From: Liza Fleming
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA Request - 920 Stokes Avenue - Open/Closed Permits
Date: Friday, April 12, 2024 6:30:45 PM

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:
Copies of any open and closed permits for 920 Stokes Avenue, Collingswood, NJ related to construction - plumbing, electrical, additions, roofing, siding, etc . Records as far back as on file in the local office to present day 04/12/2024

Yours faithfully,
Liza Fleming

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-60651-4bc686ea@requests.opramachine.com

Is hmannel@collingswood.com the wrong address for OPRA requests to Collingswood Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=collingswood_borough
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opra_request_920_stokes_avenue_o

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 920 STOKES AVE
2. Owner Name: MR. & MRS MATSON Tel. [redacted]
   Address 920 STOKES AVE
3. Principal Contractor: 1019 INTROCASO CONST. CO Tel. [redacted]
   Address 704 BELMONT AVE.
   Lic. No. or Builder Reg. No. 46571 Federal Emp. No. [redacted]
4. Architect or Engineer: OWNER Tel. [redacted]
   Address SAME AS ABOVE
5. Responsible Person in Charge of Work Alfred Introcaso Tel. [redacted]

II. PROPOSED WORK

A. TYPE OF WORK

1. [x] Minor Work (Single Trade)
2. [ ] Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. [ ] New Building
4. [x] Addition
5. [ ] Alteration
6. [ ] Repair, Replacement
7. [ ] Demolition
8. [ ] Other:

B. CATEGORIES OF WORK

Permit/Category*		Estimated
1. [x]	Building/ Structural	$2,500.00
2. [ ]	Plumbing	
3. [ ]	Electrical	
4. [ ]	Fire Protection	
5. [ ]	Other	
6. [ ]	Other	
	TOTAL COST	$2,500.00

C. DO YOU WANT:

1. [ ] Partial Releases 2. [ ] Prototype Processing

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

1. [ ] Elevators/Dumbwaiters
2. [ ] High-Pressure Boilers
3. [ ] Refrigeration Systems
4. [ ] Pressure Vessels
5. [ ] Hazardous Uses/Places of Assembly
6. [ ] Cross-connections/ Backflow Preventors
7. [ ] Sprinklers
8. [ ] Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. [ ] Hotels (R–1)
2. [ ] Multi-Family (R–2)
   HMD Reg. No.:
3. [ ] Two Family (R–3b)
4. [x] One-Family (R–3a)

If new construction, enter no. of dwelling units ____

If other than new construction, enter no. of dwelling units:
Before Construction: ____
After Construction: ____
Net Gain (or loss): ____

B. NON-RESIDENTIAL

5. [ ] Theatres with Stage (A–1–A)
6. [ ] Movie Theatres (A–1–B)
7. [ ] Night Clubs (A–2)
8. [ ] Restaurants, Libraries, Museums (A–3)
9. [ ] Religious Assembly (A–4)
10. [ ] Outdoor Assembly (A–5)
11. [ ] Business (B)
12. [ ] Educational (E)
13. [ ] Moderate-Hazard Factory (F–1)
14. [ ] Low-Hazard Factory (F–2)
15. [ ] High-Hazard (H)
16. [ ] Institutional Detention Center (I–1)
17. [ ] Hospitals, Infirmaries (I–2)
18. [ ] Group Homes (I–3)
19. [ ] Mercantile (M)
20. [ ] Moderate-Hazard Warehouse (S–1)
21. [x] Low-Hazard Warehouse (S–2)
22. [ ] Temporary, Misc. (U)
23. [ ] Other

State Specific Use: ____

If Change in Use Group, Indicate Former: ____

00146_034212 3226
347 SF
000152W0

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. [x] Private (Individual, Corp., Non-profit Inst., Etc.)
2. [ ] Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	[ ]	[ ]	Gas
4.	[ ]	[ ]	Oil
5	[ ]	[ ]	Electric
6.	[ ]	[ ]	Solid (Wood,Coal,Etc.)
7.	[ ]	[ ]	Propane
8.	[ ]	[ ]	Solar
9.	[ ]	[ ]	Other ____

C. TYPE OF SEWAGE DISPOSAL

10. [ ] Public or Private Company
11. [ ] Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. [ ] Public or Private Company
13. [ ] Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories ONE
15. Height of Structure 8' Ft.
16. Area–Largest Floor 140 Sq. Ft.
17. Bldg. Area–All Fls. ____ Sq. Ft.
18. Volume of Structure ____ Cu. Ft.
19. Total Land Area Disturbed 0 Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☑ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE Albert A. Introcaso DATE 10/22/84

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 INTROCASO CONST. CO. TEL. [redacted]

ADDRESS 704 BELMONT AVE.
COLLINGSWOOD, N.J.

SIGNATURE Albert A. Introcaso

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 241
DATE ISSUED 3/22/24
REVISION DATE
Block 73 Lot 10 & 10A
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner MR&MRS. MATSON
Address 920 STOKES AVE
COLLINGSWOOD
Tel. [redacted] (1211)

Contractor INTROCASO CONST.
Address 704 REMONT AVE
COLLINGSWOOD, N.J.
Tel. [redacted]
Lic. No. 4611
Federal Emp. No.

10/19 Work Site Address STOKES Ave AVE. COLLINGSWOOD

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

ONE STORY ENCLOSED PORCH WITH SHED ROOF. EXISTING FOUNDATION.

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☑ Addition	[redacted]	[redacted]
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		20.00
☐ Other		
☐ Demolition	[redacted]	[redacted]
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other STAIR		.16
0.9	SUBTOTAL	$ 100
	Minimum Building Fee (if applicable)	$ 31.76
	Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1 STORY — Total Building Area—All Floors 140 Sq. Ft.

Height of Structure 8' Ft. — Volume of Structure _____ Cu. Ft.

Area—Largest Floor 140 Sq. Ft. — Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ #2,500.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 1/30/85

Inspected By: DES

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

DIVISION OF INSPECTION
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

CERTIFICATE

CERT. NO. [illegible]
DATE ISSUED [illegible]
Block 73 Lot 10
Subdivision

IDENTIFICATION

Owner Mr. & Mrs. Motson
Address 1019 Stokes Ave. Collingswood, NJ
Tel. ( )
Work Site Address Same as above

Agent Introcaso Const.
Address 704 Belmont Ave. Collingswood, NJ
Tel. ( ) [redacted]
Lic. No. 4671
Federal Emp. No.

PAYMENTS

Fee Remitted $
☒ Check No.
☐ Cash
☐ Other
Collected By
Date

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

One story enclosed porch

USE GROUP R-3a FIRE GRADING

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Porch

FINAL COST OF CONSTRUCTION: $ 2,500.00

Charles H. Barnett
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BLOCK NO. 73 LOT NO. 10 & 10A SUBDIVISION _____ PERMIT NO. 347

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____		_____		_____

U.C.C. Form F-100 (8/83)

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☑ Certificate of Occupancy No. 347	1/30/85
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 20.00
PLUMBING	•
ELECTRICAL	•
FIRE PROTECTION	•
OTHER _____	•
SUBTOTAL	$ •
– LESS: 20% of subtotal (when plan review performed by state agency).	(•)
D.C.A. TRAINING FEE .0006 x _____ =	• 76
CERTIFICATE OF OCCUPANCY	1.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 21.76

DATE 10/23/84 Collected By CS

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

AH
3523

BLOCK 79 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 920 Stokes Ave C79/10 PERMIT NO. 00-0340

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 920 Stokes Ave
2. Name of Owner in Fee: Mr & Mrs Tilton Tel. ([redacted]
   Address 920 (street) Stokes Ave Collingswood (municipality) [redacted] (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: West Jersey Const Co Tel. (856) 627-0471
   Address 18 W White Horse Pike Voorhees
   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 Rick Gunn
   Tel. (856) 627-0471 FAX (_____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	263.00	
2.	Electrical		46.00	
3.	Plumbing		46.00	
4.	Fire Protection		132.00	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		10.00	
10.	Subtotal			
11.	Cert. of Occupancy		28.00	
12.	Other			
13.	TOTAL	$	531.00	

3226 00146_034205 20000340 SF *0001518R2*

VI. BUILDING/SITE CHARACTERISTICS

		(office use)
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	

8/30/00 4:04 pm

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	32000.00								
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☒ Plumbing	1500.00								
7.	☒ Electrical	500.00								
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	34000.00								

OPTIONAL (for office use only)

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

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	1
After Construction	1
Net Gain or Loss	0

B. NON-RESIDENTIAL

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

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. (X) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. (X) Fire Protection

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. (X) 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 7/25/06

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 West Jersey Const Co Inc

Address 18 W White Horse Rd
Voorhees NJ

Telephone (856) 627 9477

Signature _____

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

Date Issued 04/29/2003
Control #
Permit # 00-0340

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 79 Lot 10 Qual
Work Site Location 920 STOKES AVENUE

Owner in Fee/Occupant TILTON EDWARD & PATRICIA 19
Address 920 STOKES AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]
Contractor WEST JERSEY CONST. CO. INC.
Address 18 W. WHITE HORSE ROAD
VOORHEES, NJ 08043-
Telephone (856)627-0471 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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:

17' X 26' TWO STORY ADDITION

[X] 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 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 _____, ___.

Lawrence Pruett Jr
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 28
Paid [X] Check No. 421
Collected by: CH

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

Date Issued 04/29/2003
Control #
Permit # 00-0340

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 79 Lot 10 Qual
Work Site Location 920 STOKES AVENUE

Owner in Fee/Occupant TILTON EDWARD & PATRICIA 19
Address 920 STOKES AVENUE
COLLINGSWOOD NJ 08108-
Telephone [redacted]
Contractor WEST JERSEY CONST. CO. INC.
Address 18 W. WHITE HORSE ROAD
VOORHEES, NJ 08043-
Telephone (856)627-0471 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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:

17' X 26' TWO STORY ADDITION

[X] 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 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 _____, ___.

