BLOCK 114 LOT 6 QUALIF /CODE _____ ADDRESS (SITE) 55 JOHNSON AVE. PERMIT NO. 060270 ✓

# CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

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

## I. IDENTIFICATION

1. Proposed Work Site at: 55 JOHNSON AVE.
2. Name of Owner in Fee: JAMES T. CIPOLLA Tel. (856) 939-0604
   Address: 55 JOHNSON AVENUE (street) RUNNEMEDE (municipality) 08078 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: HOMEOWNER Tel. (856) 939-0604
   Address 55 JOHNSON AVE
   RUNNEMEDE, NJ. 08078
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ Fax ( )
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work JAMES T. CIPOLLA
   Tel. (856) 939-0604 Fax ( )

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 460.00+460.00 | | |
| 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 | 4.00 | | |
| 10. Subtotal | | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 916.00 | | |

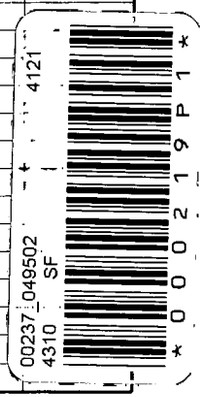
## VI. BUILDING/SITE CHARACTERISTICS

| | (office use only) |
|---|---|
| 1. Number of Stories 2 | |
| 2. Height of Structure _____ ft. | |
| 3. Area — Largest Floor _____ sq. ft. | |
| 4. New Building Area N/A sq. ft. | |
| 5. Volume of New Structure N/A cu. ft. | |
| 6. Construction Classification _____ | |
| 7. Total Land Area Disturbed N/A sq. ft. | |
| 8. Flood Hazard Zone _____ | |
| 9. Base Flood Elevation _____ ft. | |
| 10. Wetlands yes _____ | |
| no _____ | |
| 11. Max. Live Load _____ | |
| 12. Max. Occupancy Load _____ | |

OPTIONAL (for office use only)

## II. PROPOSED WORK

| | Est. Cost | Plans Rec'd by | Date Rec'd by | Rejection Date | Approval Date | Reviewer | Resubmission Dates Approval | Resubmission Dates Rejection | Reviewer |
|---|---|---|---|---|---|---|---|---|---|
| 1. ☐ Minor Work | | DB | | | | | | | |
| 2. ☐ New Building | | | | | | | | | |
| 3. ☐ Addition | | | | | | | | | |
| 4. ☐ a. Repair | | | | | | | | | |
| ☐ b. Alteration | | | | | | | | | |
| ☒ c. Renovation | | | | | | | | | |
| ☐ 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 | | | | | | | | | |




## 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. (X) 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 James T. Quinn Date 5-12-06

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 _____

Address _____

_____

Telephone ( _____ ) _____

Signature _____

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

**BOROUGH of RUNNEMEDE**
24 N. BLACK HORSE PIKE
RUNNEMEDE, NEW JERSEY 08078
(856) 939-2815

NEW JERSEY UNIFORM CONSTRUCTION CODE

# CONSTRUCTION PERMIT

Date Issued: 7/21/06

Permit # 06-270

IDENTIFICATION Block 114 Lot 6 Qualification Code

Work Site Location 55 JOHNSON AVE. RUNNEMEDE, NJ 08078

Contractor HOMEOWNER

Address

Owner in Fee JAMES T. CIPOLLA

Address 55 JOHNSON AVE RUNNEMEDE, NJ 08078

Tel. (856) 939-0604

Tel. ( )

Lic. No. or Bldrs. Reg. No.

