



CHERRY HILL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
Cherry Hill Township

Date Received: 3/11/2025
Tracking Number: _____
OPRA-Req-25-0435

Important Notice

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

Requestor Information - Please Print

Payment Information

Name: STELLA BONDAR
Address: 16 THEODORE DR
City: EAST BRUNSWICK State: NJ Zip: 08816
Telephone: 732-432-7114 Fax: _____
Email: xxxxxxxxxxxx@xxxxx.xxx

Maximum Authorized Cost 5

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

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Insp ☐ Fax ☒ E-Mail

Under penalty of N.J.S.A. 2C:28-3, I certify that

- I ☐ HAVE / ☐ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
- I, or another person, ☐ WILL / ☐ WILL NOT use the requested government records for a commercial purpose;
- I ☐ AM / ☐ AM NOT seeking records in connection with a legal proceeding

Signature: _____ Date: _____

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

☐ Includes Common Law Request Location: 34 Country Walk

Client/Buyer: Sergey G. Oreshko
Seller: Yan Chen
Property: 34 Country Walk, Cherry Hill, NJ 08003

Please be advised that this office represents the Buyers in connection with the purchase of the above referenced property. We are requesting a digital format of all OPEN and CLOSED permits, Certificates of Approval and other documents available pertaining to above referenced Property for the time period of Jan. 1972 - PRESENT:

1. Construction permits (all OPEN and CLOSED permits, Certificates of Approval) and approvals for any improvements made on the Property);
2. Oil tank (above or below ground) installation, removal and/or decommissioning permits; and gas conversion;
3. Propane tanks installation and/or decommissioning permits;
4. Septic system installation and/or decommissioning permits and/or public sewer connection;
5. Well installation and/or decommissioning permits;
6. Variances/permits for pools;
7. Variance/permits for sheds, additions, decks and fences; and
8. Surveys.

If the above requested records are not maintained by your office, kindly forward OPRA request to the proper records custodian or direct as to the proper records custodian (N.J.S.A. 47:1A-5.h.). Commercial Purpose: False Legal Proceeding: False

AGENCY USE ONLY:

Est. Document Cost: _____
Est. Delivery Cost: _____
Est. Extras Cost: _____

AGENCY USE ONLY:

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

AGENCY USE ONLY:

Tracking Information:	Final Cost:
Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Bal. Due _____

Total Est. Cost:	_____	In Progress - Open	_____	Total Pages	_____	Bal. Paid	_____
Deposit Amount:	_____	Denied - Closed	_____	Records Provided:			
Estimated Balance:	_____	Filled - Closed	_____				
Deposit Date:	_____	Partial - Closed	_____				
				_____		_____	
				Custodian Signature:		Date:	

**CHERRY HILL,
TOWNSHIP OF
(BUILDING DEPT.)**

**PERMIT WITHOUT
A JACKET**

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

CERTIFICATE IDENTIFICATION

Date Issued: 05/11/2001
Control #: 33345
Permit #: 20002292

Block : 524.13 Lot : 10 Qual :
Work Site Location: 34 Country Walk
Owner in Fee: KAPLAN RESIDENCE
Address: 34, Country Walk
Cherry Hill, NJ
Telephone: [REDACTED]
Agent: GARY FOX
Address: 135 CHERRY TREE LANE
CHERRY HILL, NJ -
Telephone: 856 667-6776
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:
Social Security No.: [REDACTED]

Home Warranty No:
Type of Warranty Plan: [] State [] Private:
Use Group: R-4
Maximum Live Load: 0
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: Roofing

[] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

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

[] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building 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

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees \$0.00

Paid [] Check No

Collected by



BUILDING SUBCODE TECHNICAL SECTION

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

Block 524.13 Lot 10
Work Site Location 34 Country Walk Cherry Hill

Owner in Fee Kaplan
Address 34 Country Walk Cherry Hill

Tele. [REDACTED]

Contractor Gary Fox
Address 135 Cherry Hill Tree Lane Cherry Hill, NJ

Tele. (856) 667-6776 Fax (856) 755-0344

Lic. No. or Bldrs. Reg. No. [REDACTED]

Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☐ All			Foundation				
☐ Footing			Slab				
☐ Foundation			Frame				
☐ Frame			Barrier-Free				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes				
☐ Elec.	☐ Plumb.	☐ Fire	Energy				
☐ Elevator			Mechanical				
SUBCODE APPROVAL			TCO				
☐ CO	☐ CCO	☐ CA	Other				
Date: <u>5-11-01</u>			Final				
Approved by: <u>[Signature]</u>			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
 Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
 No. of Stories _____ 2. Alteration \$ _____
 Height of Structure _____ Ft. 3. Total (1+ 2) \$ 8,600.00
 Area — Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.



Date Received 7-12-00
 Date Issued 8/29/00
 Control # _____
 Permit # 2000-2292

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

Tear off one layer of cedar roofing down to plywood deck. Apply a 40 year GAF Timberline shingle.

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

46.

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

Item.	Date	Insp.	Pass	Fail	Final Inspection Tasks
27	_____	_____	[]	[]	Checks interior finishes.
28	_____	_____	[]	[]	Verify exhaust fan and dryer vent operations
29	_____	_____	[]	[]	Checks egress windows and safety glazing.
30	_____	_____	[]	[]	Checks mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31	_____	_____	[]	[]	Inspects exterior siding, roofing, and flashin
32	_____	_____	[]	[]	Inspects all stairs, balconies, and decks for handrails and guards.
33	_____	_____	[]	[]	Verifies compliance with approved plans or are as-builts and permit updates required
34	_____	_____	[]	[]	Inspects concrete flat work.
35	_____	_____	[]	[]	Inspects exterior grading for topo compliance

[illegible]

This inspection check off list shall serve as a general guide line and may not include all the necessary inspections required to insure code compliance.



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

I. IDENTIFICATION

1. Proposed Work Site at: 34 Country Walk
2. Name of Owner in Fee: Kaplan Tel. [REDACTED]
- Address 34 Country Walk
street municipality zip code
3. Ownership in Fee: Public Private ✓
4. Principal Contractor: Gary Fox Tel. (856) 667-6776
- Address 135 Cherry Tree Lane Cherry Hill, N.J. 08002
- License No. OR, if new home Builder Reg. No. Exp. Date
- Federal Employee No. [REDACTED] FAX: ()
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person in Charge of Work Gary Fox
- Tel. (856) 667-6776 FAX (856) 755-0344

V. FEE SUMMARY (for office use only)

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

Update

Update

VI. BUILDING/SITE CHARACTERISTICS

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. 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 _____

(office use only)

II. PROPOSED WORK

1. ☒ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)Plans
Rec'd by

Date
Rec'd

Rejection
Date

Approval
Date

Re-viewer

Resubmission
Approval

Resubmission Dates	
Approval	Rejection

Resubmission Dates	
Approval	Rejection

Re-
viewer

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:

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

Roofing

33345
Cecil
7/13/00
8/18/00
JD

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)

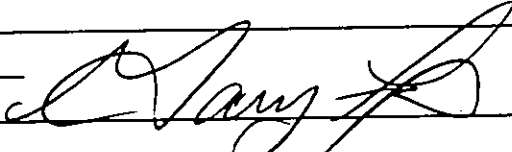
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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 Gary Fox
Address 135 Cherry Tree Lane, Cherry Hill, N.J. 08002
Telephone (856) 667-6776
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	Other
Building _____	Energy _____	
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. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

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

CONSTRUCTION PERMIT

Permit Number: 20002292

Permit Date: 8/29/2000

Update Number:

Control Number: 33345

Application Date: 07/12/00

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 524.13	Lot: 10	Qualifier:	Contractor: GARY FOX
Work site Location: 34 Country Walk			Address: 135 CHERRY TREE LANE
Owner In Fee: KAPLAN RESIDENCE			CHERRY HILL NJ -
Address: 34 Country Walk			Telephone: (856)-667-6776
Cherry Hill NJ			Lic. No. / Bldrs. Reg. No.:
Telephone: [REDACTED]			Federal Emp. No.:
Use Group(s): R-4			

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Roofing

ESTIMATED COST OF WORK:

Cost of Construction:	\$0.00
Cost of Alteration:	\$8,600.00
Cost of Demolition:	\$0.00
Total Cost:	\$8,600.00

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 (SD) 7-12-00
Anthony Saccomanno Date

Construction Official

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

Note:

PAYMENT (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)	\$7.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-83]	Street Opening	
	Escrow	

Check Number:	Total:	\$ 53.00	1335
All Fees Waived:	No		
Check amount	Amount to be Paid:	\$ 53.00	

Collected by: scw

Receipt No:

Total Cash Amount:

Total Check Amount: \$53.00

Grand Total: \$53.00

PAID AUG 29 2000



BUILDING SUBCODE TECHNICAL SECTION

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

Block 524.13 Lot 10
Work Site Location 34 Country Walk Cherry Hill

Owner in Fee Kaplan
Address 34 Country Walk Cherry Hill

Tele. [REDACTED]
Contractor Barry Fox

Address 135 Cherry Tree Lane Cherry Hill, NJ

Tele. (856) 667-6776 Fax (856) 755-0344

Lic. No. or Bldrs. Reg. No. [REDACTED]

Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Failure	Approval
☐	No Plans Required						
☐	All			Footing			
☐	Footing			Foundation			
☐	Foundation			Slab			
☐	Frame			Frame			
☐	Other			Barrier-Free			
Joint Plan Review Required:				Insulation			
☐	Elec.	☐	Plumb.	Finishes			
☐	Fire	☐	Elevator	Energy			
SUBCODE APPROVAL				Mechanical			
☐	CO	☐	CCO	TCO			
☐	CA			Other			
Date: _____				Final			
Approved by: _____				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
No. of Stories _____ 2. Alteration \$ _____
Height of Structure _____ Ft. 3. Total (1+2) \$ 8,600.00
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.



Date Received 7-12-00
Date Issued 8/29/00
Control # _____
Permit # 2000-2292

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

Tear off one layer of cedar roofing down to plywood deck.
Apply a 40 year GAF Timberline shingle.

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

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

One and Two Family Inspections Only!

Item	Date	Insp.	Pass	Fail	Footings, Foundation and Slab Inspections
1			☐	☐	Approved plans and zoning approval are on site.
2			☐	☐	Footings location complies with approved plan.
3			☐	☐	Verifies the excavation and soil conditions.
4			☐	☐	Verifies reinforcement is in place (if required).
5			☐	☐	Inspects foundation wall forms: Verifies reinforcement Verifies window and vent openings Verifies anchorage bolts or strap size and spacing. Verifies keyway is clean.
6			☐	☐	Inspects masonry wall: Correct block size and type pier/pilasters locations Verifies window and vent openings Verifies anchorage bolt or strap size and spacing.
7			☐	☐	Inspects parging and waterproofing.
8			☐	☐	Inspects perimeter drainage system
9			☐	☐	Inspects fill, vapor barrier, slab thickness, prim insulation, reinforcement, haunch footing and isolated piers.

Item	Date	Insp.	Pass	Fail	Final Inspection Tasks
27			☐	☐	Checks interior finishes.
28			☐	☐	Verify exhaust fan and dryer vent operations
29			☐	☐	Checks egress windows and safety glazing.
30			☐	☐	Inspects mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31			☐	☐	Inspects exterior siding, roofing, and flashin
32			☐	☐	Inspects all stairs, balconies, and decks for handrails and guards.
33			☐	☐	Verifies compliance with approved plans or are as-builts and permit updates required
34			☐	☐	Inspects concrete flat work.
35			☐	☐	Inspects exterior grading for topo compliance

Comments

Item	Date	Insp.	Pass	Fail	Framing and Insulation Inspections
10			☐	☐	Checks sill plate for proper anchorage and for termite and decay protection.
11			☐	☐	Verify rooms, doors, and windows for size, height, light and ventilation requirements.
12			☐	☐	Inspects wall framing and bracing.
13			☐	☐	Inspects floor, ceiling, and roof framing. Checks size, grade, species, spacing, span, nailing, hardware, support, and bearing.
14			☐	☐	Inspects beams, girders, columns, and post for spacing, span, size, grade, species, bearing, and installation.
15			☐	☐	Verifies trusses match approved drawings and layouts. All bracing, hangers, bearing, and lumber grades match approved drawings
16			☐	☐	Inspects exterior walls and roof sheathing.
17			☐	☐	Inspects subflooring.
18			☐	☐	Inspects all stairs and stairway framing.
19			☐	☐	Verifies that allowable limits of cutting, notching, and boring have not been exceeded.
20			☐	☐	Inspects fireplace construction and installation.
21			☐	☐	Checks for clearances from combustibles.
22			☐	☐	Checks for firestopping and draft stopping.
23			☐	☐	Inspects attics and crawl spaces for access and ventilation.
24			☐	☐	Inspects fire rated assemblies.
25			☐	☐	Verifies that framed structures complies with approved plans.
26			☐	☐	Checks all insulation: walls, ceilings, floors, and ductwork.

This inspection check off list shall serve as a general guide line and may not include all the necessary inspections required to insure code compliance.

**CHERRY HILL,
TOWNSHIP OF
(BUILDING DEPT.)**

**PERMIT WITHOUT
A JACKET**



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

CERTIFICATE

Date Issued: 01/12/2006

Control #: 52341

Permit #: 20051999

IDENTIFICATION

Block: 524.13 Lot: 10 Qualification Code: _____
Work Site Location: 34 COUNTRY WALK RD
CHERRY HILL
Owner in Fee: YA CHEN
Address: 34 COUNTRY WALK RD
CHERRY HILL NJ 08003
Telephone: [REDACTED]
Agent/Contractor: ARSI CONSTRUCTION
Address: 489 WARD AVE
CROSS WICKS NJ 08515
Telephone: 609 424-0600
Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No. [REDACTED]
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____

Description of Work/Use:

Reconstruct open Trellis, storm damage

☐ CERTIFICATE OF OCCUPANCY

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

☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or 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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees \$0.00

Paid ☒ Check No. 42090

Collected by: sd



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

8/15/05
2005-1999

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

Block 524.13 Lot 10 Qualification Code _____
Work Site Location 34 Country Walk RD
Cherry Hill N.J.
Owner in Fee YA CHEN
Address 34 Country Walk RD
Cherry Hill N.J.
Tel. _____
Contractor ARSI CONSTRUCTION
Address 409 WYCO AVE
CROSSWICKS N.J. 08515
Tel. (609) 424-0600 FAX (609) 424-0606
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

STORM DAMAGE
PER DRAWING

CALL FOR INSPECTIONS AS NOTED
HAVE APPROV PERMS ON SITE

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Required				Type:	Failure	Failure	Approval
☒ All		<u>8.8.05</u>	<u>[Signature]</u>	Footings			
[] Footing				Footings Bonding			
[] Foundation				Foundation			
[] Frame				Slab ☒			
[] Other				Frame ☒			
Joint Plan Review Required:				Truss Sys./Bracing			
[] Elec. [] Plumb. [] Fire [] Elevator				Barrier-Free			
SUBCODE APPROVAL				Insulation			
[] CO	[] CCO	☒ CA		Finishes -Base Layer			
Date:	<u>1.11.06</u>			Finishes -Final			
Approved by:	<u>[Signature]</u>			Energy			
				Mechanical			
				TCO			
				Other ☒			
				Final ☒			
				Barrier-Free			

TYPE OF WORK:

- [] New Building
- [] Addition
- [] Rehabilitation
- [] Roofing
- [] Siding
- [] Fence _____ Height (exceeds 6')
- [] Sign _____ Sq. Ft.
- [] Pool
- [] Asbestos Abatement Subchapter 8
- [] Lead Haz. Abatement NJAC 5:17
- ☒ Other STORM DAMAGE/Trusses
- [] Demolition

FEE (Office Use Only)

\$ _____

_____ 46.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed RS Est. Cost of Bldg. Work:
Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
No. of Stories _____ 2. Rehabilitation \$ _____
Height of Structure _____ Ft. 3. Total (1+2) \$ _____
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

MIN 46.00

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



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

Block 12 Lot 12 Qualification Code

Work Site Location

Owner in Fee

Address

Tel. ()

Contractor

Address

Tel. () FAX ()

Contractor License No. or Builder Registration No.

Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

STORM DAMAGE
REPAIR

ALL WORK INSPECTED AS NOTED
HAVE LIVED FROM THE

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Failure	Approval
☐	No Plans Required			Footings			
☒	All	3.30.06		Footings Bonding			
☐	Footings			Foundation			
☐	Foundation			Slab			
☐	Frame			Frame			
☐	Other			Truss Sys./Bracing			
Joint Plan Review Required:				Barrier-Free			
☐	Elec.	☐	Plumb.	Insulation			
☐	Fire	☐	Elevator	Finishes -Base Layer			
SUBCODE APPROVAL				Finishes -Final			
☐	CO	☐	CCO	Energy			
☒	CA			Mechanical			
Date: 1.11.06				TCO			
Approved by: RES				Other			
				Final			
				Barrier-Free			

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1+2) \$ _____

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

FRAMING-CHECK LIST

- A. BASEMENT OR CRAWL SPACE**
- 1. ANCHORAGE:**
- ☐ Bolts
 - ☐ Spacing
 - ☐ Size
- 2. SILL PLATES:**
- ☐ Size
 - ☐ Grade, Species
 - ☐ Treatment
 - ☐ Laps
 - ☐ Sill Sealer
 - ☐ Proper Treatment Over Foundation Openings (Bearing of Joist)
 - ☐ Termite Protection
- 3. BEAM POCKETS:**
- ☐ Bearing / Shims
 - ☐ Termite Protection or Clearance
- 4. COLUMNS:**
- ☐ Sized per Plan
 - ☐ Attachment / Plates
 - ☐ Spacing / Location
 - ☐ Paint / Coating
- B. FLOOR FRAMING AND FLOORING**
- 1. Box or Rim Joist, or Perimeter Band Joist:**
- ☐ 1" 2" 3" Floor
 - ☐ Size
 - ☐ Grade, Species
 - ☐ Single or Double
 - ☐ Pre-Engineered per Manuf's Specs
 - ☐ Cantilevers as per Design
- 5. Stair Attachment**
- ☐ 1" 2" 3" Floor
 - ☐ Bearing
 - ☐ Nailing
- 2. Girders and Beams:**
- ☐ Sized per Plan
 - ☐ Type
 - ☐ Grade, Species
 - ☐ Location and Relation to the Plan
 - ☐ Nailing
 - ☐ Attachment Schedule
 - ☐ Bearing
 - ☐ Lapping
- 3. Floor Joist**
- ☐ 1" 2" 3" Floor
 - ☐ Sized per Plan
 - ☐ Grade, Species
 - ☐ Pre-Engineered Components Specified
 - ☐ Bearing
 - ☐ Nailing
 - ☐ Bridging
 - ☐ Cutting and Notching (as per code)
 - ☐ Point Loads - Supported as per Plan
 - ☐ Span Headers
 - ☐ Headers
 - ☐ Framed Openings
- 4. Flooring, Sheathing,, or Decking**
- ☐ 1" 2" 3" Floor
 - ☐ Material
 - ☐ Panel Span, Thickness
 - ☐ Special Requirements
 - ☐ Edge Blocking (if required)
 - ☐ Layout
- 5. Stair Attachment:**
- ☐ 1" 2" 3" Floor
 - ☐ Bearing
 - ☐ Nailing

