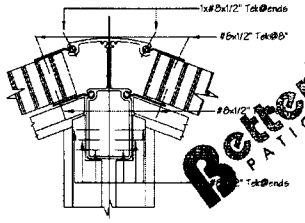
PROJECT:	CONTRACTOR:	14' x 14'2" GABLE ROOM GENERAL LAYOUT
DRAWN BY: CJJ	DWG NO.: EM40-14-hc-sd	
SCALE: 1" = 50"	DATE: 7/19/99	

4/7/01

TYPICAL SIDE WALL CONNECTION DETAILS

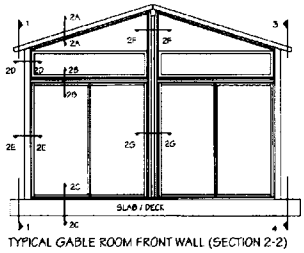


TYPICAL GABLE ROOM SIDE WALL (SECTION 3-3)

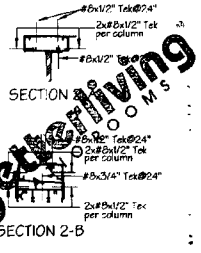


SECTION 3-A

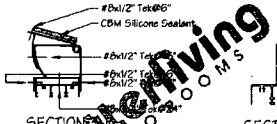
TYPICAL FRONT WALL CONNECTION DETAILS



TYPICAL GABLE ROOM FRONT WALL (SECTION 2-2)



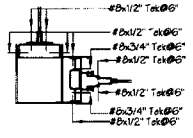
SECTION 2-B



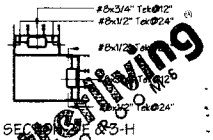
SECTION 3-B

SECTION 3-C

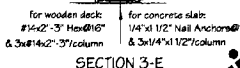
SECTION 3-D



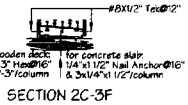
SECTION 2D & 3-G



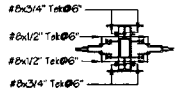
SECTION 2-E &3-H



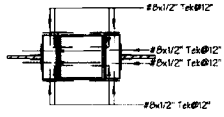
SECTION 3-E



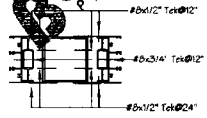
SECTION 2C-3F



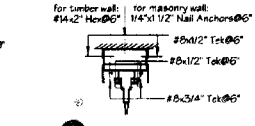
SECTION 3-I



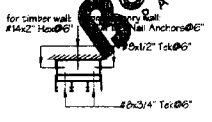
SECTION 2-F



SECTION 2-G



SECTION 3-K



SECTION 3-L

NOTES FOR GABLE ROOM CONNECTIONS

1. CONNECTION DETAILS FOR GABLE ROOM WITH MAX ROOF SPAN OF 18 FEET.
2. WIND LOADS = 20 PSF FOR 80 MPH EXPOSURE A,B,C.
3. STRUCTURAL MEMBERS SHALL COMPRISE 6063 T6 ALUMINUM EXTRUSIONS PROVIDED BY CRAFTBILT MANUFACTURING COMPANY.
4. AUTHORIZED BETTERLIVING DEALER USE.

PROJECT:	CONTRACTOR:	GABLE ROOM CONNECTION DETAILS
DRAWN BY: CJJ	DWG NO.: EM40-CXN-SD	
SCALE: 1" = 3.75"	DATE: 7/19/99	

6/7/01

LOCK 13715 LOT 15 QUALIFICATION CODE ____ ADDRESS (SITE) 1115 Falkirk RD PERMIT NO. 2017-1818

46932

CONSTRUCTION PERMIT APPLICATION

pplicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1115 falkirk RD
2. Name of Owner in Fee: Pacific noth Properties
   Tel. [redacted] e-mail
   Address PO Box 532 Marlton NJ 08053 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: JKS Total constr. Tel. ([redacted]
   Address 801 Rt 73 N e-mail
   Marlton NJ 08053
   License No. OR, if new home, Builder Reg. No. 13VH09202700 Exp. Date 5/31/18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. 95-5111995 FAX: ([redacted]
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Tom
   Tel. [redacted] FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing HVAC			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 367		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

CA 12/22/17

Ia. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Ib. SUBCODES *(Check all that apply)*

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical					11/8/17				
☑ Plumbing					11/9/17	S			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____ Proposed ____

11-15-17 Called, Spk to Tom re Pd cost 367. ok

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name TK Total Construction LLC

Address 801 Rt 73 N

Marlton NJ 08053

Telephone [redacted]

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Township of Monroe
125 Virginia Avenue
Williamstown, NJ 08094
856-7289800

CERTIFICATE
IDENTIFICATION

Date Issued: 12/22/2017
Control #: 46932
Permit #: 20171818

Block: 13715 Lot: 15 Qual:
Work Site Location: 1115 FALKIRK RD
WILLIAMSTOWN
Owner in Fee: PACIFIC NORTH PROPERTIES
Address: PO BOX 332
MARLTON NJ 08053
Telephone: [redacted]
Agent/Contractor: J & K CONSTRUCTION
Address: 701 ROUTE NORTH 73
MARLTON NJ 08053
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.:
Federal Emp. No.: 45-5111945
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:
A/C, FURNACE, INTERIOR RENOVATIONS MISC ELECTRIC

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 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

James Morrison Construction Official

Fees: $0.00
Paid[ ]Check No.: 2269
Collected by: sd

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10-31-17
Control # 46932
Date Issued 11-16-17
Permit # 2017-~~4000~~ 1818

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

Block 13715 Lot 15 Qualification Code

Work Site Location 1115 FAIRKIRK Rd
WILLIAMSTOWN NJ

Owner in Fee: PACIFIC NORTH Properties

Tel. [redacted] e-mail

Address PO Box 332 Malton NJ 08053
street municipality zip code

Contractor: DYNAMIC H/C EQUIPMENT Inc Tel. 856 693-4430

Address 21 EDGEVIEW LANE e-mail

SICKLERVILLE NJ 08081

Contractor License No. 19HC00086300 Exp. Date 6/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 27-2180106 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4,000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 11-9-17
Approved by: SD

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-13-17
Approved by: S

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	11-27-17	12-6-17	12-13-17	S

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: DAVID L BUTLER

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install furnace A/C

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	~~Stacks~~ Furnace	80
1	Other A/C	

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11-16-17
Permit # 2017 1818

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

Block 13715 Lot 15 Qualification Code

Work Site Location 1115 Falkirk Rd
Williamstown, NJ 08094

Owner in Fee: Pacific North Properties, LLC.

Tel. [redacted] e-mail

Address P.O. Box 332 Marlton 08053
(street) (municipality)

Contractor: Ryan J. Hoolahan T/A Air Control Tech, Inc. Tel. [redacted]

Address 998 Taunton Ave e-mail
West Berlin, NJ 08091

Contractor License No. 36BI01284800 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223060426 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 3/4" Public Water X Private Well

Est. Cost of Plumbing Work $ 1,350

JOB SUMMARY (Office Use Only)

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

[ ] Plumbing Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 11-9-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-19-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	12-6-17	12/13/17	12-19-17	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Ryan J. Hoolahan

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of fixtures with new.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$ 45
	Urinal/Bidet	
1	Bath Tub	15
4	Lavatory	60
	Shower	
	Floor Drain	
1	Sink	15
1	Dishwasher	15
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-31-17
Control # 46932
Date Issued 11-16-17
Permit # 2017 1818

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

Block 13715 Lot 15 Qualification Code

Work Site Location 115 FAIRKIRK Rd
WILLIAMS TOWN NJ

Owner in Fee: PACIFIC NORTH PROPERTIES

Tel. [redacted] e-mail

Address PO Box 332 MARLTON NJ 08053
street municipality zip code

Contractor: DYNAMICS A/C & HEAT INC Tel.

Address 24 EDGEVIEW LANE e-mail
SICKLERVILLE NJ 08081

Contractor License No. 13HC00086300 Exp. Date 6/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 27-2180106 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/13/17
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	11/27	12/6	12/8/17	
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: DANIEL BUTLER

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reconnect 480V/230V

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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		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 $

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11-16-17
Permit # 2018-1818

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

Block 13715 Lot 15 Qualification Code

Work Site Location 1115 FALKIRK Rd
WILLIAMSTOWN, NJ

Owner in Fee: PACIFIC NORTH PROPERTIES

Tel: [redacted] e-mail

Address P.O. Box 332, MARLTON, NJ.
street municipality zip code

Contractor: J. DAVIS ELECTRIC, LLC Tel. ( )

Address 70 MONET DRIVE
MAYS LANDING, NJ 08330

Contractor License No. NJ LIC# 6500C Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 27-0851404

Federal Emp. ID No. FAX: ( ) 609-320-3599

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ # 1000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required 11/5/17
[ ] Partial Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/8/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/13/17
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	11/27/17		12/13/17	CCC
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 in this application.

Applicant sign/Contractor sign and seal here:

Print name here: GERALD R. DAVIS

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD LIGHT'S FIXT. & SW
ADD DUPLEX RECEPT'S

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	$ 65
		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	30
		HP Garbage Disposal	
1		KW Central A/C Unit	
1		HP/KW Space Heater/Air Handler	30
		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 $ 12.5-
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

J.C.C. F120 (rev. 11/09)

Township of Monroe
125 Virginia Avenue
Williamstown, NJ 0809
856 - 7289800

Combined 2 elec + 2 plumb.
Is that right?
Yes

Permit Number: 20171818
Update Number:
Control Number: 46932
Application Date: 11/02/2017
Permit Date: 11/16/2017

OWNER/PROPERTY DETAILS

Block: 13715 Lot: 15 Qualifi
Work Site Location: 1115 FALKIRK RD V

Owner In Fee: PACIFIC NORTH PR
Address: PO BOX 332
MARLTON NJ 08053

Telephone: [redacted]
Use Group(s): R-5

J & K CONSTRUCTION
701 ROUTE NORTH 73
MARLTON NJ 08053

[redacted]

Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 45-5111945

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:
A/C, FURNACE, INTERIOR RENOVATIONS MISC ELECTRIC

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	6,550.00
Cost of Demolition:	0.00
Total Cost:	$6,550.00

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.

James Morrison
Construction Official

11-9-17
Date

Note:

PAYMENTS (Office Use Only)	
Building	
Electrical	$125.00
Plumbing	$230.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$12.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$367.00
All Fees Waived:	No

Amount to be Paid: **$367.00**

Check Number: 2269
Check amount: $367.00

Collected by: sd
Receipt No:
Total Cash Amount:
Total Check Amount: $367.00
Total CC Amount:
Grand Total: $367.00

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11-16-17
Permit # 2017 1818

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

Block 13715 Lot 15 Qualification Code

Work Site Location 1115 Falkirk Rd
Williamstown, NJ 08094

Owner in Fee: Pacific North Properties, LLC.

