CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 5/11/2023

Tracking Number: OPRA-Req-23-0761

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Erin Walsh

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: 212 COLUMBIA BLVD

Records requested:

All open and closed permit history on 212 Columbia Blvd., Cherry Hill

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

BLOCK 328.01 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 212 Columbia Blvd PERMIT NO. 2018-3653

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 212 Columbia Blvd Cherry Hill NJ
2. Name of Owner in Fee: Charles Horton
   Tel. 704-465-2255 e-mail _____
   Address 212 Columbia Blvd Cherry Hill 08002
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Eastampton HVAC LLC Tel. 609-832-9025
   Address 7 Parker Blvd Mt Holly e-mail _____
   NJ 08060
   License No. OR, if new home, Builder Reg. No. 19HC00879300 Exp. Date 6-30-2020
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Swain Dixon
   Tel. 609-832-9025 FAX: _____

V. FEE SUMMARY (for office use only) Upda

1.	Building	$
2.	Electrical	$ 65-
3.	Plumbing	$
4.	~~Fire Protection~~ Mech	$ 60-
5.	Elevator Devices	$
6.	Subtotal	$
7.	Less 20% for State Plan Review	$
8.	Subtotal	$
9.	State Permit Surcharge Fee	$ 2-
10.	Subtotal	$
11.	Cert. of ~~Occupancy~~	$
12.	Other	$
13.	TOTAL	$ 127-

2792 00029 028572 SF 20183653 00009 RUN

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 ____

DEC 17 2018

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

	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	100 00				12/18	MB			
☐ Plumbing									
☑ ~~Fire Protection~~ Mech	400				12/18	MB			
☐ Elevator									
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

Replace Gas Furnace

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____ Select Group R5
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____ VB
   Lost, Sale _____ _____
   Lost, Rental _____ _____

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

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

D. Construct. Classification: Present _____
Proposed _____

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

C P.UP 12.26.18

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 SWAIN DIXON - EASTAMPTON HVACR

Address 2 PARKER BLVD.
MT. HOLLY, NJ. 08060

Telephone 609-832-9025

Signature S. Dixon

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 1/11/2019
Control Number 113677
Permit Number 20183653
Permit Issue Date 12/26/2018
Certificate Number 20183653

Identification

Block: 328.01 Lot: 7 Qual:

Work Site Location: 212 COLUMBIA BLVD CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: HORTON, CHARLES
Owner Address: 212 COLUMBIA BLVD CHERRY HILL NJ 08002
Telephone:

Contractor EASTHAMPTON HVAC
Address 2 PARKER BLVD MT. HOLLY NJ 08060
Telephone: (609) 832-9025 Fax:
License Number or Builders Registration Number: 19HC00879300
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
REPLACEMENT GAS FURNACE

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00

Check Number:

Collected By:

Date Printed: 1/11/2019

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 113677
Date Issued 12.26.2018
Permit # 2018-3653

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

Block 328.01 Lot 7 Qualification Code _____
Work Site Location 212 Columbia Blvd
Cherry Hill NJ 08002
Owner in Fee: Charles Horton
Tel. _____ e-mail _____
Address 212 Columbia Blvd Cherry Hill NJ 08002
street municipality zipcode
Contractor: Eastampton HVAC R Tel. 609 832-9025
Address 2 parker Blvd Mt Holly e-mail _____
NJ 08060
Contractor License No. 19HC00879300 Exp. Date 6-30-2020
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100

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: A. Dixon
Print name here: SWAIN DIXON
[ ] Licensed Elec. Contractor [ ] Certif. Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace Replacement. Connect existing power

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	
1.8		TOTAL NUMBERS:	$ 65.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 12/18/18 MB
[ ] 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: 12/18/18
Approved by: MB

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1/10/19
Approved by: MB

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/10/19	MB
Barrier-Free				

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

N.A 1-4-19

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.