C. WALL FRAMING

- 1. EXTERIOR WALL FRAME**
- ☐ 1" 2" 3" Floor
 - ☐ Size
 - ☐ Space
 - ☐ Species and Grade
 - ☐ Cutting, Notching, and Boring
 - ☐ Header Sizes
 - ☐ Jack Stud Bearing
- 2. INTERIOR Load-Bearing Walls:**
- ☐ 1" 2" 3" Floor
 - ☐ Size
 - ☐ Space
 - ☐ Layout-Support Below per Code
 - ☐ Species and Grade
 - ☐ Cutting, Notching, and Boring
 - ☐ Fire Blocking
 - ☐ Header Sizes
 - ☐ Jack Stud Bearing
- 3. INTERIOR Non-Load-Bearing Walls**
- ☐ 1" 2" 3" Floor
 - ☐ Size
 - ☐ Space
 - ☐ Species and Grade
 - ☐ Cutting, Notching, and Boring
 - ☐ Fire Blocking
 - ☐ Header Sizes
 - ☐ Top Plate Nailing
- 1. TRUSS ROOF FRAMING (AS PER DESIGN):**
- ☐ Approved Documents which show
 - ☐ Layout Plans
 - ☐ Truss Members
 - ☐ Connection Schedule
 - ☐ Permanent Details
 - ☐ Dormers / Roof Structures on Manufacturer's Drawing
 - ☐ Equipment / Appliances on Manufacturer's Drawings
- 2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN)**
- ☐ Layout
 - ☐ Size
 - ☐ Type
 - ☐ Nailing
 - ☐ Overlap
 - ☐ Termination
 - ☐ Transition (i.e. cross) Bracing
- D. ROOF FRAMING**
- 3. Gable End Bracing (as per Design)**
- ☐ Layout
 - ☐ Size
 - ☐ Type
 - ☐ Nailing
 - ☐ Overlap
 - ☐ Terminating
- 4. Solid Sawn Roof Framing**
- ☐ Size
 - ☐ Grades, Species
 - ☐ Layout
 - ☐ Spacing
 - ☐ Span
 - ☐ Bearing
 - ☐ Fastening
 - ☐ Damage Caused by Fasteners (rafters not slit by toenails)
 - ☐ Cutting, Notching, and Boring
 - ☐ Bridging
 - ☐ Ridge Size
 - ☐ Hurricane Ties Where Applicable

1. TRUSS ROOF FRAMING (AS PER DESIGN):

- ☐ Approved Documents which show
 - ☐ Layout Plans
 - ☐ Truss Members
 - ☐ Connection Schedule
 - ☐ Permanent Details
 - ☐ Dormers / Roof Structures on Manufacturer's Drawing
 - ☐ Equipment / Appliances on Manufacturer's Drawings
- 2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN)**
- ☐ Location as per Layout
 - ☐ Alignment
 - ☐ Bearing
 - ☐ Spacing
 - ☐ Connections to Bearing Points
 - ☐ No Connection to Non-Bearing Points
 - ☐ Damage and Defects
 - ☐ Engineered Method of Repair

D. ROOF FRAMING

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN)

- ☐ Layout
 - ☐ Size
 - ☐ Type
 - ☐ Nailing
 - ☐ Overlap
 - ☐ Termination
 - ☐ Transition (i.e. cross) Bracing
- E. SHEATHING**
- 2. SHEATHING - ROOF:**
- ☐ Material
 - ☐ Panel Span, Thickness
 - ☐ Special Requirements
 - ☐ Blocking, Edge (if required)
 - ☐ Clips (if required)
 - ☐ Gapping
 - ☐ Layout
- SHEATHING, FRT - ROOF**
- ☐ Four Feet from Firewall
 - ☐ Noncorrosive Fasteners

1. SHEATHING - EXTERIOR WALLS:

- ☐ Material
- ☐ Panel Span, Thickness
- ☐ Special Requirements
- ☐ Gapping
- ☐ Layout
- ☐ Corner Bracing (if required)

BLOCK 524.13 LOT 10

QUALIFICATION CODE _____

ADDRESS (SITE) _____

PERMIT NO. _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at 34 Country Walk RD. Cherry Hill
 2. Name of Owner in Fee: CHEN, YA
 Tel. [REDACTED] e-mail _____
 Address 34 Country Walk RD Cherry Hill NJ. 08003
street municipality zip code
 3. Ownership in Fee: Public _____ Private _____
 4. Principal Contractor: ARST CONSTRUCTION Tel. (609) 424-0600
 Address 489 WOOD BLVD e-mail _____
 License No. OR, if new home Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. [REDACTED] FAX: (609) 424-0606
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (_____) _____ FAX: (_____) _____
 6. Responsible Person in Charge once Work has Begun Tony LoScio
 Tel. (800) 792-8625 FAX: (609) 424-0606

Open Trellis

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work							Approval	Rejection
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☒ d. Reconstruction <u>Trellis</u>								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>19000</u>							

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
 10. ☐ Swimming Pools, Spas and Hot Tubs

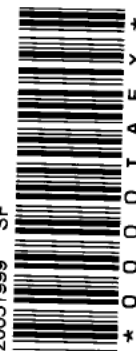
V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>46.</u>		
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	\$ <u>2.</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>48.</u>		

VI. BUILDING/SITE CHARACTERISTICS

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. 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 _____

2652

00029 023654
20051999 SF

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: R-5
 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

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

2051999
 CE
 ISS
 1/12/06

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. 5:23-2.15(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 ARSI CONSTRUCTION

Address 489 WARD AVE

CROSSWICKS NJ 08515

Telephone (609) 424-0600

Signature

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



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

Permit Number: 20051999

Permit Date: 08/15/2005

Update Number:

Control Number: 52341

Application Date: 08/08/05

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 524.13	Lot : 10	Qualifier :	Contractor: ARSI CONSTRUCTION
Work site Location: 34 COUNTRY WALK RD CHERRY HILL			Address: 489 WARD AVE
Owner In Fee: YA CHEN			CROSS WICKS NJ 08515
Address: 34 COUNTRY WALK RD			Telephone: (609) - 424-0600
CHERRY HILL NJ 08003			Lic. No. / Bldrs. Reg. No.:
Telephone: [REDACTED]			Federal Emp. No.: [REDACTED]
Use Group(s): R-5			

is hereby granted permission to perform the following work :

- | | |
|--|--|
| ☒ BUILDING | ☐ PLUMBING |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL |
| ☐ LEAD HAZARD ABATEMENT | ☐ DEMOLITION |
| ☐ ASBESTOS ABATEMENT | ☐ OTHER |

(Subchapter 8 only)

DESCRIPTION OF WORK:

Reconstruct open Trellis, storm damage

ESTIMATED COST OF WORK:

Cost of Construction:	\$0.00
Cost of Alteration:	\$1,000.00
Cost of Demolition:	\$0.00
Total Cost:	\$1,000.00

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

Anthony Saccomanno

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:

Date

8/18/05

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)	\$2.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Check Number:	42090
	Check amount:	\$ 48.00 \$48.00

All Fees Waived No

Amount to be Paid: \$ 48.00

Collected by: sd

Total Cash Amount:

Total Check Amount: \$48.00

Total CC Amount:

Grand Total: \$48.00

PAID AUG 15 2005

IMPORTANT MESSAGE

FOR Gerry S. DATE 10/18 TIME 1:00 A.M.
P.M.

M Alan Gussman

OF President of Condo Assoc.

PHONE ☐ FAX
☐ MOBILE

(856) 489-8877

AREA CODE

NUMBER

EXTENSION

MESSAGE

Ref: 34 Country Walk

☒	PHONED
☐	RETURNED YOUR CALL
☒	PLEASE CALL
☐	WILL CALL AGAIN
☐	CAME TO SEE YOU
☐	WANTS TO SEE YOU

SIGNED

S.W.



FORM 4006

NOTES



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

3/15/05
2005 1999

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

Block 524.13 Lot 10 Qualification Code _____
Work Site Location 14 Cunningham Rd
Camden, NJ
Owner in Fee CHFD
Address 14 Cunningham Rd
Camden, NJ
Tel. [REDACTED]
Contractor [REDACTED]
Address 14 Cunningham Rd
Camden, NJ
Tel. (609) 421-1111 FAX (609) 421-1111
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

STORM DAMAGE
PER DRAWING

CALL FOR INSPECTIONS AS NOTED
HAVE APPRO PRINGS IN SITE

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	[] All			Type:	Failure	Approval	Initial
[X] All		8.20.05	9/15	Footing			
[] Footing				Footing Bonding			
[] Foundation				Foundation			
[] Frame				Slab			
[] Other				Frame			
Joint Plan Review Required:				Truss Sys./Bracing			
[] Elec.	[] Plumb.	[] Fire	[] Elevator	Barrier-Free			
SUBCODE APPROVAL				Insulation			
[] CO	[] CCO	[] CA		Finishes -Base Layer			
Date:				Finishes -Final			
Approved by:				Energy			
				Mechanical			
				TCO			
				Other			
				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed RS Est. Cost of Bldg. Work:
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.

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

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

3305

16'

4x6 x 16 Anchored A/C Block

$$4 \times 8 \times 16$$

4x8x16

4282-16

4x4

House

323
main beam
in motor

2. I'm benighted
Will go to work
I need

— Ledger B01 tied to
House using B01 + S
CBA IV filing B01 + S

TOP VIEW OF TELLURIDE BEAM

Office Copy

8/08/05

RECEIVED	AUG - 8 2005
	BUILDING INSPECTIONS

CHERRY HILL TOWNSHIP BUILDING INSPECTIONS			
PLAN REVIEW			
	OFFICIAL	ACTION DATE	RECD DATE
BUILDING	<i>[Signature]</i>	8.8.03	
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			
APPROVED ☐ APPROVED AS NOTED ☐ REJECTED ☐			
OFFICIAL COPY CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.			

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	Other
Building _____	Energy _____	
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. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 34 COUNTRY WALK
 2. Name of Owner in Fee: CAROL CHEN
 Tel. _____ e-mail _____
 Address 34 COUNTRY WALK CHERRY HILL NJ
 street municipality zip code
 3. Ownership in Fee: Public ☐ Private ☐
 4. Principal Contractor: AMR Renovations Tel. 609-817-3949
 Address 16 Sherman Rd e-mail Anthony e
Buena Mills, NJ 08015 amrrenovations.com
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason BUH03781300
 Federal Emp. ID No. _____ FAX: _____
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____
 6. Responsible Person in Charge once Work has Begun ANTHONY
 Tel. 609-817-3949 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>136</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ <u>8</u>		
8. Subtotal			
9. State Permit Surcharge Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>144</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ 2792
 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: S _____
 9. Total Land Area Disturbed _____ sq. ft
 10. Flood Hazard Zone _____
 11. Base Flood Elevation _____
 12. Wetlands yes _____

00029 028572
20181414 SF

(office use only)

MAY 29 2018

110852

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)

- ☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

TOTAL COST 4,000 \$0

Interior Demolition

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 2. Use Group, Proposed: Select Group
 3. Change in Use Group, Indicate Present: Select Group
 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: V.B
 2. Use Group, Proposed: Select Group
 3. Change in Use Group, Indicate Present: Select Group

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

- D. Construct. Classification: Present _____
 Proposed _____

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 permit 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 AMR RENOVATIONS

Address 6 SHERMAN TERR BROWNS MILLS NJ

Telephone 609-817-3949

Signature 

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 1/10/2019

Control Number 110852

Permit Number 20181414

Permit Issue Date 6/1/2018

Certificate Number 20181414

Identification

Block: 524.13 Lot: 10 Qual: _____

Work Site Location: 34 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: CAROL CHEN

Owner Address: 34 COUNTRY WALK CHERRY HILL NJ 08003

Telephone: _____

Contractor AMR RENOVATIONS

Address 6 SHERMAN TERRACE BROWNS MILLS NJ 08015

Telephone: (609) 817-3949 Fax: _____

License Number or Builders Registration Number: 13VH03781300

Federal Emp. Number: [REDACTED]

☐ Certificate of Occupancy

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

☒ Certificate of Approval

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

☐ Certificate of Continued Occupancy

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

☐ Temporary Certificate of Compliance

The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: TYPE VB Use Group: R-5

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
INTERIOR DEMOLITION

Certificate Comments:

☐ 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: 1/10/2019

Page 1



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

Date Applied 5/25/2018
Date Issued 6/1/2018
Control # 110852
Permit # 20181414

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 524.13	Lot: 10	Qualifier:	Use Group: R-5
Work Site Location: 34 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003		Contractor: AMR RENOVATIONS	
Owner in Fee: CAROL CHEN		Address: 6 SHERMAN TERRACE BROWNS MILLS NJ 08015	
Address: 34 COUNTRY WALK CHERRY HILL NJ 08003		Telephone: (609) 817-3949	
Telephone:		Lic. No. or Bldrs. Reg. No. 13VH03781300 13VH03781300	
		Federal Employee No. [REDACTED]	

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:

INTERIOR DEMOLITION

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

Estimated Cost of Work \$4,000

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)

035	Building	\$136
039	Electrical	
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	\$8
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Surcharge	
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		\$144

Check No. 1315
Check \$144
Cash \$0
Credit \$0

Collected By Aishe Metkov-Spor

RECEIVED

JUN 01 2018

TAX COLLECTOR



BUILDING SUBCODE TECHNICAL SECTION



DEPT. OF CONSTRUCTION CODE
76 GRAVEL HILL SPOTSWOOD ROAD
MONROE TOWNSHIP, NJ 08831
732-656-4585 • 732-656-4586

Date Received
Control #

Date Issued
Permit #

8/9/18
2018 2209

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

Block 524.13 Lot 10 Qualification Code _____

Work Site Location: 34 COUNTRY WALK
CHERRY HILL NJ 08003

Owner in Fee: CAROL CHEN

Tel. (____) _____ e-mail _____

Address 34 COUNTRY WALK CHERRY HILL NJ 08003

Contractor: AMR RENOVATIONS Tel. (609) 817-3949

Address 6 SHERMAN TERR e-mail _____

BROWNS MILLS NJ 08015

Contractor License No. or Builder Registration No. 13VH03781300 Exp. Date 3/19

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

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required									
☒ All	<u>7/23/18</u>	<u>SAK</u>		Footings					
☐ Footings/Foundations				Footings Bonding					
☐ Structural/Framework				Foundation					
☐ Exterior				Slab					
☐ Interior				Frame					
Joint Plan Review Required:				Truss Sys./Bracing					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Barrier-Free					
SUBCODE APPROVAL for PERMIT				Insulation					
Date: <u>7/23/18</u>				Finishes -Base Layer					
Approved by: <u>SAK</u>				Finishes -Final					
SUBCODE APPROVAL for CERTIFICATE				Energy					
☐ CO ☐ CCO ☐ CA				Mechanical					
Date: <u>10/00</u>				TCO					
Approved by: <u>10</u>				Other					
				Barrier-Free					

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- ~~NEW WINDOWS AND ENTRY DOORS~~
- ~~NEW SIDING OVER OLD T-11 ON GARAGE ENTRY~~
- FRAME AND ALTER NEW WALL LOCATIONS
- ~~NEW TILE AND HARDWOOD FLOORS~~
- ~~NEW TRIMWORK + INTERIOR DOORS~~
- NEW KITCHEN
- DRYWALL - KITCHEN, BATHROOMS, BEDROOM + CLOSETS
- PAINT ENTIRE HOUSE INTERIOR + EXTERIOR
- Call for inspection

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

680

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load 50-80

Max. Occupancy Load _____

Constr. Class Present V8 Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

- New Bldg. \$ 80,000
- Rehabilitation \$ 20,000
- Total (1+ 2) \$ 100,000

20x34 = \$680

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

White = Applicant Copy • Canary = Office Copy

BLOCK 524.13 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 34 COUNTRY WALK PERMIT NO. 2018-2209



DEPT. OF CONSTRUCTION CODE
76 GRAVEL HILL SPOTSWOOD ROAD
MONROE TWP., NEW JERSEY 08831
732-656-4585 • 732-656-4588



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 34 COUNTRY WALK
2. Name of Owner in Fee: CAROL CHEN Tel. [REDACTED]
Address 34 COUNTRY WALK CHERRY HILL NJ 08003
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: AMR RENOVATIONS Tel. (609) 817-3949
Address 6 SHERMAN TERR BROWNS MILLS NJ
License No. OR, if new home, Builder Reg. No. 13VH03781300 Exp. Date 3/19
Federal Employee No. _____ FAX: () _____
5. Architect or Engineer: K4 DESIGN LLC Tel. (856) 223-0004
Address PO Box 698 Mullica Hill NJ Contact BRIAN
6. Responsible Person in Charge once Work has Begun ANTHONY
Tel. (609) 817-3949 FAX: () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>680</u>		
2. Electrical		<u>93</u>	<u>165</u>
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>38</u>	<u>28</u>	<u>9</u>
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>718</u>	<u>183</u>	<u>174</u>

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.
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. 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 _____

(office use only)

17 2 6 2018
11661 + 11985 + 113173

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☒ b. Alteration	<u>10,000</u>				<u>2/23/18</u>	<u>AMR</u>		
☒ c. Renovation	<u>70,000</u>							
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>80,000</u>							

INTERIM RENOVATION

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: RS
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units: All Units 1 income-restricted
Before Construction: _____
After Construction: _____
Net Gain or Loss: _____
B. NON-RESIDENTIAL
1. State Specific Use: II-3
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

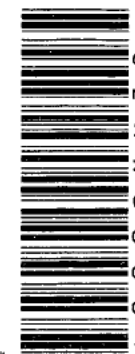
IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev 12/03)

AFTER THE PERMIT IS PAID, INDICATE IF YOU WANT TO _____ HAVE IT MAILED OR _____ PICK IT UP

4685



00029_058862

CERTIFICATION IN LIEU OF OATH

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)

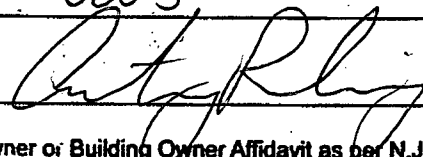
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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.

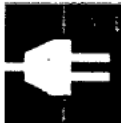
☒ Check if contractor:

Agent Name AMR RENOVATIONS
Address 6 SHERMAN TERR
BROWNS MILLS NJ 08015
Telephone (609) 817-3949
Signature 

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



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DISC: 1-800-272-1000.

