

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 08/07/2001
Control #
Permit # 01-1121

23952

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

Block 24.24 Lot 17 Qual _____
Work Site Location 12 WILDCAT AVENUE
REPLACE WATER HEATER
Owner in Fee HAYES, STEPHANIE
Address 12 WILDCAT AVENUE
MARLTON, NJ 08053
Tele. (856-227-0900) Fax (856-227-0900)
Contractor SANDERS ENTERPRISES
Address 2864 GARWOOD ROAD
ERIAL, NJ 08081-
Tele. (856)227-0900
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 499

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date: _____

Approved By: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA
Approved By: _____
Date: _____

INSPECTIONS

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

D. TECHNICAL SITE DATA (List all fixtures.)

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

Permit Invalid

N.J.A.C. 5:23 - 2.16 (b)

Date: 3-7-16

Initials: NO

Administrative Surcharge \$ _____
Paid [X] Check # 3685 Minimum Fee \$ 17
Collected by: DLC TOTAL FEE \$ 25
DCA Training Fee \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

TOWNSHIP OF EVESHAM
984 TUCKERTON ROAD
MARLTON, NJ 08053

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received / /
Date Issued 08/20/12
Control #
Permit # 12-1229

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

Block 24.24 Lot 17 Qual _____
Work Site Location 12 WILDCAT AVENUE _____
Owner in Fee FAULK, CLARENCE & RENWICK, S _____
Address 12 WILDCAT AVENUE _____
MARLTON, NJ 08053- _____
Tele. (215) 554-1828 _____
Contractor P R SANDERS INC _____
Address 100 PARK DRIVE _____
VOORHEES, NJ 08043- _____
Tele. (856) 429-3086 Fax (856) 429-6806 _____
Lic. No. or Bldrs. Reg. No. 4701B _____
Federal Emp. No. - _____

B. ELECTRICAL CHARACTERISTICS

Use Group -Present U- _____ Proposed U _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 300 _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type	Failure	Failure	Approval	Initial
[] No Plans Required	Rough	_____	_____	_____	_____
[] Partial -Underslab Util Appr	BarrierFr	_____	_____	_____	_____
Date: _____ Appr by: _____	Trench	_____	_____	_____	_____
[] Elect Plans Approved	Temp Serv	_____	_____	_____	_____
Date: _____ Appr by: _____	Const Serv	_____	_____	_____	_____
Joint Plan Review Required:	TCO	_____	_____	_____	_____
[] Build [] Plumb [] Fire	Other	_____	_____	_____	_____
SUBCODE APPR - PERM [] Elev	Service	_____	_____	_____	_____
Date: _____ Appr by: _____	Final	_____	_____	_____	_____
SUBCODE APPR - CERTIF	BarrierFr	_____	_____	_____	_____
[] CO [] CCO [] CA	Temp. Cut-in-Card	Date Issued	_____	_____	_____
Date: _____ Appr by: _____	Final Cut-in-Card	Date Issued	_____	_____	_____
	AnnPoolIns	_____	_____	_____	_____
	Date of Gnd/Bond 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.

Signature/Contractor Seal

[] Licensed Elect Contr [] Certif Landscape Irrig Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	_____
0		Receptacles	_____
0		Switches	_____
0		Detectors	_____
0		Light Poles	_____
0		Motors-Fract HP	_____
0		Emergency & Exit Lights	_____
0		Communications Points	_____
0		Alarm Devices/F.A.C. Panel	_____
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	3	KW Central A/C Unit	15
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0
		Other	0

Permit Invalid
N.J.A.C. 5:23-2.16 (b)
Date: 3-15-18 Initials: *[Signature]*

Administrative Surcharge \$	0
Paid [X] Check # 6428	Minimum Fee \$ 50
Collected by: DLC	TOTAL FEE \$ 65
	DCA State Permit Fee \$ 1