Tel. [redacted] e-mail

Address P.O. Box 332 Marlton 08053
(street) (municipality) (zip code)

Contractor: Ryan J. Hoolahan T/A Air Control Tech, Inc. Tel. [redacted]

Address 998 Taunton Ave e-mail
West Berlin, NJ 08091

Contractor License No. 36BI01284800 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223060426 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer X Private Septic

Water Service Size 3/4" Public Water X Private Well

Est. Cost of Plumbing Work $ 1,350

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 11-9-17
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Myk

Print name here: Ryan J. Hoolahan

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replacement of fixtures with new.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
3	Water Closet	45
	Urinal/Bidet	
1	Bath Tub	15
4	Lavatory	60
	Shower	
	Floor Drain	
1	Sink	15
1	Dishwasher	15
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10-31-17
Control # 46932
Date Issued 11-16-17
Permit # 2017-~~4000~~ 1818

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

Block 13715 Lot 15 Qualification Code

Work Site Location 1115 FAIRKIRK Rd
Williamstown NJ

Owner in Fee: Pacific North Properties

Tel. [redacted] e-mail

Address Po Box 332 Malton NJ 08053
street municipality zip code

Contractor: Dynamic A/C & Htg Mech Tel. 856 693-4430

Address 21 Edgeview Lane e-mail
Sicklerville NJ 08081

Contractor License No. 19HC00863000 Exp. Date 6/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 27-2180106 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4,000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 11-9-17
Approved by: SD

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: David Butler

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install furnace A/C

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	~~Stacks~~ Furnace	
1	Other A/C	80

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-16-17
Date Issued
Permit # 2017 1818

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

Block _____ Lot _____ Qualification Code _____

Work Site Location 1115 FALKIRK RD
WILLIAMSTOWN, NJ

Owner in Fee: PACIFIC NORTH PROPERTIES

Tel. [redacted] e-mail _____

Address P.O. BOX 332, MARLTON, NJ.
street municipality zip code

Contractor: J. DAVIS ELECTRIC, LLC Tel. (_____)

Address 70 MONET DRIVE e-mail _____
MAYS LANDING, NJ 08330

Contractor License No. NJ LIC# 26006 Date _____

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

Federal Emp. ID No. 27-0851404 FAX: (609-320-3599)

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ # 1000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required 11/21/17
[ ] Partial -Underslab Utilities Approved
Date _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/8/17
Approved by: 1

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

INSPECTIONS	Dates (Month/Day)			
Type:	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 Issued _____
Annual Pool Inspection _____
Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: COLBY [illegible] DAVIS

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD'L LIGHT & FIXT. & SW ADD'L DOORBELL RECEPT'S

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
7		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4			65
		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	30
		HP Garbage Disposal	
1		KW Central A/C Unit	30
		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	$ 125
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-31-17
Control # 46932
Date Issued 11-16-17
Permit # 2017 1818

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

Block 13715 Lot 15 Qualification Code

Work Site Location 105 FALKIRK Rd
WILLIAMS TOWN NJ

Owner in Fee: PACIFIC NORTH PROPERTIES

Tel. [redacted] e-mail

Address PO Box 332 MAGNOLIA NJ 08053
street municipality zip code

Contractor: DYNAMICS A/C & HEAT INC Tel.

Address 24 EDGEWOOD Lane e-mail
SICKLERVILLE NJ 08081

Contractor License No. 19HC00086300 Exp. Date 6/18

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 27-2180106 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: DANIEL BUTLER

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Reconnect 180V/230V

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		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		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 $

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

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 115 Falkirk Williamstown NJ

Owner in Fee Pacific North Properties

Verifying Individual Dan Buttell Company Dynamics A/C Heat Mech

Address 21 Edgeview Lane Sicklerville NJ 08081
Street City State Zip Code

Tel: [redacted] Fax: ( ) _____

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[✓] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney: **Size** _____

[✓] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Payne	Oil / Gas / Other: Gas	90000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

[signature] 10/24/17
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

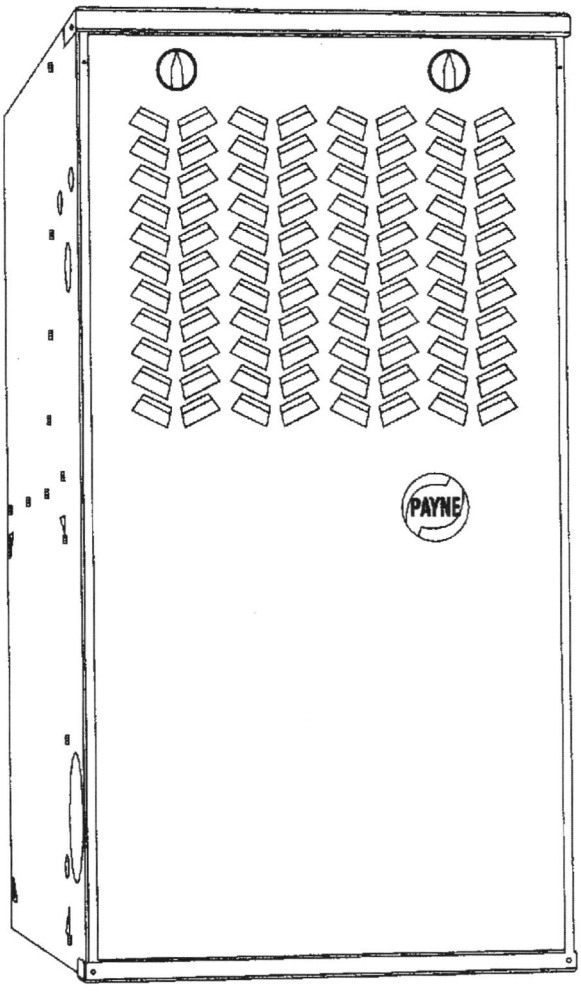
_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

PG8MAA/PG8JAA MULTIPOISE GAS FURNACE SERIES G

Product Data

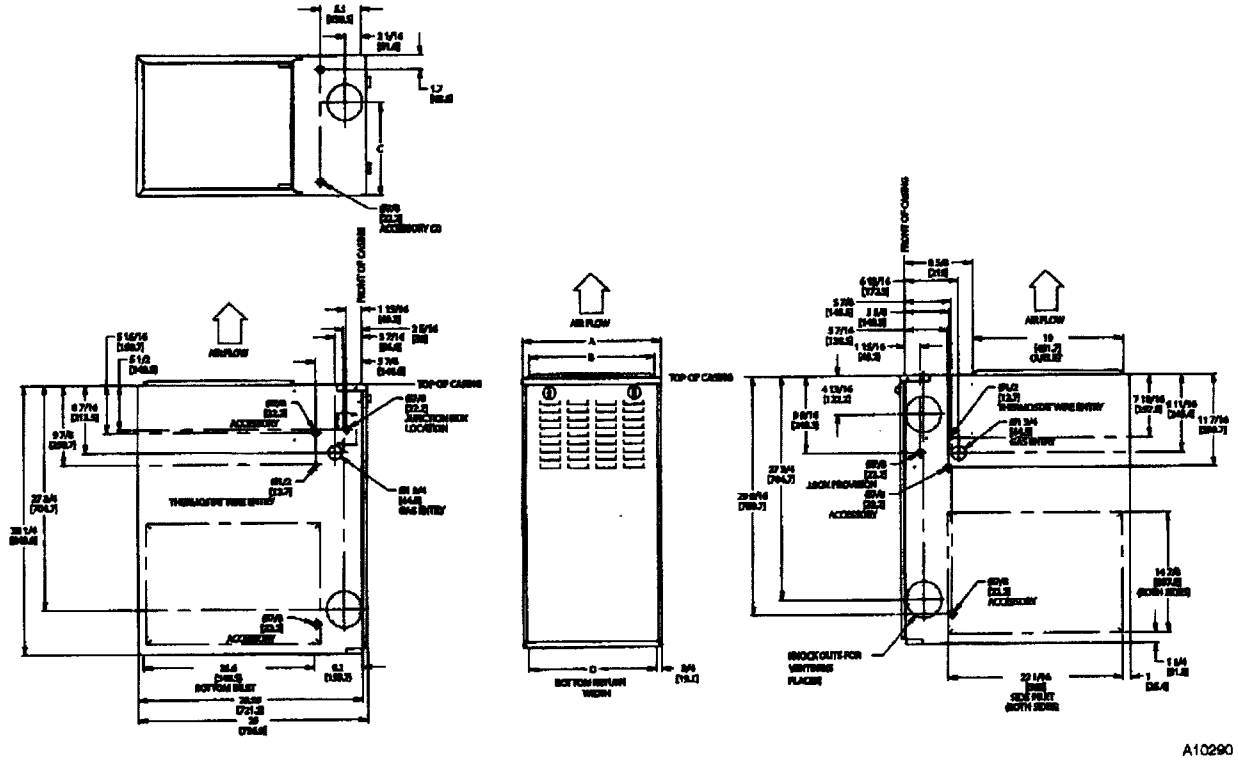


A10257

The Payne PG8MAA/JAA 80% AFUE Gas Furnaces feature 4-way Multipoise design and through-the-furnace downflow venting. The PG8MAA/JAA furnaces are approved for use with natural or propane gas, and the PG8JAA is approved for use in Low NOx Air Quality Management Districts.

STANDARD FEATURES

- **Four-position furnace: Upflow, Horizontal Right, Horizontal Left, Downflow**
- **Electronic control center**
  Adjustable heating air temperature rise, LED diagnostics and self test feature. Stores fault codes during power outages.
- **Hot surface ignition (HSI)**
- **Certified to leak 2 percent or less of its nominal air conditioning CFM delivered when pressurized to 1-In. Water Gauge with all present air inlets and air outlets sealed.**



A10290

NOTES:
1. Two additional 7/8–in. (22 mm) diameter holes are located in the top plate.
2. Minimum return–air openings at furnace, based on metal duct. If flex duct is used, see flex duct manufacturer's recommendations for equivalent diameters.
   a. For 800 CFM–16–in. (406 mm) round or 14 1/2 x 12–in. (368 x 305 mm) rectangle.
   b. For 1200 CFM–20–in. (508 mm) round or 14 1/2 x 19 1/2–in. (368 x 495 mm) rectangle.
   c. For 1600 CFM–22–in. (559 mm) round or 14 1/2 x 22 1/16–in. (368 x 560mm) rectangle.
   d. For airflow requirements above 1600 CFM, see Air Delivery table in Product Data literature for specific use of single side inlets. The use of both side inlets, a combination of 1 side and the bottom, or the bottom only will ensure adequate return air openings for airflow requirements above 1600 CFM.