Block 524.13 Lot 10 Qualification Code _____

Work Site Location 34 Country Way
Cherry Hill

Owner in Fee: _____

Tel. _____ e-mail _____

Address 34 Country Way, Cherry Hill

Contractor: Carswell Electric Tel. (856) 786-1731

Address 2905 Hunterdon Dr. e-mail carswellelectric@aol.com

Cinnaminson

Contractor License No. 8715 Exp. Date 03/31/2021

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 \$ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Electric Plans Approved

Date: 8/13/18 Approved by: [Signature]

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 8/13/18

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 1/9/19

Approved by: [Signature]

INSPECTIONS

Type: _____ Dates (Month/Day)

Rough _____ Failure _____ Approval 10/25/18 Initial AK

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____ 10/25/18 AK

Service _____

Final _____ 1/9/19 AK

Barrier-Free _____

Temp. Cut-in Card Date Issued _____

Final Cut-in Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Update
2018-2209

Date Received 8-13-18
Control # _____
Date Issued 11/19/85
Permit # 10/22/18

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: Jack Carswell]

Print name here: Jack Carswell

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
kitchen and bath renovations

QTY.	SIZE	ITEMS
<u>30</u>		Lighting Fixtures
<u>20</u>		Receptacles
<u>20</u>		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

<u>70</u>		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
<u>1</u>	<u>1</u>	KW Elec. Dryer/Receptacle
<u>1</u>	<u>1</u>	KW Dishwasher <u>(6 KI PROTECTING)</u>
		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

FEE (Office Use Only)

\$ 60.00

15.00

15.00

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

Rough + About ceiling at 1025-18 E



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 524.13 Lot 10 Qualification Code _____

Work Site Location: 34 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: CHEN, CAROL

Address 34 COUNTRY WALK CHERRY HILL NJ 08003

Email _____

Tel. [REDACTED]

Contractor: WILLIAM J. MILLARD

Address 993 BAXTER AVENUE BENSALEM PA 19020

Email STYX52WM@GMAIL.COM

Tel. (267) 980-4936 Fax _____

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

Contractor License No. 36B101271600 Expiration Date: 6/30/2019

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$4,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

SUBCODE APPROVAL FOR PERMIT

Date: _____ by: _____

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 1-11-19

Approved by: [Signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO	<u>As per</u>		<u>1-11-19</u>	<u>[Signature]</u>
Final				

Date Received 8/13/2018
Control # 111985
Date Issued 10/22/2018
Permit # 20182209+A

C. CERTIFICATION IN LIEU OF OATH

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

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

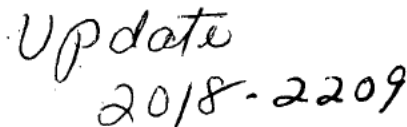
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
UPDATE, - KITCHEN/BATH RENOVATION

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
<u>1</u>	Dishwasher <i>only</i>	<u>\$15</u>
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge _____
Minimum Fee \$65
State Permit Surcharge Fee \$9
TOTAL FEE \$74

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



Date Received 8-10-10
Control # 111985
Date Issued 10/22/10
Permit #

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

Block 524.13 Lot 10 Qualification Code _____

Work Site Location 34 Country Way
Cherry Hill NJ 08043

Owner in Fee: Carol Chen

Tel. () e-mail

Address 34 Country way Cherry Hill NJ 08043
street municipality zip code

Contractor: William J. Millard Tel. (267) 980-4936

Address 993 Baxter Ave e-mail styxswm@comcast.net

Bensalem Pa 19020

Contractor License No. 36BI01271600 Exp. Date 6/30/19

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

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group	Present	Proposed
1. Single-Family Detached	100%	100%
2. Single-Family Attached	100%	100%
3. Medium-Density Residential	100%	100%
4. High-Density Residential	100%	100%
5. Office	100%	100%
6. Retail	100%	100%
7. Industrial	100%	100%
8. Public Use	100%	100%
9. Agricultural	100%	100%
10. Forest Land	100%	100%
11. Open Space	100%	100%
12. Utility	100%	100%
13. Transportation	100%	100%
14. Other	100%	100%

Building Sewer Size 4" Public Sewer X Private Septic _____

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

Est. Cost of Plumbing Work \$ 4,500.00

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: 8/14/18
Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Slab				
Rough	12/10/18		12/10/18	
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: William G Millard

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Renovate plumbing according to specifications on drawings. See attached drawings.

QTY.	FIXTURE/EQUIPMENT
------	-------------------

_____	Water Closet
_____	Urinal/Bidet
_____	Bath Tub
_____	Lavatory
_____	Shower
_____	Floor Drain
_____	Sink
<u> 1 </u>	Dishwasher
_____	Drinking Fountain
_____	Washing Machine
_____	Hose Bibb
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	LPGas Tank
_____	Steam Boiler
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor/Separ
_____	Backflow Prevent
_____	Greasetrap
_____	Sewer Connection
_____	Water Service Co
_____	Stacks _____
_____	Other _____

FEE (Office Use Only)

\$ 15.4

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

from the
3 members
11/1/18 - 100 part for plan



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

Date Applied 11/7/2018
Date Update Issued 11/7/2018
Control # 113173
Permit # 20182209+B

CONSTRUCTION PERMIT UPDATE IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: <u>524.13</u>	Lot: <u>10</u>	Qualifier	Use Group <u>R-5</u>
Work Site Location: <u>34 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003</u>		Contractor <u>AMR RENOVATIONS</u>	
Owner in Fee <u>CHEN, CAROL</u>		Address <u>6 SHERMAN TERRACE BROWNS MILLS NJ 08015</u>	
Address <u>34 COUNTRY WALK CHERRY HILL NJ 08003</u>		Telephone: <u>(609) 817-3949</u>	
Telephone: <u>[REDACTED]</u>		Lic. No. or Bldrs. Reg. No. <u>13VH03781300 13VH03781300</u>	
		Federal Employee. No. <u>[REDACTED]</u>	

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:

UPDATE - ADDITIONAL PLUMBING WORK

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

Estimated Cost of Work \$4,500

[Signature]
Construction Official

11/7/18
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)

035	Building	
039	Electrical	
032	Plumbing	\$165
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	\$9
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Surcharge	
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		\$174

RECEIVED
NOV 14 2018
TAX COLLECTOR

Check No.	1514
Check	\$174
Cash	\$0
Credit	\$0
Collected By	Sharon Walker

GENERAL INFORMATION

- [illegible]

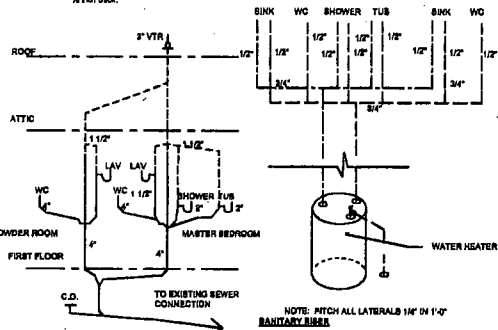
WOOD FRAMING NOTES

05

PLUMBING
DOMESTIC WATER MAIN

WATER PIPING: Domestic or CPVC Potable tubing with copper tubing Type K* hard branch piping from mains at elbows that branch. Ball valve port design. Ream pipe and remove scale and dirt, 1 assembly.

INSULATION: All domestic hot water piping shall be insulated, including all piping to fixtures in wall or ceilings. Insulation shall be Armaflex Armaflex II or approved equal. Insulation on hot water piping shall be 1/2 inch thick.



NOTE: FITCH ALL LATERALS 1/4" IN 1'-0"
SANITARY RISES
All sanitary piping shall be Schedule 40 PVC with DWV fittings and solvent weld joints. All sanitary piping shall be installed with a minimum of 1/4 inch slope toward sewer connection.

PLUMBING RISER DIAGRAM

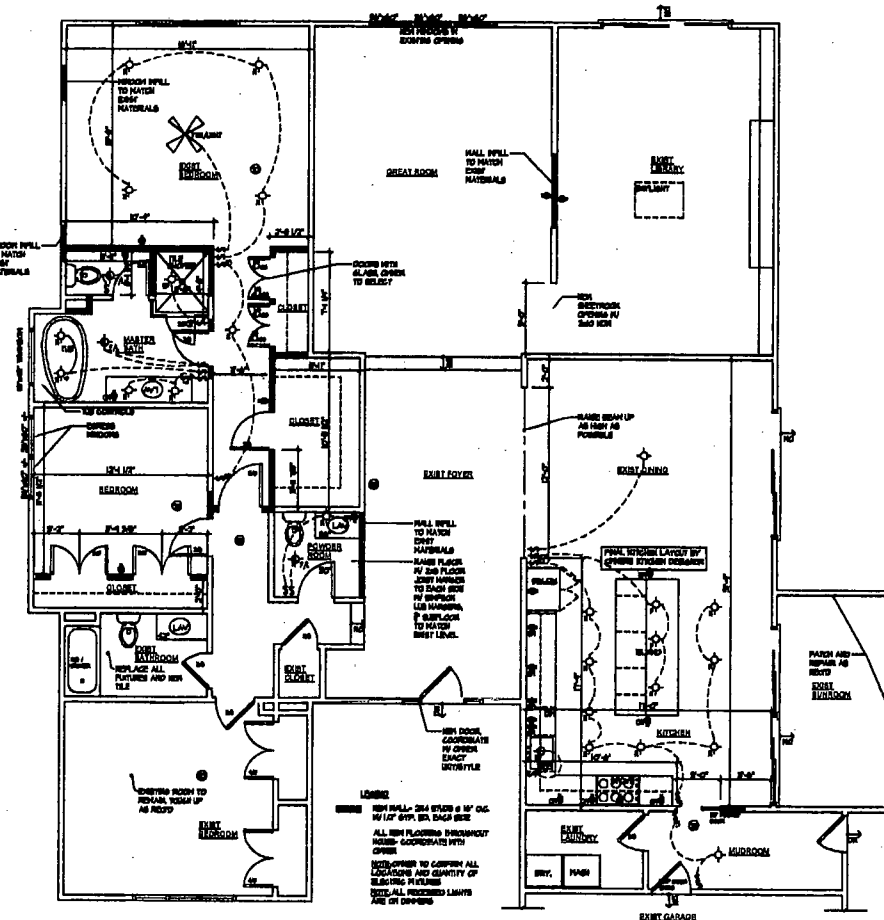
02

SYMBOL LEGEND

04

PLUMBING AND ELECTRICAL NOTES

0



FLOOR PLAN

01

GENERAL NOTES

1. THE CONTRACTOR IS REQUIRED TO SECURE FAMILIAR WITH ALL EXISTING CONDITIONS OF THE SITE INCLUDING ELECTRICAL AND PLUMBING SERVICES PRIOR TO CONTRACTING FOR OR BEGINNING CONSTRUCTION. THE CONTRACTOR IS REQUIRED TO CAREFULLY REVIEW THE CONTRACT DOCUMENTS AND ANY SUPPLEMENTAL INFORMATION PROVIDED BY THE OWNER AND ARCHITECT IN WRITING OF AN ORDER/CHANGE.
2. ALL MECHANICAL, ELECTRICAL & PLUMBING WORK TO BE PERFORMED ON A DESIGN-BUILD BASIS. DRAWINGS FOR NEW WORK AND EXISTING IN NATURE IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO DETERMINE IN THE FIELD THE MOST PRACTICAL AND EFFICIENT LAYOUT OF PIPING, DUCTING, WIRE RUNS ETC. WHILE FOLLOWING THE GENERAL DESIGN INTENT INDICATED ON THE DRAWINGS. CONTRACTOR SHALL PROVIDE DESIGN, CODE COMPLIANCE AND SEALED CONTRACT DRAWINGS BY A REGISTERED ENGINEER PRIOR TO CONSTRUCTION. CLARIFICATION REQUESTS IN RELATION TO THIS INFORMATION SHALL BE REQUESTED BY THE CONTRACTOR PRIOR TO CONSTRUCTION.
3. DOORS TO INCLUDE HANDLES, SPRINGS, FRAMES, LEVER/HANDLES, AND ALL OTHER HARDWARE AS RECOMMENDED BY THE SUPPLIER/MANUFACTURER FOR PROPER OPERATION.
4. TELEPHONES, ALL TELEDATA WORK IS TO BE COORDINATED WITH THE OWNER.
5. PERMITS: THE CONTRACTOR IS RESPONSIBLE FOR THE OBTAINING OF ALL REQUIRED PERMITS & RELATED FEES AS PART OF THE CONTRACT.
6. NO DESIGN LLC IS THE SOLE INTERPRETER OF THE CONTRACT DRAWINGS & PERFORMANCE IN ANY DISPUTE HEREON OWNER & CONTRACTOR AS IT PERTAINS TO LIFE SAFETY, CODE OR AESTHETIC ISSUES.
7. CONTRACTOR SHALL PERFORM ALL WORK IN ACCORDANCE WITH ALL GOVERNING AUTHORITIES, INCLUDING THE REQUIREMENTS OF ALL STATE & LOCAL CODES AND ORDINANCES.
8. ALL CONSTRUCTION DURING THIS PROJECT ARE TO CARRY PROPER PERSONAL & CONSTRUCTION LIABILITY INSURANCE, & ARE TO FILE PROPER INSURANCE CERTIFICATION WHEN REQUESTED BY THE OWNER OR GOVERNING AUTHORITIES.
9. THE OWNER, "PROVIDE," "COMPLETE," "PART," "THROW AWAY," "INSTALL," DENOTES THE CONTRACTOR IS TO PURCHASE AND FULLY INSTALL/COMPLETE THE SPECIFIED OR BRAND IDENTIFIED, AS WELL AS THE MANUFACTURER RECOMMENDED ACCESSORIES AND PROCEDURES FOR THE PROPER INSTALLATION AND OPERATION OF SAID EQUIPMENT FOR THE PROJECT SCOPE OF WORK AT NO ADDITIONAL COST TO THE OWNER. ALL ITEMS SHOWN ON THE PLANS ARE TO BE NEW PROVIDED AND COMPLETELY INSTALLED BY THE CONTRACTOR UNLESS OTHERWISE SPECIFIED.
10. CONTRACTOR TO ENSURE THAT ALL MATERIALS ARE STORED IN A SUITABLE PLACE & IN AN ORDERLY MANNER FOR THE PROJECT, COORDINATE EXACT LOCATION WITH THE OWNER.
11. SAMPLES TO BE PROVIDED AT THE REQUEST OF THE OWNER OR ARCHITECT.
12. ANY APPLIANCES OR MATERIALS THAT ARE REQUIRED BY THE MANUFACTURER OF ANY ELECTRICAL, MECHANICAL, PLUMBING, HEAVY ALUMINUM WORK & NECESSARY FOR ITS PROPER OPERATION, ALTHOUGH NOT SPECIFICALLY MENTIONED OR SHOWN ON THE DRAWINGS, SHALL BE PROVIDED & INSTALLED BY THE CONTRACTOR WITHOUT ADDITIONAL COST TO THE OWNER.
13. ALL CONTRACTORS WORK SHALL BE GUARANTEED AGAINST DEFECTS FOR A PERIOD OF 01 YEAR FROM THE DATE OF FINAL ACCEPTANCE OF THE SPACE, & ANY PORTION OF THE CONTRACTORS WORK THAT DEVELOPS DEFECTS DURING THAT TIME, SHALL BE REPAIRED OR REPLACED IN A MANNER SATISFYING TO THE OWNER.
14. AT MINIMUM ALL UNPAINTED OR FINISHED SURFACES SHALL BE PAINTED WITH ONE COAT OF PRIMER & TWO COATS OF FINISH PAINT UNLESS OTHERWISE NOTED IN THE CONTRACT DOCUMENTS.
15. UNLESS NOTED OTHERWISE, EXTERIORWORK AND FINISH PAINT TO FACE OF FINISH WALL OR CENTERLINE OF DOOR OR WINDOW.
16. CONTRACTOR RESPONSIBLE FOR ALL DEMOLITION FROM THE SITE AS REQUIRED BY LOCAL, TOWNSHIP ORDINANCE, AND THE OWNER.
17. CONCEALED BLOCKING SHALL CONSIST OF 2x6 LAMINAR AND BE PROVIDED AND INSTALLED AT ALL WALL, HEATED APPLIANCES AND ACCESSORIES ON OTHER SPECIFIED EQUIPMENT, EVEN IF NOT NOTED, RELEGATED OR IMPLIED ON THE CONTRACT DOCUMENTS.
18. AS REQUIRED BY THE AUTHORITY HAVING JURISDICTION, FIRE BLOCKING SHALL BE INSTALLED TO CUT OFF CONCEALED DRAFT OPENINGS BOTH VERTICAL AND HORIZONTAL, AND SHALL FORM AN EFFECTIVE BARRIER BETWEEN FLOORS, ATTIC, ROOF, ETC. ALL FIRE STOPPING SHALL BE INSTALLED AS PER THE REQUIREMENTS SET FORTH IN THE "THREEDIMENSIONAL" SECTION OF THE INTERNATIONAL RESIDENTIAL CODE.
19. INSULATION CLEARANCE: COMBUSTIBLE INSULATION SHALL HAVE, AT MINIMUM 2(1) INCHES CLEAR OF ALL RECESSED LUMINAIRE, FAN MOTOR, AND ALL OTHER HEAT PRODUCING DEVICES UNLESS THE DEVICE IS SPECIFICALLY RATED FOR LESSER CLEARANCE. IN MOST CASES THE INSULATION CLEARANCE SHALL BE PLACED IN STRICT ACCORDANCE WITH THE CONDITIONS STIPULATED BY SUCH RATING.