Fee $ 28
Paid [X] Check No. 421
Collected by: CH

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/30/2000
Date Issued 8/31/00
Control # C79/10
Permit # 00-0340

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

Block 79 Lot 10 Qual
Work Site Location 920 STOKES AVENUE
Owner in Fee TILTON EDWARD & PATRICIA 19
Address 920 STOKES AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted]
Contractor WEST JERSEY CONST. CO. INC.
Address 18 W. WHITE HORSE ROAD
VOORHEES, NJ 08043-
Tele.(856)627-0471 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

17' X 26' TWO STORY ADDITION

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[X] All — 8/30 — WS
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing			10/4	BS
Foundation			10/13	BS
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	3/6/03		5/12/03	
BarrierFree				

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building	$ 0
[X] Addition	263
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 442 Sq. Ft.
Volume of New Structure 9,724 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 30,000
2. Alteration $ 0
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 263
DCA Training Fee	$ 16

U.C.C. F110 (rev. 3/96)

3/6/03 GLASS IN BATH TUB WINDOW
NOT RATED — MUST PROTECT OR
CHANGE GLASS

3/18/03 SAFTEY FILM APPLIED
OVER GLASS

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/30/2000
Date Issued 8/31/00
Control # C79/10
Permit # 00-0340

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

Block 79 Lot 10 Qual

Work Site Location 920 STOKES AVENUE

Owner in Fee TILTON EDWARD & PATRICIA 19
Address 920 STOKES AVENUE
COLLINGSWOOD, NJ 08108-
Tele [redacted] Fax ( )
Contractor EDWARD TILTON
Address 920 STOKES AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3/18/03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
7		Lighting Fixtures	
15		Receptacles	
8		Switches	
4		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
34		TOTAL NUMBERS	18
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	6
Minimum Fee	$	22
TOTAL FEE	$	46
DCA Training Fee	$	0

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 08/30/2000
Date Issued 8/31/00
Control # C79/10
Permit # 00-0340 ✓

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

Block 79 Lot 10 Qual

Work Site Location 920 STOKES AVENUE

Owner in Fee TILTON EDWARD & PATRICIA 19

Address 920 STOKES AVENUE

COLLINGSWOOD, NJ 08108-

Tele.( ) Fax ( )

Contractor

Address

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By: 3/6/03
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			3/29-9	
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

Final 4/23/02
no entry

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10
0	Urinal / Bidet	0
1	Bath Tub	5
2	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 6
Paid [ ] Check #	Minimum Fee	$ 15
Collected by:	TOTAL FEE	$ 46
	DCA Training Fee	$ 0

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/30/2000
Date Issued 08/31/2000
Control #
Permit # 00-0340

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

Block 79 Lot 10 Qual
Work Site Location 920 STOKES AVENUE

Owner in Fee TILTON EDWARD & PATRICIA 19
Address 920 STOKES AVENUE
COLLINGSWOOD, NJ 08108-
Tele [redacted]
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 50

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA
Date: 3/19/03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys			3/18/03	MA
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Supervy

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	4	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	4	36
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinklex Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [X] Check # 421	Minimum Fee	$ 4
Collected by: CH	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 08/30/2000
Date Issued 8/13/00
Control # C79/10
Permit # 00-0340

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

Block 79 Lot 10 Qual

Work Site Location 920 STOKES AVENUE

Owner in Fee TILTON EDWARD & PATRICIA 19

Address 920 STOKES AVENUE

COLLINGSWOOD, NJ 08108-

Tele.(__)_____ Fax (__)_____

Contractor

Address

Tele.(__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr Class Present Proposed

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar

[ ] Other

Location:

Total Est Cost of Fire Prot Work $ 50

Fire Alarm System

New [ ] Existing [ ]

Location of Panel:

Fire Suppression/Standpipe Sys

New [ ] Existing [ ]

Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Elect

[ ] Plumb [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved By:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	4	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	4	40
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	40
DCA Training Fee	$	0

Paid [ ] Check # Collected by:

U.C.C. F140 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

Date Issued 8/30/00
Control # C79/10
Permit # 00-0340

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 79 Lot 10 Qual

Work Site Location 920 STOKES AVENUE

Owner in Fee TILTON EDWARD & PATRICIA 19
Address 920 STOKES AVENUE
COLLINGSWOOD NJ 08108-
Telephone [redacted]

Contractor WEST JERSEY CONST. CO. INC.
Address 18 W. WHITE HORSE ROAD
VOORHEES, NJ 08043-
Telephone (856)627-0471
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
17' X 26' TWO STORY ADDITION

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 $ 32,050

William Joseph
Construction Official

8/30/00
Date

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

PAYMENTS (Office Use Only)

Building	263
Electrical	46
Plumbing	46
Fire Protection	132
Elevator Devices	0
Other	
DCA Training Fee	16
Cert. of Occupancy	28
Other	
Total	531
Check No.	421
Cash	
Collected By	CH

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # C 79/10

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

Block 79 Lot 10
Work Site Location 920 Stokes Ave Collingswood
Owner in Fee Tilton Edward & Patricia
Address 920 Stokes Ave Collingswood
Tele. [redacted]
Contractor West Jersey Coast Co
Address 18 W White Horse Rd Voorhees NJ
Tele. (856) 627-0471 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure 22 Ft.
Area — Largest Floor 446 ~~[illegible]~~ Sq. Ft.
New Bldg. Area/All Floors 778 ~~682~~ Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed 446 ~~[illegible]~~ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 30,000
2. Alteration $
3. Total (1+ 2) $ 36,000

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

2 Story Addition
1st Floor 17x26
2nd Floor 11x26

TYPE OF WORK:
[ ] New Building
[X] 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 $

U.C.C. F110 (rev. 3/96)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 79 Lot 10
Work Site Location 920 Stokes Ave Collingswood
Owner in Fee/Occupant Edward Tilton
Address 920 Stokes Ave Collingswood
Tele. [redacted]
Contractor Edward Tilton
Address 920 Stokes Ave Collingswood NJ
Tele. [redacted] Fax ( )
Lic. No.
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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 [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
15		Receptacles	
9		Switches	
4		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
30		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	
		.....	
		.....	

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 79 Lot 10
Work Site Location 920 Stokes Ave Collingswood NJ
Owner in Fee Edward Tilton
Address 920 Stokes Ave Collingswood NJ
Tele. [redacted]
Contractor Edward Tilton
Address 920 Stokes Ave Collingswood
Tele. (856) 858-8916 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size 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:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
	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	

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 79 Lot 10
Work Site Location 920 Stokes Ave Collingswood
Owner in Fee Edward Tilton
Address 920 Stokes Ave Collingswood
Tele. [redacted]
Contractor Edward Tilton
Address 920 Stokes Ave Collingswood
Tele. (856) 858-8976 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ ____

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: ____
Approved by: ____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow).	4	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other ____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other ____		

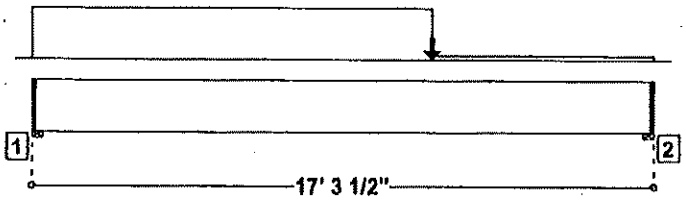
Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ ____

U.C.C. F140
(rev. 3/96)

7" x 16" 2.0E Parallam® PSL

TJ-Sizing™ v5.50 Serial Number: 600000201
MASTsizN E1111 08/22/2000 4:38:38 PM
Page 1 of 1 Build Code: 139

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis for Beam Member Supporting FLOOR - RES. Application. Tributary Load Width: 1'
Loads(psf): 40 Live at 100% duration, 12 Dead, 0 Partition, and:

TYPE	CLASS	LIVE	DEAD	LOCATION	APPLICATION	COMMENT
Point(lbs.)	Snow(1.15)	5060	3336	11' 1 3/4"	Adds to	
Point(lbs.)	Snow(1.15)	3598	2900	11' 1 3/4"	Adds to	
Uniform(plf)	Floor(1.00)	520	187	0 to 11' 1 3/4"	Replaces	

SUPPORTS:

		INPUT WIDTH	BEARING LENGTH	REACTIONS(lbs.) LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1	2x4 Plate	3.50"	3.69"	7043 / 3934 / 10977	1	16.0"	Detail A3	1.25" LSL Rim
2	2x4 Plate	3.50"	4.277"	7657 / 5066 / 12723	1	16.0"	Detail A3	1.25" LSL Rim

- See TJ SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3.
- Bearing length requirement exceeds input at support(s) 1, 2. Supplemental hardware is required to satisfy bearing requirements.

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	12709	12582	24901	Passed(51%)	Rt. end Span 1 under Snow Roof loading
Moment(ft-lb)	74432	74432	80393	Passed(93%)	MID Span 1 under Snow Roof loading
Live Defl.(in)		0.475	0.565	Passed(L/428)	MID Span 1 under Snow Roof loading
Total Defl.(in)		0.773	0.848	Passed(L/263)	MID Span 1 under Snow Roof loading

- Deflection Criteria: STANDARD(LL: L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 42' 4" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

ADDITIONAL NOTES:

- IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). Allowable product values shown are in accordance with current TJ materials and code accepted design values. TJ Engineering has verified the analysis. The input loads and dimensions have been provided by others (_____) and must be verified and approved for the specific application by the design professional for the project.
- THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Code NER analyzing the TJ Residential product listed above.