FURNACE SIZE	A CABINET WIDTH IN (mm)	B OUTLET WIDTH IN (mm)	C TOP & BOTTOM FLUE COLLAR IN (mm)	D BOTTOM INLET WIDTH IN (mm)	VENT CONNECTION SIZE IN (mm)	SHIP WT LB (KG)
024045	14–3/16 (360)	12–9/16 (319)	9–5/16 (237)	12–11/16 (322)	4 (102)	104 (47)
036045	14–3/16 (360)	12–9/16 (319)	9–5/16 (237)	12–11/16 (322)	4 (102)	107 (49)
024070	14–3/16 (360)	12–9/16 (319)	9–5/16 (237)	12–11/16 (322)	4 (102)	111 (50)
036070	14–3/16 (360)	12–9/16 (319)	9–5/16 (237)	12–11/16 (322)	4 (102)	115 (52)
048070**	17–1/2 (445)	15–7/8 (403)	11–9/16 (294)	16–1/8 (410)	4 (102)	126 (57)
042090	17–1/2 (445)	15–7/8 (403)	11–9/16 (294)	16–1/8 (410)	4 (102)	127 (58)
048090	21 (533)	19–3/8 (492)	13–5/16 (338)	19–1/2 (495)	4 (102)	140 (64)
060090**	21 (533)	19–3/8 (492)	13–5/16 (338)	19–1/2 (495)	4 (102)	146 (66)
036110	17–1/2 (445)	15–7/8 (403)	11–9/16 (294)	16–1/8 (410)	4 (102)	135 (61)
048110	21 (533)	19–3/8 (492)	13–5/16 (338)	19–1/2 (495)	4 (102)	148 (66)
066110	21 (533)	19–3/8 (492)	13–5/16 (338)	19–1/2 (495)	4 (102)	152 (69)
048135	21 (533)	19–3/8 (492)	13–5/16 (338)	19–1/2 (495)	4 (102)*	149 (68)
066135	24–1/2 (622)	22–7/8 (581)	15–1/16 (383)	23 (584)	4 (102)*	163 (74)
060155	24–1/2 (622)	22–7/8 (581)	15–1/16 (383)	23 (584)	4 (102)*	170 (77)

*135 and 155 size furnaces require a 5 or 6–in. (127 or 152 mm) vent. Use a vent adapter between furnace and vent stack. See Installation Instructions for complete installation requirements.

** Low NOx version not offered in this size.

Improper adjustment, alteration, service, maintenance, or installation can cause serious injury or death.

Read and follow instructions and precautions in User's Information Manual provided with this furnace. Installation and service must be performed by a qualified service agency or the gas supplier.

⚠ CAUTION

Check entire gas assembly for leaks after lighting this appliance.

INSTALLATION

1. This furnace must be installed in accordance with the manufacturer's instructions and local codes. In the absence of local codes, follow the National Fuel Gas Code ANSI Z223.1 / NFPA54 or CSA B-149. 1 Gas Installation Code.
2. This furnace must be installed so there are provisions for combustion and ventilation air. See manufacturer's installation information provided with this appliance.

OPERATION

This furnace is equipped with manual reset limit switch(es) in burner compartment to protect against overheat conditions that can result from inadequate combustion air supply or blocked vent conditions.

1. Do not bypass limit switches.
2. If a limit opens, call a quallified serviceman to correct the condition and reset limit switch.

INSTALLATION

MINIMUM INCHES CLEARANCE TO COMBUSTIBLE CONSTRUCTION

This forced air furnace is equipped for use with natural gas at altitudes 0 - 10,000 ft (0 - 3,050m).

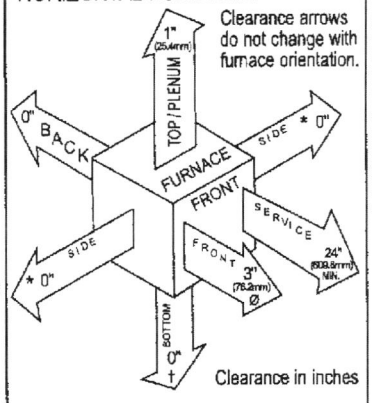
An accessory kit, supplied by the manufacturer, shall be used to convert to propane gas use or may be required for some natural gas applications.

This furnace is for indoor installation in a building constructed on site.

This furnace may be installed on combustible flooring in alcove or closet at minimum clearance as indicated by the diagram from combustible material.

This furnace may be used with a Type B-1 Vent and may be vented in common with other gas fired appliances.

This furnace is approved for UPFLOW, DOWNFLOW, and HORIZONTAL installations.



Vent Clearance to combustibles:
For Single Wall vents 6 inches (6 po).
For Type B-1 vent type 1 inch (1 po).

MINIMUM INCHES CLEARANCE TO COMBUSTIBLE CONSTRUCTION

DOWNFLOW POSITIONS:

† Installation on non-combustible floors only.

For Installation on combustible flooring only when installed on special base, Part No. KGASB0201ALL or NAHA01101SB, Coil Assembly, Part No. CAR, CAP, CNPV, CNRV, END4X, ENW4X, WENC, WTNC, WENW OR WTNW.

Ø 18 inches front clearance required for alcove.

★ Indicates supply or return sides when furnace is in the horizontal position. Line contact only permissible between lines formed by intersections of the Top and two Sides of the furnace jacket, and building joists, studs or framing.

336996-101 REV. C

A10289

PG8MAA / JAA

Certified System ISO 9001 QMI-SAI Global

AHRI CERTIFIED www.ahridirectory.org

Use of the AHRI Certified ™ Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org.

DESIGN CERTIFIED

Always Ask For FACTORY AUTHORIZED PARTS

SPECIFICATIONS

RATINGS AND PERFORMANCE								
Input Btuh* Non-weatherized ICS	PG8JAA Upflow; all PG8MAA	44,000	44,000	66,000	66,000	66,000	88,000	88,000
	PG8JAA Downflow/Horizontal	42,000	42,000	63,000	63,000	63,000	84,000	84,000
Output Capacity (Btuh)† Non-weatherized ICS	PG8JAA Upflow; all PG8MAA	35,000	36,000	53,000	54,000	53,000	71,000	71,000
	PG8JAA Downflow/Horizontal	34,000	34,000	51,000	51,000	51,000	68,000	68,000
AFUE†		80.0	80.0	80.0	80.0	80.0	80.0	80.0
Certified Temperature Rise Range °F (°C)		30-60 (17-33)	20-50 (11-28)	40-70 (22-39)	30-60 (17-33)	25-55 (14-30)	40-70 (22-39)	30-60 (17-33)
Certified External Static Pressure	Heat/Cool	0.10/0.50	0.10/0.50	0.12/0.50	0.12/0.50	0.12/0.50	0.15/0.50	0.15/0.50
Airflow CFM‡	Heating	865	1250	720	1195	1350	1300	1505
	Cooling	835	1160	870	1200	1505	1385	1635
ELECTRICAL								
Unit Volts-Hertz-Phase		115-60-1						
Operating Voltage Range	Min-Max	104-127						
Maximum Unit Amps		5.2	7.2	5.1	7.2	9.5	8.6	10.0
Maximum Wire Length (Measure 1 Way in Ft (M))		49 (14.9)	37 (11.2)	51 (15.5)	38 (11.5)	29 (8.8)	32 (9.7)	28 (8.5)
Minimum Wire Size		14						
Maximum Fuse or Ckt Bkr Size (Amps)**		15						
Transformer (24v)		40va						
External Control Power Available	Heating	12va						
	Cooling	35va						
Air Conditioning Blower Relay		Standard						
CONTROLS								
Limit Control		SPST						
Heating Blower Control		Solid-State Time Operation						
Burners (Monoport)		2	2	3	3	3	4	4
Gas Connection Size		1/2-in. NPT						
GAS CONTROLS								
Gas Valve (Redundant)		White-Rodgers						
	Min. inlet pressure (in. W.C.)	4.5 (Natural Gas)						
	Max. inlet pressure (in. W.C.)	13.6 (Natural Gas)						
Ignition Device		Hot Surface						
BLOWER DATA								
Direct-Drive Motor HP (PSC)		1/5	1/3	1/5	1/3	1/2	1/3	1/2
Motor Full Load Amps		2.8	5.2	2.8	5.2	7.1	5.2	7.1
RPM (Nominal)-Speeds		1075-3	1075-3	1075-3	1075-3	1075-3	1075-3	1075-3
Blower Wheel Diameter x Width – In. (mm)		10 x 6 (254 x 152)	10 x 6 (254 x 152)	10 x 6 (254 x 152)	10 x 6 (254 x 152)	11 x 8 (279 x 203)	10 x 8 (254 x 203)	10 x 10 (254 x 254)
FILTER ARRANGEMENT		External filter rack required						

* Gas input ratings are certified for elevations to 2000 ft. (610 M). For elevations above 2000 ft (610 M), reduce ratings 4 percent for each 1000 ft (305 M) above sea level. In Canada, derate the unit 10 percent for elevations 2000 ft (610 M) to 4500 ft (1372 M) above sea level. Refer to National Fuel Gas Code NFPA 54/ANSI Z223.1-2012 Table F.1 (d) or furnace installation instructions.

† Capacity in accordance with U.S. Government DOE test procedures.

‡ Airflow shown is for bottom only return-air supply for the as-shipped speed tap. For air delivery above 1800 CFM, see Air Delivery table for other options. A filter is required for each return-air supply. An airflow reduction of up to 7 percent may occur when using the factory-specified 4-5/16 in. (110 mm) wide, high efficiency media filter.

** Time-delay type is recommended.

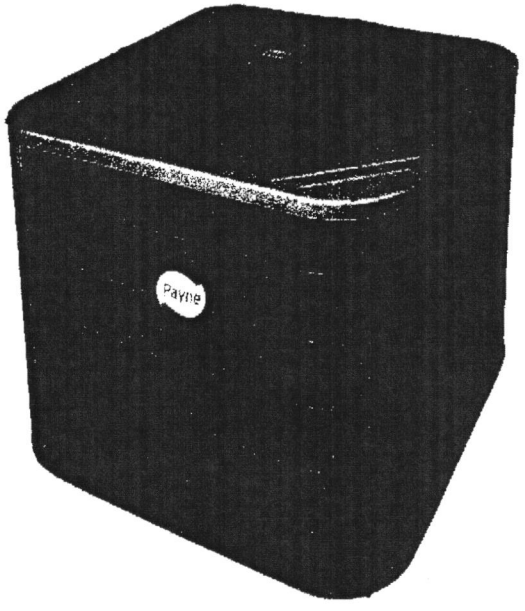
ICS Isolated Combustion System

N/A Not applicable

PA13NA
PA13PA

13 SEER Split–System Air Conditioner
With R–410A Refrigerant
Single & Three Phase
1–1/2 To 5 Tons

Product Data



FEATURES AND BENEFITS

AVAILABLE SIZES:

Nominal sizes are available from 018 through 060 to meet the needs of residential and light commercial applications.

CERTIFICATION:

All models are listed with UL, (U.S. and Canada), AHRI, and CEC.

ELECTRICAL RANGE:

Units offered in single phase 208/230v are 018-060, and three phase 208/230v in 036, 048 and 060.

FAN MOTOR:

The totally enclosed fan motor provides greater reliability under adverse conditions and dependable performance for many years. The permanent split capacitor type motor was designed for optimum efficiency. The motor was then qualified under extreme conditions to help ensure a long, reliable life.

CABINET:

A weather protective cabinet of prepainted steel is protected underneath by a galvanized coating and treated with a layer of zinc phosphate for a finish that will last for many years. All screws on cabinet exterior are coated for a long-lasting, rust-resistant, quality appearance.

UNIT DESIGN:

The copper tube, enhanced sine wave, aluminum fin coil is designed for optimum heat transfer. Vertical air discharge carries sound and hot condenser air up and away from adjacent patio areas and foliage. The base pan is designed for easy removal of water, dirt, and leaves.