REFERENCE CODE INFORMATION

BUILDING CODE	IRC 2018, 31 EDITION
ELECTRICAL CODE	NEC 2014
PLUMBING CODE	UPC 2008
MECHANICAL CODE	IMC 2008
BARBER FRISE CODE	1601/1602 FRI-2001
FIRE PROTECTION CODE	IFC 2018
SPRINKLER CODE	ISCC 2008
FUEL GAS CODE	FGC 2008

CODE/BUILDING DATA

USE GROUP: I-4 - SINGLE-FAMILY DETACHED
CONSTRUCTION TYPE: VB - UN-PROTECTED COMBUSTIBLE

DESCRIPTION	AREA REQUIRED
NEW LIVING AREA:	0 SF
TOTAL VOLUME:	0 CF

STRUCTURAL DESIGN DATA

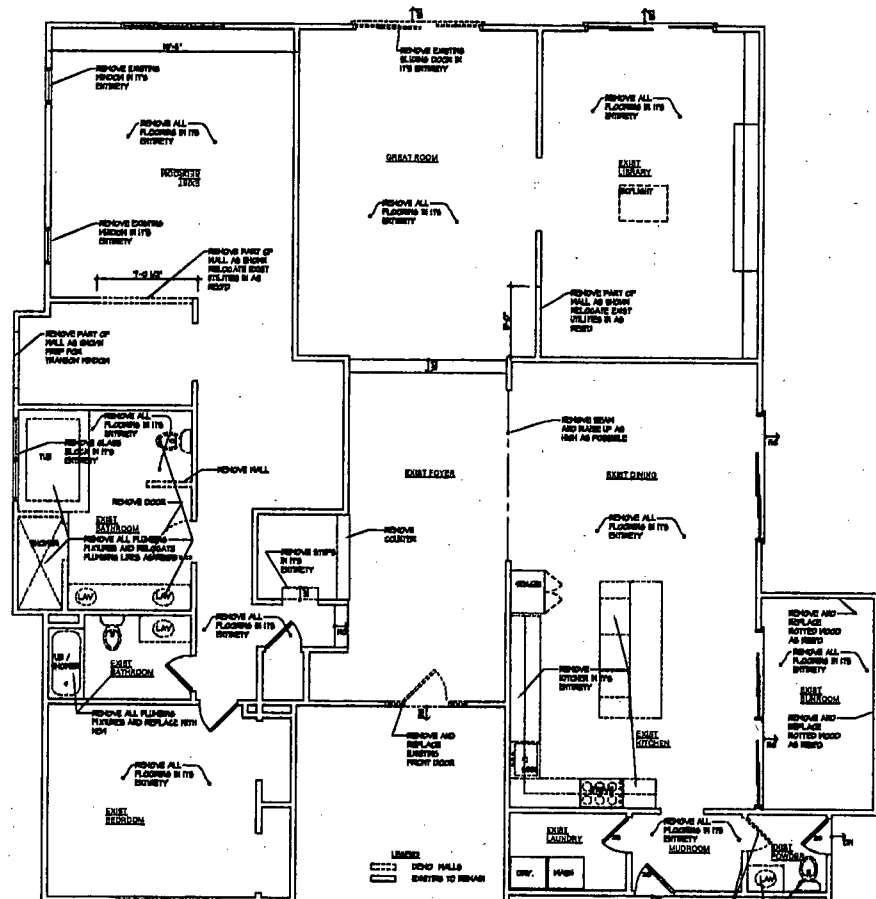
(loads per square foot)

ROOF:	FLOOR LOAD (dead):
Live Load: 20 PSF	Live Load: 40 PSF
Dead Load: 10 PSF	Dead Load: 10 PSF
ATTIC FLOOR:	FLOOR LOAD (dead):
Live Load: 20 PSF	Live Load: 30 PSF
Dead Load: 10 PSF	Dead Load: 10 PSF

1. DEMOLITION PLANS SHOW APPROXIMATE LAYOUT OF EXISTING BUILDING AND ARE NOT INTENDED TO REPRESENT "AS-BUILT" CONDITIONS. CONTRACTOR SHALL VERIFY THE SITE AND BECOME FAMILIAR WITH ACTUAL CONDITIONS PRIOR TO BEGINNING THE WORK, PRIOR TO THE START OF CONSTRUCTION.
2. WALLS, PARTITIONS, DOORS, FRAMES, AND OTHER ITEMS TO BE REMOVED ARE SHOWN UNLESS OTHERWISE NOTED. WALLS AND PARTITIONS SHALL ALSO BE REMOVED. EDGES OF WALLS SHOWN TO REMAIN SHALL BE SHOWN CUT OR CLEANLY TYPED TO ACCEPT NEW CONSTRUCTION. REPAIR AND PATCH EXISTING WALLS SHOWN TO REMAIN FROM EXISTING WALLS, DOORS, FRAMES, ETC., ARE SHOWN TO BE REMOVED AND FINISH CONSTRUCTION SHALL NOT BE EMPLOYED IN THE NEW CONSTRUCTION.
3. EXISTING CONSTRUCTION DAMAGE TO REMAIN BUILDINGS BUT NOT LIMITED TO WALLS, PARTITIONS, DOORS, FRAMES, ETC. SHALL BE PROTECTED DURING DEMOLITION. DAMAGE TO EXISTING CONSTRUCTION DAMAGE TO REMAIN SHALL BE RESTORED TO MATCH PRE-EXISTING CONDITION AT NO ADDITIONAL COST.
4. SALVAGE MATERIAL, AS REQUIRED FOR PATCHING AND REPAIR, SALVAGE MATERIAL SHALL BE CLEANED AND STORED IN AREAS AWAY FROM THE DEMOLITION OR UNTIL REUSE.
5. ALL REPAIR OR REPLACEMENT WORK IS TO MATCH EXISTING CONDITIONS IN MATERIALS, CONSTRUCTION AND FINISH, UNLESS SPECIFICALLY NOTED ELSEWHERE IN THE CONSTRUCTION DOCUMENTS.
6. ALL ELECTRICAL AND MECHANICAL DEVICES SUCH AS LIGHTS, RECEPTACLES, SWITCHES, SUPPLIES, ETC. CALLED OUT AS REMOVED SHALL BE CLEANED AND SERVICED TO INSURE THAT THEY ARE IN GOOD WORKING CONDITION. IF A DEVICE IS DEEMED UNACCEPTABLE FOR RE-USE, A NEW DEVICE SHALL BE PROVIDED THAT MATCHES THE EXISTING.
7. PROTECT FROM DAMAGE ALL EXISTING FINISH WORK TO REMAIN IN PLACE AND FINISH REPAIRS EMPLOYED DURING DEMOLITION OPERATION.
8. PROVIDE ALL NECESSARY BRACING, SHORING, AND SUPPORT TO PREVENT MOVEMENT, SETTLEMENT, OR COLLAPSE OF STRUCTURE OR ELEMENT TO BE DEMOLISHED, AND ADJACENT STRUCTURE OR ELEMENT SHOWN TO REMAIN OF APPLICABLE BRACING AND SHORING SHALL BE DEMOLISHED BY A PROFESSIONAL ENGINEER LICENSED IN THE LOCAL JURISDICTION.

EXISTING WALL CONSTRUCTION TO REMAIN
EXISTING WALL CONSTRUCTION TO BE REMOVED

INTERIOR ALTERATION FOR: CHEN RESIDENCE 34 COUNTRY WAY CHERRY HILL NJ, 08043



DEMOLITION PLAN

01

INTERIOR ALTERATION FOR:

CHEN RESIDENCE
34 COUNTRY WAY
CHERRY HILL, NJ, 08043
BLOCK: 524.13 LOT: 10

PROJECT NO.: 18-494
DRAWN BY: BJC
CHECKED BY: BJC/SWB
SCALE: AS NOTED
DATE FOR: 07-14-18
100% PERMIT/SET
COVER SHEET, GENERAL NOTES, DEMOLITION PLANS

A1

STEVEN W. RESIDENT
NJ, 08043



FOR THE PROJECT, THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE.

RECEIVED
NOV 07 2018
BUILDING INSPECTIONS

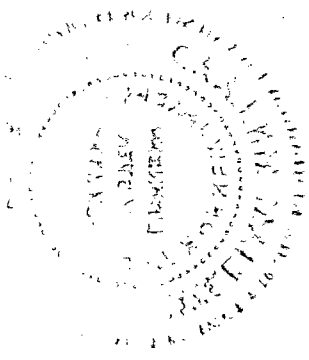
100

100

100

100

100





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

Date Applied 8/13/2018
Date Update Issued 10/22/2018
Control # 111985
Permit # 20182209+A

CONSTRUCTION PERMIT UPDATE IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 524.13	Lot: 10	Qualifier	Use Group R-5
Work Site Location: 34 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003		Contractor Address: AMR RENOVATIONS 6 SHERMAN TERRACE BROWNS MILLS NJ 08015	
Owner in Fee: CHEN, CAROL			
Address: 34 COUNTRY WALK CHERRY HILL NJ 08003	Telephone: (609) 817-3949		
Telephone: [REDACTED]	Lic. No. or Bldrs. Reg. No. 13VH03781300		
	Federal Employee No. [REDACTED]		

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:

UPDATE - KITCHEN/BATH RENOVATIONMS

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

Estimated Cost of Work \$14,500

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)

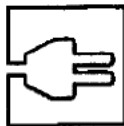
035	Building	
039	Electrical	\$90
032	Plumbing	\$65
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	\$28
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Surcharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
Total		\$183

Check No.	
Check	\$0
Cash	\$183
Credit	\$0
Collected By	Lois Tadley

RECEIVED
OCT 22 2018
TAX COLLECTOR



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DEPT: 1-800-272-1000.

Block 52413 Lot 10 Qualification Code _____

Work Site Location 34 Country Way
Cherry Hill

Owner in Fee: _____

Tel. _____ e-mail _____

Address 34 Country Way Cherry Hill

Contractor: Carswell Electric Tel. (856) 786-1731

Address 2905 Hunterdon Dr. e-mail carswellelectric@aol.com

Cinnaminson

Contractor License No. 8715 Exp. Date 03/31/2021

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 \$ 10,000

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough			
[] Partial - Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
[] Electric Plans Approved		Temp. Serv.			
Date: <u>8/13/18</u> Approved by: <u>[Signature]</u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>8/13/18</u> Approved by: <u>[Signature]</u>		Final			
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free			
[] CO [] CCO [] CA		Temp. Cut-in Card			
Date: _____		Final Cut-in Card			
Approved by: _____		Annual Pool Inspection			
		Date of Grounding and Bonding			
		Certification			

Update
2018-2209

Date Received 8-13-18
Control # _____
Date Issued 111985
Permit # 10662118
2018-2209+A

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: Jack Carswell]

Print name here: Jack Carswell

☒ Licensed Elec. Contractor [] Certified Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
kitchen and bath renovations

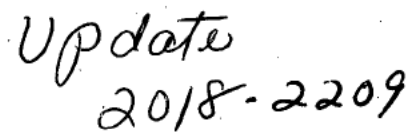
QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>30</u>		Lighting Fixtures	
<u>20</u>		Receptacles	
<u>20</u>		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
<u>70</u>		TOTAL NUMBERS	\$ <u>60.00</u>
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
<u>1</u>	<u>1</u>	KW Elec. Dryer/Receptacle	<u>15.00</u>
<u>1</u>	<u>1</u>	HP Garbage Disposal	<u>15.00</u>
		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 \$ _____

11

11111

11111



Date Received _____
Control # 111985
Date Issued 10/22/18
Permit # _____

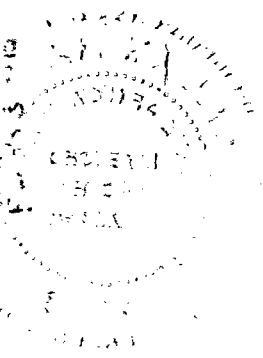
UCC F130 (rev. 11/09)
For reorder call: (609) 390-1400 Allegra Marketing • Print • Mail

9776

11/21

1/21/12

11/21/12





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

Date Applied 7/20/2018
Date Issued 8/9/2018
Control # 111661
Permit # 20182209

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: <u>524.13</u>	Lot: <u>10</u>	Qualifier	Use Group <u>R-5</u>
Work Site Location: <u>34 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003</u>		Contractor <u>AMR RENOVATIONS</u>	
Owner in Fee <u>CHEN, CAROL</u>		Address <u>6 SHERMAN TERRACE, BROWNS MILLS NJ 08015</u>	
Address <u>34 COUNTRY WALK CHERRY HILL NJ 08003</u>		Telephone: <u>(609) 817-3949</u>	
Telephone:		Lic. No. or Bldrs. Reg. No. <u>13VH03781300 13VH03781300</u>	
		Federal Employee No. <u>[REDACTED]</u>	

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:

ALTERATIONS - PLUMBING/ELECTRIC BY OWNER'S CONTRACTORS

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

Estimated Cost of Work \$20,000

[Signature]
Construction Official

7/31/18
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)

035	Building	\$680
039	Electrical	
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	\$38
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Surcharge	
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		\$718

Check No.	1490
Check	\$718
Cash	\$0
Credit	\$0
Collected By	Lois Tadley

RECEIVED

AUG 09 2018

TAX COLLECTOR



BUILDING SUBCODE TECHNICAL SECTION



DEPT. OF CONSTRUCTION CODE
76 GRAVEL HILL SPOTSWOOD ROAD
MONROE TOWNSHIP, NJ 08831
732-656-4585 • 732-656-4586

Date Received
Control #

Date Issued
Permit #

8/9/18
2018 2209

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

Block 524.13 Lot 10 Qualification Code _____

Work Site Location: 34 COUNTRY WALK
CHERRY HILL NJ 08003

Owner in Fee: CAROL CHEN

Tel. (____) _____ e-mail _____

Address 34 COUNTRY WALK CHERRY HILL NJ 08003

Contractor: AMR RENOVATIONS Tel. (609) 817-3949

Address 6 SHERMAN TERR BROWNS MILLS NJ 08015

Contractor License No. or Builder Registration No. 13VH03781300 Exp. Date 3/19

Home Improvement Contractor Registration Number Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required								
☒ All	<u>7/23/18</u>	<u>AMR</u>		Footings				
☐ Footings/Foundations				Footings Bonding				
☐ Structural/Framework				Foundation				
☐ Exterior				Slab				
☐ Interior				Frame				
Joint Plan Review Required:				Truss Sys./Bracing				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Barrier-Free				
SUBCODE APPROVAL for PERMIT				Insulation				
Date: <u>7/23/18</u>				Finishes -Base Layer				
Approved by: <u>AMR</u>				Finishes -Final				
SUBCODE APPROVAL for CERTIFICATE				Energy				
☐ CO ☐ CCO ☐ CA				Mechanical				
Date: _____				TCO				
Approved by: _____				Other				
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present RS Proposed _____ Constr. Class Present VBS Proposed _____

No. of Stories _____ If Industrialized Building: State Approved _____ HUD _____

*Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 80,000
2. Rehabilitation \$ 80,000
3. Total (1+ 2) \$ 160,000

U.C.C. F110
(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- ~~NEW WINDOWS AND ENTRY DOORS~~
- ~~NEW SIDING OVER OLD T+H ON GARAGE ENTRY~~
- ~~FRAME AND ALTER NEW WALL LOCATIONS~~
- ~~NEW TILE AND HARDWOOD FLOORS~~
- ~~NEW TRIMWORK + INTERIOR DOORS~~
- NEW KITCHEN
- DRYWALL - KITCHEN, BATHROOMS, BEDROOM + CLOSETS
- PAINT ENTIRE HOUSE INTERIOR + EXTERIOR
- Call for inspection

TYPE OF WORK:

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

FEE (Office Use Only)

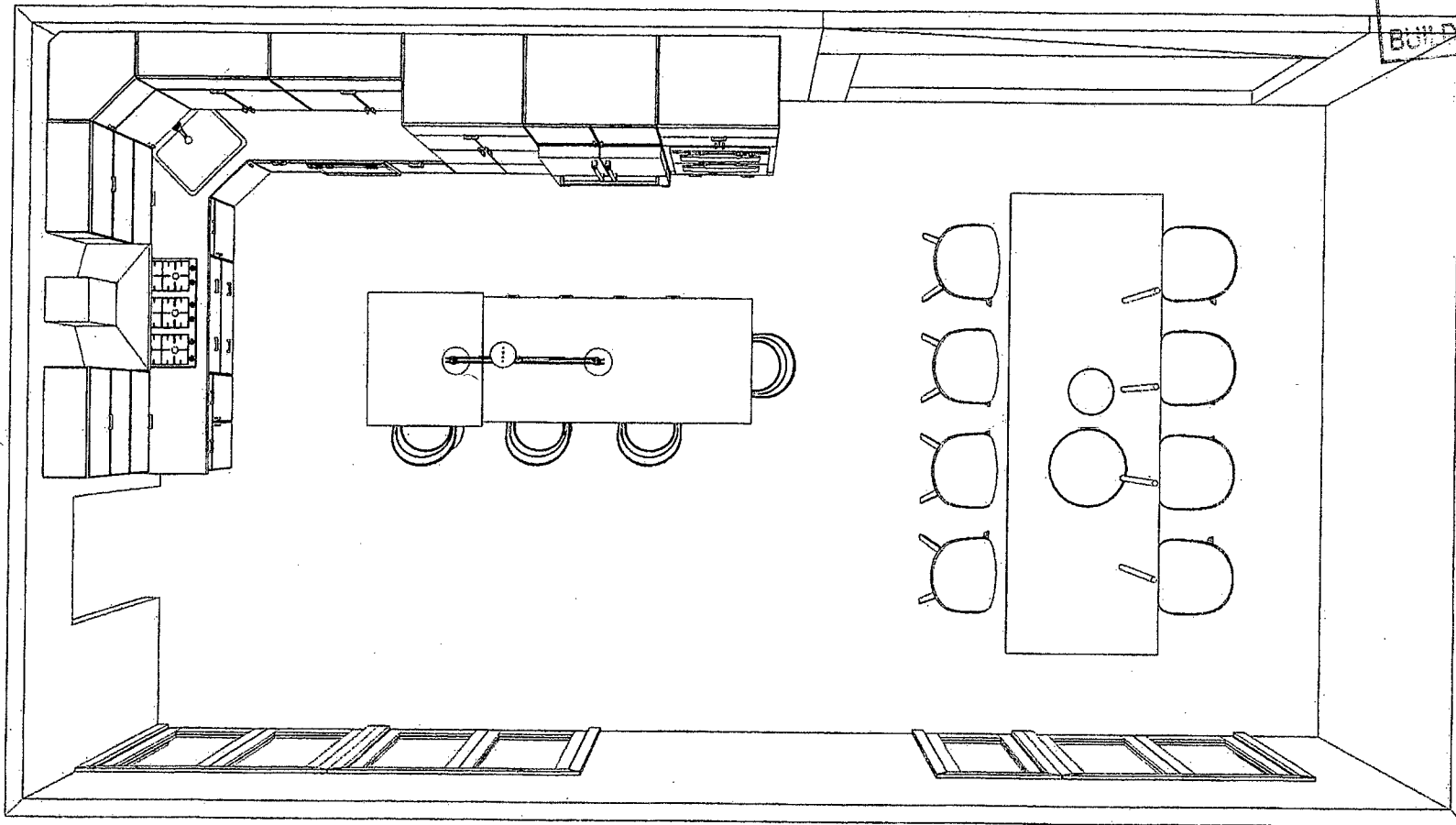
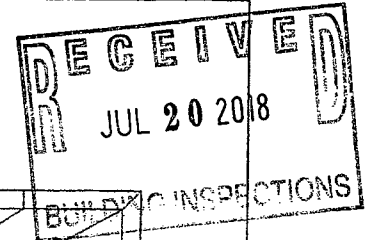
\$ _____
680

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

20x34 = \$680

White = Applicant Copy • Canary = Office Copy

OFFICE



Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.