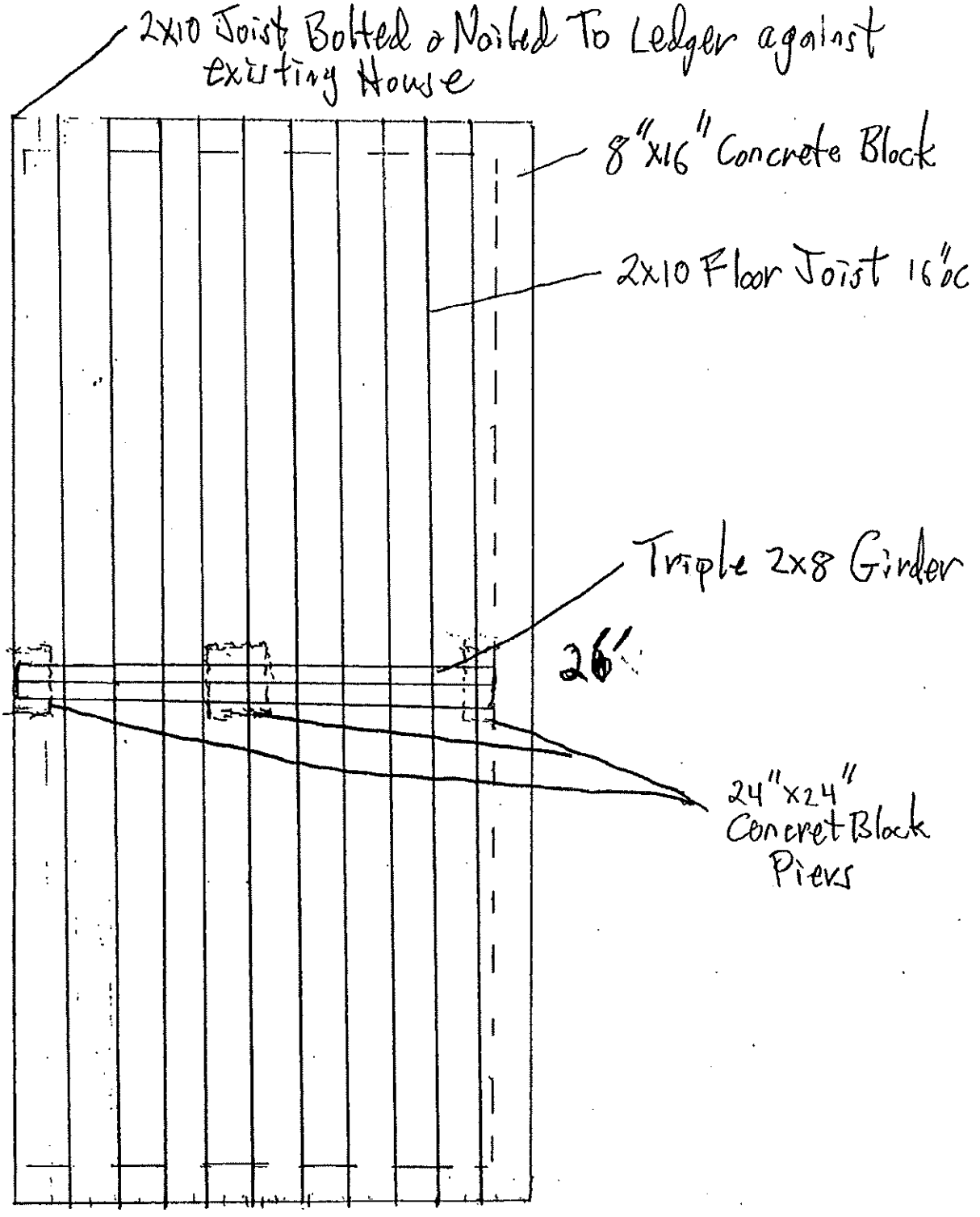
8-25-00

PROJECT INFORMATION

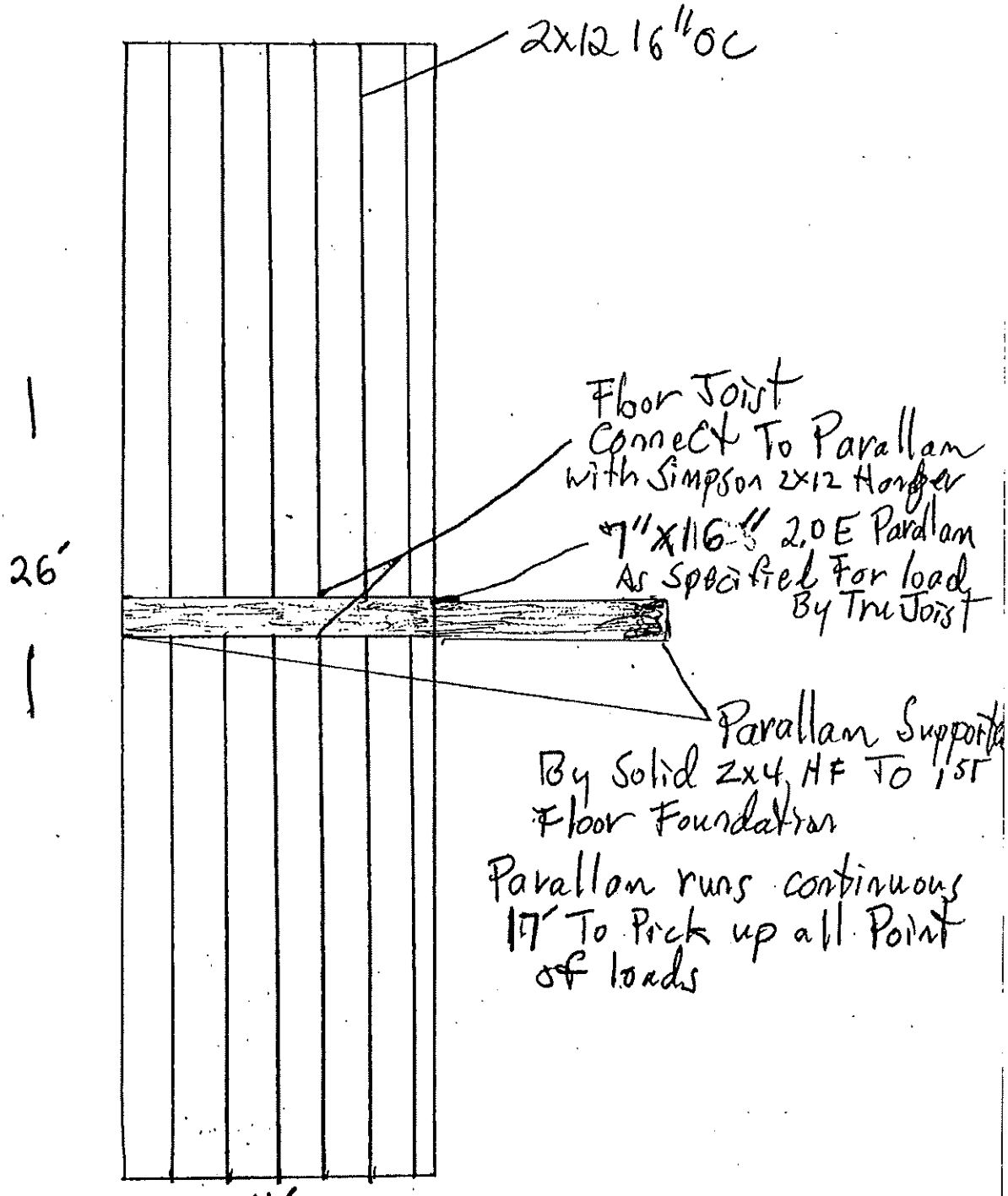
No Project Information available

OPERATOR INFORMATION:

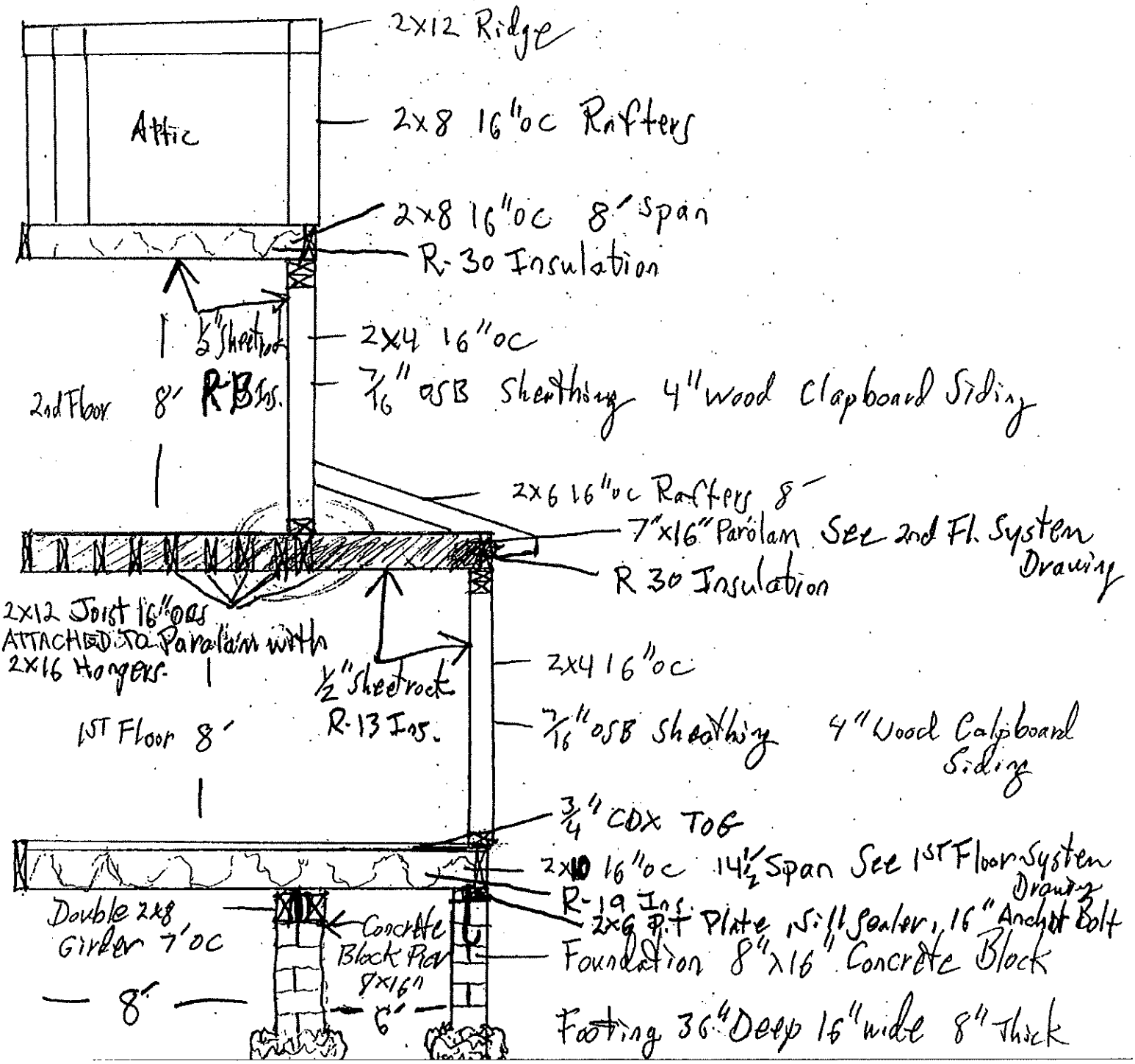
TRUS JOIST
Jim Oliver
104A Centre Blvd.,
Marlton, NJ 08053
856-596-5555

