

V. FEE SUMMARY (for office use only)		VI. BUILDING/SITE CHARACTERISTICS		VII. DESCRIPTION OF BUILDING USE		VIII. PROPOSED WORK		IX. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?		X. DO YOU WANT: (optional)	
1. Building	13. TOTAL	1. Number of Stories	12. Max Occupancy Load	A. RESIDENTIAL	III. DO YOU WANT: (optional)	1. ☐ Elevators/Escalators/Lifts/	1. ☐ Demolition				
2. Electrical	12. Other	2. Height of Structure	11. Max Live Load	B. NON-RESIDENTIAL	2. ☒ New Building	2. ☐ High Pressure Boilers	2. ☐ Lead Hazard Abatement			3. ☐ Partial Releases	3. ☐ Prototype Processing
3. Plumbing	11. Cert. of Occupancy	3. Area — Largest Floor	10. Wetlands yes		3. ☐ Addition	3. ☐ Dumbwaiters/Moving Walks	3. ☐ Asbestos Abat. Subch. 8			4. ☐ Refrigeration Systems	
4. Fire Protection	10. Subtotal	4. New Building Area	9. Base Flood Elevation		4. ☐ Alteration	4. ☐ Smoke Control Systems in Open Wells	4. ☐ Elevator Devices			5. ☐ Cross-Connections/Backflow Preventers	
5. Elevator Devices	9. DCA Training Fee	5. Volume of New Structure	8. Flood Hazard Zone		5. ☐ Fire Protection	5. ☐ Sprinklers	5. ☐ Electrical			6. ☐ Hazardous Uses/Places of Assembly	
6. Subtotal	8. Subtotal	6. Construction Classification	7. Total Land Area Disturbed		6. ☐ Plumbing	6. ☐ Smoke Control Systems in Open Wells	6. ☐ Plumbing			7. ☐ Hazards	
7. Less 20% for	7. Subtotal	7. Volume of New Structure	6. Construction Classification		7. ☐ Fire Protection	7. ☐ Smoke Control Systems in Open Wells	7. ☐ Fire Protection			8. ☐ Smoke Control Systems in Open Wells	
8. Subtotal	6. Subtotal	8. New Building Area	7. Construction Classification		8. ☐ Alteration	8. ☐ Smoke Control Systems in Open Wells	8. ☐ Alteration			9. ☐ Smoke Control Systems in Open Wells	
9. DCA Training Fee	5. Subtotal	9. Area — Largest Floor	8. Construction Classification		9. ☐ Addition	9. ☐ Smoke Control Systems in Open Wells	9. ☐ Addition			10. ☐ Smoke Control Systems in Open Wells	
10. Subtotal	4. Subtotal	10. Height of Structure	9. Construction Classification		10. ☐ Demolition	10. ☐ Smoke Control Systems in Open Wells	10. ☐ Demolition			11. ☐ Smoke Control Systems in Open Wells	
11. Cert. of Occupancy	3. Subtotal	11. Number of Stories	10. Construction Classification		11. ☐ Lead Hazard Abatement	11. ☐ Smoke Control Systems in Open Wells	11. ☐ Lead Hazard Abatement			12. ☐ Smoke Control Systems in Open Wells	
12. Other	2. Subtotal	12. Max Occupancy Load	11. Construction Classification		12. ☐ Asbestos Abat. Subch. 8	12. ☐ Smoke Control Systems in Open Wells	12. ☐ Asbestos Abat. Subch. 8			13. ☐ Smoke Control Systems in Open Wells	
13. TOTAL	1. Subtotal		12. Construction Classification		13. ☐ Elevator Devices	13. ☐ Smoke Control Systems in Open Wells	13. ☐ Elevator Devices			14. ☐ Smoke Control Systems in Open Wells	