COMPRESSOR:

Each compressor is protected with internal temperature- and current-sensitive overloads. An internal pressure relief valve provides high pressure protection to the refrigerant system. For improved serviceability, all models are equipped with a compressor terminal plug.

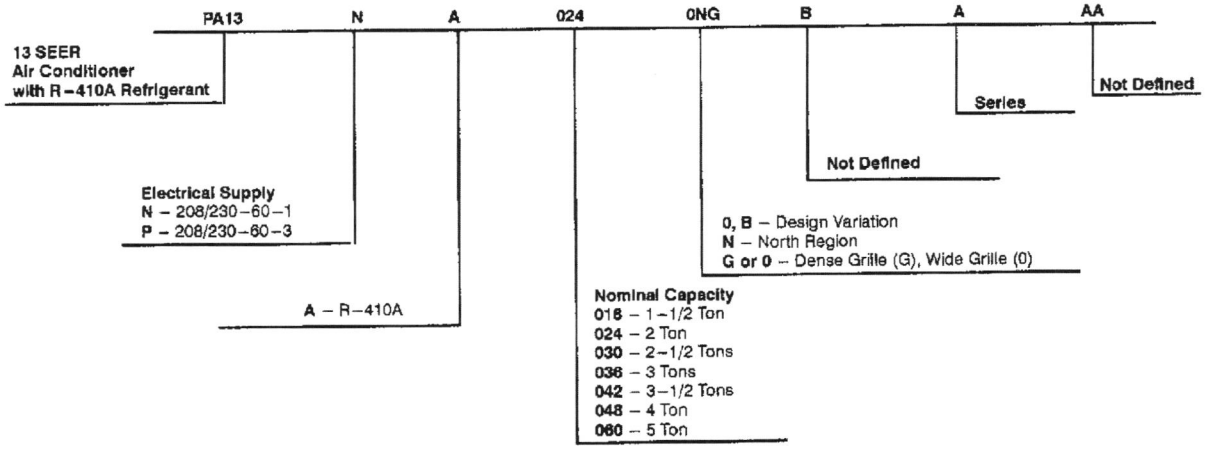
SERVICE VALVES:

Both service valves are brass, front seating type with sweat connections. Valves are externally located so refrigerant tube connections can be made quickly and easily. Each valve has a service port for ease of checking operating refrigerant pressures.

SERVICEABILITY:

One access panel provides access to electrical controls. Removal of top gives access to fan motor, compressor, and condenser coil.

PRODUCT NUMBER NOMENCLATURE



AHRI CERTIFIED

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Certified System

ISO 9001
QMI-SAI Global

C UL US

ASHRAE COMPLIANT

REFRIGERANT PIPING LENGTH LIMITATIONS

Liquid Line Sizing and Maximum Total Equivalent Lengths† for Cooling Only Systems with R-410A Refrigerant:

The maximum allowable length of a residential split system depends on the liquid line diameter and vertical separation between indoor and outdoor units.

See Table below for liquid line sizing and maximum lengths :

Maximum Total Equivalent Length
Outdoor Unit BELOW Indoor Unit

Size	Liquid Line Connection	Liquid Line Diam. w/ TXV	AC with R-410A Refrigerant Maximum Total Equivalent Length†: Outdoor unit BELOW Indoor Vertical Separation ft (m)								
			0–5 (0–1.5)	6–10 (1.8–3.0)	11–20 (3.4–6.1)	21–30 (6.4–9.1)	31–40 (9.4–12.2)	41–50 (12.5–15.2)	51–60 (15.5–18.3)	61–70 (18.6–21.3)	71–80 (21.6–24.4)
018	3/8	1/4	150	150	125	100	100	75	--	--	--
		5/16	250*	250*	250*	250*	250*	250*	250*	225*	150
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
024	3/8	1/4	75	75	75	50	50	--	--	--	--
		5/16	250*	250*	250*	250*	250*	225*	175	125	100
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
030	3/8	1/4	30	--	--	--	--	--	--	--	--
		5/16	175	225*	200	175	125	100	75	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
036	3/8	5/16	175	150	150	100	100	100	75	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
042	3/8	5/16	125	100	100	75	75	50	--	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	150
048	3/8	3/8	250*	250*	250*	250*	250*	250*	230	180	--
060	3/8	3/8	250*	250*	250*	225*	190	150	110	--	--

* Maximum actual length not to exceed 200 ft (61 m)

† Total equivalent length accounts for losses due to elbows or fitting. See the Long Line Guideline for details.

-- = outside acceptable range

Maximum Total Equivalent Length
Outdoor Unit ABOVE Indoor Unit

Size	Liquid Line Connection	Liquid Line Diam. w/ TXV	AC with R-410A Refrigerant Maximum Total Equivalent Length†: Outdoor unit ABOVE Indoor Vertical Separation ft (m)							
			25 (7.6)	26–50 (7.9–15.2)	51–75 (15.5–22.9)	76–100 (23.2–30.5)	101–125 (30.8–38.1)	126–150 (38.4–46.7)	151–175 (46.0–53.3)	176–200 (53.6–61.0)
018	3/8	1/4	175	250*	250*	250*	250*	250*	250*	250*
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
024	3/8	1/4	100	125	175	200	225*	250*	250*	250*
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
030	3/8	1/4	30	--	--	--	--	--	--	--
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
036	3/8	5/16	225*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
042	3/8	5/16	175	200	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
048	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*
060	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*

* Maximum actual length not to exceed 200 ft (61 m)

† Total equivalent length accounts for losses due to elbows or fitting. See the Long Line Guideline for details.

-- = outside acceptable range

REFRIGERANT CHARGE ADJUSTMENTS

Liquid Line Size	R-410A Charge oz/ft (g/m)
3/8	0.60 (17.74) (Factory charge for lineset = 9 oz / 266.16 g)
5/16	0.40 (11.83)
1/4	0.27 (7.98)

Units are factory charged for 15 ft (4.6 m) of 3/8" liquid line. The factory charge for 3/8" lineset 9 oz. When using other length or diameter liquid lines, charge adjustments are required per the chart above.

Charging Formula:

[(Lineset oz/ft x total length) – (factory charge for lineset)] = charge adjustment

Example 1: System has 15 ft of line set using existing 1/4" liquid line. What charge adjustment is required?

Formula: (.27 oz/ft x 15ft) – (9 oz) = (-4.95) oz.

Net result is to remove 4.95 oz of refrigerant from the system

Example 2: System has 45 ft of existing 5/16" liquid line. What is the charge adjustment?

Formula: (.40 oz/ft. x 45ft) – (9 oz.) = 9 oz.

Net result is to add 9 oz of refrigerant to the system

NOTE: Conditions must be favorable for charging by subcooling method. Indoor temperature must be 70°F to 80°F (21.1°C to 26.7°C), and outdoor temperature must be 70°F to 100°F (21.1°C to 37.8°C). If outside these conditions, adjust charge for long line sets by weigh-in method.

LONG LINE APPLICATIONS

An application is considered Long Line, when the refrigerant level in the system requires the use of accessories to maintain acceptable refrigerant management for systems reliability. See Accessory Usage Guideline table for required accessories. Defining a system as long line depends on the liquid line diameter, actual length of the tubing, and vertical separation between the indoor and outdoor units.

For Air Conditioner systems, the chart below shows when an application is considered Long Line.

AC with R-410A Refrigerant Long Line Description ft (m) Beyond these lengths, a TXV is required

Total Length	Outdoor Unit Above or Below Indoor Unit
TXV required beyond 50 ft. (15.2 m)	TXV required beyond 20 ft. (6.1 m)

AC with R-410A Refrigerant Long Line Description ft (m) (Beyond these lengths, long line accessories are required)

Liquid Line Size	Units On Same Level	Outdoor Below Indoor	Outdoor Above Indoor
1/4 + TXV	No accessories needed within allowed lengths	No accessories needed within allowed lengths	175 (53.3)
5/16 + TXV	120 (36.6)	50 (15.2) vertical or 120 (36.6) total	120 (36.6)
3/8 + TXV	80 (24.4)	35 (10.7) vertical or 80 (24.4) total	80 (24.4)

Note: See Residential Piping and Long Line Guideline for details

VAPOR LINE SIZING AND COOLING CAPACITY LOSS

Acceptable vapor line diameters provide adequate oil return to the compressor while avoiding excessive capacity loss. The suction line diameters shown in the chart below are acceptable for AC systems with R-410A refrigerant:

Vapor Line Sizing and Cooling Capacity Losses — R-410A Refrigerant 1-Stage Air Conditioner Applications

Unit Nominal Size (Btuh)	Maximum Liquid Line Diameters (In. OD)	Vapor Line Diameters (In. OD)	Cooling Capacity Loss (%) Total Equivalent Line Length ft. (m) 1-Stage AC with R-410A							
			26-50 (7.9-15.2)	51-80 (15.5-24.4)	81-100 (24.7-30.5)	101-125 (30.8-38.1)	126-150 (38.4-45.7)	151-175 (46.0-53.3)	176-200 (53.6-61.0)	201-225 (61.3-68.6)	226-250 (68.9-76.2)
018	3/8	1/2	1	2							
		5/8	0	1							
		3/4	0	0							
024	3/8	5/8	0	1							
		3/4	0	0							
		7/8	0	0							
030	3/8	5/8	1	2							
		3/4	0	0							
		7/8	0	0							
036	3/8	5/8	1	2							
		3/4	0	1							
		7/8	0	0							
042	3/8	3/4	0	1							
		7/8	0	0							
		1 1/8	0	0							
048	3/8	3/4	0	1							
		7/8	0	0							
		1 1/8	0	0							
060	3/8	3/4	1	2							
		7/8	0	1							
		1 1/8	0	0							

CONSTRUCTION PERMIT APPLICATION

BLOCK NO. 13.715 LOT NO. 015 SUBDIVISION Scotland Run PERMIT NO. 20168

I. IDENTIFICATION

1. Proposed Work at: 1115 Falbick Rd
2. Owner Name: The Ryland Group, Inc. Tel. ([redacted])
   Address 5 Princeton Center Suite 210 Moulton NJ
3. Principal Contractor: Same as above Tel. (___)
   Address
   Lic. No. or Builder Reg. No. 31090 22 34 Federal Emp. No. 52-0849948
4. Architect or Engineer: Ryland Building Systems Tel. ([redacted])
   Address 5575 Sterrett Place Suite 320 Columbia MD
5. Responsible Person in Charge of Work Tel. (___)

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☑ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ 82,225
2. ☐	Plumbing	3100
3. ☑	Electrical	3956
4. ☑	Fire Protection	20
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 89,301

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☑ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Walls

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☑ One-Family (R–3a)

If new construction, enter no. of dwelling units ___

If other than new construction, enter no. of dwelling units:

Before Construction: ___
After Construction: ___
Net Gain (or loss): ___

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: ___

If Change in Use Group, Indicate Former: ___

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☑ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☑	☐	Gas
4.	☐	☐	Oil
5.	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ___

C. TYPE OF SEWAGE DISPOSAL

10. ☑ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure 25'6" Ft.
16. Area–Largest Floor 1693 Sq. Ft.
17. Bldg. Area–All Fls. 2625 Sq. Ft.
18. Volume of Structure 47,892 Cu. Ft.
19. Total Land Area Disturbed ___ Sq. Ft.

