249-2026

Outlook

Fwd: OPRA request - OPRA REQUEST: Construction Permits & Violations - 5 George Walton Bldg., Turnersville, NJ 08012

From Christine Ciallella <cciallella@twp.washington.nj.us>
Date Thu 4/30/2026 2:26 PM
To Ashley Erb <aerb@twp.washington.nj.us>

Hi. Please process.
---------- Forwarded message ---------
From: **Nicole Echelberger** <opra+request-90802-a816d561@requests.opramachine.com>
Date: Thu, Apr 30, 2026 at 1:48 PM
Subject: OPRA request - OPRA REQUEST: Construction Permits & Violations - 5 George Walton Bldg., Turnersville, NJ 08012
To: OPRA requests at Washington Township (Gloucester) <cciallella@twp.washington.nj.us>

Dear Washington Township (Gloucester),

Please accept this electronic request for public records made under OPRA and the common law right of access. I am not required to fill out an official form or use a particular software platform to submit my request per NJSA 47:1A-5(f), which states that an email from a requestor including all of the information required on the adopted form shall suffice in place of a completed form as a valid government record request.

- I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

- I WILL NOT use the requested government records for a commercial purpose.

- I AM NOT seeking records in connection with a legal proceeding.

---> RECORDS REQUESTED: Any/all construction permit records and/or violations records.

My preferred delivery method for response(s) to this request is by E-mail as attachments. Please confirm you have received this request. If you are not the custodian of records, please forward my request to that person and provide their email address to me for future reference.

Thank you,

Nicole Echelberger

Please deliver records electronically via email to the below UNIQUE address for all replies to this

TOWNSHIP OF WASHINGTON
PO BOX 1106 -523 EGG HARBOR RD
TURNERSVILLE NJ 08012
856-589-0520

CERTIFICATE

Date Issued: 07/18/2005
Control #: 20772
Permit #: 20051221

IDENTIFICATION

Block: 192 Lot : 7 Qualification Code: C5105

Work Site Location: 5 GEORGE WALTON BLDG
Washington Township

Owner in Fee: HORTON, PATRICIA A

Address: 664 SANTA FE
MANTUA NJ 08051

Telephone:

Agent/Contractor: HORTON, PATRICIA A

Address: 664 SANTA FE
MANTUA NJ 08051

Telephone: 609 254-5000

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
Electrical Alterations - GFI

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

TOM KRWAWECZ Construction Official

Fees: $0.00
Paid[X]Check No.: 3066
Collected by: mh

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-12-05
Date Issued
Control #
Permit # 05-1221

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

Block 192 Lot 7 Qualification Code
Work Site Location 5 GEORGE WALTON
Turnersville
Owner in Fee PATTY HORTON - FUSCELLARO
Address 664 Santa Fe Dr.
Marlton NJ 08051
Tel ( ) -
Contractor SELF
Address
Tel ( ) FAX ( )
Contractor License No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100.00

C. CERTIFICATION IN LIEU OF OATH

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

Patty Horton-Fuscellaro
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
3		GFI	45-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required 7-20
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-Bde
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-13-06	
Barrier-Free				

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

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 45-

2 - Kitchen
1 - Bathroom

Tool Box 'ISLN'

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

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

TOWNSHIP OF WASHINGTON
PO BOX 1106 -523 EGG HARBOR RD
TURNERSVILLE, NJ 08012
856 - 589-0520

05-1221
7-12-05

Control Number: 20772
Application Date: 07/07/2005

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 192 Lot: 7 Qualification Code: C5105
Work Site Location: 5 GEORGE WALTON BLDG Washington Township

Owner In Fee: HORTON, PATRICIA A
Address: 664 SANTA FE
MANTUA NJ 08051
Telephone:

Use Group(s): R-5

Contractor: HORTON, PATRICIA A
Address: 664 SANTA FE
MANTUA NJ 08051
Telephone: (609) - 254-5000

Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work:

[ ]BUILDING [ ]PLUMBING [ ] DEMOLITION
[X]ELECTRICAL [ ]FIRE PROTECTION [ ] OTHER
[ ]ELEVATOR DEVICES [ ]MECHANICAL
[ ]ASBESTOS ABATEMENT [ ]LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

Electrical Alterations - GFI

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Rehabilitation:	100.00
Cost of Demolition:	0.00
Total Cost:	$100.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$45.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$45.00
All Fees Waived:	No

Amount to be Paid: **$45.00**

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.