CONSTRUCTION PERMIT APPLICATION

PROPOSED WORK SITE at: 24 Shiloh Way, Suite 101, Raleigh, NC 27601

NAME OF OWNER in Fee: Public Homes, Tel. (813) 824-0660

PRINCIPAL CONTRACTOR: Public Homes, Tel. (813) 824-0660

RESponsible Person in Charge of Work: David Griffiths, Tel. (813) 824-0660

FEDERAL EMPLOYEE NO: 62224773, FAX: (813) 824-0660

ARCHITECT OR ENGINEER: David Griffiths, Tel. (813) 824-0660

OWNERSHIP IN FEE: Public

PROPOSED WORK SITE at: 24 Shiloh Way, Suite 101, Raleigh, NC 27601

NAME OF OWNER in Fee: Public Homes, Tel. (813) 824-0660

PRINCIPAL CONTRACTOR: Public Homes, Tel. (813) 824-0660

RESponsible Person in Charge of Work: David Griffiths, Tel. (813) 824-0660

FEDERAL EMPLOYEE NO: 62224773, FAX: (813) 824-0660

ARCHITECT OR ENGINEER: David Griffiths, Tel. (813) 824-0660

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

D. () I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

() Check if contractor.

Agent Name Polite Hanes

Address 101 Cassin Rd

Delanco NJ 08025

Telephone (856) 844-0860

Signature Greg Spindel (Supervisor)

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

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

TECHNICAL SECTION
BUILDING
SUBCODE



Block 2100.03 Lot 21

Work Site Location 24 SHIPS WAY @ CENTURY LANDING

Owner in Fee Pulte Homes
Address 101 CREEK RD DELAWARE NJ 08027

Tele. (Btc) 824-0060
Contractor Pulte Homes
Address Same

Tele. () Same
Fax (Btc) 824-0062
Lic. No. or Bldrs. Reg. No. 030491
Federal Emp. No. 52224773

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial Date

INSPECTIONS Type: Foundation Footing Foundation Slab Frame Barrier-Free Insulation Finishes Energy Mechanical TCO Other Final Barrier-Free

Joint Plan Review Required: [] ELEC. [] PLUMB. [] FIRE [] ELEVATOR

SUBCODE APPROVAL [] CO [] CC [] CA

Date: 12/10/03 Approved by [Signature]

12/8/03	8/14/03	6/24/03	6/24/03	8/14/03	12/10/03
Initial	Approval	Failure	Failure	Approval	Initial

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories 2

Height of Structure 35 Ft.

Area — Largest Floor 1610 Sq. Ft.

New Bldg. Area/All Floors 3220 Sq. Ft.

Volume of New Structure 50577 Cu. Ft.

Total Land Area Disturbed 1610 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 74,400

2. Alteration \$

3. Total (1+2) \$ 74,400



Date Received 5/2/03
Date Issued 5/2/03
Control # 2003-072
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

USE HOME
CAGE MAY #

TYPE OF WORK:

[] New Building 50,577 sq. ft.

[] Addition

[] Alteration

[] Demolition

[] Roofing

[] Siding

[] Fence

[] Sign

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Other

HEIGHT (EXCEEDS 6') _____ Sq. Ft. _____

Administrative Surcharge \$

Minimum Fee \$ 1093

DCA Training Fee \$

TOTAL FEE \$ 1093

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

U.C.C. F110 (rev. 3/89)



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received 5/2/03
Date Issued
Control #
Permit # 2003-072

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

Block 2/00.03 Lot 21
Work Site Location 24 SHIPS WAY @ NEWTOWN LANDING

Owner in Fee/Occupant Pulte Homes
Address 101 CREBIE RD
DELANCO NJ 08075

Tele. (856) 824-0060
Contractor BROTHER'S INC

Address P.O. BOX 156
HAINESPORT, NJ 08036

Tele. (609) 265-9171 Fax (609) 265-9203
Lic. No. 11081

Federal Emp. No. 223608716

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required			Type:	Failure Failure Approval Initial
Joint Plan Review Required:			Rough	
[] Building [] Plumbing			Temp. Serv.	
[] Fire [] Elevator			Constr. Serv.	
[X] Elec. Plans Approved			TCO	
Date: 4/29/03			Other	
Approved by: [Signature]			Service	
			Final	

SUBCODE APPROVAL

[X] CO [] CCO [] CA

Date: 12/10/07

Approved by: [Signature]

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
28		Lighting Fixtures
37		Receptacles
29		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
94		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
1	6AS	KW Elec. Range/Receptacle
1	6AS	KW Elec. Water Heater
1		KW Elec. Dryer/Receptacle
1	LS	KW Dishwasher
		HP Garbage Disposal
1	3TON	KW Central A/C Unit
1	6AS	HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
1	200	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 48

10

10

10

46

Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$ 124

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.