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☒ Temporary Certificate of Occupancy Date Expired _____	1-3-89
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 389.46
PLUMBING	165.–
ELECTRICAL	11.–
FIRE PROTECTION	30.–
OTHER Mech.	40.–
SUBTOTAL	$ •
– LESS: 20% of subtotal (when plan review performed by state agency)	(•)
D.C.A. TRAINING FEE .0006 x 42,893 Sq Ft	= 25.74
CERTIFICATE OF OCCUPANCY	25.–
OTHER	•
OTHER	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 789.20

DATE 1-26-89 Collected By Flores Ck#36676

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ **Check if contractor.**

AGENT NAME The Ryland Group, Inc. TEL. [redacted]

ADDRESS Greentree 5
Suite 213
Marlton, New Jersey 08053

SIGNATURE Phyllis Radisky for The Ryland Group, Inc

BLOCK NO. 13.715 LOT NO. 015 SUBDIVISION Scotland Run PERMIT NO. 70188

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other:																	
☐																	
☐																	
☐																	
☐																	
☐																	
☐																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings		☐ Mechanical		☐ Flood Hazard	
☐ Building		☐ Energy		☐ As Built Elevation Certification	
☐ Electrical		☐ Barrier Free		☐ Other	
☐ Plumbing		☐ Other			
☐ Fire Protection					

U.C.C. Form F-100 (6/83)

Monroe Twp. Code Enforcement

CERTIFICATE

CERT. NO. 70188
DATE ISSUED 1-3-89
Block 13715 Lot 15
Subdivision

IDENTIFICATION

Owner The Ryland Group, Inc.
Address Five Greentree Ct.#213
Marlton, N.J. 08053
Tel. [redacted]

Agent same
Address
Tel. ( )

Work Site Address 1115 Falkirk Rd.
Williamstown, N.J. 08094

Lic. No. 310007734
Federal Emp. No. 52-0849949

PAYMENTS

Fees Remitted $ Prepaid
☐ Check No.
☐ Cash
☐ Other

Collected By: Floss
Date: 7-26-88

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

The permanent Certificate of Occupancy will be issued only when the entire site construction has been completed to the satisfaction of the Monroe Township Engineer and upon the acceptance of all streets and basins by the Monroe Township Council.

D. DESCRIPTION OF WORK:

New Home

COPY

USE GROUP R-3a FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Single Family Dwelling

FINAL COST OF CONSTRUCTION: $ 89,301.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

HOME OWNERS WARRANTY CORPORATION

CERTIFICATION FORM

Used to obtain Certificates of Occupancy for
HOW National Account Builders

MUNICIPALITY: Monroe Township

BUILDING FIRM NAME: The Ryland Group Inc.

BUILDER FIRM ADDRESS: 5 Greentree Ctr., Suite 213

Marlton, NJ 08053

NJ DCA BUILDER REGISTRATION #: 01039

HOW BUILDER NUMBER: 3100-07734

This is to certify that all homes eligible for warranty coverage under the New Home Warranty and Builder's Registration Act and subsequent Department of Community Affairs Regulations, in the municipality listed above, have been or shall be enrolled for warranty/insurance coverge under the Home Owners Warranty (HOW) program.

To be valid, this form must be stamped, dated, and signed below and shall be cancellable only upon 45 days written notice to the NJ Department of Community Affairs by the HOW Corporation.

Signed: _____

Dennis M. Fitzgerald
Vice-President/Underwriting

Date: June 9, 1987

Municipality Copy
DCA Copy
NJ HOW Copy
Builder Copy
Regional Office Copy

Eastern Regional Processing Center
1841 Montreal Road
Tucker, Georgia 30084
404/934-0957

JOB NAME Scotland Run

CORPORATION NAME The Ryland Group Inc.

ADDRESS 5 Greentree Ctr., Suite 213, Marlton, NJ 08053

PROJ. MGR. Bill Cary & Tony Antonietti V.P. John White

TOTAL NO. OF UNITS 400

AVERAGE SALE PRICE $100,000

MUNICIPALITY Monroe Township

ADDRESS 313 South Main St.

Williamstown, NJ 08094

CONTACT Augustine Iannicone

N.J. D.C.A. NO. 01039

OPENING DATE (APPROX.) Already open (June '86)

This home is insulated with

Manville Rich-R® Plus
Fiber Glass Loose-Fill Insulation

Fiber Glass Blankets when installed according to the manufacturer's recommendations will provide the full rated thermal resistance value.

Blanket Insulation

R Value	Minimum Thickness*
To obtain an insulation resistance (R) of:	Installed insulation should not be less than:
R-38	13" Thick
R-30	9¾" Thick
R-26	8¾" Thick
R-22	7½" Thick
R-19	6¾" Thick†
R-13	3⅝" Thick††
R-11	3½" Thick

*Thickness varies, check bag label for producing locations thickness.
† R-17.0 in a 5½" cavity.
†† R-12.7 in a 3½" cavity.

R means resistance to heat flow. The higher the R-value, the greater the insulating power. Ask your seller for the fact sheet on R-Values.

The manufacturer recommends that the insulation be installed at these minimum thicknesses and maximum coverages to provide the levels of insulation thermal resistance (R-value) shown. (Based on 34 lb. nominal net weight bag.)

Rich-R Plus Fiber Glass Loose-Fill Attic Insulation — 34 lb. Bag

R Value	Minimum Thickness	Bags Per 1000 sq. ft.	Maximum Net Coverage	Minimum Wt./sq. ft.
To obtain an insulation resistance (R) of:	Installed insulation shall not be less than:	The number of bags per 1000 sq. ft. of net area should not be less than:	Contents of this bag should not cover more than:	The weight per sq. ft. of installed insulation should not be less than:
R-60	24" Thick	47.6	21 sq. ft.	1.580 lbs.
R-50	20½" Thick	38.5	26 sq. ft.	1.298 lbs.
R-44	18½" Thick	33.3	30 sq. ft.	1.141 lbs.
R-38	16" Thick	28.6	35 sq. ft.	0.973 lbs.
R-30	13" Thick	22.7	44 sq. ft.	0.769 lbs.
R-26	11½" Thick	19.6	51 sq. ft.	0.661 lbs.
R-22	9¾" Thick	16.4	61 sq. ft.	0.553 lbs.
R-19	8½" Thick	14.1	71 sq. ft.	0.475 lbs.
R-11	5¼" Thick	8.3	121 sq. ft.	0.280 lbs.

Manville guarantees the stated R-value at the specified thickness. For an explanation of this Limited Warranty, including conditions which must be met by the installer for the warranty to be applicable, see Manville publication BIC-105A which is available from the contractor and/or distributor of this product, or directly from Manville by calling the following number or writing to the following address: 1-800-654-3103 Manville Service Center, 1601 23rd Street, Denver, CO 80216

Net Weight/Bag Minimum 31 lbs. This product conforms to the performance requirements of ASTM C764 Type I, Category 2 and Federal Specification HH-I-1030B Type 1, Class B. This product meets DOE RCS Standards and meets the Insulation Quality Standards of the state of California.

Insulation products have been installed in accordance with the above specifications to provide the R-values shown:

Batts and Rolls

	R-value	Thickness	Coverage Area
Ceilings			
Walls	R-13	3 5/8"	2120
Basement Walls	R-11	3 1/2"	940
Floors			

Loose-Fill

R-value	Thickness	Bags Used	Coverage Area
R-30	13"	29	1250

Highlands at Scotland Run

Signature (Insulation Contractor) — National Home Insulators, Inc. — Company — Date

Signature (Home Builder) — Company — Date

Manville

Manville

Fiber Glass Group
CN Box 130
Berlin, NJ 08009

BIC-127 6-88

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 7448
DATE ISSUED 2-2-87
REVISION DATE
Block 13715 Lot 015
Subdivision Scotland Run

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner THE RYLAND GROUP, INC. Contractor Same as owner
Address Five Greentree Centre, Suite 213 Address
Marlton, New Jersey 08053
Tel. ([redacted] Tel. ( )
Work Site Address 1115 Falkirk Road Lic. No. 310007734
Williamstown, NJ 08094 Federal Emp. No. 52-0849948

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Denise Edwards
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Chesapeake 15-9800
Single family detached dwelling
basement
garage
4 bedrooms
2½ baths
gas ehat with central air
conc. front porch
skylight in hall bath & master bedroom
whirlpool tub - mater bath
full basement under family room
bay window in dining room

☒ See Plans

TYPE OF WORK:
- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☒ Other Mech.
- ☒ ~~Demolition~~ DCA
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ ~~Elevator~~
  - ☒ Other CO

SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: R-3a Present _____ Proposed

No. of Stories 2 Total Building Area—All Floors 2625 Sq. Ft.
Height of Structure 25'6" Ft. Volume of Structure 47,892 Cu. Ft.
Area—Largest Floor 1692 Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ ~~82,245~~ 82,225

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

Inspected by:

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Footing/Foundation				9/6/88
☐ Slab				
☑ Frame				11/4/88
☐ Architectural				
☑ Insulation				11-9-88
☐ Finishes				
☐ Energy				
☐ Mechanical				
☑ TCO				1-3-89
☐ Other				

9-16

U.C.C. Form F-110 (8/83)

PLUMBING SUBCODE TECHNICAL SECTION

Block 13715 Lot 015
Subdivision Scotland Run

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner RYLAND GROUP, INC.
Address Five Greentree Centre, Suite 213
Marlton, New Jersey 08053
Tel. [redacted]
Work Site Address 1115 Falkirk Road
Williamstown, NJ 08094

Contractor S & D Plumbing
Address 215 Larchmont Drive
Delanco, NJ
Tel. ( ) [redacted]
Lic.No./Bus. Permit 5607
Federal Emp. No. 22-2158-794

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.
AGENT'S SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal		1	Garbage Disposal	
2	Bathtub			Air Conditioner Unit	
4	Lavatory/Sink			Indirect Connection	
2	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater		2	Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace		2	Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection		1	Other Heat & A/C	
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
1	Water Cooler			Other	
	COLUMN 1			COLUMN 2	

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3a Present _____ Proposed

Drainage –	Material	PVC	Size	3", 2", 1½"
Building Sewer–	Material	PVC	Size	4"
Water Service–	Material	Copper	Size	3/4"
Venting –	Material	ABS	Size	3", 2", 1½"

Estimated Cost of Plumbing Work: $ 3100

D. COMMENTS

Chesapeake 15-9800

☐ Partial Releases ☑ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				11-4-88
☒ Water				9-16-88
☒ Sewer				9-16-88
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

MONROE TWP.

