BLOCK 2823 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 403 Willowbrook PERMIT NO. 05-0668

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII 609-405-5913

I. IDENTIFICATION

1. Propsed Work Site at: 403 Willowbrook Voorhees NJ
2. Name of Owner in Fee: Mr&Mrs Ralph Wylund Tel. (856) 784-5673
   Address 2 (street) Justin Ct (municipality) Voorhees NJ (zip code) 08043
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: RAJ Bldrs Tel. (856) 627-1974
   Address 14 Justin Ct Voorhees NJ
   License No. OR, if new home, Builder Reg. No. 13VH009 32400 Exp. Date _____
   Federal Employee No. 22 374[illegible]800 FAX: (856) 435-9035
5. Architect or Engineer _____ Tel. (____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Richard Smyth
   Tel. ([illegible]) 609 315 7284 FAX: (856) 435-9035

Bathroom (New)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45.-	C	A
2. Electrical			
3. Plumbing	45.-		
4. Fire Protection			
5. Elevator Devices	45.-		
6. Subtotal	$	10/31/05	
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 4.-		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 139.-		

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) Ext. 3 11

II. PROPOSED WORK

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 Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☑ b. Alteration	1350								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing	150								
7. ☐ Electrical	200								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3000.00								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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
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

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, count y, 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 A Ryland Date 7/20/05

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, count y, 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 RAS Bldrs
Address 14 Justin Ct
Voorhees NJ
Telephone (856) 627-1974
Signature Richard Smyth

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

TOWNSHIP OF VOORHEES
CONSTRUCTION DEPARTMENT
VOORHEES, NJ 08043

Date Issued 8,1,05
Control # C-2311
Permit # 05-0668

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 218.23 Lot 11 Qual

Work Site Location 403 WILLOWBROOK WAY
NEW BATHROOM
Owner in Fee NYLUND, RALPH MR. & MRS.
Address 403 WILLOWBROOK WAY
VOORHEES, NJ 08043-
Telephone (856)784-5673

Contractor RAS BLDGS
Address 14 JUSTIN COURT
VOORHEES, NJ 08043-
Telephone (856)627-1974
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3746800

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL NEW BATHROOM IN EXISTING CLOSET

PAYMENTS (Office Use Only)

Building	45
Electrical	45
Plumbing	45
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	139
Check No.	4837
Cash	
Collected By	

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 $ 3,000

Construction Official

7/22/05
Date

PROVIDE A CO2 DETECTOR
AND A SMOKE DETECTOR
NEAR SLEEPING AREAS

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

TOWNSHIP OF VOORHEES
CONSTRUCTION DEPARTMENT
VOORHEES, NJ 08043

Date Issued 10/28/2005
Control #
Permit # 05-0668

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 218.23 Lot 11 Qual
Work Site Location 403 WILLOWBROOK WAY
NEW BATHROOM
Owner in Fee/Occupant MYLUND, RALPH MR. & MRS.
Address 403 WILLOWBROOK WAY
VOORHEES, NJ 08043-
Telephone (856)784-5673
Contractor RAS BLDGS
Address 14 JUSTIN COURT
VOORHEES, NJ 08043-
Telephone (856)627-1974 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3746800

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INSTALL NEW BATHROOM IN EXISTING CLOSET

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

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

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

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Charles Bogardus
CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 4837
Collected by: RS

N.C.C. F260 (rev. 3/96)

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7-21-05
Control # C-2311
Date Issued 8-1-05
Permit # 05-0668

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

Block 218.23 Lot 11 Qualification Code

Work Site Location 403 Willow Brook
Voorhees NJ 08043

Owner in Fee Mr & Mrs Ralph Nylund

Address 2 Justin Ct
Voorhees NJ 08043

Tel. (856) 784-5673

Contractor RAS Bldg

Address 14 Justin Ct
Voorhees NJ 08043

Tel. (856) 627-1974 FAX (856) 435-9035

Contractor License No. or Builder Registration No. 13VH00932400

Federal Emp. No 22-3746800

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 Richard Smyth

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Bathroom in Existing Closet

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[X] Frame	7-22-05	CB
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-28-05
Approved by: Charles Bogarden