**Is hereby granted permission to perform the following work:**

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF 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 $ 3,000.00

Christopher M Loca
Construction Official

Date

**PAYMENTS (Office Use Only)**

Building 46.00 + 46.00

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 4.00

Cert. of Occupancy

Other

Total 96.00

Check No. 1648

Cash

Collected by QE

(see reverse side)

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

# REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

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(856) 468-7933

**Borough of Runnemede**
*24 N Black Horse Pike*
*Runnemede, NJ 08078*
*(856)939-5161* FAX *(856)939-0202*

Permit No. **20060270**
Block/Lot 114./6.
Date 1/23/08

# Certificate of Approval

**IDENTIFICATION**

Block/Lot 114./6.
Work Site Location 55 JOHNSON AVE

Owner in Fee/Occupant CIPOLLA, JAMES & PAULA
Address 55 JOHNSON AVE
RUNNEMEDE, NJ, 08078

Telephone
Contractor
Address

Telephone FAX
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private

Use Group R-5
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

roofing/siding

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

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 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

Christopher M Loca
CONSTRUCTION OFFICIAL

Fee $ 0
Paid [ ] Check No. 1648
Collected by: JE

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

**BOROUGH OF RUNNEMEDE**
24 N. BLACK HORSE PIKE
RUNNEMEDE, NEW JERSEY 08078
(856) 939-2815

NEW JERSEY UNIFORM CONSTRUCTION CODE

# BUILDING SUBCODE TECHNICAL SECTION

Date Received 7/21/08
Date Issued
Control #
Permit #08-870

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

Block 114 Lot 6 Qualification Code

Work Site Location 55 JOHNSON AVENUE
RUNNEMEDE, NJ 08078

Owner in Fee JAMES T. CIPOLLA

Address 55 JOHNSON AVENUE
RUNNEMEDE, NJ 08078

Tel. (856) 939-0604

Contractor HOMEOWNER

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

**JOB SUMMARY (Office Use Only)**

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1/24/08
Approved by:

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

**B. BUILDING CHARACTERISTICS**

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors N/A Sq. Ft.
Volume of New Structure N/A Cu. Ft.
Total Land Area Disturbed Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $ 0
2. Rehabilitation $ 3,000
3. Total (1+ 2) $ 3,000.00 KC

**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.

James T. Cipolla
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
NEW ROOF
NEW SIDING

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

FEE (Office Use Only)

| | |
|---|---|
| | 46.00 |
| | 46.00 |
| Administrative Surcharge $ | |
| Minimum Fee $ | |
| State Permit Surcharge Fee $ | 4.00 |
| TOTAL FEE $ | 96.00 |

UCC/F-110 (REV. 7/03)
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(856) 468-7933

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office copy 4. White Tag- Office copy

NOTICE TO PERMIT APPLICANT

The permit for which you have applied requires the following:

1. Per the Uniform Fire Safety Act NJSA 52:27D-198.1 and the Rehabilitation Subcode of the Uniform Construction Code, NJAC 5:23-6.4(f), NJAC 5:23-6.6-13(f) Smoke detectors will be installed on each level of the dwelling, including the basement. There should be a smoke detector in the vicinity of the bedrooms outside each sleeping area. The smoke detector should be installed as per manufacturer's specification. Battery powered smoke detectors satisfy this requirement. (The installation of battery powered smoke detectors and those smoke detectors that already exist, do not require an inspection; Therefore it is the responsibility of the homeowner to insure that the provisions of the NJAC referenced above have been met.

~~2. Per the New Jersey Administrative Code 5:23-3.20(c) (Amendment effective April 7, 2003),~~ Carbon Monoxide (CO) Alarms must be installed and maintained in the immediate vicinity of each sleeping area in any guestroom or residential dwelling if the building contains either a fuel burning appliance or an attached garage. CO alarms must be installed as per manufacturer's specifications. (The installation of battery powered and plug-in type CO alarms and those CO alarms that already exist, do not require an inspection; Therefore it is the responsibility of the homeowner to insure that the provisions of the NJAC referenced above have been met.

Exception: If you are installing hard wired Co alarms or Smoke detectors, permits and inspections are required.

___ I certify by my signature below that I currently have the required Smoke Detectors and Carbon Monoxide (CO) Detectors installed.

X I certify by my signature below that I do not currently have the required Smoke Detectors and Carbon Monoxide (CO) Detectors installed, but that these devices will be installed prior to work being completed.

DATE: 5-12-06 Signature: James T. Gill

address 55 JOHNSON AVE.

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. | | | | |

FOLD

FOLD