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 113677
Date Issued 12.26.2018
Permit # 2018-3653

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

Block 328.01 Lot 7 Qualification Code

Work Site Location 212 Columbia Blvd
Cherry Hill, NJ 08002

Owner in Fee: Charlee Horton

Tel. e-mail

Address 212 (street) Columbia Blvd Cherry Hill (municipality) NJ 08002 (zip code)

Contractor: Eastampton HVACR Tel. 609 832-9025

Address 2 parker Blvd Mt Holly e-mail
NJ 08060

Contractor License No. 19HC00279300 Exp. Date 6-30-2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12-21-18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance	12/17		12/18	
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.		12-21-18		
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: A. Dixon
Print name here: SWAIN DIXON

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace Furnace

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	100
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	

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

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

1/4/19 - ME Burg

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	12/17/2018
Date Issued	12/26/2018
Control #	113677
Permit #	20183653

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 328.01 Lot: 7 Qualifier _____ Use Group R-5

Work Site Location: 212 COLUMBIA BLVD CHERRY HILL TOWNSHIP, NJ 08002
Owner in Fee: HORTON, CHARLES
Address: 212 COLUMBIA BLVD CHERRY HILL NJ 08002
Telephone: _____

Contractor: EASTHAMPTON HVAC
Address: 2 PARKER BLVD MT. HOLLY NJ 08060
Telephone: (609) 832-9025
Lic. No. or Bldrs. Reg. No.: 19HC00879300 19HC00879300
Federal Employee. No.: 19HC00879300

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACEMENT GAS FURNACE

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

Estimated Cost of Work $500

Construction Official _____ Date 12/24/18

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

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	$65
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	$60
046	DCA Training Fee	$2
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$127

Check No.	
Check	$0
Cash	$127
Credit	$0
Collected By	Aishe Metkov-Spor

RECEIVED
DEC 26 2018
TAX COLLECTOR

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 113677
Date Issued 12.26.2018
Permit # 2018-3653

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

Block 328.01 Lot 7 Qualification Code

Work Site Location 212 Columbia Blvd
Cherry Hill, NJ 08002

Owner in Fee: Charlee Horton

Tel. e-mail

Address 212 (street) Columbia Blvd Cherry Hill (municipality) NJ 08002 (zip code)

Contractor: Eastampton HVAC R Tel. 609 832-9025

Address 2 Parker Blvd Mt Holly NJ 08060 e-mail

Contractor License No. 19HC00279300 Exp. Date 6-30-2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: Proposed:

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12/21/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			12/21/18	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: A. Dixon

Print name here: SWAIN DIXON

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace Furnace

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	100
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	
	Administrative Surcharge $	
	Minimum Fee $	
	State Permit Surcharge Fee $	
	TOTAL FEE $	

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 # 113677
Date Issued 12.26.2018
Permit # 2018-3653

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

Block 328.01 Lot 7 Qualification Code ____

Work Site Location 212 Columbia Blvd Cherry Hill NJ 08002

Owner in Fee: Charles Horton

Tel. ____ e-mail ____

Address 212 (street) Columbia Blvd (municipality) Cherry Hill (zip code) NJ 08002

Contractor: Eastampton HVAC R Tel. 609 832-9025

Address 2 parker Blvd Mt Holly e-mail ____
NJ 08060

Contractor License No. 19HC00877300 Exp. Date 6-30-2020

Home Improvement Contractor Registration No. or Exemption Reason ____

Federal Emp. ID No. ____ FAX: ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 100

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: A Dixon

Print name here: SWAIN DIXON

[ ] Licensed Elec. Contractor [ ] Certif. Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Furnace Replacement. Connect existing power

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	
____		____	
1.0		TOTAL NUMBERS	$ 65.00
____		Pool Permit/with UW Lights	
____		Storable Pool/Spa/Hot Tub	
____	____	KW Elec. Range/Receptacle	
____	____	KW Oven/Surface Unit	
____	____	KW Elec. Water Heater	
____	____	KW Elec. Dryer/Receptacle	
____	____	KW Dishwasher	
____	____	HP Garbage Disposal	
____	____	KW Central A/C Unit	
____	____	HP/KW Space Heater/Air Handler	
____	____	KW Baseboard Heat	
____	____	HP Motors 1/4+ HP	
____	____	KW Transformer/Generator	
____	____	AMP Service	
____	____	AMP Subpanels	
____	____	AMP Motor Control Center	
____	____	KW Elec. Sign/Outline Light	
____	____	____	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 12/18/18 [illegible]

[ ] 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: 12/18/18

Approved by: [illegible]

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 ____

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 212 Columbia Blvd Cherry Hill NJ

Owner in Fee Charles Horton

Verifying Individual _____ Company Eastampton HVAC R

Address 2 Parker Blvd Mt Holly NJ 08060
Street City State Zip Code

Tel: (609) 832-9025 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 4

[ ] "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:	Furnace	Oil / Gas / Other: Gas	110K
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.