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
Plbg				
Other				
Final	10-17-05		10-28-05	
Barrier-Free				

S/D 10-4-

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 _____
[ ] Demolition

FEE (Office Use Only)
$ _____
Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 45.00
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
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) $ 1300.00

PROVIDE A CO DETECTOR AND A SMOKE DETECTOR NEAR SLEEPING AREAS

Bath exhaust ~~fan~~ Light & fan

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

FRAMING CHECKLIST

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS
- ☐ SPACING
- ☐ SIZE

STRAPS
- ☐ SPACING (PER MANUFACTURER'S SPECS)
- ☐ 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
- ☐ ATTAGHMENT/PLATES
- ☐ SPACING/LOCATION
- ☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD FLOOR	
☐	☐	☐	SIZE
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	SINGLE OR DOUBLE
☐	☐	☐	PRE-ENGINEERED PER MANUF'S SPECS
☐	☐	☐	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:
- ☐ SIZED PER PLAN
- ☐ TYPE
- ☐ GRADE, SPECIES
- ☐ LOCATION AND RELATION TO THE PLAN
- ☐ NAILING
- ☐ ATTACHMENT SCHEDULE
- ☐ BEARING
- ☐ LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD FLOOR	
☐	☐	☐	SIZED PER PLAN
☐	☐	☐	GRADE, SPECIES
☐	☐	☐	PRE-ENGINEERED COMPONENTS AS SPECIFIED
☐	☐	☐	BEARING
☐	☐	☐	NAILING
☐	☐	☐	BRIDGING
☐	☐	☐	CUTTING AND NOTCHING (AS PER CODE)
☐	☐	☐	POINT LOADS - SUPPORTED AS PER PLAN
☐	☐	☐	SPAN HANGERS
☐	☐	☐	HEADERS
☐	☐	☐	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD FLOOR	
			MATERIAL
☐	☐	☐	PANEL SPAN, THICKNESS
			SPECIAL REQUIREMENTS
☐	☐	☐	EDGE BLOCKING (IF REQUIRED)
☐	☐	☐	GAPPING
☐	☐	☐	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD FLOOR	
☐	☐	☐	BEARING
☐	☐	☐	NAILING

C. Wall Framing

1. Exterior Wall Frame:

1st	2nd	3rd	Floor
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing

Top Plates

☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Rafter Ties
☐	☐	☐	Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1st	2nd	3rd	Floor
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Layout - Support Below per Code
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Fire Blocking
☐	☐	☐	Header Sizes
☐	☐	☐	Jack Stud Bearing

Top Plates

☐	☐	☐	Nailing
☐	☐	☐	Laps
☐	☐	☐	Strapping

3. Interior Non-Load-Bearing Walls:

1st	2nd	3rd	Floor
☐	☐	☐	Size
☐	☐	☐	Space
☐	☐	☐	Species and Grade
☐	☐	☐	Cutting, Notching, and Boring
☐	☐	☐	Fire Blocking
☐	☐	☐	Header Sizes
☐	☐	☐	Top Plate Nailing

D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which Show:

- ☐ Layout Plans
- ☐ Truss Members
- ☐ Connection Schedule
- ☐ Permanent Bracing Details
- ☐ Dormers/Roof Structures on Manufacturer's Drawings
- ☐ Equipment/Appliances on Manufacturer's Drawings

- ☐ Location as per Layout
  - ☐ Alignment
- ☐ Bearing
- ☐ Spacing
- ☐ Connections to Bearing Points
- ☐ No Connection to Non-Bearing Points
- ☐ Damage and Defects
  - ☐ Engineered Method of Repair

2. Permanent Truss-to-Truss Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination
- ☐ Transition (i.e., Cross) Bracing