Joe Nolan
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [] Exempt Applicant

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

CONSTRUCTION OFFICIAL

[Signature]

Fee \$
Pre-Paid

Paid [] Check No.

Collected by:

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate.

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

☒ CERTIFICATE OF 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.

Block 2100.03 Lot 21
Work Site Location 24 Shipps Way
Delanco, NJ 08075
Owner in Fee/Occupant Paul and Mary Faberly
24 Shipps Way
Delanco, NJ 08075
Contractor Pulte Homes
101 Creek Rd.
Delanco, NJ 08075
Tele. ()
Address
Fax ()
Lic. No. or Bldrs-Reg. No. 030491
Federal Emp. No. 522247773

CERTIFICATE



Date issued 3-24-04
Control #
Permit # 2003-072

☐ 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 _____.

New Single Family Dwelling

Home Warranty No. 0129331-0
Type of Warranty Plan: [] State [X] Private
Use Group R-4
Maximum Live Load
Construction Classification 5-B
Maximum Occupancy Load
Description of Work/Use:



PROFESSIONAL WARRANTY SERVICE CORPORATION

P.O. BOX 800 Annandale, VA 22003-0800 1-800/850-2799 FAX 1-800/851-2799

To: Municipal Construction Official

From: Professional Warranty Service Corporation

SUBJECT: CONFIRMATION OF HOME ENROLLMENT AND WARRANTY COVERAGE

This shall serve as verification that the home (structure) identified below has been accepted for final enrollment in the Professional Warranty 10-Year Limited Warranty Program. This form is validated by the signature of a PWC representative and the PWC seal affixed below. This form also affirms that the Limited Warranty document will be transmitted to the purchaser upon closing/final settlement.

Builder Name: PULTE HOME CORP OF THE DELAWARE VALLEY

PWC Builder Participation Number: PUL-SNJ

NJ DCA Registration Number: 25256

Purchaser(s) Name: Faherty, Paul / Faherty, Mary

Municipality: Delanco Township

Legal Address of Home Enrolled: Lot: 21 Block: 2100.03

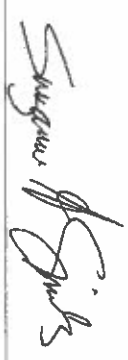
Street Address: 24 Skipp's way

City / State / Zip: Delanco, NJ 08075

County: Burlington

PWC Approval Number and
Builder's Limited Warranty No: 0173331-0

Date: 7/24/2003

PWC Representative: 

Suzanne Spikes

PWC Seal:

THE DELANCO SEWERAGE AUTHORITY
SANITARY SEWER PERMIT

NO 191

Date 4-30-03

Name of Applicant Quetta Hines
Address of Applicant 101 Good Rd. Delanco NJ 08035
For Sewer Connection at 24 Shippa Way
Number 9 Street

*For Cesspool or
Septic Tank Connection at
Number Street

*Blueprint and specifications of cesspool to be constructed will be secured from Plumbing Inspector. Fill in diagram in space below.

For use of ☒ New house ☐ Old house ☐ Store ☐ Mill ☐ Renewal
Type of sewage to be discharged ☒ Domestic ☐ Industrial

Name of Plumber Robert K. Foster

Address of Plumber 3550 Williams Dr. Newark NJ 08104

Fee \$ 50 Date Paid 4/30/03

Sketch in Location of House and Cesspool Below

THE DELANCO SEWERAGE AUTHORITY
Connection Payment Receipt 178

IN ACCORDANCE WITH APPLICATION TO MAKE SEWER CONNECTION

Date 4-30-03

Received of Quetta Hines

Address 24 Shippa Way

One Thousand Sixty and 00/100 Dollars

as full payment. Shalea Wiley Dep. Secretary-Treasurer

Receipt must be shown to the Plumbing Inspector to secure approval of connection



CONSULTING & ENVIRONMENTAL ENGINEERS

A
BIRDSAL SERVICES GROUP
COMPANY

September 5, 2003
Job No. 42,003.007

Attn: Ed Schaffer, Building Department

**Re: Township of Delanco
Newton's Landing
Block: 2100.03, Lot: 21
24 Shippo Way**

Dear Mr. Schaffer:

Please be advised that this office recently inspected the above referenced property for the purpose of issuance of a "*Certificate of Occupancy*". All items were found to be satisfactory. Therefore, I recommend that a Certificate of Occupancy be issued.