A. Dixon 12/5/18
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.

International Comfort Products®

THIS BOOKLET CONTAINS IMPORTANT INFORMATION

INSTALLER: USE THE INFORMATION IN THIS BOOKLET TO INSTALL THE APPLIANCE AND AFFIX THIS BOOKLET ADJACENT TO THE APPLIANCE AFTER INSTALLATION.

USER: KEEP THIS BOOKLET OF INFORMATION FOR FUTURE REFERENCE.

SERVICER: USE THE INFORMATION IN THIS BOOKLET TO SERVICE THE APPLIANCE AND AFFIX THE BOOKLET ADJACENT TO THE APPLIANCE AFTER SERVICING.

LITERATURE ASSEMBLY BOOKLET NO.: 344091-701

Cover Page P/N 344091-201

MODEL F8MTL/G8MTL

International Comfort Products
Lewisburg, TN 37091 U.S.A.

344091-701 REV.A

Printed on recycled paper.

NOTE TO INSTALLER: this manual must be left with the equipment owner.

INSTALLATION INSTRUCTIONS

80% Two-Stage, PSC Motor Category I, Gas Furnace F8MTL & G8MTL

These instructions must be read and understood completely before attempting installation.

Safety Labeling and Signal Words

DANGER, WARNING, CAUTION, and NOTE

The signal words **DANGER, WARNING**, **CAUTION**, and **NOTE** are used to identify levels of hazard seriousness. The signal word **DANGER** is only used on product labels to signify an immediate hazard. The signal words **WARNING**, **CAUTION**, and **NOTE** will be used on product labels and throughout this manual and other manual that may apply to the product.

DANGER – Immediate hazards which will result in severe personal injury or death.

WARNING – Hazards or unsafe practices which could result in severe personal injury or death.

CAUTION – Hazards or unsafe practices which may result in minor personal injury or product or property damage.

NOTE – Used to highlight suggestions which will result in enhanced installation, reliability, or operation.

Signal Words in Manuals

The signal word **WARNING** is used throughout this manual in the following manner:

⚠ WARNING

The signal word **CAUTION** is used throughout this manual in the following manner:

⚠ CAUTION

Signal Words on Product Labeling

Signal words are used in combination with colors and/or pictures or product labels.

⚠ Safety-alert symbol

When you see this symbol on the unit and in instructions or manuals, be alert to the potential for personal injury.

TABLE OF CONTENTS

AHRI CERTIFIED www.ahridirectory.org

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

⚠ WARNING

PERSONAL INJURY, AND/OR PROPERTY DAMAGE HAZARD

Failure to carefully read and follow this warning could result in equipment malfunction, property damage, personal injury and/or death.

Installation or repairs made by unqualified persons could result in equipment malfunction, property damage, personal injury and/or death.

The information contained in this manual is intended for use by a qualified service technician familiar with safety procedures and equipped with proper tools and test instruments.

Installation must conform with local building codes and with the Natural Fuel Gas Code (NFCG) NFPA 54/ANSI Z223.1, and National standards of Canada CAN/CSA-B149.1 and .2 Natural Gas and Propane Installation Codes.

INSTALLER: Affix these instructions on or adjacent to the furnace.
CONSUMER: Retain these instructions for future reference.

Certified System ISO 9001 QMI-SAI Global

DESIGN CERTIFIED

International Comfort Products
Limited Warranty Certificate

Covered Products: Residential Gas Furnaces (See Chart Below)

FOR WARRANTY SERVICE OR REPAIR:
Contact the installer or an International Comfort Products dealer. You may be able to find the installer's name on the equipment or in your Owner's Packet. You can also find an International Comfort Products dealer online at www.icpusa.com.
For help, contact: International Comfort Products, Consumer Relations, P.O. Box 4808, Syracuse, New York, 13221, Phone 1–877–591–8908.

Product registration: You can register your product at: https://productregistration.icpusa.com.

Fill in the installation date, model and serial number of the unit in the space provided below and retain for your records.