3. Gable End Bracing (as per design):

- ☐ Layout
- ☐ Size
- ☐ Type
- ☐ Nailing
- ☐ Overlap
- ☐ Termination

4. Solid Sawn Roof Framing:

- ☐ Size
- ☐ Grades, Species

Layout

- ☐ Spacing
- ☐ Span

- ☐ Bearing
- ☐ Fastening
  - ☐ Damage Caused by Fasteners (rafters not split by toenails)
- ☐ Cutting, Notching, and Boring
- ☐ Bridging
- ☐ Ridge Size
- ☐ Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing - Exterior Walls:

Material

- ☐ Panel Span, Thickness

Special Requirements

- ☐ Gapping
- ☐ Layout
- ☐ Corner Bracing (if required)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-21-05
Date Issued 8-1-05
Control # C-2311
Permit # 05-0668

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

Block 218.23 Lot 11
Work Site Location 403 Willowbrook
Voorhees NJ
Owner in Fee/Occupant Mr+Ms Ralph Nylund
Address 2 Justin Ct
Voorhees NJ 08043
Tele. (856) 784-5673
Contractor
Address **JCS Electnical Contr LLC**
526 5th Ave. Lindenwold NJ. 08021
Tele. ( ) **LISC. 12233 Office 782-8400** ( )
Lic. No. **Tax ID. 22-3788032 FAX 784-0264**
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7-22-05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-14-05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	8/25	9/16 8/4/05	10/12/05	
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/17/05	

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

S/C 1074

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

TOTAL NUMBERS $
Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 45.00
TOTAL FEE $

PROVIDE A CO2 DETECTOR AND A SMOKE DETECTOR NEAR SLEEPING AREAS

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

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

8/3/05 DTB
no entry 11:25
8/4/05 DTB
GFI need 12/2 HR
8/10/05 DTB
9:00 no entry

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-21-05
Date Issued 8-1-05
Control # C-2311
Permit # 05-0668

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

Block 218.23 Lot 11
Work Site Location 403 Willowbrook Voorhees NJ 08043
Owner in Fee Mr + Mrs Ralph Wylund
Address 2 Justin Ct Voorhees NJ 08043
Tele. (856) 784-5623
Contractor TERRY ROBERSON
Address 2020 WINSLOW RD. WILLIAMSTOWN NJ
Tele. (856) 875-9452 Fax (856) 875-1445
Lic. No. 11223
Federal Emp. No. 252-11-1875

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed ✓
Building Sewer Size 3 Public Sewer _____ Private Septic _____
Water Service Size 3/4 Public Water ✓ Private Well _____
Est. Cost of Plumbing Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7-22-05
Approved by: Ralph H Riley

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8-18-05
Approved by: Brad Bogardus

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			8-3-05	ADM
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO			10-7-05	DM

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.