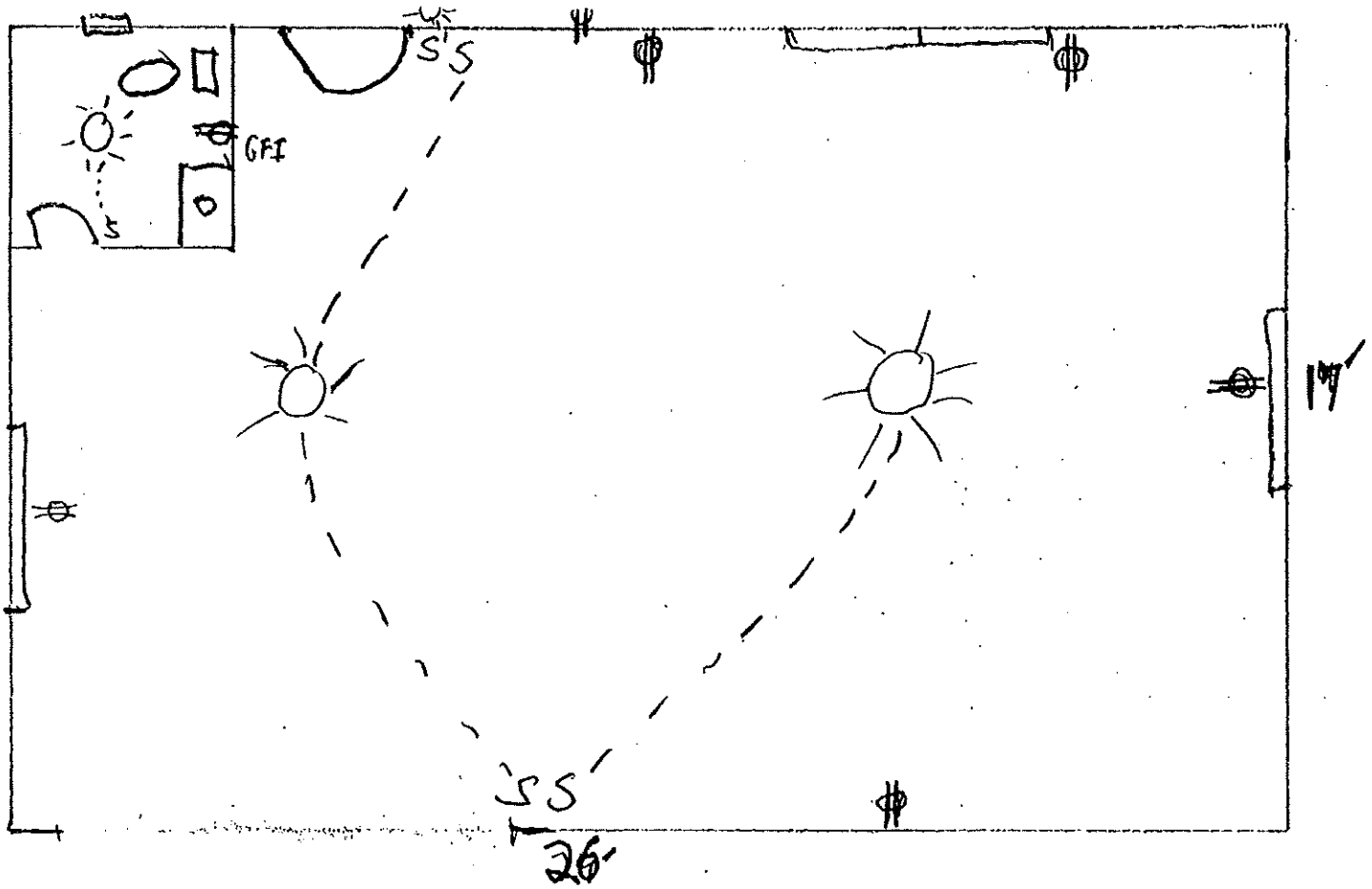


1ST Floor Foundation & Floor System

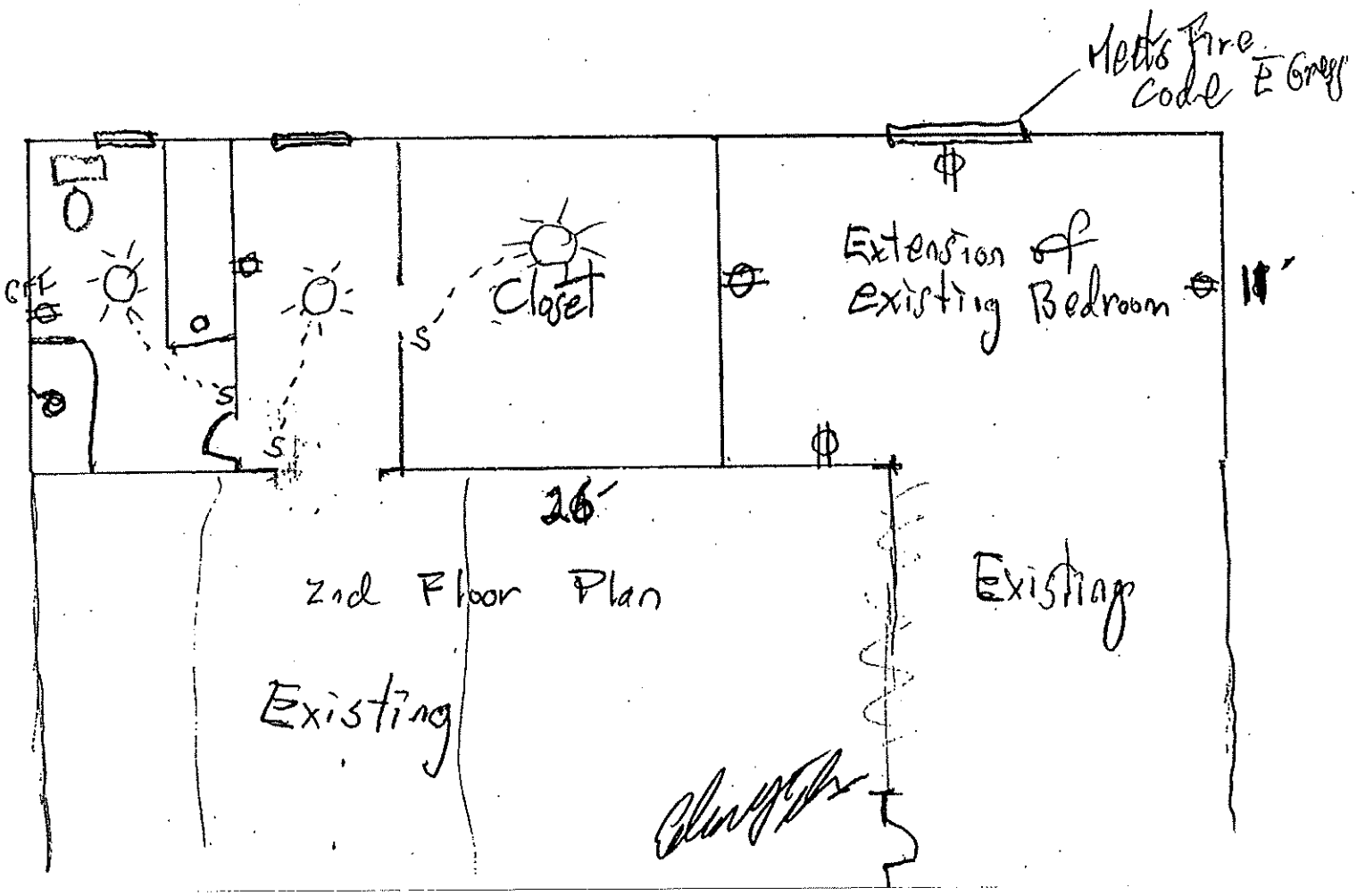


2nd Floor : Floor System


2x12 Ridge
Attic
2x8 16"oc Rafters
2x8 16"oc 8' Span
R-30 Insulation
½" Sheetrock
2x4 16"oc
2nd Floor 8'
R-13 Ins.
7/16" OSB Sheathing
4" Wood Clapboard Siding
2x6 16"oc Rafters 8'
7"x16" Parolam See 2nd Fl. System Drawing
R 30 Insulation
2x12 Joist 16"oc ATTACHED TO Parolam with 2x16 Hangers
½" Sheetrock
R-13 Ins.
2x4 16"oc
1ST Floor 8'
7/16" OSB Sheathing
4" Wood Calpboard Siding
¾" CDX TOG
2x10 16"oc 14½ Span See 1ST Floor System Drawing
R-19 Ins.
2x6 P.T Plate
Sill Sealer, 16" Anchor Bolt
Double 2x8 Girder 7'oc
Concrete Block Pier 8"x16"
Foundation 8"x16" Concrete Block
8'
6'
Footing 36" Deep 16" wide 8" Thick