Model No._____ Serial No._____

Date of Installation_____ Installed by_____

Name of Owner_____ Address of Installation_____

International Comfort Products ("ICP") warrants this product against failure due to defect in materials or workmanship under normal use and maintenance as follows. All warranty periods begin on the date of original installation and are for the duration, in years, listed below. If a part fails due to defect during the applicable warranty period ICP will provide a new or remanufactured part, at ICP's option, to replace the failed defective part at no charge for the part. Alternatively, and at its option, ICP will allow a credit in the amount of the then factory selling price for a new equivalent part toward the retail purchase price of a new ICP product. Except as otherwise stated herein, those are ICP's exclusive obligations under this warranty for a product failure. All warranties in this document are subject to all provisions, conditions, limitations and exclusions listed below and on the reverse of this document.

RESIDENTIAL APPLICATIONS
This warranty is to the original purchasing owner and subsequent owners only to the extent and as stated in the Warranty Conditions and below. The limited parts warranty period in years, depending on the part and the claimant, is as shown in the chart below.

No Hassle Replacement™ limited warranty – Available on qualifying models only, see chart below for list of covered models and duration of warranty. Available to original purchaser in owner-occupied single family residential applications only, and is not available to subsequent homeowners. If the heat exchanger fails due to defect during the applicable No Hassle Replacement limited warranty time period, a one-time replacement with a comparable ICP unit will be provided. This unit replacement warranty is in addition to the standard parts warranty. Proof of purchase and installation date will be required. No Hassle limited warranty replacements are subject to review and verification by an ICP representative. The remaining balance of the original unit's standard warranty will be transferred to the replacement unit. This limited warranty is subject to all provisions, conditions, limitations and exclusions listed below and on the reverse of this document.

Product Family	Warranty Period in Years				
	No Hassle†	Heat Exchanger		All Other Parts	
	Original Owner	Original Owner	Subsequent Owners	Original Owner	Subsequent Owners
F9MAC, G9MAC, F9MVT, G9MVT, F9MAE, G9MAE, F9MVE, G9MVE	10	20 or Lifetime**	20	5 or 10*	5
F9MXT, G9MXT	5	20 or Lifetime**	20	5 or 10*	5
F9MXE, G9MXE	1	20 or Lifetime**	20	5 or 10*	5
F8MVL, G8MVL	10	20	20	5 or 10*	5
F8MTL, G8MTL	5	20	20	5 or 10*	5
F8MX(N/L), G8MX(N/L)	1	20	20	5 or 10*	5
N9MXB, N9MSB, N9MSE, N8MS(N/L), N8MXL	—	20	20	5 or 10*	5

† See Warranty Conditions on reverse

* If properly registered within ninety (90) days after original installation, parts are warranted to the original purchaser for a period of ten (10) years. Otherwise, parts warranty is five (5) years (except in California and Quebec, and other jurisdictions that prohibit warranty benefits conditioned on registration).

** If properly registered within ninety (90) days after original installation, the heat exchanger has a limited lifetime warranty to the original purchaser. Otherwise, heat exchanger warranty is twenty (20) years (except in California and Quebec, and other jurisdictions that prohibit warranty benefits conditioned on registration).

OTHER APPLICATIONS
The warranty period is ten (10) years on the heat exchanger and one (1) year on all other parts. The warranty is to the original owner only and is not available for subsequent owners.

LEGAL REMEDIES - The owner **must** notify the Company in writing, by certified or registered letter to ICP, Warranty Claims, P.O. Box 4808, Syracuse, New York 13221, of any defect or complaint with the product, stating the defect or complaint and a specific request for repair, replacement, or other correction of the product under warranty, mailed at least thirty (30) days before pursuing any legal rights or remedies.

⚠ WARNING

ELECTRICAL SHOCK HAZARD

Failure to follow this warning could result in personal injury or death.

Blower access panel door switch opens 115–v power to control. No component operation can occur. Do not bypass or close switch with panel removed.

See Figure 23 for field wiring diagram showing typical field 115–v wiring. Check all factory and field electrical connections for tightness.

Field–supplied wiring shall conform with the limitations of 63°F (33°C) rise.

⚠ WARNING

ELECTRICAL SHOCK AND FIRE HAZARD

Failure to follow this warning could result in personal injury, death, or property damage.