Designed: 6/30/2018
Printed: 6/30/2018

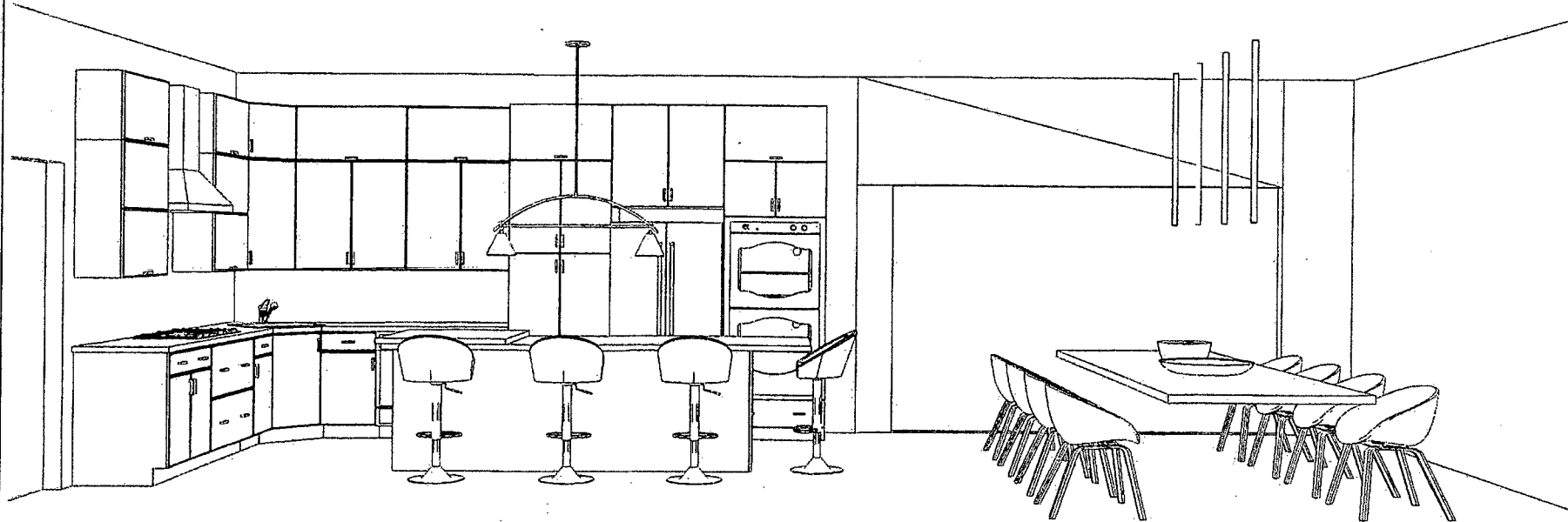
2020

Croft3

All

Drawing #: 1

OFFICE



Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.

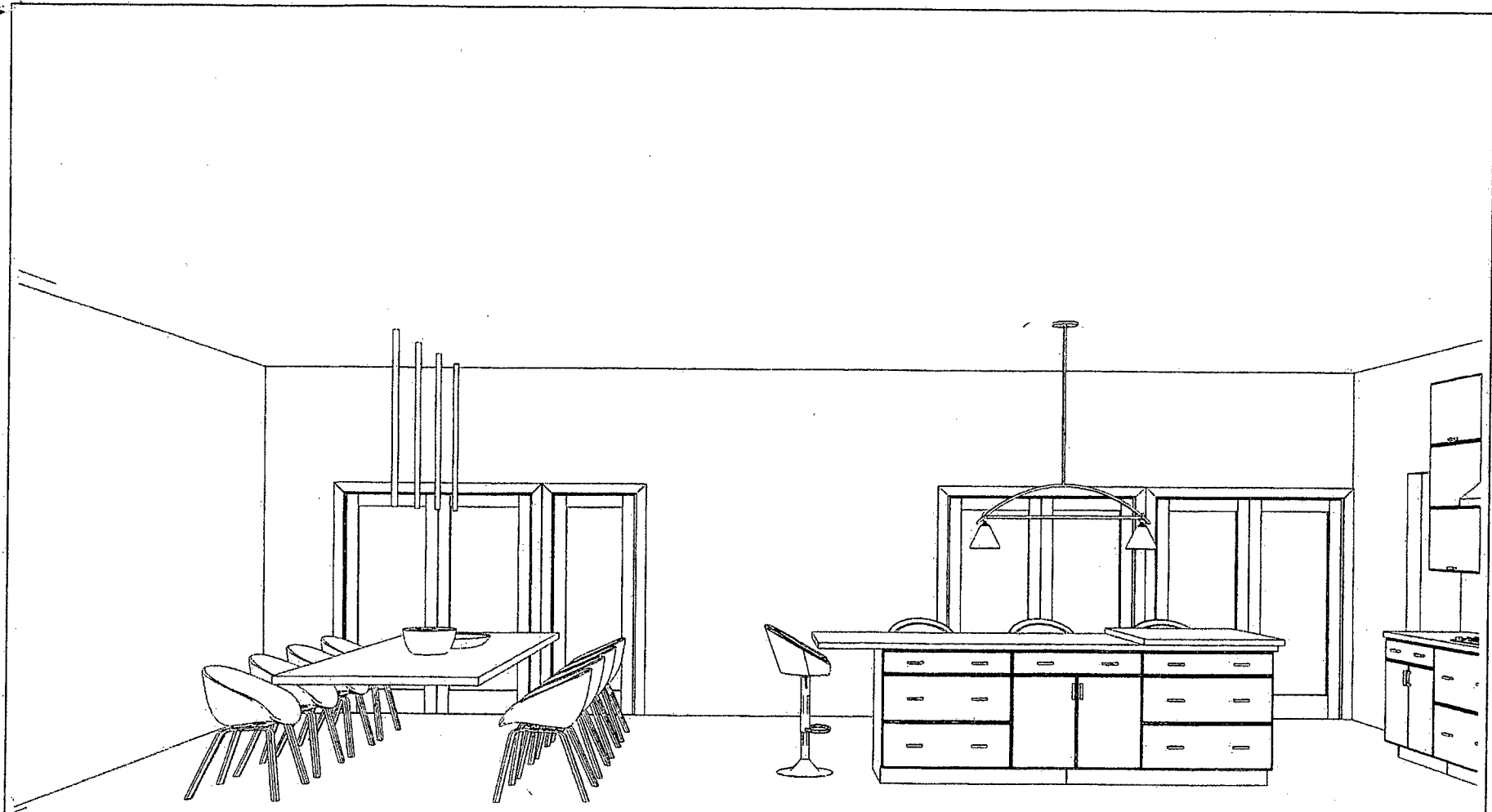
2020

Designed: 6/30/2018
Printed: 6/30/2018

Croft3

All

Drawing #: 1



Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.

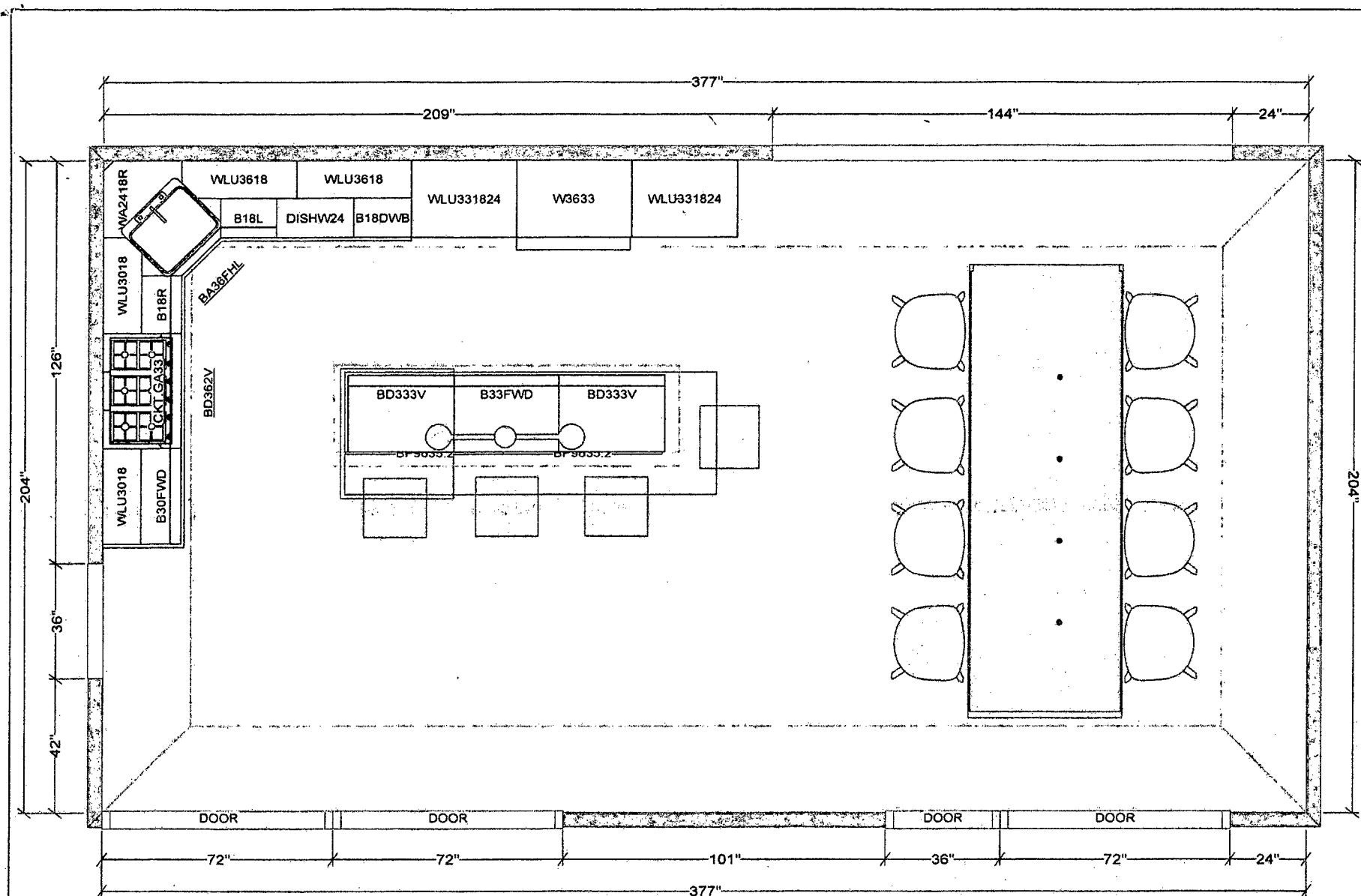
2020

Designed: 6/30/2018
Printed: 6/30/2018

Croft3

All

Drawing #: 1



All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 6/30/2018
Printed: 6/30/2018

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. _____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

PRIOR APPROVALS BEFORE BUILDING PERMIT IS ISSUED:

APPROVAL FROM ZONING	_____	PLAN REVIEW	_____
		TWO SETS OF SEALED PRINTS	_____
AFFORDABLE HOUSING	_____	RESOLUTION SIGNED BY	_____
		EITHER PLANNING OR	_____
		ZONING BOARD	_____
BUILDERS REGISTRATION	_____	SIGNED MAPS SIGNED BY	_____
CARD (BUILDER)	_____	EITHER PLANNING OR	_____
HEALTH DEPARTMENT IF	_____	ZONING BOARD	_____
WELL AND OR SEPTIC	_____	SEALED PLOT PLAN	_____
MUA IF WATER AND OR	_____	SEALED SITE PLAN IF	_____
SEWER FEES PAID	_____	APPROVED BY EITHER	_____
		PLANNING OR ZONING	_____
		BOARD	_____

PRIOR APPROVALS BEFORE CERTIFICATE OF OCCUPANCY IS ISSUED:

APPLICATION FOR CERTIFICATE	_____	FREEHOLD SOIL APPROVAL	_____
		LETTER IF MINOR AND OR	_____
AFFORDABLE HOUSING	_____	MAJOR SUBDIVISION	_____
DETENTION MAINTENANCE FORM	_____	HEALTH DEPARTMENT IF	_____
		WELL AND OR SEPTIC	_____
ENGINEERING LETTER FROM	_____	HOW FORM IF BUILDER	_____
TOWNSHIP ENGINEER	_____	MUA SIGN OFF IF WATER	_____
FINAL AND OR ASBUILT	_____	AND OR SEWER	_____
SURVEY MUST BE SEALED	_____		

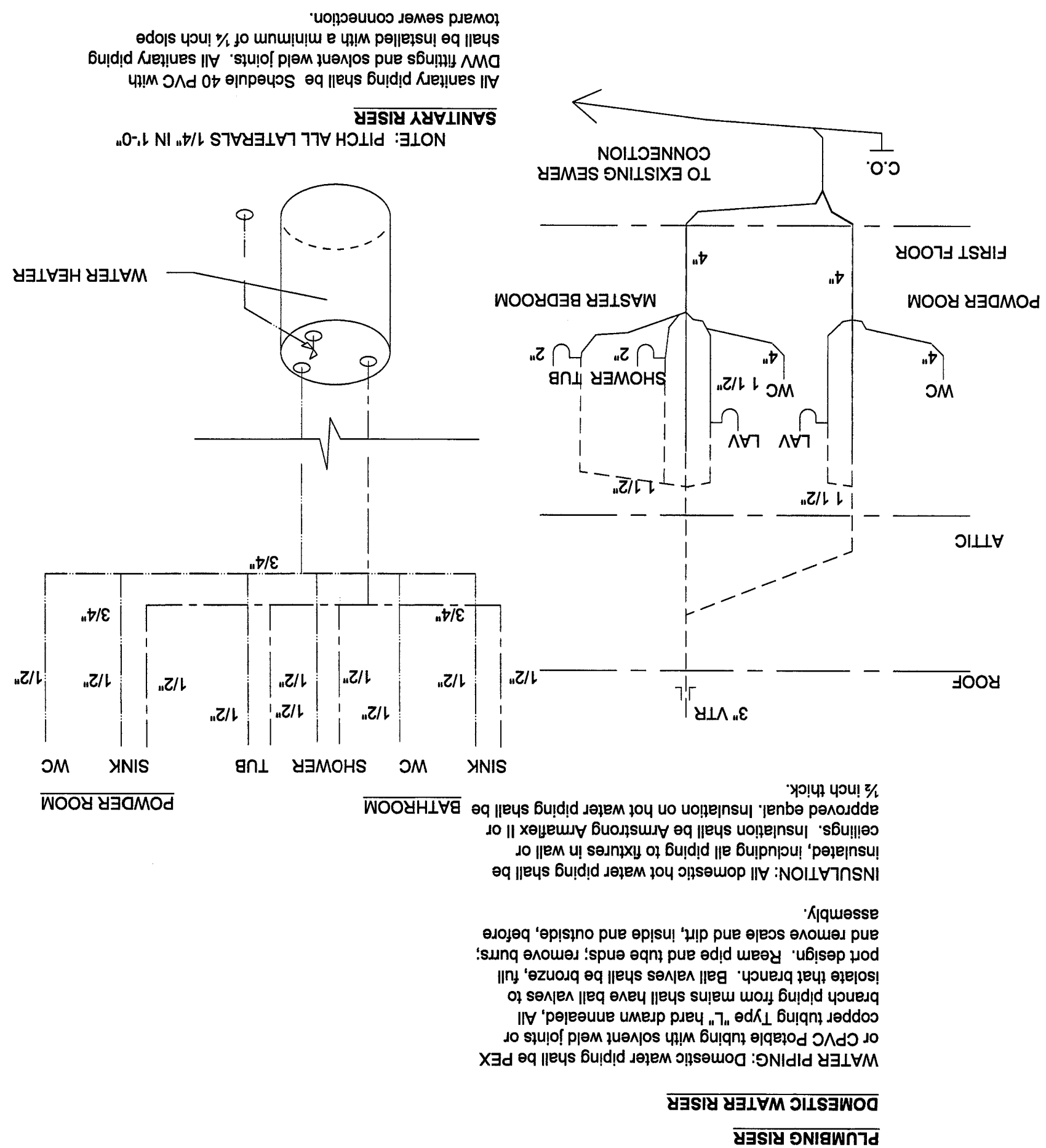
CERTIFICATES ISSUED

DATE ISSUED: _____	BUILDING: _____	TEMP ()	FINAL ()
DATE ISSUED: _____	ELECTRIC: _____	TEMP ()	FINAL ()
DATE ISSUED: _____	FIRE: _____	TEMP ()	FINAL ()
DATE ISSUED: _____	PLUMBING: _____	TEMP ()	FINAL ()

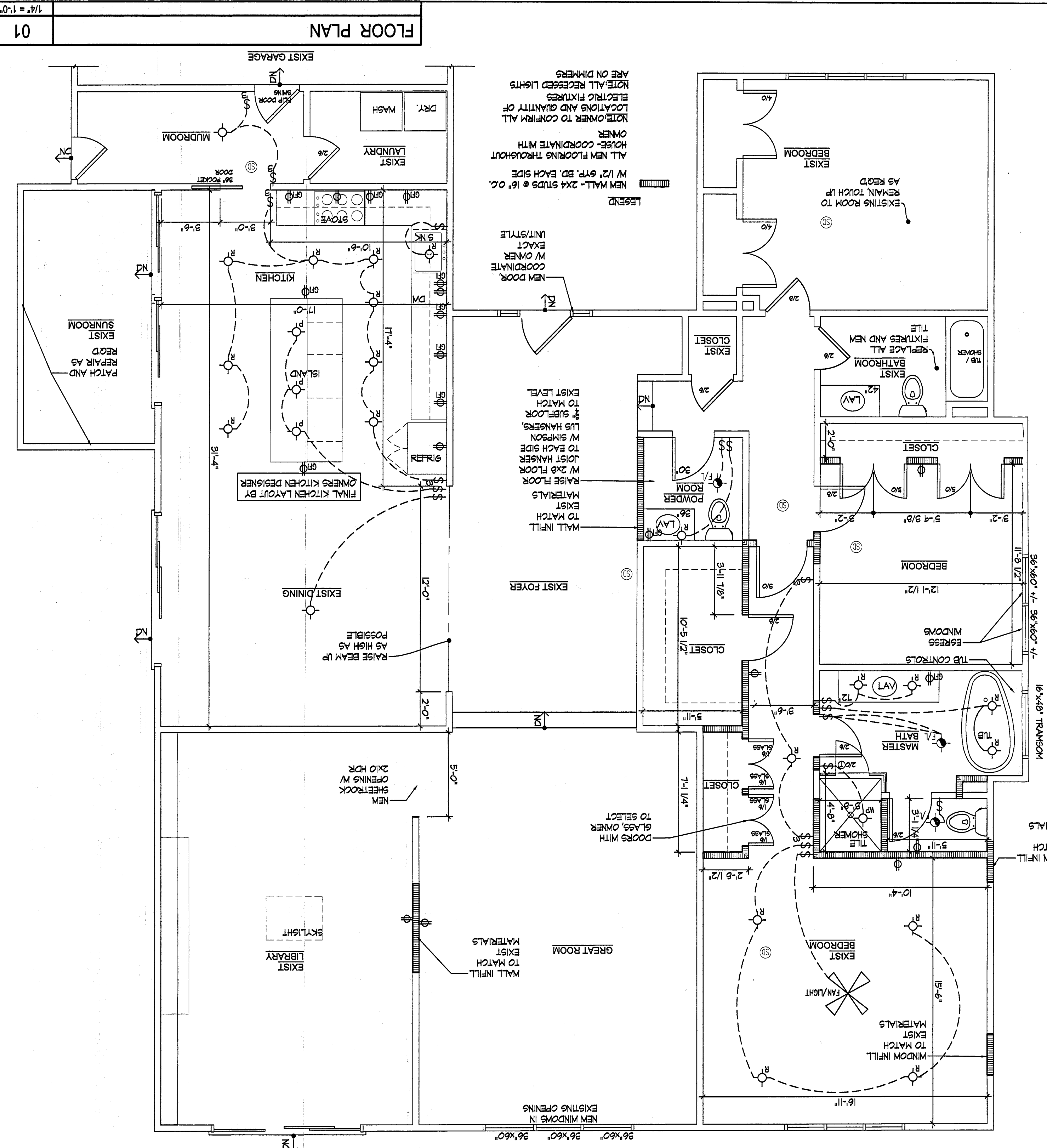
INTERIOR ALTERATION FOR:
CHEN RESIDENCE
34 COUNTRY WAY
CHERRY HILL NJ, 08043

- A1

CONTRACTOR(S) SHALL VERIFY EXISTING CONDITIONS AND CORRELATE DIMENSIONS PRIOR TO PROVIDING THE WORK DETAILED IN THESE DRAWINGS, AND SHALL PROMPTLY NOTIFY THE ARCHITECT OF ANY DISCREPANCIES. COPYRIGHT K4 DESIGN L.L.C., UNAUTHORIZED REPRODUCTION OR OTHER USE OF THIS DRAWING IS PROHIBITED.