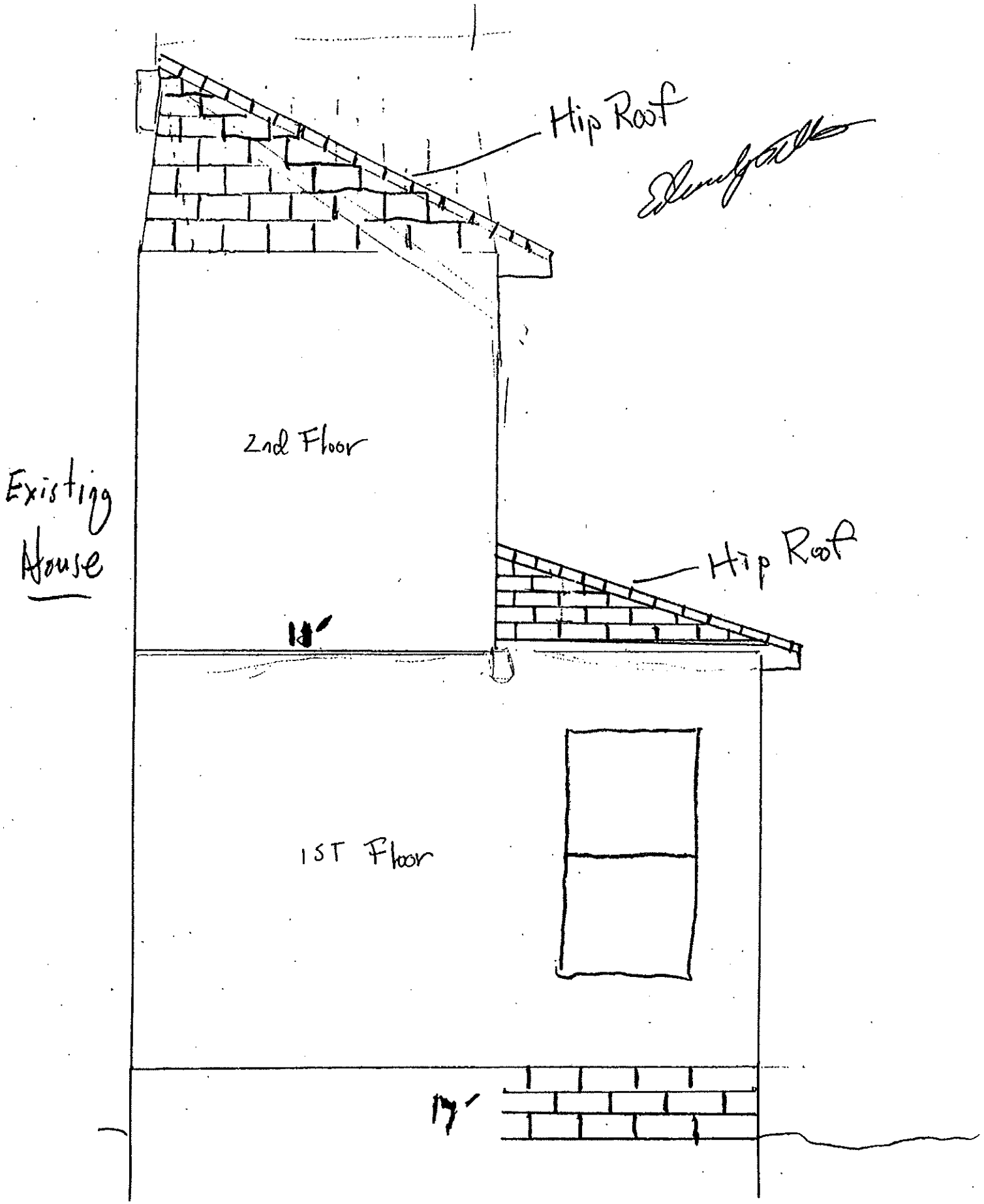


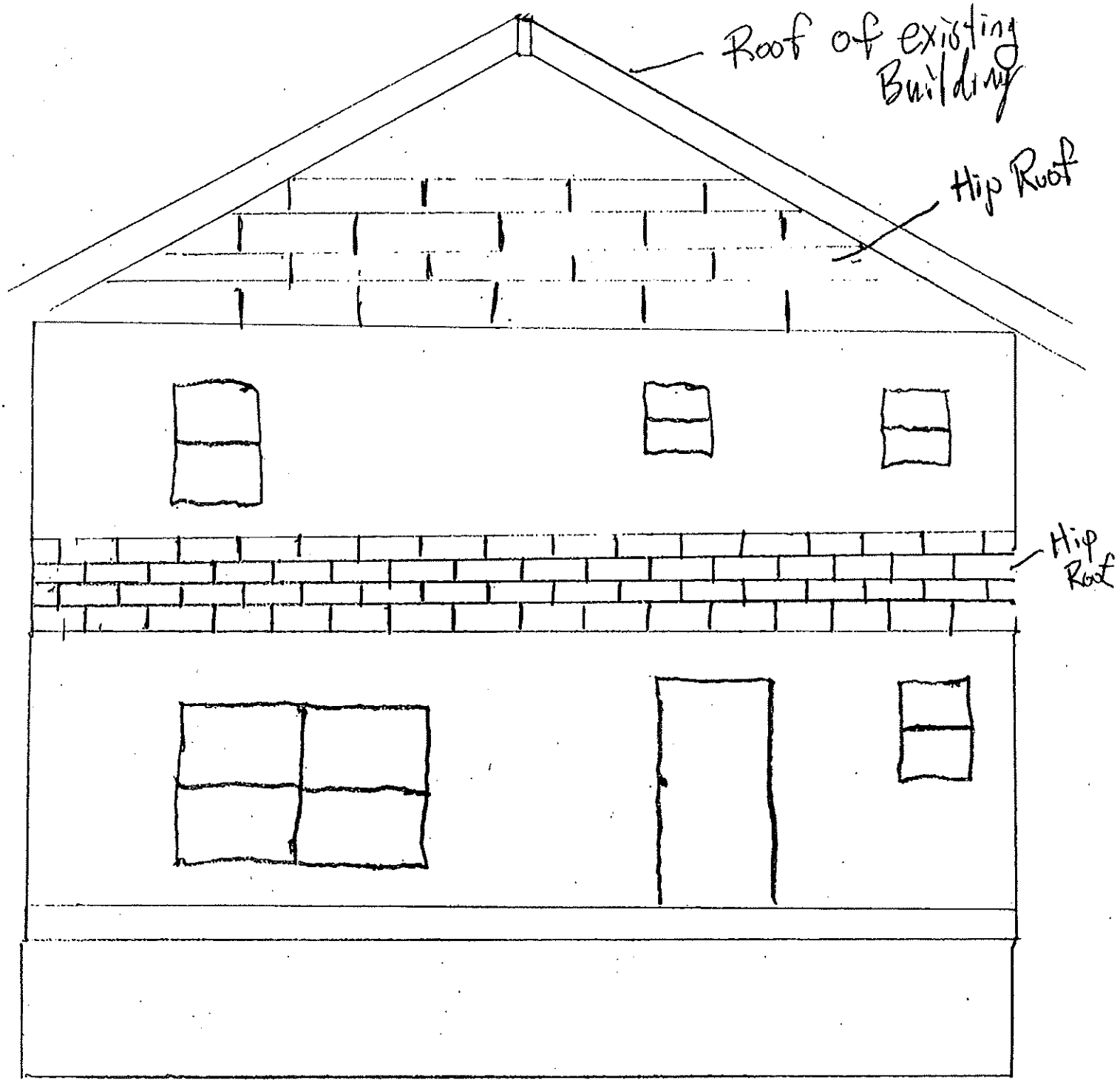
1ST Floor Plan



2nd Floor Plan

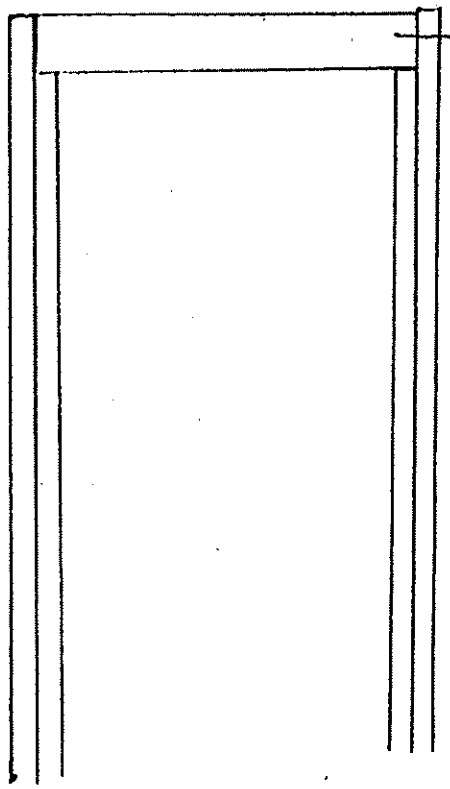
Side View of Rear addition



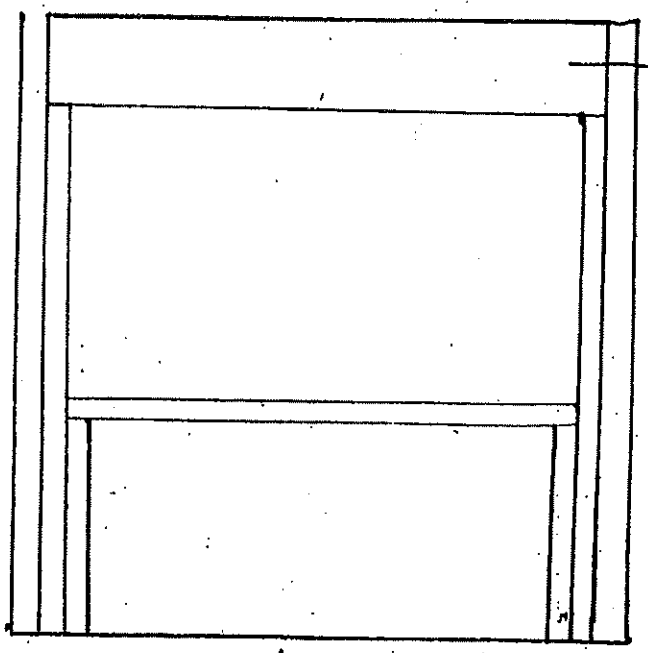


26'