The cabinet MUST have an uninterrupted or unbroken ground according to NEC NFPA 70–2011 or local codes to minimize personal injury if an electrical fault should occur. This may consist of electrical wire, conduit approved for electrical ground or a listed, grounded power cord (where permitted by local code) when installed in accordance with existing electrical codes. Refer to the power cord manufacturer's ratings for proper wire gauge. Do not use gas piping as an electrical ground.

⚠ CAUTION

FURNACE MAY NOT OPERATE HAZARD

Failure to follow this caution may result in intermittent furnace operation.

Furnace control must be grounded for proper operation or else control will lock out. Control must remain grounded through green/yellow wire routed to gas valve and manifold bracket screw.

115–V WIRING

Verify that the voltage, frequency, and phase correspond to that specified on unit rating plate. Also, check to be sure that service provided by utility is sufficient to handle load imposed by this equipment. Refer to rating plate or Table 7 for equipment electrical specifications.

Table 7 – Electrical Data

FURNACE SIZE	VOLTS–HERTZ–PHASE	OPERATING VOLTAGE RANGE		MAX UNIT AMPS	UNIT AMPACITY#	MAXIMUM WIRE LENGTH FT. (M)‡	MAXIMUM FUSE OR CKT BKR AMPS†	MINIMUM WIRE GAUGE
		MAX*	MIN.*					
0451412	115–60–1	127	104	7.1	9.67	38 (11.5)	15	14
0701412	115–60–1	127	104	7.3	9.90	37 (11.2)	15	14
0901714	115–60–1	127	104	8.2	10.84	34 (10.3)	15	14
1102122	115–60–1	127	104	13.7	17.60	32 (9.7)	20	12

* Permissible limits of the voltage range at which the unit operates satisfactorily.

Unit ampacity = 125% of largest operating component's full load amps plus 100% of all other potential operating components (EAC, humidifier, etc.) full load amps.

† Time–delay type is recommended.

‡ Length shown is as measured 1 way along wire path between unit and service panel for maximum 2% voltage drop.

U.S. Installations: Make all electrical connections in accordance with National Electrical Code (NEC) NFPA 70–2011 and any local codes or ordinances that might apply.

⚠ WARNING

FIRE HAZARD

Failure to follow this warning could result in personal injury, death, or property damage.

Do not connect aluminum wire between disconnect switch and furnace. Use only copper wire.

Use a separate branch electrical circuit with a properly sized fuse or circuit breaker for this furnace. See Table 7 for wire size and fuse specifications. A readily accessible means of electrical disconnect must be located within sight of the furnace.

NOTE: Proper polarity must be maintained for 115–v wiring. If polarity is incorrect, control LED status indicator light will flash status code of 10 and furnace will NOT operate.

J–BOX RELOCATION

NOTE: If factory location of J–Box is acceptable, go to next section (ELECTRICAL CONNECTION TO J–BOX).

NOTE: On 14" wide casing models, the J–Box shall not be relocated to other side of furnace casing when the vent pipe is routed within the casing.

1. Remove and save two screws holding J–Box. (See Figure 24)

NOTE: The J–Box cover need not be removed from the J–Box in order to move the J–Box. Do NOT remove green ground screw inside J–Box.

2. Cut wire tie on loop in furnace wires attached to J–Box.
3. Move J–Box to desired location.
4. Fasten J–Box to casing with the two screws removed in Step 1.
5. Route J–Box wires within furnace away from sharp edges, rotating parts, and hot surfaces.

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors
HAS LICENSED
Swain Dixon
Master HVACR Contractor

07/03/2018 TO 06/30/2020
VALID

SIGNATURE

19HC00879300
License/Registration/Certificate #

ACTING DIRECTOR

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Hiscox Insurance Company Inc	10200
INSURED Eastampton HVAC & Refrigeration 2 Parker Blvd Mount Holly NJ 08060	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			UDC-1995122-CGL-18	06/09/2018	06/09/2019	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] HIRED AUTOS [ ] SCHEDULED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Brett R Ladoff

BLOCK 3976 LOT 328.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 2007 3663

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: Horton 212 Columbia
2. Name of Owner in Fee: _____
   Tel. (856) 381 6589 e-mail _____
   Address 212 COLUMBIA BLVD
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: NULOOK DISTRIBUTORS, INC. Tel. (609) 877 8118
   Address ~~215 SUNSET ROAD~~ ~~SUITE 202-REAR~~ e-mail _____
   License No. OR, if new ~~WILLINGBORO, NJ 08046~~ 1137H00744700 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (609) 877 8118 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
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	$ 36		

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 ____

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	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									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL *(primary use)*

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

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

D. Construction Classification:

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS CH-B 10507793

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.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.