PLUMBING RISER DIAGRAM

02
N.T.S.

FLOOR PLAN

01
1/4" = 1'-0"

WOOD FRAMING NOTES

N.T.S.

- | | | |
|-------|--|--|
| 17.1 | APPROVED VAPOR RETARDER IS APPLIED BETWEEN THE WALL AND THE FRAMING STRIPS OR FRAMING MEMBERS. | |
| 17.2 | ALL FRAMING MEMBERS THAT MEET ON CONCRETE OR MASONRY EXTERIOR FOUNDATION WALLS AND ARE LESS THAN 12 INCHES FROM THE EXPOSED GROUND, UNEXCAVATED AREA LOCATED WITHIN 12 INCHES OF THE PERIMETER OF THE BUILDING FOUNDATION. | |
| 17.3 | THE ENDS OF WOOD MEMBERS EXTERIOR MASONRY OR CONCRETE WALLS HAVING CLEARANCE OF LESS THAN 12 INCH ON TOPS SIDES AND ENDS. | |
| 17.4 | WOOD JOISTS, SHEATHINGS AND WALL FRAMING ON A BUILDING HAVING A CLEARANCE OF LESS THAN 6 INCH FROM THE GROUND OR LESS THAN 2 INCHES MEASURED VERTICALLY FROM CONCRETE STEPS, PORCH SLABS, PATIO SLABS, AND SIMILAR HORIZONTAL SURFACES EXPOSED TO THE WEATHER. | |
| 17.5 | SUCH FLOORS OR ROOFS BY AN IMPERVIOUS MOISTURE BARRIER. | |
| 17.6 | APPROVED STRIPS OR OTHER WOOD FRAMING MEMBERS ATTACHED DIRECTLY TO THE INTERIOR OF EXTERIOR MASONRY WALLS OR CONCRETE WALLS BELOW GRADE EXCEPT WHERE AN | |
| 17.7 | FOR OPENING HEADERS IN NON-BEARING INTERIOR PARTITIONS, PROVIDE ONE JACK STUD AND ONE KING STUD. FOR OPENING HEADERS IN LOAD-BEARING INTERIOR PARTITIONS, PROVIDE TWO JACK STUDS AND ONE KING STUD, OR A POST AS SHOWN ON DRAWINGS. | |
| 17.8 | WALL PLIES OF BUILT-UP JOISTS, BEAMS, AND STUDS/POSTS TOGETHER WITH TWO ROWS OF JOIST NAILS AT 24 INCHES, UNLESS NOTED OTHERWISE ON DOCUMENTS. | |
| 17.9 | PROVIDE MINIMUM CONTINUOUS SOLID BLOCKING OR CROSS-BRACING LINES AT 8'-0" ON 8'-0" JOIST NAILING IS IN CONTACT WITH CONCRETE AND IS EXPOSED TO WEATHER. | |
| 17.10 | SHEATHING FROM ROOFS SHALL BE 1/2" APA RATED SHEATHING 32/16 EXPOSURE 1 OR SIMILARLY RATED ORIENTED STRAND BOARD (OSB) UNLESS NOTED OTHERWISE. | |
| 17.11 | ALL MEMBERS AND JOISTS SHALL BE COMBUSTION RATED. JOISTS SHALL NOT BE USED AS FRAMING, SUPPORT OR FINISH MEMBERS. | |
| 17.12 | PROTECTION OF WOOD AND WOOD BASED PRODUCTS FROM DECAY SHALL BE PROVIDED IN THE FOLLOWING LOCATIONS BY THE USE OF NATURALLY DURABLE WOOD OR WOOD THAT IS PRESERVATIVE TREATED IN ACCORDANCE WITH APA 11 FOR THE SPECIES, PRODUCT, PRESERVATIVE AND END USE. PRESERVATIVES SHALL BE LISTED IN SECTION 4 OF THE APA 11. | |
| 17.13 | WOOD JOISTS OR THE BOTTOM OF A WOOD STRUCTURAL FLOOR WHEN MORE THAN 12 INCHES OR WOOD GIRDERS WHEN CLOSER THAN 12 INCHES TO THE EXPOSED GROUND IN CRAWL SPACES OR | |
| 17.14 | UNEXCAVATED AREA LOCATED WITHIN 12 INCHES OF THE PERIMETER OF THE BUILDING FOUNDATION. | |
| 17.15 | ALL FRAMING MEMBERS THAT MEET ON CONCRETE OR MASONRY EXTERIOR FOUNDATION WALLS AND ARE LESS THAN 12 INCHES FROM THE EXPOSED GROUND. | |
| 17.16 | WOOD JOISTS, SHEATHINGS AND WALL FRAMING ON A BUILDING HAVING A CLEARANCE OF LESS THAN 6 INCH FROM THE GROUND OR LESS THAN 2 INCHES MEASURED VERTICALLY FROM CONCRETE STEPS, PORCH SLABS, PATIO SLABS, AND SIMILAR HORIZONTAL SURFACES EXPOSED TO THE WEATHER. | |
| 17.17 | SUCH FLOORS OR ROOFS BY AN IMPERVIOUS MOISTURE BARRIER. | |
| 17.18 | APPROVED STRIPS OR OTHER WOOD FRAMING MEMBERS ATTACHED DIRECTLY TO THE INTERIOR OF EXTERIOR MASONRY WALLS OR CONCRETE WALLS BELOW GRADE EXCEPT WHERE AN | |

SYMBOL LEGEND

N.T.S.

- | | |
|--|---|
| <p>NEW DOOR AND HARDWARE-SIZE INDICATED ON PLAN</p> <p>EXISTING WINDOW TO REMAIN (E) OR NEW WINDOW (N)</p> <p>EXISTING WALL CONSTRUCTION TO REMAIN</p> <p>EXISTING CONSTRUCTION TO BE REMOVED</p> <p>NEW WALL- 2X4 STUDS @ 16" O.C., W/1/2" GYP. BD., EACH SIDE</p> <p>EGRESS WINDOW</p> |         |
|--|---|

PLUMBING AND ELECTRICAL NOTES

N.T.S.

- | | | |
|---|--|--|
| | EXH FAN W/LIGHT | |
| \$ | SINGLE POLE SWITCH | |
| \$ | 3-WAY SWITCH | |
| Ø | DUPLEX RECEPTACLE | |
| Ø | DUPLEX RECEPTACLE w/
GROUND FAULT CIRCT INT/R | |
| CM | CARBON MONOXIDE DETECTOR | |
| SD | SMOKE DETECTOR | |
| INT-CON-CONNECTED SYSTEM w/
W/BATTERY BACKUP | | |
| ◇ | CEILING OR WALL LIGHT FIXTURE | |
| WP | LIGHT FIXTURE w/
WEATHER PROOF ENCLOSURE | |
| ✕ | | |
-
- | | | |
|----|---|--|
| 1. | SCOPE OF ELECTRICAL & PLUMBING WORK IS SHOWN IN ORDER TO ESTABLISH COST ALLOWANCES FOR EACH TRADE. CONTRACTOR TO DETERMINE FINAL SCOPE OF ELECTRICAL & PLUMBING WORK. CONTRACTOR WILL MAKE ALL FIXTURE AND FINISH SELECTIONS. | |
| 2. | DESIGN OF ELECTRICAL & PLUMBING WORK IS SCHEMATIC, THE CONTRACTOR SHALL DETERMINE ACTUAL CONDUCTOR AND PIPING RUNS IN THE FIELD TO PROVIDE THE MOST EFFICIENT SYSTEMS POSSIBLE. | |
| 3. | VERIFY THE LOCATION OF ALL ELECTRICAL AND PLUMBING FIXTURES AND OF FIXTURES AND DEVICES ARE SUBJECT TO OWNER'S APPROVAL. | |
| 4. | PLACEMENT OF PIPING IN EXTERIOR WALLS OR OTHER AREAS SUBJECT TO FREEZING SHALL BE AVOIDED. HOWEVER WHERE SUCH PLACEMENT IS NECESSARY, THE PIPING SHALL BE PLACED ON THE WARM-IN-WINTER SIDE OF INSULATION. | |
| 5. | CONTRACTOR SHALL DETERMINE THE NUMBER OF VALVES AND THEIR ACCESSIBLE LOCATIONS AND ARRANGE THE PIPING IN A MANNER TO PROVIDE FOR EASE OF DRAINING THE SYSTEM. | |

A2

FLOOR PLAN
SER DIAGRAM

PROJECT NO.: 18-494	DRAWN BY: BKK	CHECKED BY: BKK/SWS	AS NOTED	ISSUED FOR:	BID / PERMIT / 100% / 07-16-18
---------------------	---------------	---------------------	----------	-------------	--------------------------------

INTERIOR ALTERATION FOR:
CHEN RESIDENCE
34 COUNTRY WAY
CHERRY HILL NJ, 08043
BLOCK: 524.13 LOT: 10

WRITTEN DIMENSIONS ON THESE
DRAWINGS SHALL HAVE PRECEDENCE
DO NOT SCALE DRAWINGS
CONTRACTOR SHALL VERIFY AND BE
RESPONSIBLE FOR ALL DIMENSIONS
AND CONDITIONS ON THE JOB, AND
THIS OFFICE MUST BE NOTIFIED OF
ANY VARIATION FROM THE DIMENSIONS

FLORIDA:
110 SE 4th Avenue, Suite 106
DELRAY BEACH, FL 33483

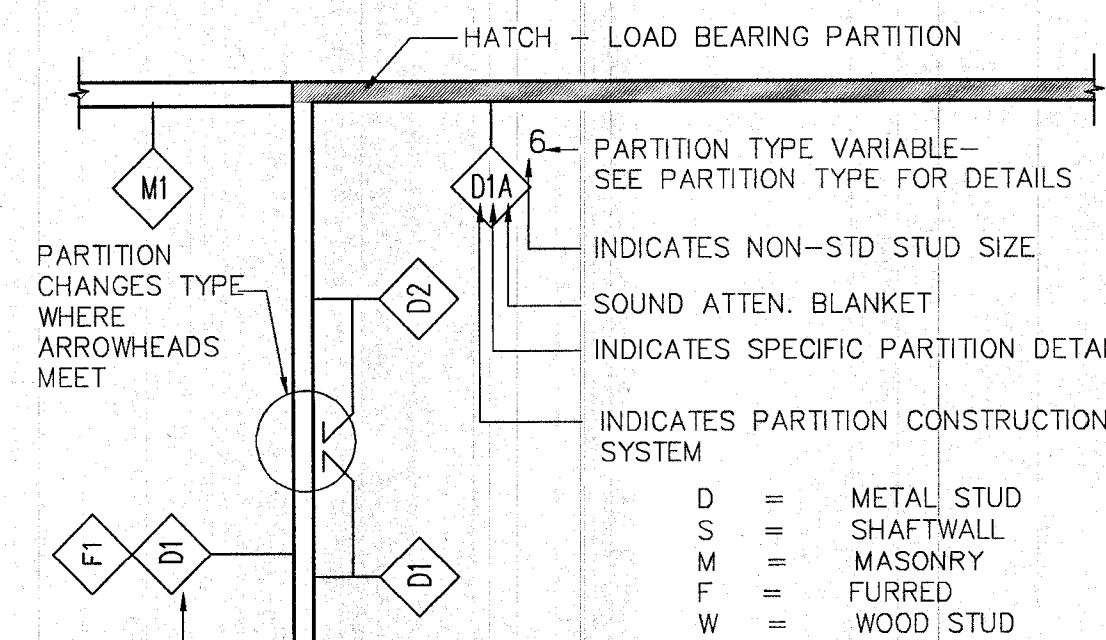
NEW JERSEY:
P.O. BOX 6988
MULLICA HILL, NJ 08062

PH 856.223.0004

CONTACT: BRIAN KUNIN

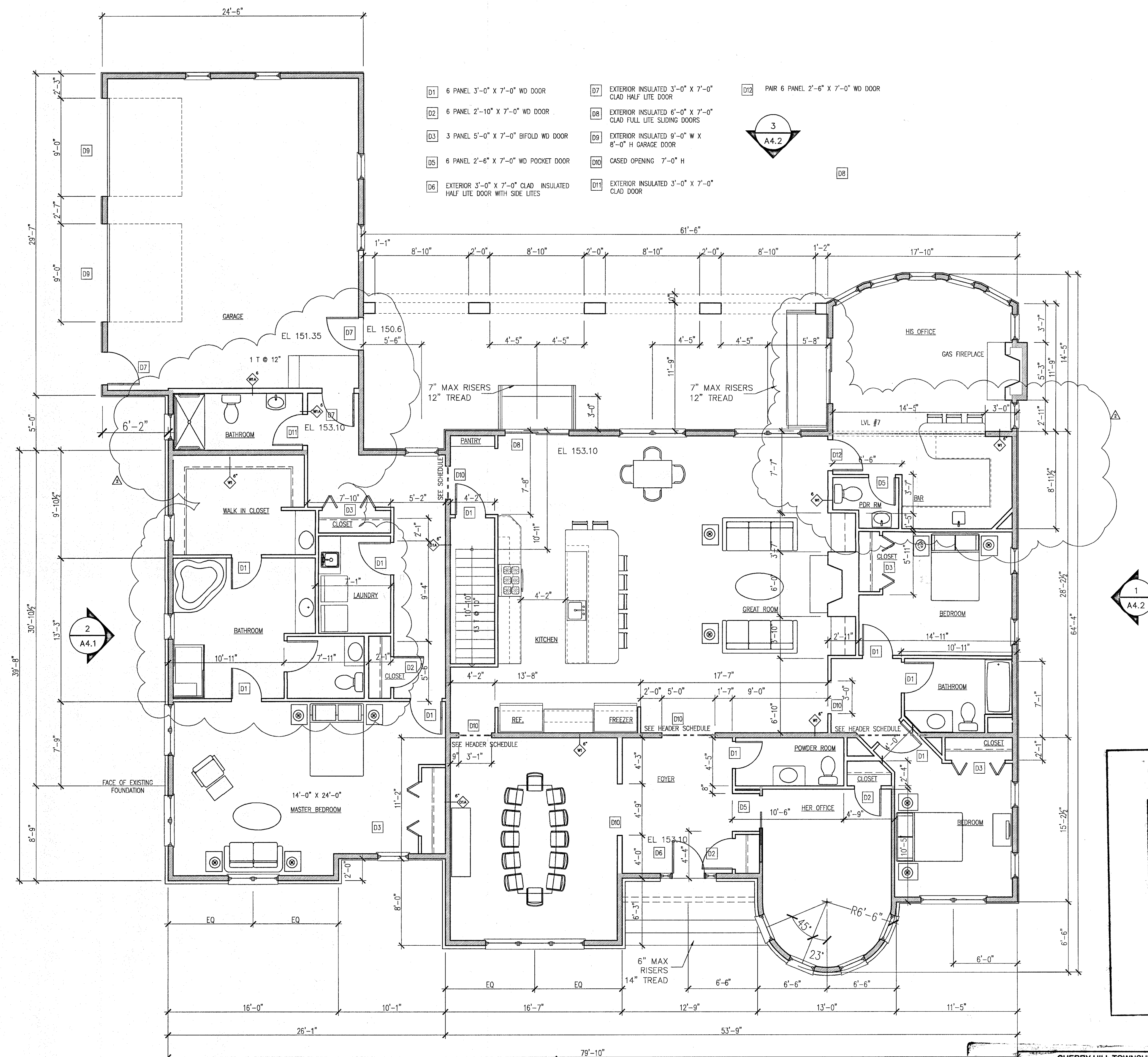


STEVEN W. SHEBER
FL... AR0017534
NL... 21A101517500



- INDICATES PARTITION TYPE WHEN TYPE IS CONSISTENT FOR LENGTH OF WALL SEGMENT
- SEE FIN SCHED FOR APPLIED FIN SUCH AS CT, VINYL FABRIC, PANELING, ETC.
 - STANDARD STUD SIZE SHALL BE 3 1/2" UNO. NON-STANDARD STUD SIZES ARE INDICATED AS FOLLOWS:
 - STANDARD CMU SHALL BE 6" (NOM) THK UNO. NON-STANDARD CMU THK ARE INDICATED AS FOLLOWS:
 - WHERE MFR'S HGT LIMITATIONS ARE EXCEEDED DUE TO FIELD CONDITIONS, USE HEAVIER GAUGE STUDS IN ACCORDANCE W/ MFR'S RECOMMENDATIONS.
 - ALL PARTITIONS ARE $\diamond W1$ UNO. SEE EACH DWG FOR VARIATIONS.
 - USE WATER RESISTANT GWS AT WET LOCATION ROOMS, INCLUDING: KITCHEN, BATHROOM, TOILET ROOM, LAUNDRY ROOM, JANITOR CLOSET.

2 PARTITION KEY SEE DRAWING A5.1 FOR PARTITION TYPES
Scale: 1/8" = 1'-0"

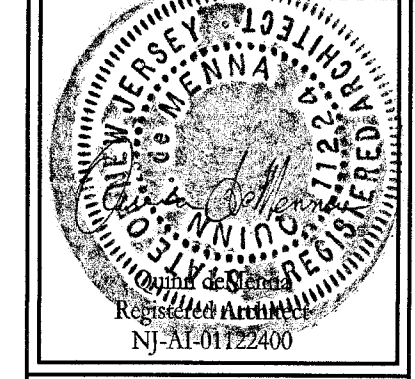


1 FIRST FLOOR PLAN
Scale: 3/16" = 1'-0"

CHERRY HILL TOWNSHIP BUILDING INSPECTIONS			
PLAN REVIEW			
	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING		4/30/20	
ELECTRICAL		4/30/20	
PLUMBING		4/30/20	
FIRE		4/30/20	
OTHER			
CONSTRUCTION			
MECHANICAL			
ELEVATOR			
RELEASED ☐ ACTION AS NOTED ☐			
REJECTED ☐			
OFFICIAL COPY			
CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.			



QUINN deMENNA LLC
576 BENSON STREET
CAMDEN NEW JERSEY
Phone: 609 206 0694



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Drawings and specifications are instruments of professional service and shall remain the property of Quinn deMenna LLC. These documents are not to be used in whole or in part for any other project or purpose, or for any other parties other than those properly authorized by contract or specific written permission.