Terry Roberson
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

FEE (Office Use Only)
$ ~~45.~~

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

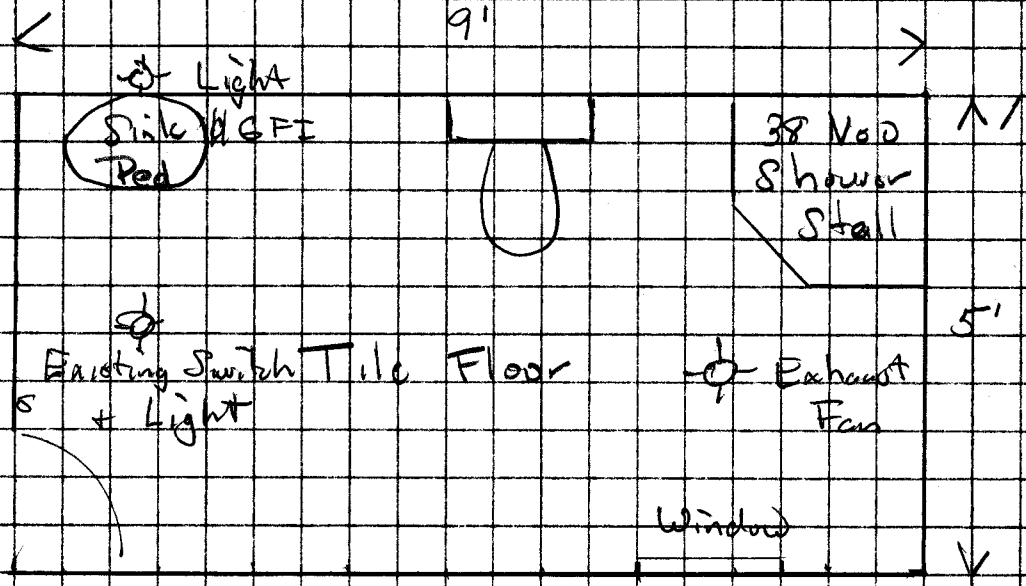
103°
S/C
1074

PROVIDE A CO2 DETECTOR
AND A SMOKE DETECTOR
NEAR SLEEPING AREAS

U.C.C. F130
(rev 3/96)

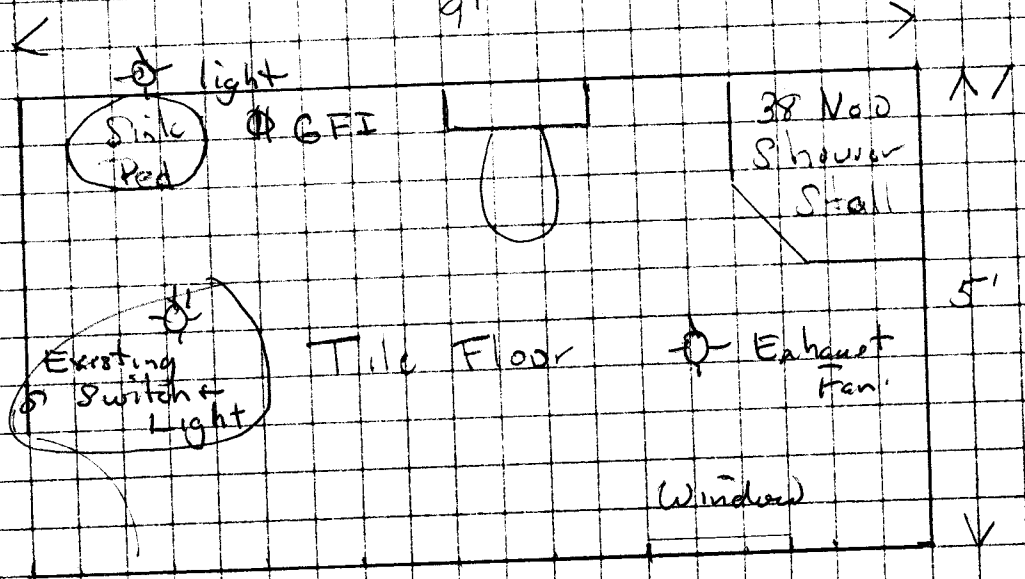
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Existing Bath