Tom Krwawecz
TOM KRWAWECZ
Construction Official

7-7-05
Date

Note:

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-15-05
Date Issued
Control #
Permit # 05-12x1

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

Block 192 Lot 7 Qualification Code

Work Site Location 5 George Walton Turnersville

Owner in Fee Patty Horton - Fuscellaro

Address 664 Santa Fe Dr. Monroe NJ 08051

Tel ( )

Contractor SELF

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
3		GFI	45-

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 45-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required — Date 7.20 Initial

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				
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

2 - Kitchen
1 - Bathroom

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856)589-0520 FAX *(856)218-1473*

Permit No. **20230743**
Control No. **68704**
Block/Lot **192/7//C5105**

Plan Review Report

Work Site ..... 5 GEORGE WALTON BLDG
Applicant ..... CARFAGNO, LAURIE & SODANO, LAUREN
Address ..... 5 GEORGE WALTON BLDG
TURNERSVILLE, NJ 08012
Phone .....

Contractor ..... MAFFET PLUMBING SERVICES
Address ..... 72 E. Holly Ave
Pitman, NJ 08071
Phone ..... (856)337-0706
Lic No. State:
Local

FAIL

ELEC Subcode

5/04/23 Application for electric water heater requires an electric tech from a NJ licensed electrical contractor

Reviewed by: **Bryan Glaze**

Sent 5/4/23

None. Aaron Maffet

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 192 LOT 7 QUALIFICATION CODE _____ PERMIT # 23-0743

WORK SITE ADDRESS 5 George Walton Building, Washington Twp NJ 08080

Owner in Fee _____

Verifying Individual Aaron Maffet Company Maffet Plumbing Services

Address 550 Breaknock Rd Mullica Hill NJ 08062
Street City State Zip Code

Tel: _____ Fax: (856) 441-6646

RECEIVED MAY 03 2023 By

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
- ☐ Gas to Oil Conversion
- ☐ Gas Appliance Replacement
- ☐ Oil to Oil Replacement
- ☐ Other _____

Existing Vent/Chimney: Size _____

- ☐ "B" Label Vent
- ☐ "L" Label Vent
- ☐ Flexible Liner
- ☐ Power Vent/Exhauster
- ☐ Chimney-Interior
- ☐ Chimney-Exterior
- ☐ Masonry Chimney-Tile Lined
- ☐ Masonry Chimney-Unlined
- ☐ Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: _____	Oil / Gas / Other: _____	_____
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ Signature _____ Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

Save As

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

Print

BRADFORD WHITE®
WATER HEATERS

Resi[illegible] Upright
Elec[illegible]

RECEIVED
MAY 0 3 2023
By________

Photo is of
RE250S6

- [illegible]
- [illegible] high [illegible]
- [illegible]
- [illegible]
- [illegible] while [illegible]
- [illegible] temperature of [illegible]
- [illegible] Water Connections—[illegible] dielectric [illegible]
- Factory-Installed Heat Traps—Design incorporates [illegible] that reduces heat [illegible] in piping and eliminates the [illegible] noise generation.
- Protective [illegible]—Provides [illegible] protection against corrosion for long-term, trouble-free service.
- Simultaneous and Non-Simultaneous Operation Available—Simultaneous operation indicates when both elements (if equipped) are being heated at the same time. Non-Simultaneous operation indicates when one element [illegible]
- Voltages Available—120V, 208V, 240V, 277V [illegible]
- Single Phase or Three Phase Operation Available—120V & 277V may only be wired for single phase operation.
- T&P Relief Valve—Installed.
- Design evaluated by ETL in accordance with Part 280.707(d) of HUD Mobile Home Construction and Safety Standards for Energy Efficiency.

Co[illegible]w Type Immersion Element
(INCOLOY® type immersion element available upon request)

Intertek Intertek

[illegible] or 10-Year Limited Tank Warranties [illegible]
For more information on warranty, please visit www.bradfordwhite.com
For products installed in USA, Canada, and Puerto Rico. Some states do not allow limitations on warranties. See complete copy of the warranty included with the heater.