ACE

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 2672
DATE ISSUED 1-25-94
REVISION DATE
Block 13715 Lot 015
Subdivision HIGHLANDS

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner RYLAND HOMES
Address 5 Greentree Centre
Marlton, N.J. 08053
Tel. ([redacted]

Work Site Address 1115 Falkirk Road
Williamstown, N.J. 08094

Contractor DIRKES ELECTRIC INC.
Address Rd#4 Box 194 Harris Rd.
Newfield, N.J. 08344
Tel. ([redacted]

Lic.No./Bus. Permit. 2672-A
Federal Emp. No. 22-1970868

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK. ROUGH WIRE AND SERVICE

No.	Item	Fee	No.	Item	Fee
39	Switching Outlets	$	A/C	H.V.A.C. Equipment	$
26	Lighting Outlets			Switching Devices	
67	Receptacle Outlets			Transformers	
1	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
1	Dryer, Electric				
1	Water Heater, Electric				
	Heating, Electric		1	Rangehood Fan	
39	Switches		1	Dishwasher	
26	Lighting Fixtures		1	Other Gar.Disposal	
67	Receptacles		3	Other Sm.Detectors	
	Bonding, Pool/Vault		3	Other Bath Fans	
200	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$ 111.-
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: 200 Amps Sngl. Phase _____ System Type
#4 Wire 240 Volts _____ Wiring Method
Total No. of Meters 1
Estimated Cost of Electrical Work: $ 3956.00

D. COMMENTS

CHESAPEAKE

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date. _____

Approved By _____

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date 1-3-89

Inspected By RC

INSPECTIONS

Type	Failure Dates			Approval Date
☑ Rough				11-4-88
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card	11-7-88	

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 78148
DATE ISSUED 7-25-88
REVISION DATE
Block 13715 Lot 015
Subdivision Scotland Run

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner THE RYLAND GROUP, INC.
Address Five Greentree Centre, Suite 213
Marlton, New Jersey 08053
Tel. ([redacted]

Contractor Same as owner
Address
Tel. ( )

Work Site Address 1115 Falkirk Road
Williamstown, NJ 08094

Lic. No. 310007734
Federal Emp. No. 52-0849948

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Denise Edwards
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE

Area Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised – Method: _____

Water Supply – Source: _____ Size: _____

FD Connection Location: _____

Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE

Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location

Estimated Cost of Work : $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: $ _____ $ _____

B5. OTHER

2 smoke detectors $ _____

$ _____

$ _____

Subtotal $ _____

Minimum Fire Protection Fee (If Applicable) $ 30.-

Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3a Present _____ Proposed

Heating Systems – Location: basement

Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank –Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: $ 20.00

D. COMMENTS

Chesapeake 15-9800

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

Township of Monroe

Zoning Permit

266 S. Main Street
Williamstown, NJ 08094
(609) 728-9834

A. Identification

Owner/ Applicant The Ryland Group, Inc.

Address Five Greentree Centre, Suite 213

Marlton, NJ 08053

Telephone ([redacted]

Work site address 1115 Falkirk Road

Block 13715

Lot(s) 015

Zoning Class R-30

Pinelands No

B. Zoning permit use:

This Zoning Permit is being issued for:

Single family detached dwelling

Chesapeake 15-9800

Comments:

C. Information:

Type of work and/or use:

X New Building

___ Addition

___ New Use

___ Change of Use

___ Additional Use

___ Food Use

___ Vendor Feddler Use

___ Other

See attached:

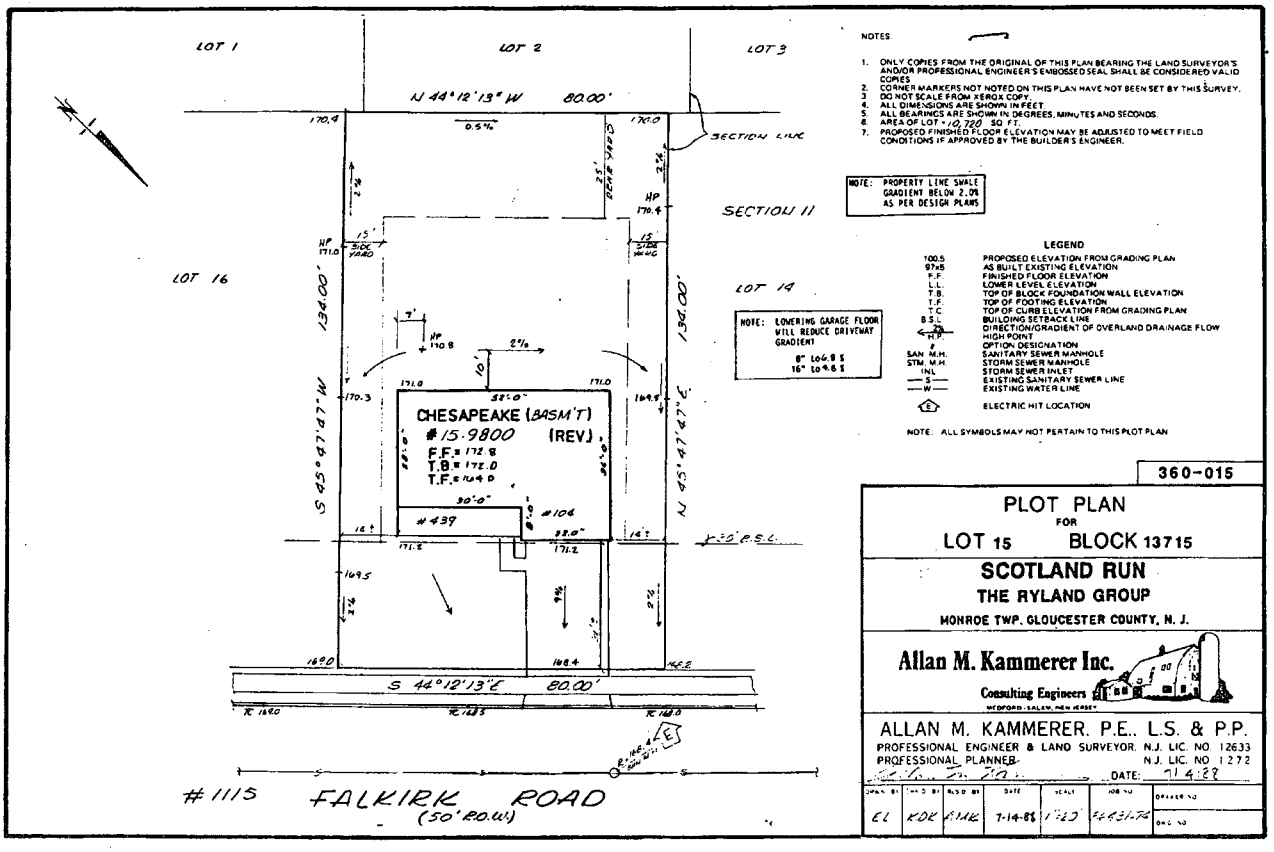
Resolution

X Sketch or Plot Plan

Other

Signed by Zoning Officer

APPROVED



360-015

PLOT PLAN
FOR
LOT 15 BLOCK 13715

SCOTLAND RUN
THE RYLAND GROUP
MONROE TWP. GLOUCESTER COUNTY, N. J.

Allan M. Kammerer Inc.
Consulting Engineers
WEDFORD - SALEM, NEW JERSEY
ALLAN M. KAMMERER. P.E., L.S. & P.P.
PROFESSIONAL ENGINEER & LAND SURVEYOR. N.J. LIC. NO 12633
PROFESSIONAL PLANNER- N.J. LIC. NO 1272

DATE: 7/14/88

DRWN BY	CHK'D BY	RVS'D BY	DATE	SCALE	JOB NO	DRAWING NO
EL	KDK	AMK	7-14-88	1"=20'	EE431.74	
						ORIG NO

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2 1 6 8
DATE ISSUED 2 25 88
REVISION DATE

Block 13715 Lot 015
Subdivision Scotland Run

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner THE RYLAND GROUP, INC. Contractor Same as owner
Address Five Greentree Centre, Suite 213 Address
Marlton, New Jersey 08053
Tel. ([redacted] Tel. ( )
Work Site Address 1115 Falkirk Road Lic. No. 310007734
Williamstown, NJ 08094 Federal Emp. No. 52-0849948

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Denise Edwards
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Chesapeake 15-9800
Single family detached dwelling
basement
garage
4 bedrooms
2½ baths
gas ehat with central air
conc. front porch
skylight in hall bath & master bedroom
whirlpool tub - mater bath
full basement under family room
bay window in dining room

☑ See Plans

TYPE OF WORK:

☑ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☑ Other Mech.
☑ ~~Demolition~~ DCA
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ ~~Elevator~~
☑ Other CO

Fee Based on [redacted] Sq. Ft.		$ 387.46
[redacted]		40.5
[redacted]		40.24
		25.5
SUBTOTAL		
Minimum Building Fee (if applicable)		$ 453.20
Total Building Fee *(Greater of Minimum or Subtotal)*		

C. BUILDING CHARACTERISTICS

USE GROUP: R-3a Present _____ Proposed

No. of Stories 2 Total Building Area—All Floors 2625 Sq. Ft.
Height of Structure 25'6" Ft. Volume of Structure 47,892 Cu. Ft.
Area—Largest Floor 1692 Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ ~~82,225~~ 82,225

D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

PERMIT NO. 2[illegible]
DATE ISSUED [illegible]
REVISION NO.

Block 13715 Lot 015
Subdivision Scotland Run

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner THE RYLAND GROUP, INC.
Address Five Greentree Centre, Suite 213
Marlton, New Jersey 08053
Tel. [redacted]

Contractor S & D Plumbing
Address 215 Larchmont Drive
Delanco, NJ
Tel. ( ) [redacted]

Work Site Address 1115 Falkirk Road
Williamstown, NJ 08094

Lic.No./Bus. Permit 5607
Federal Emp. No. 22-2158-794

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[signature]
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal		1	Garbage Disposal	
2	Bathtub			Air Conditioner Unit	
4	Lavatory/Sink			Indirect Connection	
2	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater		2	Reduced Pressure	
	Domestic Boiler/ Furnace		2	Backflow Device	
	Steam Boiler			Vent Stack	
1	Water Util. Connection			Solar System	
1	Sewer Util. Connection		1	Other Heat & A/C	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1			Other	
				COLUMN 2	

Fee
COLUMN 1 $
COLUMN 2 $
SUBTOTAL $
Minimum Plumbing Fee (if applicable) $ 165.00
Total Plumbing Fee (Greater of Minimum or Subtotal) $

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3a Present Proposed

Drainage –	Material	PVC	Size	3", 2", 1½"
Building Sewer–	Material	PVC	Size	4"
Water Service–	Material	Copper	Size	3/4"
Venting –	Material	ABS	Size	3", 2", 1½"

Estimated Cost of Plumbing Work: $ 3100

D. COMMENTS

Chesapeake 15-9800

☐ Partial Releases ☑ Prototype Processing

MONROE TWP.

ACE

ELECTRICAL SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 20178
DATE ISSUED 9-2-98
REVISION DATE

Block 13715 Lot 015
Subdivision + HIGHLANDS

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner RYLAND HOMES
Address 5 Greentree Centre
Marlton, N.J. 08053
Tel. ([redacted]

Contractor DIRKES ELECTRIC INC.
Address Rd#4 Box 194 Harris Rd.
Newfield, N.J. 08344
Tel. ([redacted]

Work Site Address 1115 Falkirk Road
Williamstown, N.J. 08094

Lic.No./Bus. Permit. 2672-A
Federal Emp. No. 22-1970868

CERTIFICATION OF OWNER OF RECORD
(Complete for Minor Work and Single Family Only)

I hereby certify that the proposed work is authorized by the owner of record and that I am authorized by the owner to make this application as his agent.

SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK: ROUGH WIRE AND SERVICE

No.	Item	Fee	No.	Item	Fee
39	Switching Outlets	$	A/C	H.V.A.C. Equipment	$
26	Lighting Outlets			Switching Devices	
67	Receptacle Outlets			Transformers	
1	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
1	Dryer, Electric				
1	Water Heater, Electric				
	Heating, Electric		1	Rangehood Fan	
39	Switches		1	Other Dishwasher	
26	Lighting Fixtures		1	Other Gar.Disposal	
67	Receptacles		3	Other Sm.Detectors	
	Bonding, Pool/Vault		3	Other Bath Fans	
200	Service/Feeders			Other	
	COLUMN 1	$		COLUMN 2	$

COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (if applicable)	$ 44.00
Total Electrical Fee (Greater of Minimum or Subtotal)	$

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: 200 Amps sngl. Phase _____ System Type

#4 Wire 240 Volts _____ Wiring Method

Total No. of Meters: 1

Estimated Cost of Electrical Work: $ 3956.00

D. COMMENTS

CHESAPEAKE

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 90188
DATE ISSUED 9-25-88
REVISION DATE
Block 13715 Lot 015
Subdivision Scotland Run

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner THE RYLAND GROUP, INC.
Address Five Greentree Centre, Suite 213
Marlton, New Jersey 08053
Tel. ([redacted]

Contractor Same as owner
Address
Tel. ( )

Work Site Address 1115 Falkirk Road
Williamstown, NJ 08094

Lic. No. 310007734
Federal Emp. No. 52-0849948

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Denise Edwards
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $ _____ $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

2 smoke detectors $ _____
$ _____
$ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ 30.00
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3a Present _____ Proposed
Heating Systems – Location: basement
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ [redacted] 20.00

D. COMMENTS

Chesapeake 15-9800

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

PERMIT NOT TRANSFERABLE
PERMIT VALID FOR ONE YEAR

Connection Permit No. 00864
Account No. 273240

MONROE MUNICIPAL UTILITIES AUTHORITY

372 South Main Street — Williamstown, NJ 08094
(609) 629-1444

CONNECTION PERMIT

Date: 7-26-88

Sewer only: _____
Water only: _____
Water/Sewer: X

This permit is used upon the condition and with the understanding that all work is done in accordance with the Plumbing Code and under Board of Health Inspection.

Application has been made by: Ryland Homes (Scotland Run Development)
Address of Applicant: 5 Greentree Center, Marlton, New Jersey 08053
Owner of premises and address if other than applicant: _____

Connection Location: 1115 Falkirk Road
Block No.: 13715 Lot No.: 15

All lateral connections must comply with MUA Rules and Regulations:
elevation of sanitary fixtures.

Type of Structure: (check one)

- ☒ Single Family Dwelling
- ☐ Apartment Building with _____ Apartments
- ☐ Business Establishment
- ☐ Commercial
- ☐ Two-Family Dwelling
- ☐ Offices
- ☐ Industrial
- ☐ Other

Number of Units: 1

Road Opening Permit: (check one)

- ☐ Municipal
- ☐ County
- ☐ State

Connection Fees:

Sewer: $275.00 (475.00 Construction)
Water: 250.00
Tap Charge: 70.00
County Expansion Fee: 500.00

I, Chuck Spangler the owner of the premises stated above do hereby make application to the Monroe Municipal Utilities Authority for a supply of water/sewer service subject to the rules and regulations of the aforementioned Authority. And in consideration of supplying water/sewer to said premises by the said Authority, hereby agrees to pay, or cause to be paid to the said Authority, its regularly published tariff of rates; to make said payments at the periods and or the terms provided by the rules and regulations of said Authority; and to comply with and conform to all rules and regulations and by-laws of said Authority that may be from time to time be in force; and for any violation thereof, and for the non-payment of water/sewer rates therein. I do hereby consent that the water/sewer may be terminated by the said Authority and remained terminated until arrearages and any other applicable charges shall be paid together with the expense of turning the water/sewer on. And I do hereby consent that the said Authority shall have the right to terminate water/sewer at any time in the event of any unavoidable accident, of for the purpose of making repairs or extensions.

Applicant's Signature: Charles E. Spangler II Date: _____
Monroe MUA/Authority Signature: Marguerite Schoonover (CS) Date: 7-26-88

TO BE COMPLETED BY PLUMBING INSPECTOR

Remarks: _____

Date Connection Inspected: _____
Date Plumbing Inspected: _____
Date Certificate of Occupancy Issued: _____
Inspected By: _____

Distribution of Permit:
Original - Applicant
Yellow - Applicant
Pink - Construction Code Official
Gold - M.M.U.A.

FINAL DETERMINATION AS TO THE PERMIT FEES SHALL BE BASED UPON THE RULES AND REGULATIONS RATE SCHEDULE

PERMIT NOT TRANSFERABLE
PERMIT VALID FOR ONE YEAR

Connection Permit No. [illegible]
Account No. 273246

MONROE MUNICIPAL UTILITIES AUTHORITY

372 South Main Street — Williamstown, NJ 08094
(609) 629-1444

CONNECTION PERMIT

Date: 7-26-03

Sewer only: _____
Water only: _____
Water/Sewer: X

This permit is used upon the condition and with the understanding that all work is done in accordance with the Plumbing Code and under Board of Health Inspection.

Application has been made by: Ryland Homes (Scotland Run Development)
Address of Applicant: 5 Greentree Center, Marlton, New Jersey 08053
Owner of premises and address if other than applicant: _____

Connection Location: 1115 Falkirk Road
Block No.: 13715 Lot No.: 25

All lateral connections must comply with MUA Rules and Regulations: elevation of sanitary fixtures.

Type of Structure: (check one)

- ☑ Single Family Dwelling
- ☐ Apartment Building with _____ Apartments
- ☐ Business Establishment
- ☐ Commercial
- ☐ Two-Family Dwelling
- ☐ Offices
- ☐ Industrial
- ☐ Other

Number of Units: 1

Road Opening Permit: (check one)

- ☐ Municipal
- ☐ County
- ☐ State

Connection Fees:

Sewer: $275.00 (475.00 Construction)
Water: 250.00
Tap Charge: 70.00
County Expansion Fee: 500.00

I, Chuck Spangler the owner of the premises stated above do hereby make application to the Monroe Municipal Utilities Authority for a supply of water/sewer service subject to the rules and regulations of the aforementioned Authority. And in consideration of supplying water/sewer to said premises by the said Authority, hereby agrees to pay, or cause to be paid to the said Authority, its regularly published tariff of rates; to make said payments at the periods and or the terms provided by the rules and regulations of said Authority; and to comply with and conform to all rules and regulations and by-laws of said Authority that may be from time to time be in force; and for any violation thereof, and for the non-payment of water/sewer rates therein. I do hereby consent that the water/sewer may be terminated by the said Authority and remained terminated until arrearages and any other applicable charges shall be paid together with the expense of turning the water/sewer on. And I do hereby consent that the said Authority shall have the right to terminate water/sewer at any time in the event of any unavoidable accident, of for the purpose of making repairs or extensions.

Applicant's Signature: Charles E. Spangler Date: _____
Monroe MUA/Authority Signature: [signature] Date: 7-26-03

TO BE COMPLETED BY PLUMBING INSPECTOR

Remarks: _____

Date Connection Inspected: _____
Date Plumbing Inspected: _____
Date Certificate of Occupancy Issued: _____
Inspected By: _____

Distribution of Permit:
Original - Applicant
Yellow - Applicant
Pink - Construction Code Official
Gold - M.M.U.A.

FINAL DETERMINATION AS TO THE PERMIT FEES SHALL BE BASED UPON THE RULES AND REGULATIONS RATE SCHEDULE

MONROE TWP. CONSTRUCT.
CODE ENFORCE. DEPT

POLE NO. _____
METER BOARD NO. _____
PERMIT NO. 70188

CUT-IN-CARD

Owner Ryland Homes

Occupant _____ Block 13715 Lot 015

Location 1115 Falkirk Rd., Williamstown, N.J. 08094
No. Street Town State Zip

Installed By Dirkes Electric Inc. Lic. No. 2672A

Inspector Ace Emmett Lic. No. 88 Date 11-4-88

☐ TEMPORARY – Installation of _____ in above premises has been inspected and found in such conditions as to warrant temporary approval for use of current. This approval is void after _____ days.

☒ FINAL – Installation as itemized on reverse side has been inspected and is in accordance with the New Jersey Uniform Construction Code and the regulations and requirements of the Utility Company.

U.C.C. Form F-360 (8/83)

P.O. Box 340, Thorofare, N.J. 08086

GCUA
THE GLOUCESTER COUNTY UTILITIES AUTHORITY

Nº [illegible]

CONSTRUCTION EXPANSION FEE

Municipal Participant: Monroe Township MUA Project Name: Scotland Run

NJDEP Construction Permit: SC 01-2575-4 Date Issued: 3/5/01

GCUA Resolution Allocating Capacity No. R00-106 Dated 5/23/00 No. Units/GPD: 70/21,000
(Not applicable on NJDEP Contruction Permits issued prior to 7/20/77)

Location:	Tax Block	Lot	Street Address
Section 3	15727	13	1115 Falkirk Road

Type of Dwelling (GCUA Code_____)