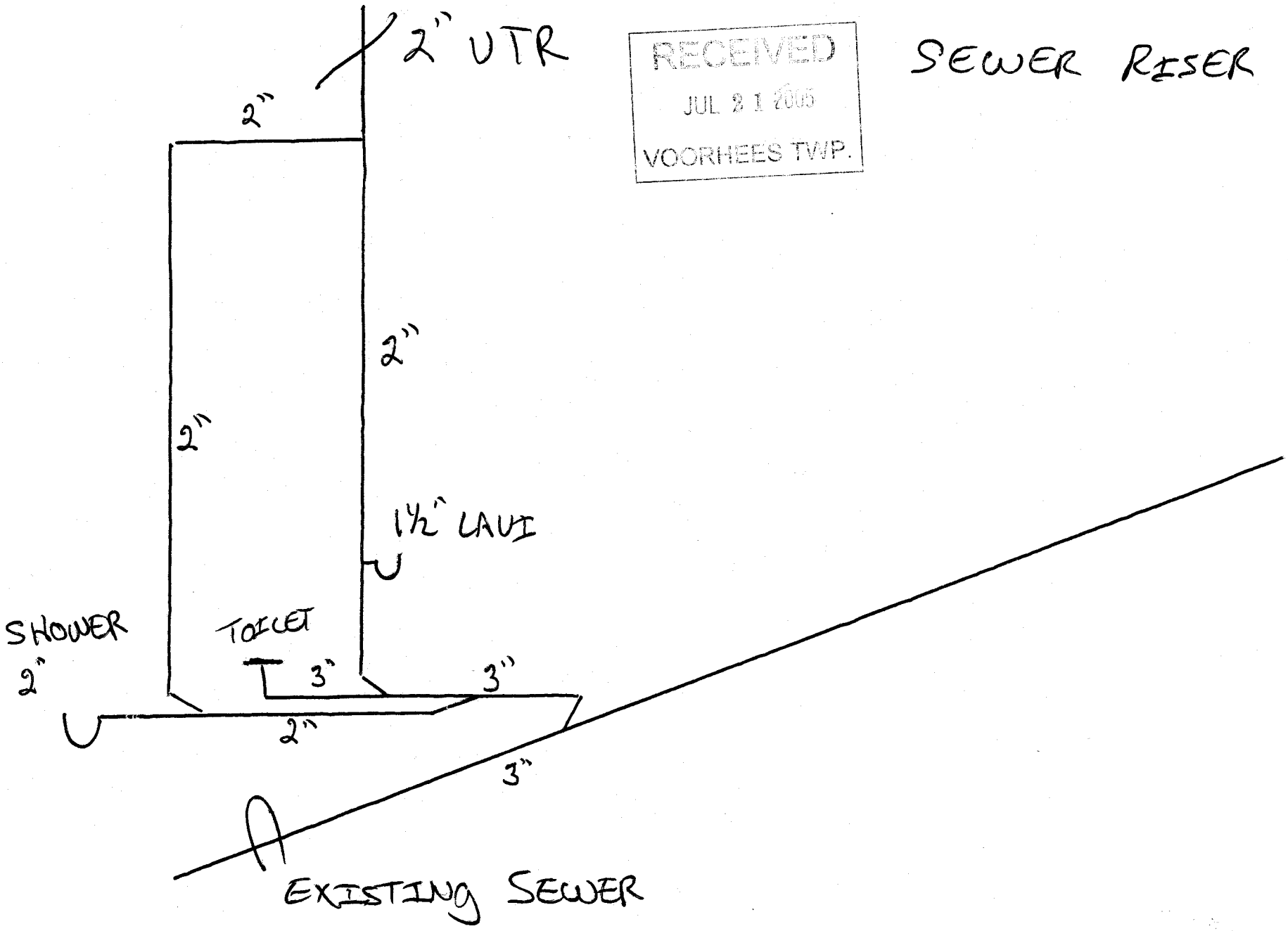


A Rylunt

Existing Bath



SEWER RISER



Terry Lohmann
N.J. P.L.N. 11223

COSTA AND RIHL

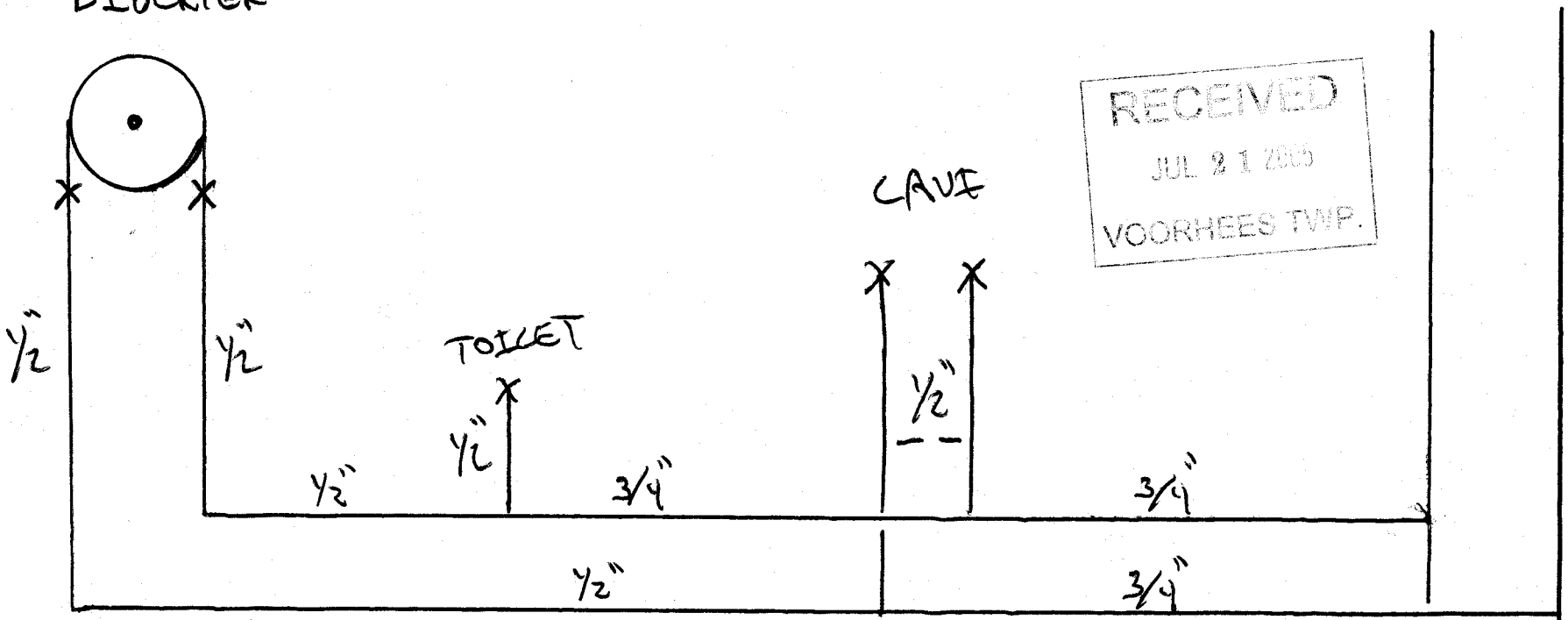
EMPLOYEE TIME CARD

Form Revised Feb 11, 2002

	02	447	Cleaning and Flushing	MP							
	02	448	Glycol	MP							
	02	500	Insulation	MP							
	02	501	Balancing	MP							
	02	504	ATC	MP							
	02	508	Excavation	MP							
	02	511	Demolition	MP							
	Plumbing										
	03	101	Trailer	PLBG							
	03	105	Supervision	PLBG							
	03	106	Punch List/Misc	PLBG							
	03	111	Drawing Expenses	PLBG							
	03	301	Underground Piping	PLBG							
	03	302	W/in Building	PLBG							
	03	303	Tie-In W/I MER	PLBG							
	03	304	UG Sanitary Pipe	PLBG							
	03	305	AG Sanitary Pipe	PLBG							
	03	400	Pumps, Sump w/Oil Sep	PLBG							
	03	402	Pumps HW Re-circulators	PLBG							
	03	403	Domestic Hot Water Heater	PLBG							
	03	404	Expansion Tank	PLBG							
	03	405	Motor Starter	PLBG							
	03	420	Plumbing Fixtures	PLBG							
	03	421	Carriers	PLBG							
	03	422	Floor Drains etc.	PLBG							
	03	440	Valve Tags/Labels	PLBG							
	03	441	Fire Stops	PLBG							