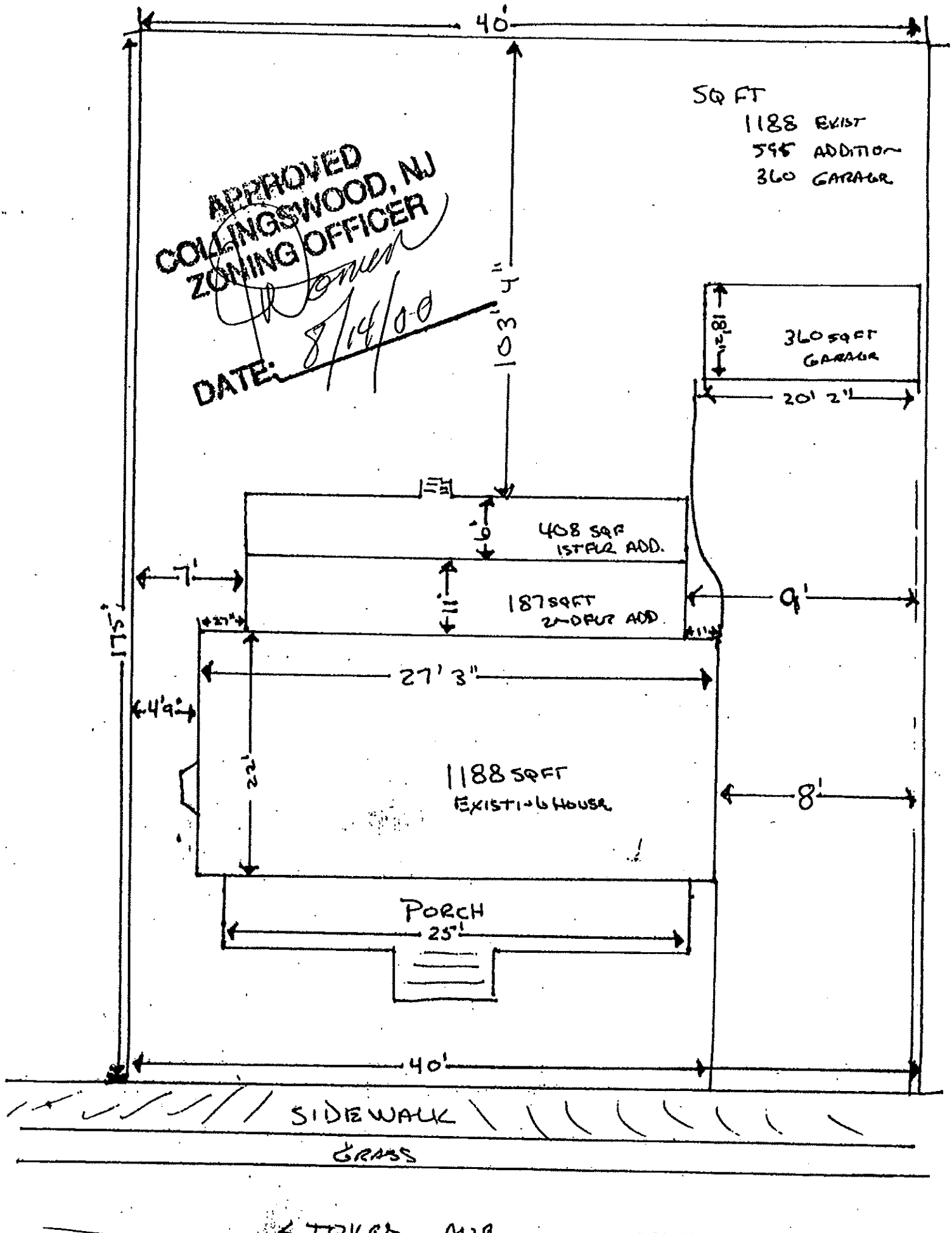
Rear View

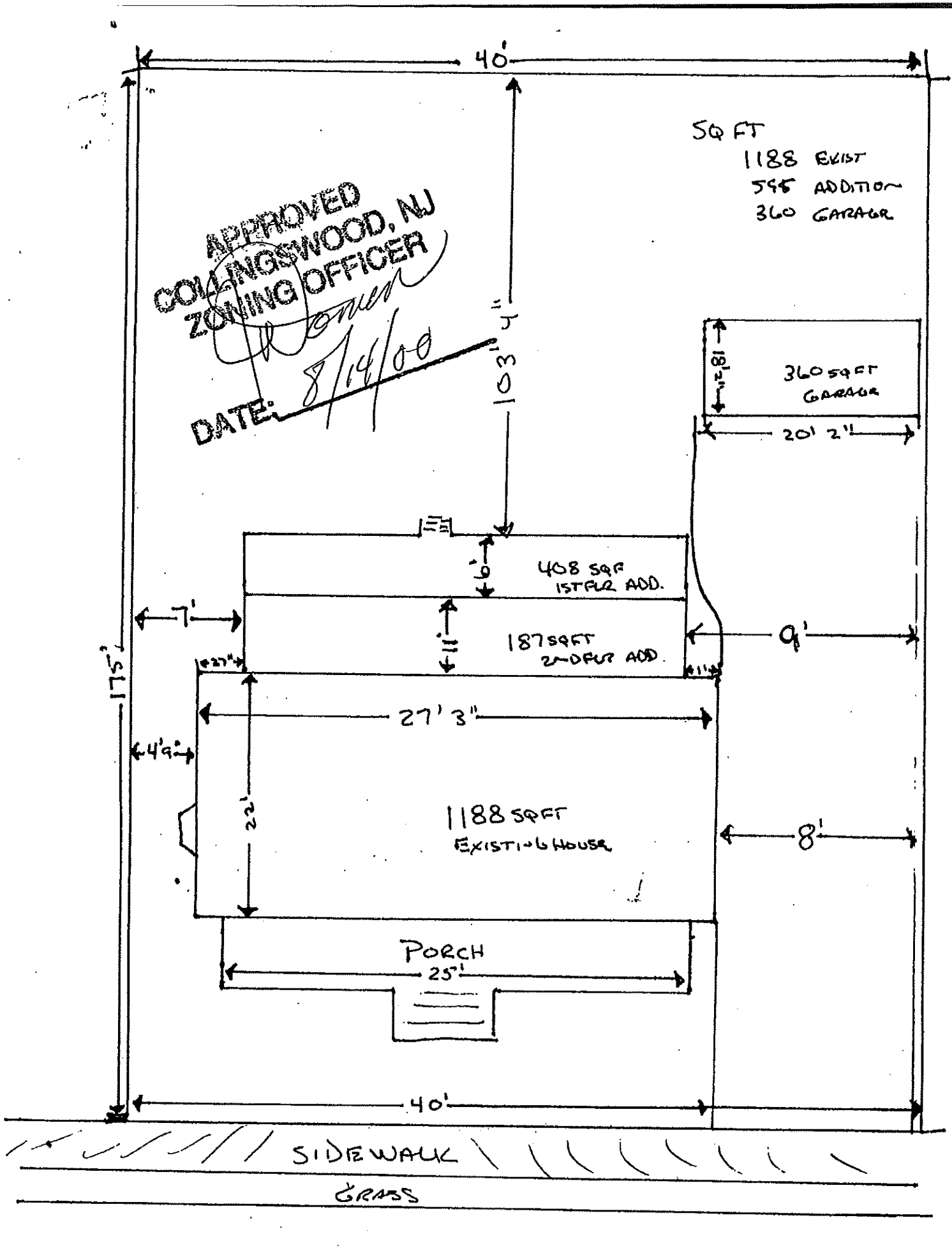


Door



Window


40'
SQ FT
1188 EXIST
595 ADDITION
360 GARAGE
APPROVED
COLLINGSWOOD, NJ
ZONING OFFICER
DATE: 8/14/00
103'
360 SQFT
GARAGE
18'2"
20' 2"
408 SQF
1ST FLR ADD.
9'
7'
187 SQFT
2ND FLR ADD
11'
9'
+2'7"
+1'4"
175'
27' 3"
4'9"
22'
1188 SQFT
EXISTING HOUSE
8'
PORCH
25'
40'
SIDEWALK
GRASS
5 TOKAS AVE


40'
SQ FT
1188 EXIST
595 ADDITION
360 GARAGE
APPROVED
COLLINGSWOOD, NJ
ZONING OFFICER
DATE: 8/14/00
103'-5"
175'-5"
18'-8"
360 SQFT
GARAGE
20' 2"
6'-0"
408 SQF
1ST FLR ADD.
7'
11'-0"
187 SQFT
2ND FLR ADD
9'
27"
11"
27' 3"
4'9"
22'
1188 SQFT
EXISTING HOUSE
8'
PORCH
25'
40'
SIDEWALK
GRASS
STOKES AVE

BOROUGH OF COLLINGSWOOD

New Jersey

OFFICE OF
ZONING
HEALTH AND NUISANCE
CODE ENFORCEMENT
PROPERTY MAINTENANCE

BOROUGH HALL
678 HADDON AVENUE
COLLINGSWOOD, NJ 08108
854-0720-X-130

REFUSAL OF PERMIT

August 3, 2000

Edward J. Tilton
920 Stokes Ave.
Collingswood, NJ 08108

Re: Application for permits # 76 on August 3, 2000 to Mr. Edward J. Tilton (owner).

Your application for a permit to build an addition to the rear of your residence at 920 Stokes Ave. Block 79, Lot 10 located in the R-2 Zone is hereby denied.

Ordinance 141-74 D requires side yard set backs of 7 feet on one side and 9 feet on the other. Your drawings indicate you wish to build with set backs of 6 feet on one side and 8 feet on the other. Additionally, a review of the tax map indicates that your lot is 40 feet wide and 175 feet deep. Your drawings indicate 42 wide and 174 deep.

Information on the procedures for an appeal of this decision to the Board of Adjustments can be obtained from the Zoning Officer. It should be noted that under N.J.S.A. 40:55-72 (a) notice of this decision must be filed with this office no later than twenty (20) days from the date of this notice.

The plans, which were submitted with your application, may be obtained by calling this office within twenty (20) days: Otherwise, they will be removed from our files.

John Doman
Zoning and Code Officer

BOROUGH OF COLLINGSWOOD

0076

APPLICATION FOR ZONING PERMIT

NAME OF APPLICANT EDWARD T. TILTON

ADDRESS OF APPLICANT 920 STOKES AVE

COLLINGSWOOD, N.J. 08108

PHONE # (856) 854-8116

NAME OF OWNER (if different) _____

ADDRESS OF OWNER SAME AS ABOVE

PHONE # _____

BLOCK 79 LOT 10

ADDRESS OF PROPERTY 920 STOKES AVE COLLINGSWOOD N.J.