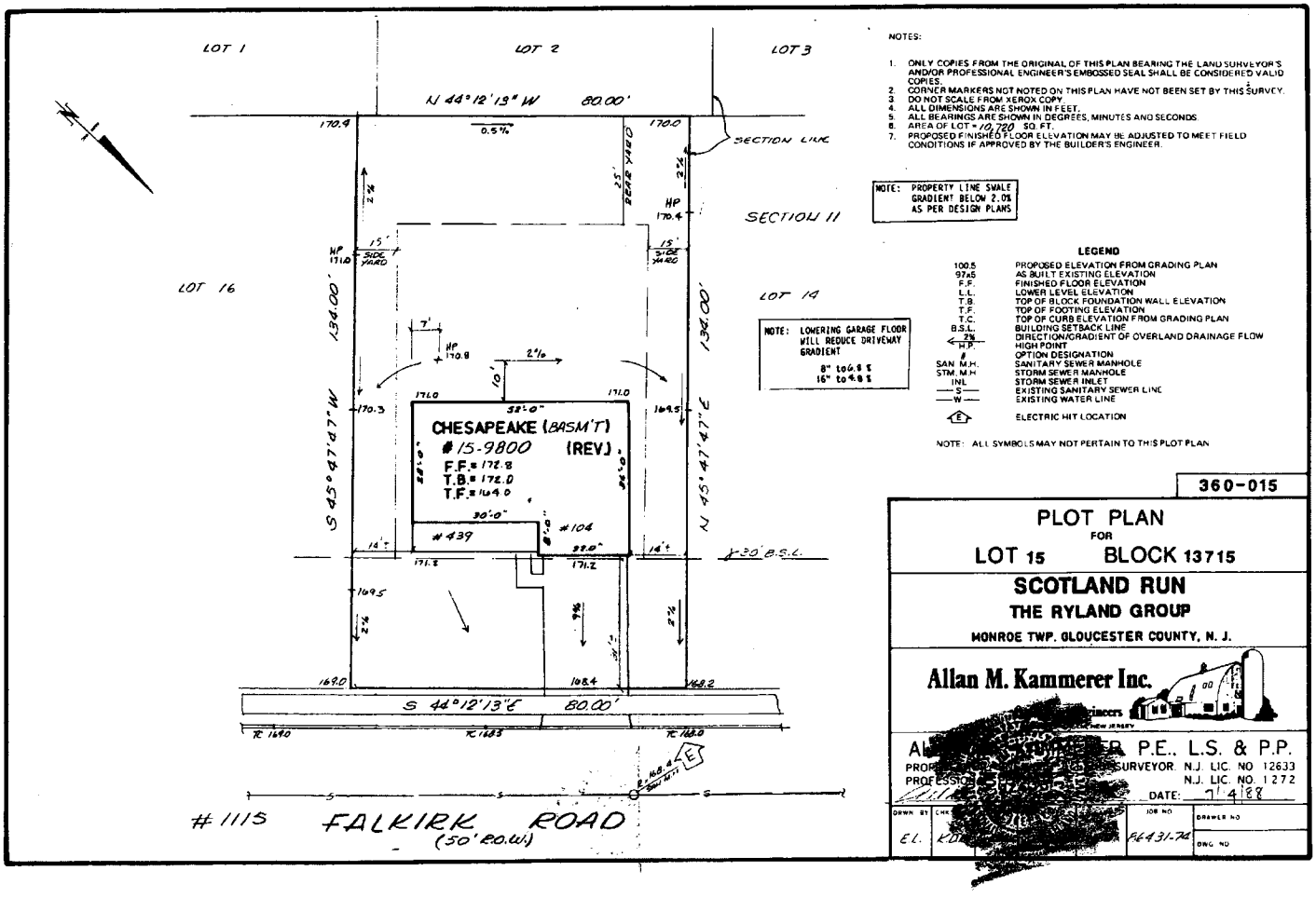
Residential X Commercial____ Other_____

Fee Paid $ 920.00 Check # 36526 Date 5/26/00

Payor The Ryland Group, Inc.

Approved: Albert T. Dixon Date 5/26/00
GCUA Executive Director

White–GCUA Copy · Canary–Municipal Participant Copy · Pink–Building Inspector Copy · Goldenrod–Applicant Copy



NOTES:

1. ONLY COPIES FROM THE ORIGINAL OF THIS PLAN BEARING THE LAND SURVEYOR'S AND/OR PROFESSIONAL ENGINEER'S EMBOSSED SEAL SHALL BE CONSIDERED VALID COPIES.
2. CORNER MARKERS NOT NOTED ON THIS PLAN HAVE NOT BEEN SET BY THIS SURVEY.
3. DO NOT SCALE FROM XEROX COPY.
4. ALL DIMENSIONS ARE SHOWN IN FEET.
5. ALL BEARINGS ARE SHOWN IN DEGREES, MINUTES AND SECONDS.
6. AREA OF LOT = 10,720 SQ. FT.
7. PROPOSED FINISHED FLOOR ELEVATION MAY BE ADJUSTED TO MEET FIELD CONDITIONS IF APPROVED BY THE BUILDER'S ENGINEER.

LEGEND

100.5	PROPOSED ELEVATION FROM GRADING PLAN
97x5	AS BUILT EXISTING ELEVATION
F.F.	FINISHED FLOOR ELEVATION
L.L.	LOWER LEVEL ELEVATION
T.B.	TOP OF BLOCK FOUNDATION WALL ELEVATION
T.F.	TOP OF FOOTING ELEVATION
T.C.	TOP OF CURB ELEVATION FROM GRADING PLAN
B.S.L.	BUILDING SETBACK LINE
2%	DIRECTION/GRADIENT OF OVERLAND DRAINAGE FLOW
H.P.	HIGH POINT
#	OPTION DESIGNATION
SAN M.H.	SANITARY SEWER MANHOLE
STM. M.H.	STORM SEWER MANHOLE
INL	STORM SEWER INLET
—S—	EXISTING SANITARY SEWER LINE
—W—	EXISTING WATER LINE
E	ELECTRIC HIT LOCATION

NOTE: ALL SYMBOLS MAY NOT PERTAIN TO THIS PLOT PLAN

360-015

PLOT PLAN

FOR

LOT 15 BLOCK 13715

SCOTLAND RUN

THE RYLAND GROUP

MONROE TWP. GLOUCESTER COUNTY, N. J.

Allan M. Kammerer Inc.

Engineers

[redacted] P.E., L.S. & P.P.

PROFESSIONAL SURVEYOR. N.J. LIC. NO 12633

PROFESSIONAL [redacted] N.J. LIC. NO. 1272

DATE: 7/4/88

DRWN BY	CHK	JOB NO	DRAWER NO
E.L.	[redacted]	F6431-74	
			DWG NO

Township of Monroe

Zoning Permit

266 S. Main Street
Williamstown, NJ 08094
(609) 728-9834

A. Identification

Owner/ Applicant: The Ryland Group, Inc.
Address: Five Greentree Centre, Suite 213
Marlton, NJ 08053
Telephone: (609) [redacted]
Work site address: 1115 Falkirk Road

Block: 13715
Lot(s): 015
Zoning Class: R-30
Pinelands: No

B. Zoning permit use:

This Zoning Permit is being issued for:

Single family detached dwelling
Chesapeake 15-9800

Comments:

C. Information:

Type of work and/or use:

- X New Building
- ___ Addition
- ___ New Use
- ___ Change of Use
- ___ Additional Use
- ___ Food Use
- ___ Vendor Feddler Use
- ___ Other

See attached:

- Resolution
- x Sketch or Plot Plan
- Other

Signed by Zoning Officer: Frederick D. Vogel

APPROVED [illegible] 1998

TOWNSHIP OF MONROE
ZONING/CODE ENFORCEMENT OFFICE
125 VIRGINIA AVENUE, SUITE 5
WILLIAMSTOWN, NJ 08094-1768
(856) 728-9800 EXT. 295
(856) 875-2941 FAX

ZONING PERMIT

A. IDENTIFICATION

OWNER: Donyea Kummer
WORK SITE ADDRESS: 1115 Falkirk Rd.
WILLIAMSTOWN, NJ 08094
TELEPHONE: [redacted]

BLOCK: 13715
LOT: 15
ZONING CLASS: R2
PINELANDS: No

THIS ZONING PERMIT IS BEING ISSUED FOR

B. ZONING PERMIT USE:

Replace existing walkway with pavers

C. INFORMATION:
TYPE OF WORK AND/OR USE:

_____NEW BUILDING
_____ADDITION
_____NEW USE
_____CHANGE OF USE
_____CHANGE OF OCCUPANCY
___x__ACCESSORY USE
_____VENDOR PEDDLER USE
_____OTHER_____

COMMENTS

RESOLUTION_____
SKETCH _____
PLOT PLAN___x__
SURVEY_____
OTHER_____

NOTICE:
IT IS THE RESPONSIBILITY OF THE OWNER AND/OR CONTRACTOR FOR THE CLEAN UP AND REMOVAL OF ALL CONSTRUCTION MATERIALS AND DEBRIS. THE DEPARTMENT OF PUBLIC WORKS, DIVISION OF SANITATION WILL NOT PICK UP OR REMOVE THIS TYPE OF MATERIAL. PLEASE ALSO BE ADVISED THAT THIS PERMIT IS AN APPROVAL OF LAND USE AND REQUIREMENTS SETFORTH. PLEASE CONTACT THE CONSTRUCTION OFFICE AT 856-728-9800 X 222 TO INQUIRE IF ADDITIONAL PERMITS ARE NEEDED.

SIGNED BY: Frederick Weikel
FREDERICK WEIKEL
ZONING/CODE ENFORCEMENT OFFICER

WHITE: APPLICANT **PINK: CONSTRUCTION** **YELLOW: FILE**

APPROVED
AUG 16 2004
ZONING PERMIT

TOWNSHIP OF MONROE
ZONING/CODE ENFORCEMENT OFFICE
125 VIRGINIA AVENUE, SUITE 5
WILLIAMSTOWN, NJ 08094-1768
(856) 728-9800 EXT. 295
(856) 875-2941 FAX

ZONING PERMIT

A. IDENTIFICATION

OWNER: Brian Smith / Kummer
WORK SITE ADDRESS: 1136 Falkirk Rd.
WILLIAMSTOWN, NJ 08094
TELEPHONE: [redacted]
THIS ZONING PERMIT IS BEING ISSUED FOR
B. ZONING PERMIT USE:

11Ft. X15 Ft. Sunroom. _____

BLOCK: 13715
LOT: 15
ZONING CLASS: R-2
PINELANDS: N

C. INFORMATION:
TYPE OF WORK AND/OR USE:

_____ NEW BUILDING
_____ ADDITION
_____ NEW USE
_____ CHANGE OF USE
_____ CHANGE OF OCCUPANCY
__X__ ACCESSORY USE
_____ VENDOR PEDDLER USE
_____ OTHER_____

COMMENTS

RESOLUTION_____
SKETCH____X_____
PLOT PLAN_____
SURVEY___X_____
OTHER_____

NOTICE:
IT IS THE RESPONSIBILITY OF THE OWNER AND/OR CONTRACTOR FOR THE CLEAN UP AND REMOVAL OF ALL CONSTRUCTION MATERIALS AND DEBRIS. THE DEPARTMENT OF PUBLIC WORKS, DIVISION OF SANITATION WILL NOT PICK UP OR REMOVE THIS TYPE OF MATERIAL. PLEASE ALSO BE ADVISED THAT THIS PERMIT IS AN APPROVAL OF LAND USE AND REQUIREMENTS SETFORTH. PLEASE CONTACT THE CONSTRUCTION OFFICE AT 609-728-9850 TO INQUIRE IF ADDITIONAL PERMITS ARE NEEDED.

SIGNED BY: Frederick Weikel
FREDERICK WEIKEL
ZONING/CODE ENFORCEMENT OFFICER

WHITE: APPLICANT **PINK: CONSTRUCTION** **YELLOW: FILE**

APPROVED
JUN 0 8 2001
ZONING PERMIT

Township of Monroe

Zoning Permit

Williamstown, NJ 08094
(609) 728-9834

A. Identification

Owner: Leonard Armstrong
Block: 13715
Work Site Address: 1115 Falkirk Road
Williamstown, NJ 08094
Lot (s): 15
Zoning Class: R-2
Telephone: [redacted]
Pinelands: no

B. Zoning permit use:

This Zoning Permit is being issued for:

8' X 12' Shed

Comments:

C. Information:

Type of work and/or use:

X	New Building
	Addition
	New Use
	Change of Use
	Additional Use
	Food Use
	Vendor Peddler Use
	Other

See attached:

Resolution
Sketch or Plot Plan X
Other

NOTICE.

It is the responsibility of the owner and/or contractor for the clean up and removal of all construction materials and debris. The department of public works, Division of Sanitation will not pick up or remove this type of material.

Signed by Zoning Officer: Judith Wood

APPROVED MAR 1 1 1998

White—Applicant Yellow—Zoning Pink—Construction