	03	442	Sleeves	PLBG							
	03	445	Rentals/Rigging	PLBG							
	03	446	Cleaning and Flushing	PLBG							
	03	447	Commissioning	PLBG							
	03	448	Access Panels	PLBG							
	03	500	Insulation Sub	PLBG							
	03	501	Sterilization	PLBG							
	03	503	Excavation	PLBG							
	03	509	Demolition	PLBG							
	Sheetmetal										
JOB #	**TASK CODE**		**DESCRIPTION**		**M**	**T**	**W**	**TH**	**F**	**S**	**S**
	05	111	Drawing Expenses	SMAD							
	05	320	Ductwork Install Rectangular	SMAD							
	05	400	Split Systems	SMAD							
	05	401	Rooftop Units 50/50	SMAD							
	05	402	Heat Recovery Units 50/50	SMAD							
	05	403	Hot Water Coil	SMAD							
	05	404	Cabinet Heater Ducted	SMAD							
	05	405	Fan Coils Ducted 50/50	SMAD							
	05	406	Fin Tube Radiation Enclosure	SMAD							
	05	408	Grilles, Registers, and Diffusers	SMAD							
	05	410	Louvers	SMAD							
	05	411	Fans	SMAD							
	05	412	Fire Dampers	SMAD							
	05	414	MO Dampers	SMAD							
	05	419	Seismic Restraints	SMAD							
	05	420	Duct Detectors	SMAD							
	05	445	Rentals/Rigging	SMAD							
	05	446	Start Up	SMAD							
	05	557	Demolition	SMAD							
Comments											