STATE DIMENSIONS OF PRINCIPAL BUILDING 22' x 28'

STATE DIMENSIONS OF ALL ACCESSORY BUILDINGS 20' x 12'

DESCRIBE IN DETAIL THE ACTIVITIES OR ACTIVITIES TO BE CONDUCTED IN THE PRINCIPAL BUILDING AND ANY ACTIVITIES TO BE CONDUCTED IN ANY OF THE ACCESSORY BUILDINGS. SINGLE FAMILY DWELLING

DESCRIBE REQUESTED PROJECT 1ST FLR. 11' x 28', 2ND FLR 8' x 28' ADDITION TO REAR OF EXISTING BLDG

STATE WHETHER ANY OF THE ACTIVITIES DESCRIBED ABOVE ARE CONDUCTED AS A NONCONFORMING USE: (if so, state facts supporting this contention)

HAS THE ABOVE PREMISES BEEN THE SUBJECT OF ANY PRIOR APPLICATION TO THE ZONING BOARD OF ADJUSTMENT OR PLANNING BOARD TO THE APPLICANT'S KNOWLEDGE? NO

DATE 8.1.00

E. Edward T. Tilton

(APPLICANT) (INDIVIDUAL)

ATTEST:

_____

(NAME OF CORP. OR ASSOCIATION)

APPROVED COLLINGSWOOD, NJ ZONING OFFICER

_____ (SECRETARY)

DENIED DOES NOT MEET ZONING REGULATIONS

BY: _____

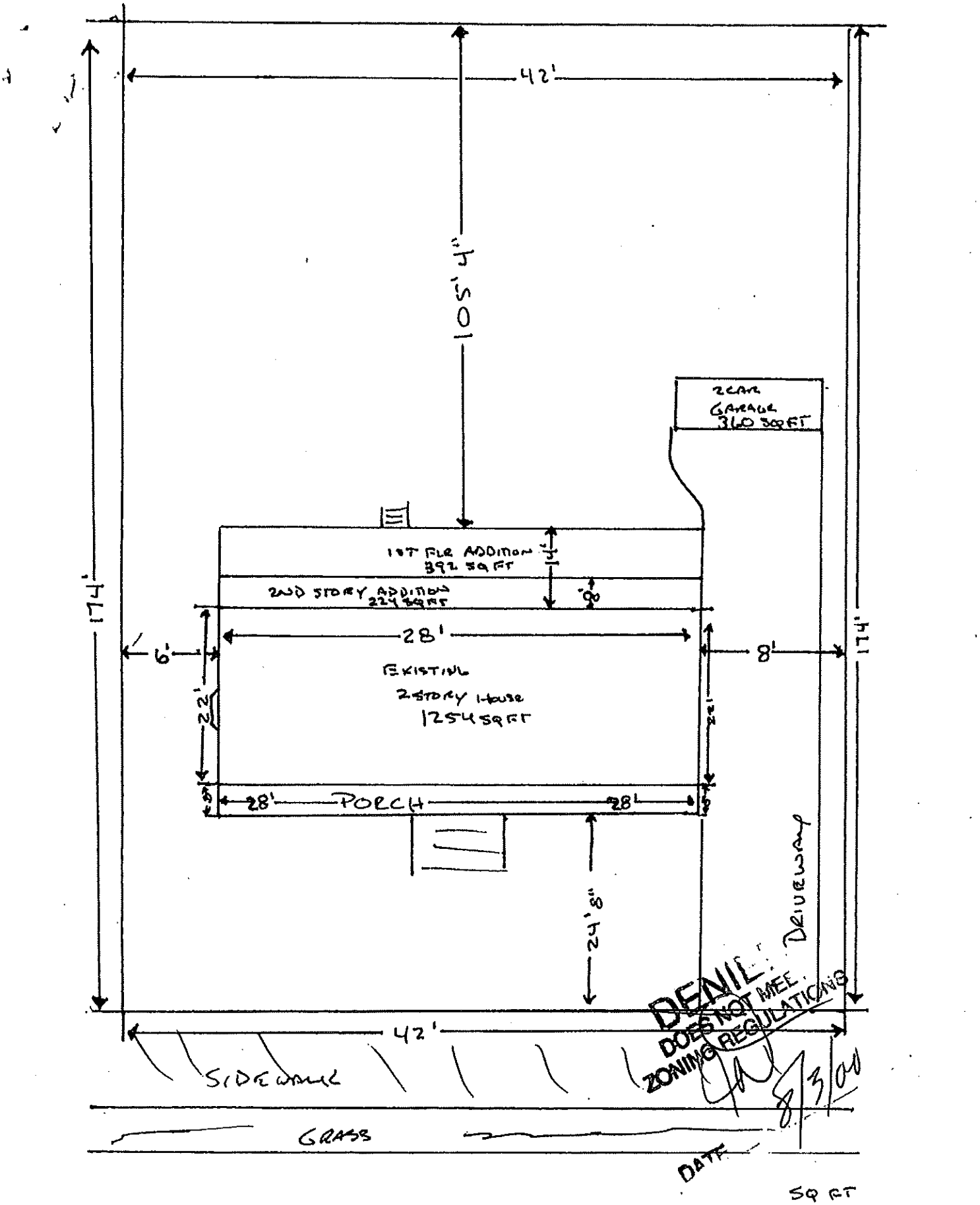
(AUTHORIZED OFFICER)

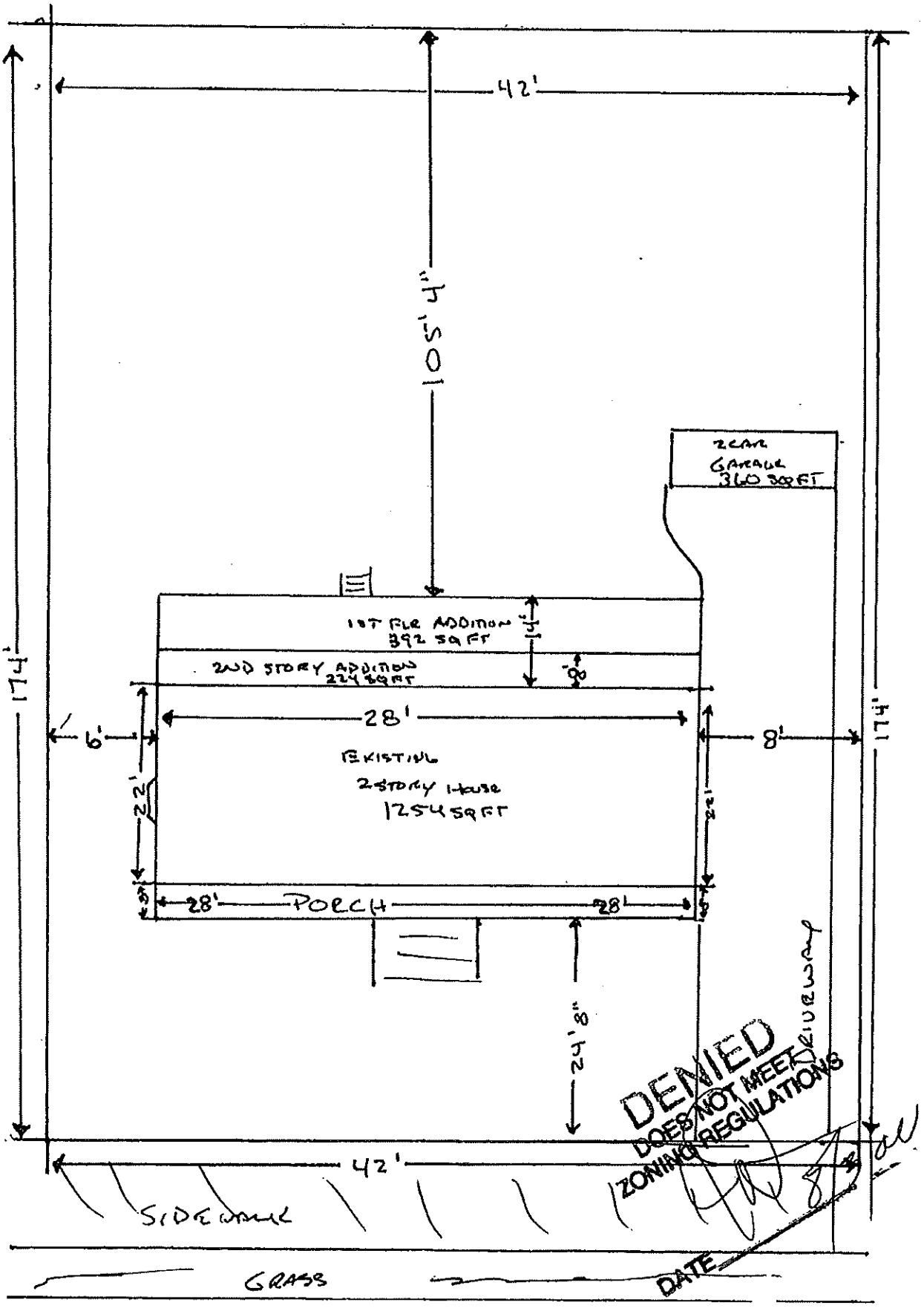
DATE: 8/14/00

DATE 8/3/00

DRAW PLAN ON SEPARATE PAPER

Plot plan to be drawn to scale in ink.
Show all plot lines and dimensions.
Show all streets and alleys bounding property.
Show overall dimensions of building or buildings, and distances from building to lot lines and to other buildings on same lot.
Where the existing building set-back line in residential district does not comply with the district regulations, draw the existing buildings on abutting property within two hundred (200) feet on either side of said building or building, showing their respective distance from the street line (front lot line) to the building.
Draw elevations and additional plans where required.


42'
174'
101'
2 CAR GARAGE 360 SQ FT
1ST FLR ADDITION 392 SQ FT
2ND STORY ADDITION 224 SQ FT
28'
6'
8'
EXISTING 2 STORY HOUSE 1254 SQ FT
22'
28' PORCH 28'
24'8"
DRIVEWAY
DENIED
DOES NOT MEET ZONING REGULATIONS
8/3/01
42'
SIDEWALK
GRASS
DATE
STOKES AVE
SQ FT
1254 EXIST
616 ADD.
360 GAR.