This inspection was for the site improvements only. Soil Erosion inspections should be completed by the appropriate agency, and you should obtain their acceptance prior to the issuance of the Certificate of Occupancy. Please note that approval of items by this office for purpose of the Certificate of Occupancy in no way releases the Developer from any of his obligations with the Township of Delanco.

Should you have any questions or require additional information, please feel free to contact my office.

Very truly yours,

BIRDSALL ENGINEERING, INC.

Carl J. Gallina
Vice President

CJG: me
cc: Janice Lohr, Township Clerk

Newton's Landing - via fax (856) 824-0062



BURLINGTON COUNTY SOIL CONSERVATION DISTRICT

TIFFANY SQUARE, SUITE 100, RD #2, 2615 RT. #38, MOUNT HOLLY, NEW JERSEY 08060
Telephone (609) 267-7410

CERTIFICATE OF COMPLIANCE

TO: Top. Building Inspector MUNICIPALITY: Delanco
PROJECT: Newtons Newtons

APPLICATION NO: 25100-253

BLOCK NO.(s) 2100.03 LOT NO.(s) 20, 21, 22, 23 (20, 22, 24, 26)

Final Compliance ☐ Conditional Compliance ☒

Block No.	Lot No.	Conditions
<u>2100.03</u>	<u>20</u>	① Stabilize new sidewalk areas
	<u>21</u>	② Stabilize any open areas around clubhouse
	<u>22</u>	
	<u>23</u>	③ Maintain clean sheets

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Burlington County Soil Conservation District and required by The Soil Erosion and Sediment Control Act of 1975 as amended (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT:

AUTHORIZED DISTRICT SIGNATURE:

DATE:

DISTRIBUTION: WHITE-Municipal Construction Official
CANARY-Developer
PINK-District
GOLDENROD-Other



APPLICATION FOR
CERTIFICATE

Permit # 2003-072
Date Issued
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 24 Shipps way Block 21a-03 of 21 Qualification Code _____

Contractor Polte Homes

Owner in Fee Polte Homes Address 101 Russ Farm way

Address Sare Delaware UT 08817

License No. 030491 Tel. 544

Federal Employee No. 522247773

Tel. (888) 824-0061

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ 74,400

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

New Home

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: [Signature] OWNER/AGENT

☐ OWNER ☒ AGENT

Signature — Contractor's Seal

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.

C. CERTIFICATION IN LIEU OF OATH

JOB SUMMARY (Office Use Only)		PLAN REVIEW		INSPECTIONS	
☐ No Plans Required ☐ Joint Plan Review Required		☐ Fire ☐ Elevator ☐ Plumbing Plans Approved		☐ Sewer ☐ Water ☐ Rough ☐ Slab	
Approved by: <i>[Signature]</i> Date: 4/22/03		Approved by: <i>[Signature]</i> Date: 4/22/03		Approved by: <i>[Signature]</i> Date: 12-04-03	
SUBCODE APPROVAL ☐ CO ☐ CCO ☒ CA		SUBCODE APPROVAL ☐ CO ☐ CCO ☒ CA		SUBCODE APPROVAL ☐ CO ☐ CCO ☒ CA	
Approved by: <i>[Signature]</i> Date: 8/1/03		Approved by: <i>[Signature]</i> Date: 8/1/03		Approved by: <i>[Signature]</i> Date: 8/1/03	
Initial		Initial		Initial	
Dates (Month/Day)		Dates (Month/Day)		Dates (Month/Day)	
Failure		Failure		Failure	
Approval		Approval		Approval	