WATER RISER

MOEN
POSI TEMP
DIVERTER



PROVIDE A CO2 DETECTOR ~~AND A SMOKE DETECTOR~~ NEAR SLEEPING ~~AREAS~~

EXISTING
¾" HOT & COLD

Jerry Roberson
NJ#11223

COSTA AND RIHL

EMPLOYEE TIME CARD

Form Revised Feb 11, 2002

Employee Name (print)	Riverside Elementary School		IN	OUT	TOT.	TRVL	JOB #	
	Employee Signature	SUN						
	I agree that my time is as recorded on this card.	MON						
		TUES						
Week Ending		WED						
	JOB # 210001	THUR						
TOLL REIMBURSEMENT		FRI						
MATERIAL REIMBURSEMENT		SAT						

JOB #	Mechanical Piping TASK CODE		DESCRIPTION		M	T	W	TH	F	S	S
	02	100	Phone Service/Fax	MP							
	02	101	Trailer	MP							
	02	105	Supervision	MP							
	02	199	Warranty	MP							
	02	300	Piping Mains and Branches	MP							
	02	301	UG HWS/R	MP							
	02	302	Relocate CS/R, HS	MP							
	02	303	HS/R, 2/M-1	MP							
	02	304	CHW Mains >2"	MP							
	02	305	CHW Mains <2"	MP							
	02	306	HW Mains >2"	MP							
	02	307	HW Mains <2"	MP							
	02	308	Trapezes	MP							
	02	309	Runouts to FTR	MP							
	02	310	Drops to FTR	MP							
	02	311	W/I FTR	MP							
	02	312	Fin Conn, FC's	MP							
	02	313	Fin Conn CUH	MP							
	02	314	Fin Conn, HC's	MP							
	02	315	Fin Conn FTR	MP							
	02	316	A/C Condensate	MP							
	02	317	Refrigerant	MP							
	02	391	Underground Gas Pipe	MP							
	02	392	Above Ground Gas Pipe	MP							
	02	400	Pumps	MP							
	02	401	Exp Tank/Air Sep	MP							
	02	405	Chillers	MP							
	02	408	Vibration Isolation	MP							
	02	410	Glycol Feeder	MP							
	02	411	VFD's	MP							
	02	412	Starters	MP							
	02	420	Equipment Package	MP							
	02	421	Roof Top Units	MP							
	02	422	Heat Recovery Units	MP							
	02	423	Prop Unit Heaters	MP							
	02	424	Cabinet Heaters	MP							
	02	425	Fin Tube Radiation	MP							
	02	426	Fan Coils	MP							
	02	427	Heating Coils	MP							
	02	428	Split Systems	MP							
	02	429	Elec Heaters	MP							
	02	430	Drain Pans	MP							
	02	440	Valve Tags/Labels	MP							
	02	441	Fire Stops	MP							
	02	442	Sleeves	MP							
	02	445	Rentals/Rigging	MP							
	02	446	Roof Flashing/Ctr Flashing	MP							

RECEIVED

VOORHEES TOWNSHIP

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	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. _____	_____	_____	_____	_____