(Y) Check if contractor.

Agent Name NULOOK DISTRIBUTORS, INC.

Address 215 SUNSET ROAD
SUITE 202-REAR
WILLINGBORO, NJ 08046

Telephone (609) 8778618

Signature _____

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

OFFICE DATE RECEIVED: _____

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									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

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. _____	_____	_____		

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE

Date Issued: 01/23/2008
Control #: 62364
Permit #: 20073663

IDENTIFICATION

Block: 328.01 Lot : 7 Qualification Code:
Work Site Location: 212 Columbia Blvd
Cherry Hill
Owner in Fee: Horton
Address: 212 Columbia Blvd
Cherry Hill NJ 08002
Telephone: 856 381-6589
Agent/Contractor: NULOOK DIST. INC
Address: 215 SUNSET RD. SUITE 202
WILLINGBORO NJ 08046
Telephone: 856 877-8118
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-2853435
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:

Vinyl siding

[ ] **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

Anthony Saccomanno Construction Official

Fees: $0.00
Paid[X]Check No.: 1611
Collected by: kcm

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

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20073663
Permit Date: 12/11/2007
Update Number:
Control Number: 62364
Application Date: 12/11/07

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 328.01 Lot : 7 Qualifier :
Work site Location: 212 Columbia Blvd Cherry Hill
Owner In Fee: Horton
Address: 212 Columbia Blvd
Cherry Hill NJ 08002
Telephone: (856) - 381-6589
Use Group(s): R-5

Contractor: NULOOK DIST. INC
Address: 215 SUNSET RD. SUITE 202
WILLINGBORO NJ 08046
Telephone: (856) - 877-8118
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.: 22-2853435

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Vinyl siding

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$7,000.00
Cost of Demolition:	$0.00
Total Cost:	$7,000.00

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

Anthony Saccomanno 12-11-07

Anthony Saccomanno — Date

Contruction Official

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

Note:

PAYMENTS (Office Use Only)

[70-43]	Building	$46.00
[70-48]	Electrical	
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$10.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	DOC Imaging	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	**$ 56.00**

All Fees Waived No
Amount to be Paid: $ 56.00
Check Number: 1611
Check amount: $56.00

Collected by: kcm
Total Cash Amount:
Total Check Amount: $56.00
Total CC Amount:
Grand Total: $56.00

PAID DEC 11 2007

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 12-11-07

Date Issued Permit # 2007-36603

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

Block 328.01 Lot 7 Qualification Code

Work Site Location

Owner in Fee Horton

Address 212 COLUMBIA

Tel. ( ) 856 3816589

Contractor NU LOOK

Address 115 SUNSET Rd 202 Willingboro NJ

Tel. (609) 877 8118 FAX ( )

Contractor License No. or Builder Registration No. 13VH00344700

Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIDING

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1.22.08
Approved by: JES

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other	1/18/08			
Final			1/22/08	JL
Barrier-Free				

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed
Constr. Class Present R-5 Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 7000
2. Rehabilitation $
3. Total (1+ 2) $ 7000

1/18/08 NOT FINISHED

U.C.C. F110 (rev. 07/03)

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

Date Received 12-11-07
Control #

Date Issued
Permit # 2007-3663

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

Block 316 Lot 328.01 Qualification Code ______

Work Site Location ______

Owner in Fee Horton

Address 212 Columbia

Tel. ( ) 856 881 6587

Contractor All Look

Address 215 Sunset Rd 202 Williamstown NJ

Tel. (609) 877 8118 FAX ( )

Contractor License No. or Builder Registration No. 13VH00344700

Federal Emp. No ______

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

(Dates (Month/Day))

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 7000
2. Rehabilitation $
3. Total (1+2) $ 7000

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIDING

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

FEE (Office Use Only)
$ ______

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

U.C.C. F110 (rev. 07/03)

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

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Nu-Look Distributors Inc
Garry Sklut
215 Sunset Rd Ste 202
Willingboro NJ 08046-1108