- Revisions:
- Δ DIMENSION REVISIONS 01-29-2019
 - Δ OWNER REVISIONS 06-07-2019

Client / Contractor
1 Creation Construction
James Lupinetti
103 Adams Avenue
Mantua NJ 08051

OWNER
DiBruno Residence
Addition & Renovation to
18 Signal Hill Rd
Cherry Hill, 08003

Project Name:
DiBruno Residence

Project #: 2018010 Issue Date: 10-01-2018

Drawn By: XXX Checked By: XXX

DRAWING TITLE:
FLOOR PLAN

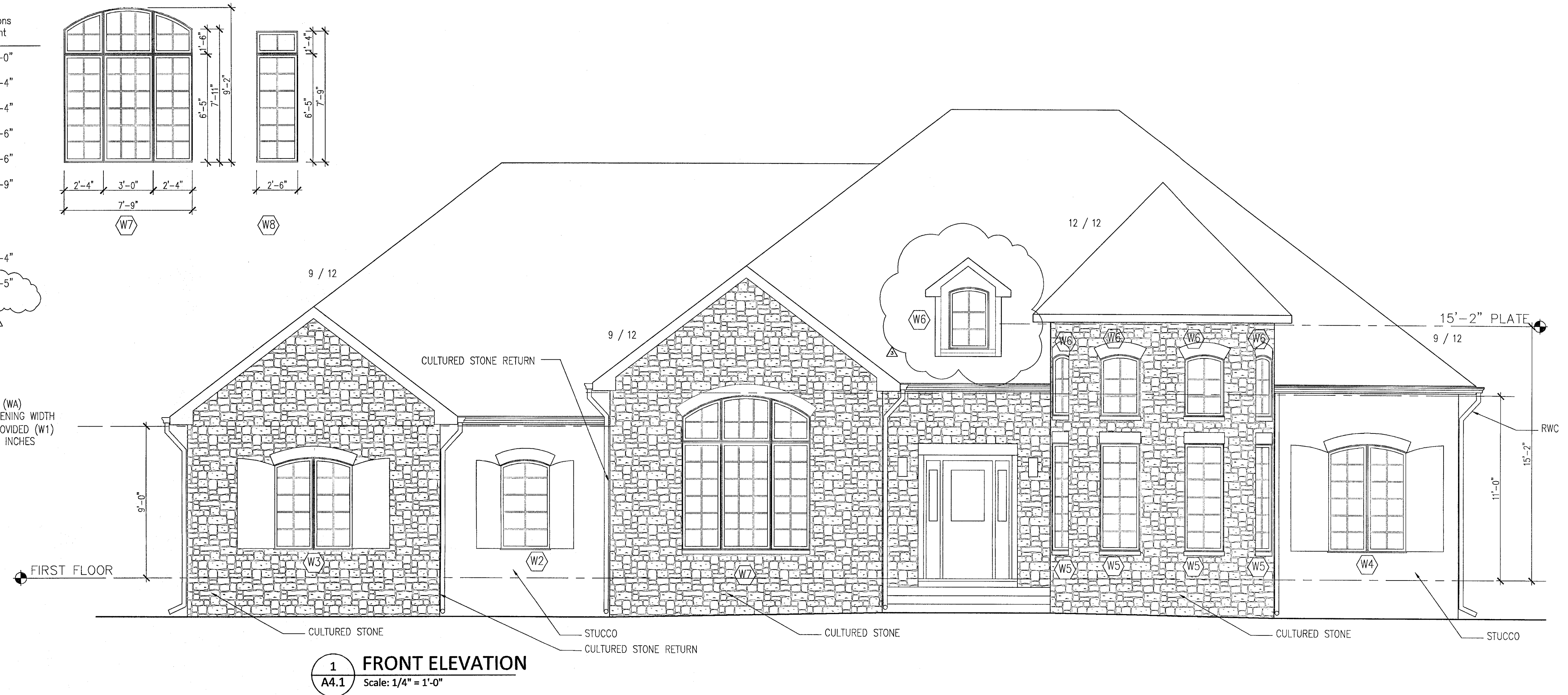
RECEIVED
MAR - 6 2020
BUILDING INSPECTIONS
DRAWING:

A2.1

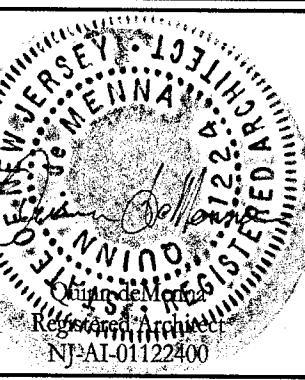
OFFICE Revision

WINDOW & DOOR SCHEDULE			Rough Opening Dimensions	
Ref	Description		Width	Height
Unit Type W1	CASEMENT*		2'-4"	6'-0"
Unit Type W2	ARCHED CASEMENT		3'-0"	5'-4"
Unit Type W3	PAIR ARCHED CASEMENT		4'-9"	5'-4"
Unit Type W4	PAIR ARCHED CASEMENT		4'-9"	6'-6"
Unit Type W5	CASEMENT		2'-6"	6'-6"
Unit Type W6	ARCHED CASEMENT		2'-6"	3'-9"
Unit Type W7	ARCHED GANGED CASEMENTS	SEE DIAGRAM		
Unit Type W8	GANGED CASEMENTS	SEE DIAGRAM		
Unit Type W9	CASEMENT		3'-0"	5'-4"
Unit Type W10	CASEMENT		2'-4"	3'-5"

* EMERGENCY ESCAPE AND RESCUE OPENINGS
R310.1.1 MINIMUM OPENING AREA 5.7 SQ FT 7.76 PROVIDED (W4)
R310.1.2 MINIMUM OPENING HEIGHT 20 INCHES 20 INCHES
R310.1.3 MINIMUM OPENING WIDTH 20 INCHES 20 INCHES
REQUIRED PROVIDED (W1) REQUIRED PROVIDED (W1)
24 INCHES 66 INCHES 20 INCHES 20 INCHES



QUINN deMENNA LLC
576 BENSON STREET
CAMDEN NEW JERSEY
Phone: 609 206 0094



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Revisions:
OWNER REVISIONS
06-07-2019

Client / Contractor
1 Creation Construction
James Lupinetti
103 Adams Avenue
Mantua NJ 08051

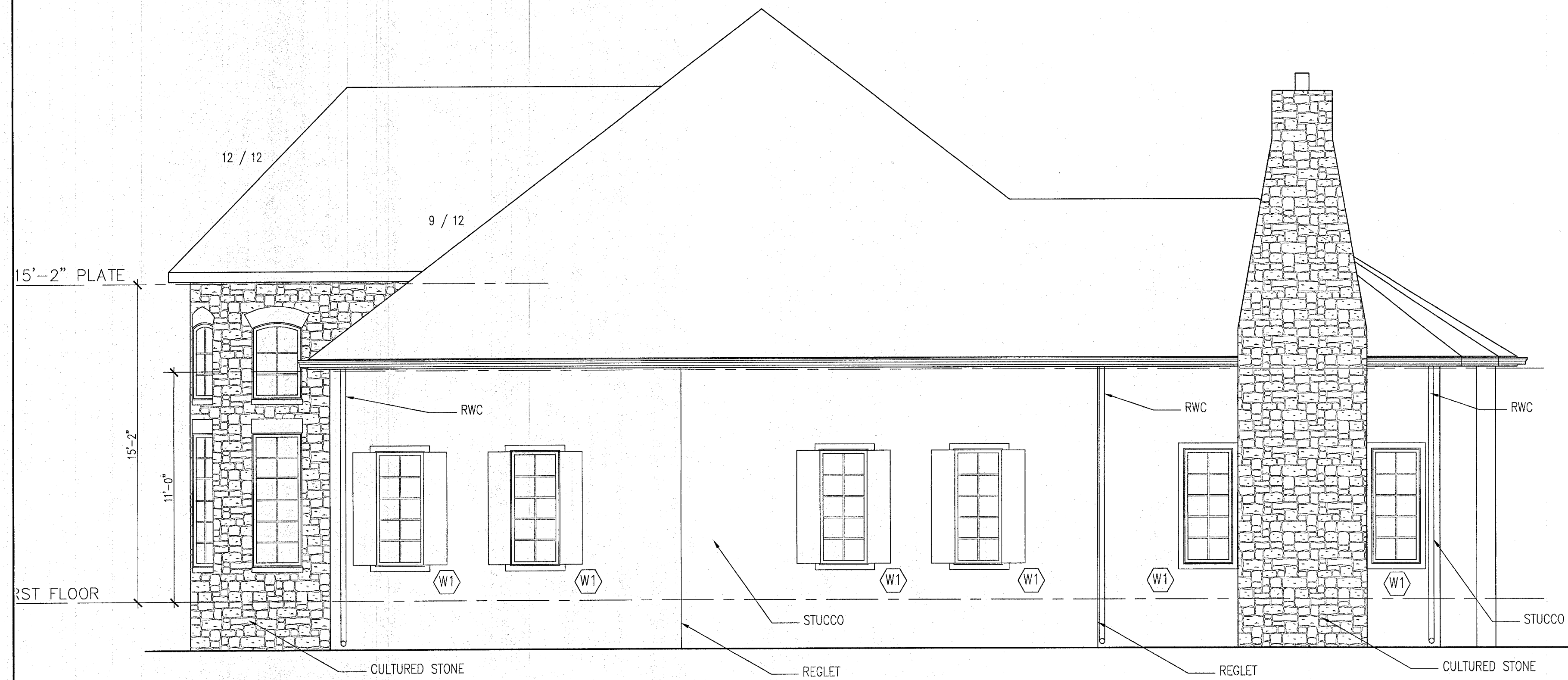
OWNER
DiBruno Residence
Addition & Renovation to
18 Signal Hill Rd.
Cherry Hill, NJ 08003

Project Name:
DiBruno Residence
Project #:
2018010
Issue Date:
10-01-2018
Drawn By:
XXX
Checked By:
XXX

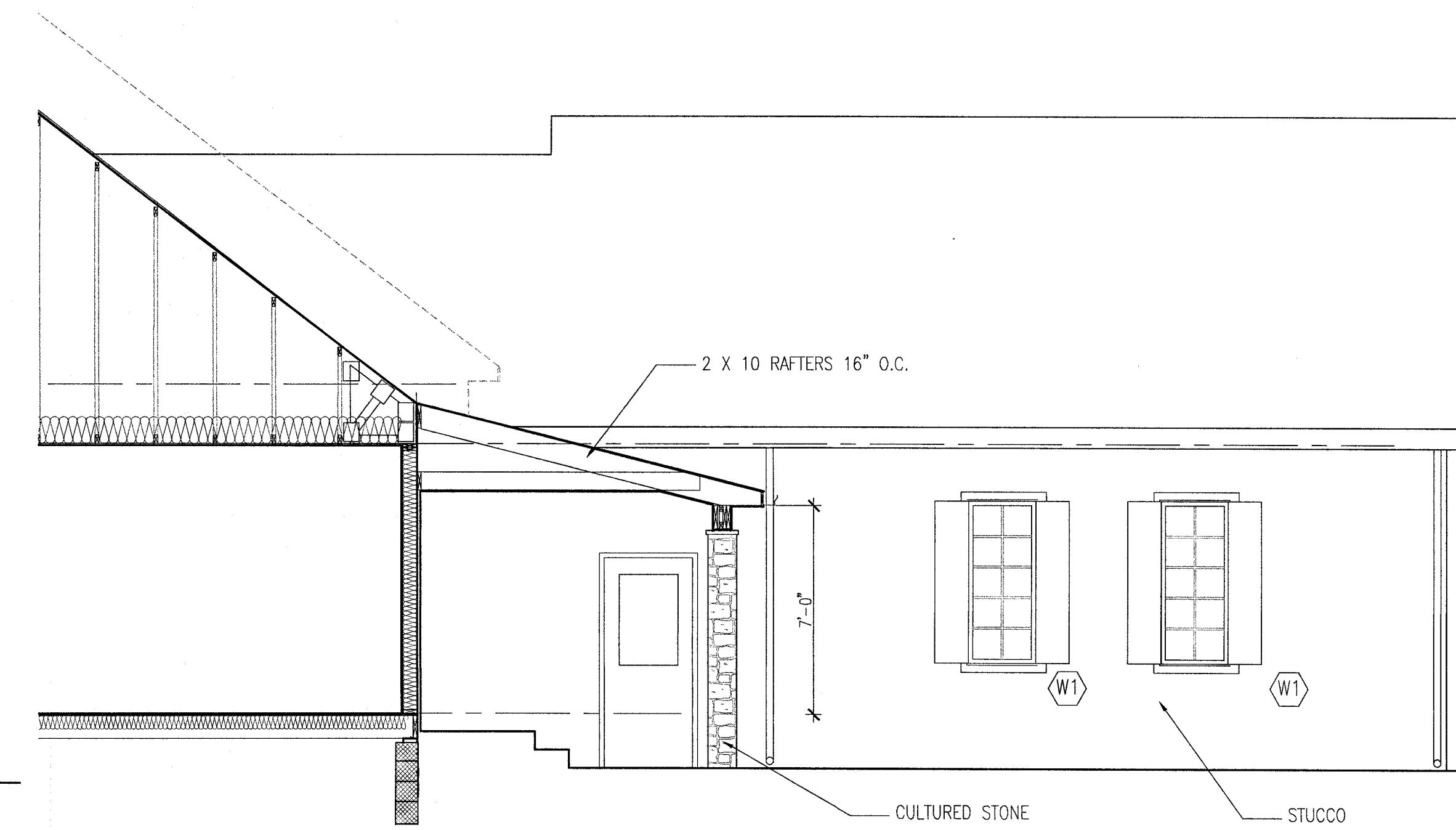
DRAWING TITLE:
ELEVATIONS

DRAWING:
A4.1

CONSTRUCTION SET 06-13-2019



1 SIDE ELEVATION
A4.2 Scale: 1/4" = 1'-0"



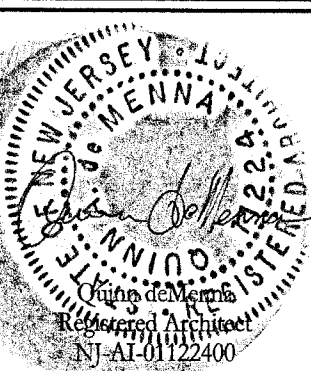
2 SECTION / ELEVATION
A4.2 Scale: 1/4" = 1'-0"



3 REAR ELEVATION
A4.3 Scale: 1/4" = 1'-0"



QUINN deMENNA LLC
576 BENSON STREET
CAMDEN NEW JERSEY
Phone: 609 206 0694



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Revisions:

OWNER REVISIONS
06-07-2019

Client / Contractor
1 Creation Construction
James Lupinetti
103 Adams Avenue
Mantua NJ 08051

OWNER
DiBruno Residence
Addition & Renovation to
18 Signal Hill Rd
Cherry Hill, NJ 08003

Project Name:
DiBruno Residence
Project #:
2018010
Issue Date:
10-01-2018
Drawn By:
XXX
Checked By:
XXX

DRAWING TITLE:
ELEVATIONS

DRAWING:
A4.2

CONSTRUCTION SET 06-13-2019



QUINN deMENNA LLC
576 BENSON STREET
CAMDEN NEW JERSEY
08105-1240



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Revisions:

OWNER REVISIONS
06-07-2019

Client / Contractor
1 Creation Construction
James Lupinetti
103 Adams Avenue
Mantua NJ 08051

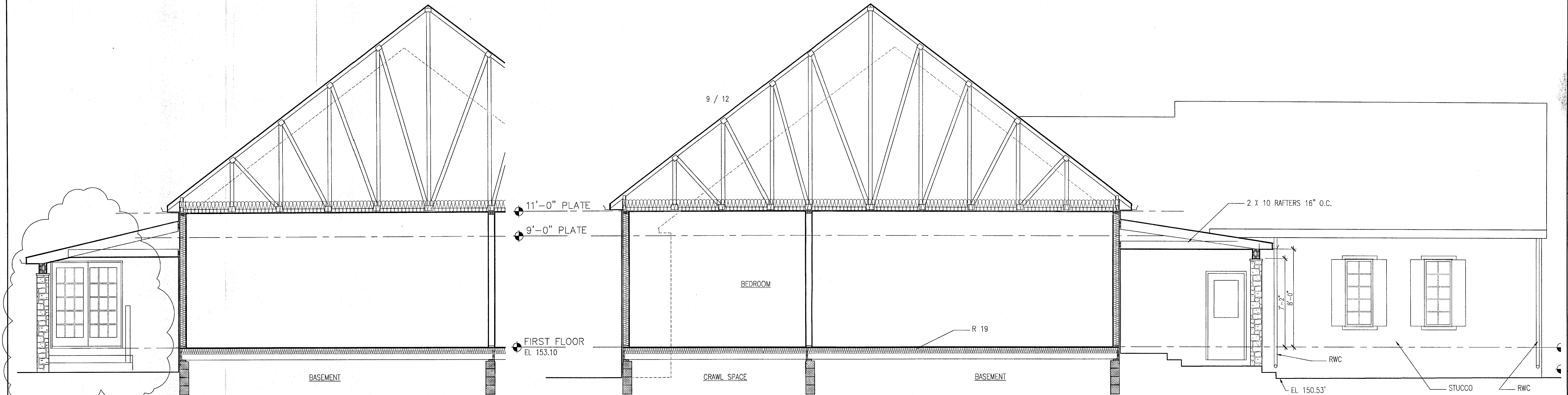
OWNER
DiBruno Residence
Addition & Renovation to
18 Signal Hill Rd
Cherry Hill, 08003

Project Name:
DiBruno Residence
Project #:
2018010
Issue Date:
10-01-2018
Drawn By:
XXX
Checked By:
XXX