SQ FT
1254 EXIST
616 ADD.
360 GAR.

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 00-0340	4/29/03			
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

Permit #: 23-00610
Date Issued: 12/01/23

IDENTIFICATION Block/Lot/Qual: 79. 10.

Work Site Location: 920 STOKES AVE

Owner in Fee: TILTON EDWARD J & PATRICIA
Address: 920 STOKES AVE
COLLINGSWOOD, N J 08108-3
Tel. [redacted]

Contractor: URBANO ELECTRIC INC
Address: 223 HIGHLAND AVE
WESTMONT, NJ 08108
Tel. (856)854-0800
Lic. No. or Bldrs. Reg. No. 34EB01630300

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
KNOB AND TUBE - PLANS BEFORE INSPECTION

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	10.00
Cert. of Occupancy	
Other	
Total	75.00

Check No. _____
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.

Est. Cost of Work $ 5,450.00

_____ Construction Official

_____ Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 23-00610
Issue Date: 12/01/23
Application Id: 90009158
Application Date: 11/21/23

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

Block/Lot/Qual: 79. 10.
Work Site Location: 920 STOKES AVE

Owner in Fee: TILTON EDWARD J & PATRICIA
Tel. [redacted] email:
920 STOKES AVE COLLINGSWOOD, N J 08108-3
Contractor: URBANO ELECTRIC INC Tel. (856)854-0800
223 HIGHLAND AVE email:
WESTMONT, NJ 08108
Contractor License No.: 34EB01630300 Exp Date: 03/31/27
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)854-0739

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 5,450.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby 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: _____
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

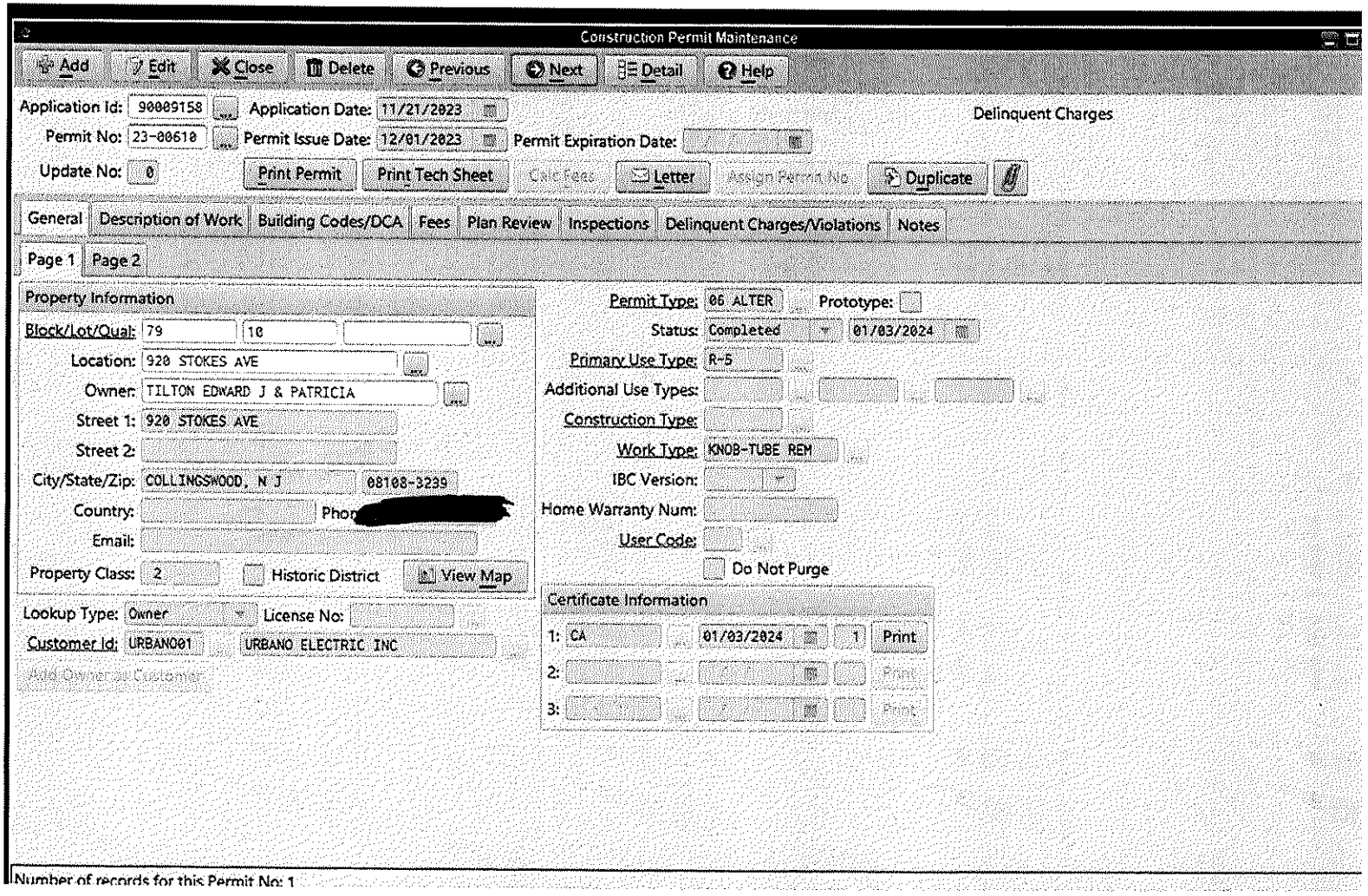
DESCRIPTION OF WORK:
KNOB AND TUBE - PLANS BEFORE INSPECTION

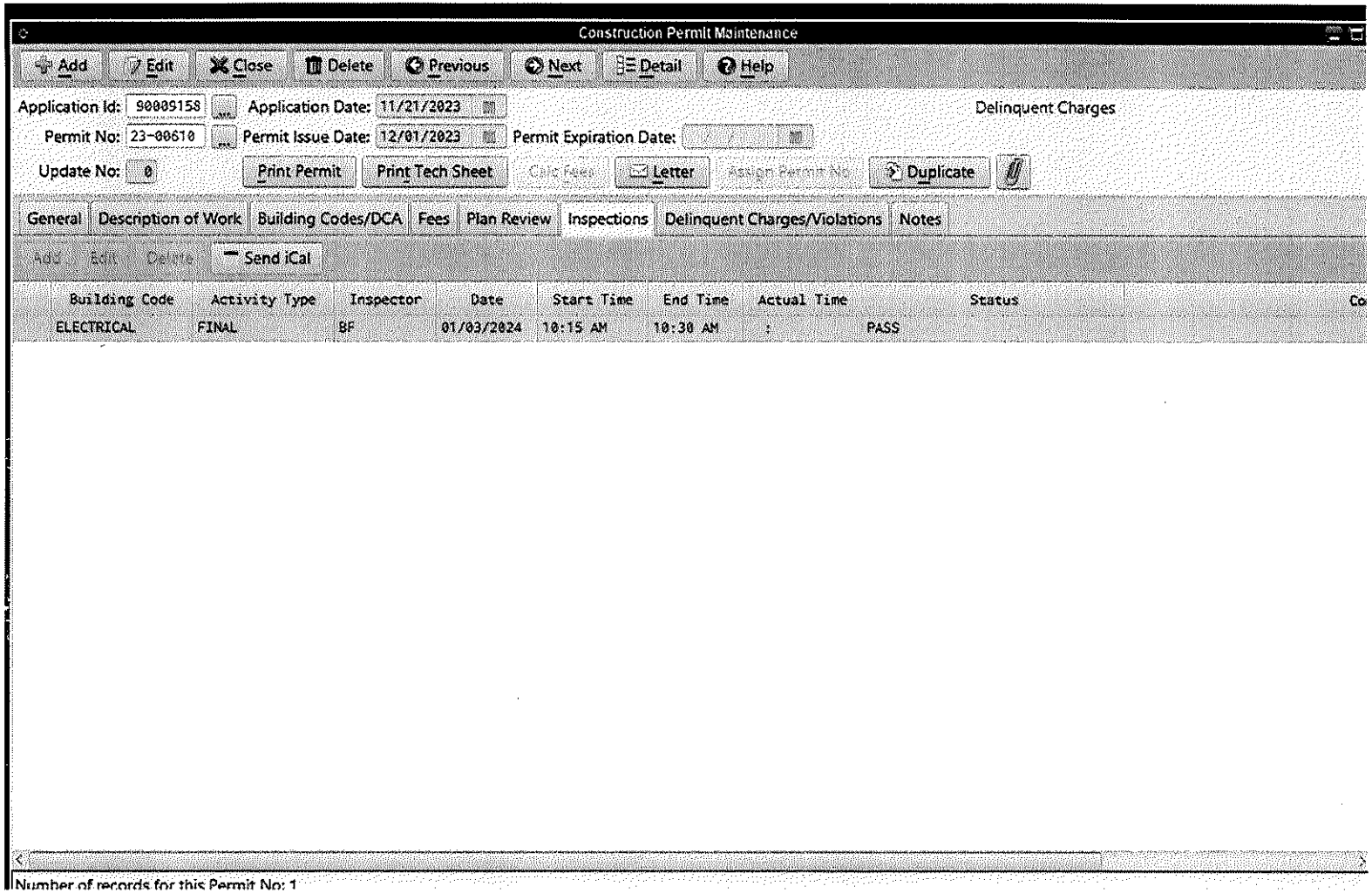
QTY.	SIZE	ITEMS	FEE (Office Use Only)
8		Lighting Fixtures	
6		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
23		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	15.00
State Permit Surcharge Fee	$	10.00
TOTAL FEE	$	75.00

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

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90009158
Application Date: 11/21/2023
Delinquent Charges
Permit No: 23-00610
Permit Issue Date: 12/01/2023
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 79 10
Location: 920 STOKES AVE
Owner: TILTON EDWARD J & PATRICIA
Street 1: 920 STOKES AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-3239
Country:
Phon
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: URBAN001
URBANO ELECTRIC INC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
01/03/2024
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: KNOB-TUBE REM
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
01/03/2024
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1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Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
ELECTRICAL
FINAL
BF
01/03/2024
10:15 AM
10:30 AM
:
PASS
Number of records for this Permit No: 1