Block 2100103 Lot 21
Work Site Location 24 SHOPS WAY ALEXANDRIA LANDRY
Owner in Fee RITE HOMES 101 GREEN RD DELANO NJ 08078
Contractor Robert K. Felt Inc 3880 Willow Dr Newfield N.J. 08344
Tele. (856) 824-2260
Address 101 GREEN RD DELANO NJ 08078
Federal Emp. No. 22 205 1505
B. PLUMBING CHARACTERISTICS
Use Group Present
Building Sewer Size
Water Service Size
Est. Cost of Piping Work \$ 4,400
Public Sewer
Public Water
Private Septic
Private Well
Proposed

SUBCODE
TECHNICAL SECTION

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

[illegible]

DATE 8-28-03

SCALE 1"=20'

JOB NO. 00195

SHT NO. 1 OF 1

Greenlee Rd. Sewall New Jersey 0856-589-1400

FEDERICI & AKIN, P.A.

CONSULTING ENGINEERS

DATE

REVISIONS

ACTION

DATE

DOUGLAS E. AKIN

PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 26385

DATE

JOSEPH P. FEDERICI JR.

PROFESSIONAL ENGINEER N.J. LIC. NO. 27055

PROFESSIONAL PLANNER N.J. LIC. NO. 2915

NEW JERSEY

DELANCO TOWNSHIP

BURLINGTON COUNTY

LOT 21

BLOCK 2100.03

"NEWTON'S LANDINGS"

PLAN OF SURVEY

COMPUTER DRAWING # 00195/dwg/billed lots/210003-215

DATE 9-28-03

PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 32652

JOSEPH W. MAXCY

PROFESSIONAL PLANNER N.J. LIC. NO. 04622

I hereby certify, to the best of my knowledge, information and belief, that this survey has been made under my supervision and meets the minimum survey detail requirements, promulgated by the New Jersey State Board of Professional Engineers and Land Surveyors. This certification is issued solely to the herein named for this transaction only. If no fee is paid for this survey, this certification is invalid.

DEED DESCRIPTION
All that certain lot, tract or parcel of land situate in the Township of Delanco, County of Burlington, State of New Jersey, and being further described as follows:
Being Lot 21, Block 2100.03 on a plan entitled "Final Subdivision Plat of Lot 8 in Block 2100, Russ Farm - Section 1" dated 3-17-00, revised to 3-7-01, prepared by Henderson and Bodwell, L.L.P., and filed in the Burlington County Clerk's office on March 15, 2001 as Map #3496982.
Containing 5,500 square feet of land more or less.

TO: PULTE HOMES

NOTES

1. Only copies of the original of this plan bearing the licensed Land Surveyor's embossed seal shall be considered valid copies.
2. Do not scale from photo-copied prints of this plan.
3. Bearings are shown in degrees, minutes, and seconds.
4. Distances are shown in feet.
5. The following information was used in prepare survey:
A. Plan noted below.
● Denotes re-bar set at corner.

FILED PLAN
9/28/03

I hereby certify, to the best of my knowledge, information and belief, that this survey has been made under my supervision and meets the minimum survey detail requirements, promulgated by the New Jersey State Board of Professional Engineers and Land Surveyors. This certification is issued solely to the herein named for this transaction only. If no fee is paid for this survey, this certification is invalid.

DATE 8-28-57

FEDERICI & AKIN, P.A.
CONSULTING ENGINEERS
Greentree Rd. Sewell New Jersey 0856-589-1400
DATE 8-28-03 SCALE 1"= 20' JOB NO.

PLAN OF SURVEY	"NEWTON'S LANDINGS"	LOT 21 BLOCK 2100.03	DELANCO TOWNSHIP BURLINGTON COUNTY NEW JERSEY
JOSEPH P. FEDERICI JR.	PROFESSIONAL ENGINEER	N.J. LIC. NO. 27055	
DATE	PROFESSIONAL LAND SURVEYOR	N.J. LIC. NO. 26365	
DOUGLAS E. AKIN	PROFESSIONAL PLANNER	N.J. LIC. NO. 2575	
DATE			
REVISIONS			
ACTION			

NOTES

1. Only copies of the original of this plan bearing the licensed Land Surveyor's embossed seal shall be considered valid copies.
2. Do not scale from photo-copied prints of this plan.
3. Bearings are shown in degrees, minutes, and seconds.
4. Distances are shown in feet.
5. The following information was used in prepare survey:
 - A. Plan noted below.
6. Denotes re-bar set at corner.