DRAWING TITLE:
ELEVATIONS

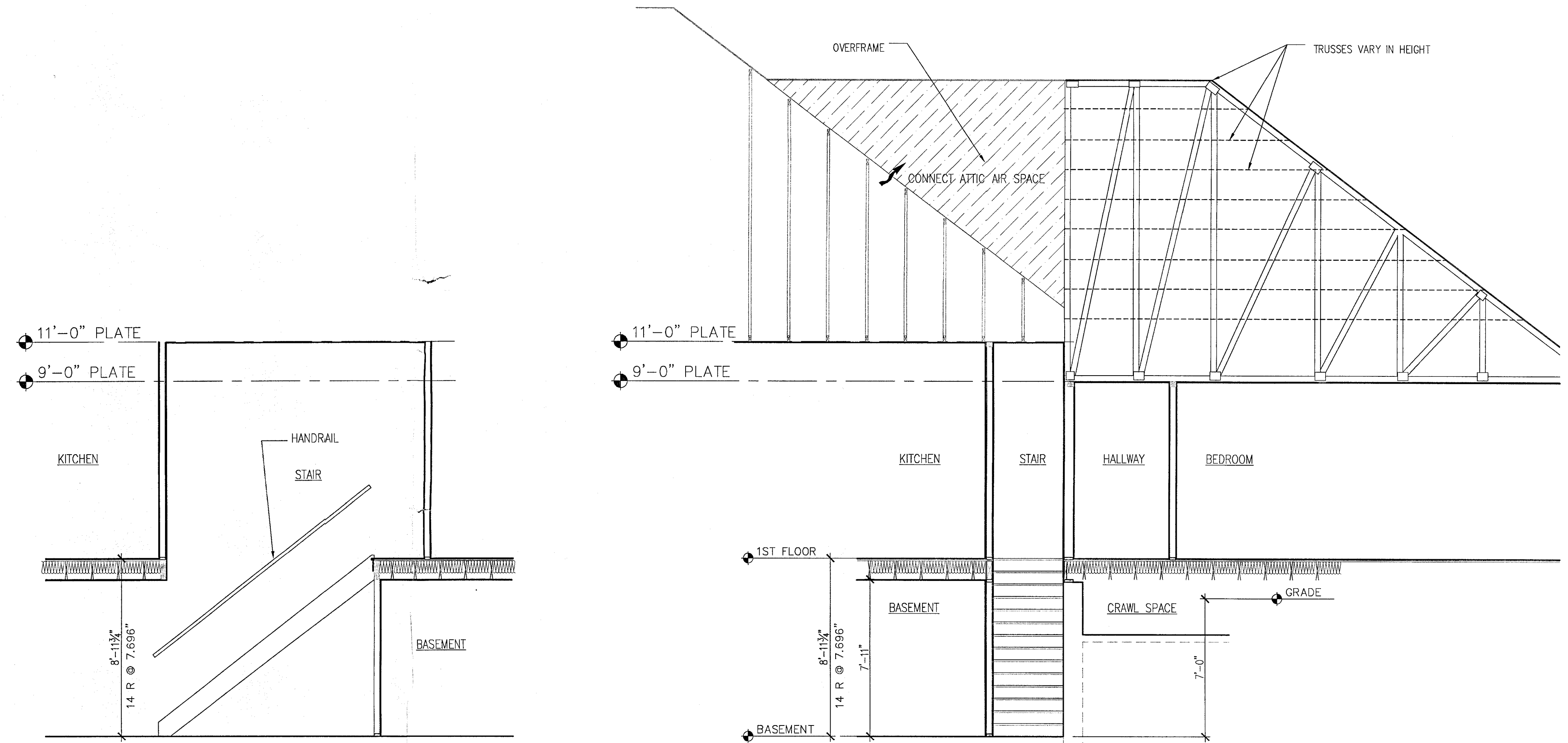
DRAWING:
A4.3

CONSTRUCTION SET 06-13-2019



2 SECTION / ELEVATION
A4.3 Scale: 1/4" = 1'-0"

1 SECTION / ELEVATION
A4.3 Scale: 1/4" = 1'-0"



3 SECTION THROUGH STAIR
A4.3 Scale: 1/4" = 1'-0"

4 SECTION THROUGH STAIR
A4.3 Scale: 1/4" = 1'-0"



PLUMBING SUBCODE TECHNICAL SECTION



Update
2018-2209+A

Date Received
Control #

11-6-18
11/14/18

Date Issued
Permit # 2018-2209+B

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

Block 524,13 Lot 10 Qualification Code _____

Work Site Location 34 Country Way

Cherry Hill NJ 08043

Owner in Fee: Carol Chen

Tel. _____ e-mail _____

Address 34 Country Way Cherry Hill NJ 08043

Contractor: William J Millard Tel. 267 980-4936

Address 993 Baxter Ave e-mail styx52@comcast.net

Bensalem Pa 19020

Contractor License No. 368101271606 Exp. Date 6/30/19

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size 4" Public Sewer yes Private Septic _____

Water Service Size 3/4" Public Water yes Private Well _____

Est. Cost of Plumbing Work \$ 4500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: William J Millard

Print name here: William J Millard

[X] Licensed Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Renovate Plumbing according to drawings - W.H. by other

QTY. 3 FIXTURE/EQUIPMENT

2 Water Closet

4 Urinal/Bidet

1 Bath Tub

1 Lavatory

1 Shower

1 Floor Drain

1 Sink

1 Dishwasher paid for

1 Drinking Fountain

1 Washing Machine

1 Hose Bibb

1 Water Heater

1 Fuel Oil Piping

1 Gas Piping

1 LPGas Tank

1 Steam Boiler

1 Hot Water Boiler

1 Sewer Pump

1 Interceptor/Separator

1 Backflow Preventer

1 Greasetrap

1 Sewer Connection

1 Water Service Connection

1 Stacks

1 Other Kitchen Sink

FEE (Office Use Only)

\$ 45

30

60

15

15

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 165

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: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: _____ Approved by: _____

INSPECTIONS

Type: _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LPGas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Final _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

① Spoke for f water heater 11/19

not to code M8 1-11/19

2. Lav faucet not pouring for tub 11/19
3. Standing tub faucet not pouring for tub 11/19
4. Hall bath tub too hot temp. 125°F (110°F to 120°F)



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

Date Issued 11/7/2018
Control Number 113173
Permit Number 20182209+B

Construction Inspection Identification

Work Site Location: 34 COUNTRY WALK CHERRY HILL TOWNSHIP, NJ 08003
Block: 524.13
Lot: 10
Owner in Fee: CHEN, CAROL
Owner Address: 34 COUNTRY WALK CHERRY HILL NJ 08003
Telephone: (856) 912-2561

Inspection Details

Start Date: 1/11/2019
Start Time: 15:47
Subcode: Plumbing
Inspector: John Otis
Inspection Level: Progress inspection
Inspection Type: FINAL
Result: Fail
Result Comments: Update needed for water heater.

Lavatory fixture and faucet do not meet code for this installation in master bath.

Standing bathtub faucet tower with hand held spray to far away from tub lip, also temperature must meet code in master bath.

Hall bathroom tub faucet temperature does not meet code, 110 degrees to 120 degrees.

Inspection Comment:

**CHERRY HILL,
TOWNSHIP OF
(BUILDING DEPT.)**

**PERMIT WITHOUT
A JACKET**

How 00987
185,000⁰⁰

VOID IF NOT COMPLETED AND SIGNED BY
CONSTRUCTION OFFICIAL



No 18805

CHERRY HILL TOWNSHIP

CERTIFICATE OF OCCUPANCY

FOR

BLOCK No. 524 M LOT No. 10 DEVELOPMENT Country Walk
STREET ADDRESS 34 COUNTRY WALK FIRE DISTRICT 4

(BOCA) USE GROUP - ARTICLE 3 NEW DWELL. R-3

(BOCA) OCCUPANCY LOAD - TABLE 806

APPROVALS			
PERMIT	PERMIT #	SIGNATURE	DATE APPROVED
BUILDING	66565	J.R. Adelhardt	7-10-84
ELECTRICAL	1	A. Anselst	7-9-84
PLUMBING	1	M. Mufalli	7-5-84
FIRE SUBCODE	1	Saccomanno	7-13-84
MUNICIPAL SEWER HOOK-UP #	12118		
SEPTIC SYSTEM			
SITE			

Onsite improvements guaranteed by

Authorization is hereby granted for the use and occupancy of the building or addition described above as complying with the requirements of the applicable Township ordinances and codes with the exception of any items listed on the attached copy of final report, the completion of which is a condition of this permit.

Failure to complete these items by no later than

(Date or "No Conditions")

shall automatically void this permit.

APPROVED:

CONSTRUCTION OFFICIAL

DATE APPROVED:

I hereby certify that I am or am about to become the owner of the property to which this permit pertains and that I have carefully examined and understand the conditions of approval referred to herein.

(OWNER)

FILING FEE \$

2500

PAPARONE HOMES OF N.J.

(BUILDER)

H 400

TOWNSHIP OF CHERRY HILL
DEPARTMENT OF CONSTRUCTION - INSPECTIONS

BLOCK

LOT

INSPECTOR'S COPY

APPLICATION FOR BUILDING PERMIT

PERMIT NO. 595990

RECEIPT

NAME OF LAND OWNER Paparone Homes of New Jersey STREET ADDRESS OF PROJECT 34 Country Walk
PLATE 524-M BLOCK 524-M LOT(S) 10 ZONE R-1 DEV. Country Walk SEC. 3

TYPE OF CONSTRUCTION Single Family Dwelling PERMITS REQUIRED
☒ PLUMBING ☒ SEWER 1218
☒ HEATING ☐ SEPTIC SYSTEM
☒ AIR CONDITIONING ☒ OCCUPANCY
☒ ELECTRICAL ☐ OTHER
C/O # 18805

PROPOSED USE GROUP: R-3
NUMBER OF DWELLING UNITS: One

APPROVED PLANS MUST BE RETAINED ON JOB! Where applicable separate permits are required for Electrical, Plumbing and Mechanical Installations.

ARCHITECT OR ENGINEER: Thomas A. Kapczynski ADDRESS 32 Kendall Blvd.
TOWN Oaklyn STATE NJ ZIP 08107 PHONE 854-3660
CONTRACTOR Paparone Homes of New Jersey ADDRESS #1 Avian Plaza, Voorhees, NJ

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

SIGNATURE OF OWNER OR AGENT: [Signature] ADDRESS #1 Avian Plaza Voorhees, N.J. APPLICATION DATE 9-12-83
08043 PHONE 424-6211

ZONING VARIANCE PETITION OF APPEAL NO.:
EST COST OF CONST. \$75,000.
TOTAL CUBIC FT. 46,348.

CONSTRUCTION	70 - 43	\$	579 35
STATE SURCHARGE	70 - 91	\$	27 81
ELECTRICAL	70 - 43	\$	94 00
PLUMBING	70 - 43	\$	177 50
SHADE TREE	70 - 62	\$	Prepaid
OCCUPANCY CERTIFICATE	70 - 50	\$	28 97
PLAN REVIEW	70 - 43	\$	
ENGINEERING FEE	70 - 45	\$	25 00
FEE TOTAL		\$	932 63

APPROVED FOR BUILDING PERMIT
CHIEF INSPECTOR [Signature] DATE 9-19-83
SUB CODE
BUILDING [Signature] DATE 9/19/83
ELECTRICAL [Signature] 9-19-83
PLUMBING [Signature] 9-19-83
FIRE [Signature]
ZONING OFFICER Gail Elbert 9-19-83

TOWNSHIP OF CHERRY HILL

820 MERCER STREET, CHERRY HILL, NEW JERSEY 08002

VOID IF ACTIVE WORK IS NOT COMMENCED WITHIN (6) MONTHS FROM DATE OF ISSUE.

RECEIPT NUMBER

DEPARTMENT: BUILDING INSPECTIONS

RECEIPT FOR: Bldg. - Elect. - Plbg.

DOCUMENT NO.: BLOCK 524-M LOT 10

DATE 9/20/83

☐ CASH ☒ CHECK 8593 ☐ M.O.

NAME Paparone Homes of New Jersey

ADDRESS #1 Avian Plaza

CITY Voorhees N.J. 08043

CODE	AMOUNT
70 - 43	\$ 850.85
70 - 91	\$ 27.81
70 - 62	\$ ~~28.97~~
70 - 50	\$ 28.97
70 - 45	\$ 25.00
TOTAL	\$ 932.63

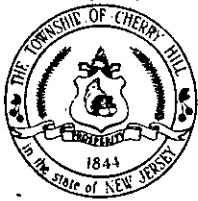
FINAL INSPECTION

INSPECTIONS REQUIRED	BUILDING	INCOMPLETED ITEMS	DATE
1 — BUILDING SUBCODE:			
☒ Bottom of footing trenches before placement of footings <i>Inspection Date</i> <u>10/26/83</u>	☒ OTHER INSPECTIONS <i>INSUCTION</i> <i>Inspection Date</i> <u>4-12-84</u>		
☐ Foundations and all walls up to grade level prior to back filling <i>Inspection Date</i> _____	☐ OTHER INSPECTIONS <i>Inspection Date</i> _____		
☒ All structural framing and connections prior to covering with finish or infill material <i>Inspection Date</i> <u>4/2/84</u>	☒ FINAL INSPECTION <i>Date</i> <u>7/10/84</u>		
2 — FIRE PROTECTION SUBCODE:			
☐ Fire suppression system <i>Inspection Date</i> _____ 19____	FIRE PROTECTION		
☐ Heat producing devices <i>Inspection Date</i> _____ 19____			
3 — SITE INSPECTION			
☐ Grading <i>Inspection Date</i> _____ 19____	SITE		
☐ Seeding & Sodding <i>Inspection Date</i> _____ 19____			
☐ Landscaping <i>Inspection Date</i> _____ 19____			

The undersigned agrees that the conditions noted above are incomplete as of the date of occupancy and will be corrected as indicated.

BUYER _____ BUILDING INSPECTOR George R. Cilella

☐ ESCROW REQUIRED \$ _____ BUILDER _____



TOWNSHIP OF CHERRY HILL — CODE ENFORCEMENT & INSPECTIONS

FINAL INSPECTION REQUEST

FIRE DIST. 4

— All Requests Will Be Handled Within 3 Days of Receipt —

Assigned To _____ Date 7/5/84 Block 524 Lot 10
Homeowner or Contractor/Developer Paparoni Bldg. Per. # 66565
Address 34 Country Walk Date-Only if Requested 7/10/84
Requested By Peto Phone _____
Person Receiving Request OK C/O # _____
Type of Construction New Dwelling

Building Inspections

Footings ()
Foundation ()
Rough Frame ()
Fire ()
Final C. O. (X)
Other ()

Electrical Inspections

Service ()
Rough ()
Progress ()
Final (X) OK
Other ()

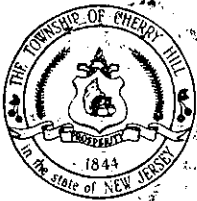
Plumbing Inspections

Sewer ()
Rough ()
Final (X)

Pool Inspections

Rough () Bonding ()
Final () Final ()

Date Inspection Made: 7-9-84 Signature Cengizler 226



TOWNSHIP OF CHERRY HILL — CODE ENFORCEMENT & INSPECTIONS

FINAL INSPECTION REQUEST

FIRE DIST. 4

— All Requests Will Be Handled Within 3 Days of Receipt —

Assigned To _____ Date 7/5/84 Block 524 Lot 10

Homeowner or Contractor/Developer Paparoni Bldg. Per. # 66565

Address 34 Country Walk Date-Only if Requested 7/10/84

Requested By Peto Phone _____

Person Receiving Request W.H. C/O # _____

Type of Construction New Dwelling Country Club

Building Inspections

Footings ()
Foundation ()
Rough Frame ()
Fire ()
Final C. O. (X)
Other ()

Electrical Inspections

Service ()
Rough ()
Progress ()
Final (X)
Other ()

Plumbing Inspections

Sewer ()
Rough ()
Final (X)

Pool Inspections

Rough ()
Final ()

Bonding ()
Final ()

Date Inspection Made: 7-5-84

Signature M. J. Peto

WHITE ORIGINAL COPY TO C. O.
YELLOW COPY TO BUILDING INSPECTOR/FIRE SUBCODE OFFICIAL

PINK COPY TO ELECTRICAL INSPECTOR
GOLDENROD COPY TO PLUMBING SUBCODE OFFICIAL 1M 5-84 PPCo.



TOWNSHIP OF CHERRY HILL — CODE ENFORCEMENT & INSPECTIONS

FINAL INSPECTION REQUEST

FIRE DIST. 4.

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Homeowner or Contractor/Developer Paparoni Bldg. Per. # 66565
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Fire ()
Final C. O. (X)
Other ()

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Rough ()
Progress ()
Final (X)
Other ()

Plumbing Inspections

Sewer ()
Rough ()
Final (X)

Pool Inspections

Rough ()
Final ()

Bonding ()
Final ()

site work to
be finished Thursday

Date Inspection Made: 7/10/84 Signature George R. Adalberto

ROUGH WIRING OUTLETS	H.P. AIR CONDITIONER
OUTLETS	WIRING & CONTROLS FOR BURNER
RECEPTACLES	H.P. PUMP
FIXTURES	K.W. OVEN
AMP. SERVICE EQUIPMENT	H.P. GARBAGE DISPOSAL UNIT
AMP. SERVICE CONDUCTORS	K.W. DISHWASHER
K.W. SURFACE UNIT	K.W. DRYER
K.W. RANGE	AMP. RECEPTACLE
K.W. WATER HEATER	FRAC. H.P. VENT FANS

MARK NUMBER OF EACH SIZE	1/20	1/12	1/10	3/16	1/4	5/16	3/8	1/2	5/8	3/4	1	1 1/2	2	3	5	7 1/2	10	15	20	25	30	40	50	75	100
APPARATUS	<i>final</i>																								

H. 400

ELECTRICAL INSPECTIONS 527 M-10

DUPLICATE MUNICIPAL RECORD

Permit No. *66565*

Owner *Papazone Homes of N.J.*

Occupant

Location *34 Country Walk - Cherry Hill*

No. Street

Town or City State

Installation as itemized on reverse side has been visually inspected pursuant to applicable codes.

Installed by *De Long Ebc*

Date *7-9-84*

No. *97* Inspector *W. J. V. 10/6*

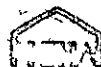
MIDDLE DEPARTMENT INSPECTION AGENCY INC.
900 Haddon Ave., Collingswood, NJ 08108

FORM NO. 18 EL.



**HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY**

1000 Route 9
Woodbridge, N J 07095
800-982-5538



CERTIFICATION FORM
(Used to obtain Certificate of Occupancy)

JUN 25 1984

HOW Builder Approval No
(obtained by NJ HOW)

7115

BUILDING FIRM NAME Paparone Homes of N.J., Inc.,

BUILDING FIRM ADDRESS 34 CORP OF NJ
2001B Greentree Executive Campus
Marlton, NJ 08053

MUNICIPALITY Cherry Hill, Camden County

LOT NO 10 BLOCK NO 524M

ADDRESS 34 Country Walk

Cherry Hill, NJ

HOW BUILDER NO

3	1	0	0	-	0	0	9	8	7
---	---	---	---	---	---	---	---	---	---

NJ DCA BUILDER REGISTRATION NO

0	3	9	0	7
---	---	---	---	---

ENROLLMENT # OR

NOTIFICATION OF STARTS#

	2	0	5	8	9
--	---	---	---	---	---

This is to certify that the above referenced premises has been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program (H-400 Kaplan)

TO BE VALID, FORM MUST BE STAMPED AND DATED BY THE HOW CORP OF NEW JERSEY NOT MORE THAN (20) TWENTY DAYS BEFORE C. OF O IS ISSUED

NOTE BUILDERS WHO FAIL TO ENROLL HOMES WITH HOW ONCE THIS FORM IS VALIDATED, C OF O IS OBTAINED, AND CLOSING/SETTLEMENT OCCURS, FACE TERMINATION FROM THE HOW PROGRAM AND SUSPENSION OF THEIR NJ STATE BUILDER REGISTRATION BY THE DEPARTMENT OF COMMUNITY AFFAIRS (N J A C 5 25-2 5)

MUNICIPALITY COPY

nc



Township of Cherry Hill
Municipal Building
Building Inspector
Cherry Hill, NJ 08034

Re: 34 Country Walk
Cherry Hill, NJ

Dear Sir:

This is to advise you that we, the undersign purchasers of the above captioned property are installing our own floor covering in the Foyer, Dining Room, Living Room, Bedrooms.

We are planning to do this as soon as possible after closing.

MORRIS KAPLAN



ANNETTE KAPLAN