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

10/31/2007 TO 12/31/2008
VALID

13VH00344700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Laurenca DeMarzo
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Nu-Look Distributors Inc
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

10/31/2007 TO 12/31/2008
VALID

SIGNATURE Laurenca DeMarzo

13VH00344700
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

License expires

Dec. 2008

31

Block 328.01 Lot 7 Qualification Code _____ Address (Site) 212 COLUMBIA BLVD Permit No. 20192550

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 212 COLUMBIA BLVD CHERRY HILL TOWNSHIP NJ 08002
2. Name of Owner in Fee: HORTON CHARLES Tel. _____
   Address 212 COLUMBIA BLVD CHERRY HILL NJ 08002
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: EASTHAMPTON HVAC Tel. (609) 832-9025
   Address 2 PARKER BLVD MT. HOLLY NJ 08060
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical	65		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	125		
7. Less 20% for State Plan Review			
8. Subtotal	125		
9. State Permit Surcharge Fee	6		
10. Subtotal	131		
11. Cert of Occupancy			
12. Other			
13. TOTAL	131		

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 _____	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☐ Building									
☑ Electrical	225	JV	8/29/2019		8/29/2019				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 2625

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units:

	All Units	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: _____

III. PLAN REVIEW (optional)

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

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	8/29/2019
Date Issued	9/6/2019
Control #	117154
Permit #	20192550

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 328.01 Lot: 7 Qualifier _____ Use Group R-5

Work Site Location: 212 COLUMBIA BLVD CHERRY HILL TOWNSHIP, NJ 08002
Owner in Fee: HORTON CHARLES
Address: 212 COLUMBIA BLVD CHERRY HILL NJ 08002
Telephone: _____

Contractor: EASTHAMPTON HVAC
Address: 2 PARKER BLVD MT. HOLLY NJ 08060
Telephone: (609) 832-9025
Lic. No. or Bldrs. Reg. No. 19HC00879300
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

CONDENSATE, REPLACEMENT A/C UNIT

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

Estimated Cost of Work $2,625

Construction Official _____ Date _____

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

PAYMENTS (Office Use Only)

Building	
Electrical	$65
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	$60
DCA Training Fee	$6
CO Fee	
CCO Fee	
Other Cert Fee	
Admin Sucharge	
Other	
Admin Fee	
Plan Review	
COAH Fee	
Zoning	
Open Fence	
Sewer	
Water	
Engineering	
Shade Tree	
Escrow	
Local	
Doc Imaging	
Total	$131

Check No.	
Check	$0
Cash	$131
Credit	$0
Collected By	Sharon Walker

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/29/2019
Date Issued 9/6/2019
Control # 117154
Permit # 20192550

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

Block 328.01 Lot 7 Qualification Code

Work Site Location: 212 COLUMBIA BLVD CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: HORTON CHARLES

Address 212 COLUMBIA BLVD CHERRY HILL NJ 08002

Email

Tel.

Contractor: ALWAYS SAFE ELECTRIC

Address 248 JACKSON MILLS RD FREEHOLD NJ 07728

Email patrick@alwayssafeelectric.com

Tel. (732) 637-0423 Fax.

Lic No. 34EI01800100 Exp. Date 3/31/2021

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $225

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	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 certifiy that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONDENSATE, REPLACEMENT A/C UNIT,

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
1	10	KW Central A/C Unit	$15
		HP/KW Space Heater/Air Hand	
		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 $65
State Permit Surcharge Fee
TOTAL FEE $65

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

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

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 8/29/2019
Control # 117154
Date Issued 9/6/2019
Permit # 20192550

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

Block 328.01 Lot 7 Qualification Code

Work Site Location: 212 COLUMBIA BLVD CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: HORTON CHARLES

Address 212 COLUMBIA BLVD CHERRY HILL NJ 08002

Email

Tel.

Contractor: EASTHAMPTON HVAC

Address 2 PARKER BLVD MT. HOLLY NJ 08060

Email

Tel. (609) 832-9025 Fax.

Contractor License No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

B. MECHANICAL CHARACTERISTICS

Use Group Present Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $2,400

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☐ No Plan Required

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONDENSATE, REPLACEMENT A/C UNIT,

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other Condensate	
	Administrative Surcharge	
	Minimum Fee	$60
	State Permit Surcharge Fee	$5
	TOTAL FEE	$65

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