MANUFACTURED UNDER ONE OR MORE OF THE FOLLOWING U.S. PATENTS: 5,682,665; 7,634,976; 5,890,165; 5,954,492; [illegible]; 5,975,280; 5,372, [illegible]; 5,574,822; [illegible]; 6,684,821; 7,334,419; 7,866,168; 7,270,087; 7,007,748; 5,596,952; 6,142,216; 7,699,026; [illegible]; 7,337,517; 7,665,211; [illegible]; 7,053,[illegible]; 7,900,589; [illegible]; 5,988,117; 7,621,238; 7,650,859; 5,761,379; 7,409,925; 5,277,171; 3,146,772; 7,458,341; 2,262,174. OTHER U.S. AND FOREIGN PATENT APPLICATIONS PE[illegible] CANADIAN PATENTS: [illegible]; 2,504,824; 2,108,186; 2,143,031; 2,409,271; 2,548,253; 2,112,515; 2,476,685; 2,239,007; 2,092,105; 2,107,012. [illegible] are registered trade[illegible] Bradford White® Corporation.

Upright Models

Model Number	Nominal Gal. Capacity (U.S. Gal.)	Nominal Gal. Capacity (Imp. Gal.)	[illegible]
RE30[illegible]	[illegible]	[illegible]	[illegible]
RE2[illegible]	40	[illegible]	[illegible]
RE340[illegible]	40	[illegible]	[illegible]
RE340T6	40	[illegible]	[illegible]
RE350S6	50	40	[illegible]
RE25[illegible]	50	[illegible]	[illegible]
RE25[illegible]	50	[illegible]	[illegible]

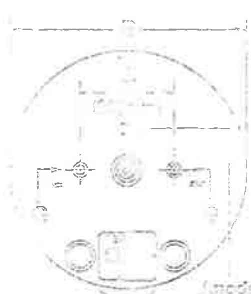
Model Number	Nominal Liter Capacity	[illegible]	[illegible]	[illegible]
RE3[illegible]	114	[illegible]	19	45
RE24[illegible]	151	[illegible]	19	55
RE340S6	151	[illegible]	[illegible]	[illegible]
RE34[illegible]T6	151	[illegible]	[illegible]	57
RE350[illegible]	189	[illegible]	19	55
RE250S[illegible]	189	177	19	55
RE250T[illegible]	189	[illegible]	19	59

† Models include supplied insulation blanket [illegible]
For [illegible] models [illegible]
* Based [illegible] 4500W/4500W [illegible]
Uniform Energy Factor and First Hour Rating [illegible]

Wattage Limitation of Simultaneous Operation	[illegible]	240V	[illegible]	[illegible]	[illegible]	Wattage	[illegible]	[illegible]	[illegible]	277V	[illegible]
1500W / [illegible]	[illegible]	yes	[illegible]	[illegible]	yes	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2000W / [illegible]	[illegible]	yes	[illegible]	[illegible]	yes	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2500W / [illegible]	[illegible]	yes	[illegible]	[illegible]	yes	[illegible]	[illegible]	[illegible]	[illegible]	yes	[illegible]
3000W / 300[illegible]	no	yes	yes	yes	yes	3000W / 3000W	[illegible]	[illegible]	[illegible]	yes	[illegible]
3500W / 350[illegible]	no	yes	[illegible]	no	no	3500W / 3500W	[illegible]	[illegible]	[illegible]	no	[illegible]
4000W / 400[illegible]	no	yes	yes	yes	yes	4000W / 4000W	[illegible]	[illegible]	[illegible]	yes	yes
4500W / 450[illegible]	[illegible]	yes	[illegible]	[illegible]	yes	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5000W / 500[illegible]	[illegible]	yes	[illegible]	yes	yes	[illegible]	[illegible]	[illegible]	[illegible]	yes	[illegible]
5500W / 550[illegible]	[illegible]	no	[illegible]	[illegible]	no	[illegible]	[illegible]	[illegible]	[illegible]	no	[illegible]
6000W / 600[illegible]	no	no	no	yes	yes	6000W / 6000W	[illegible]	[illegible]	[illegible]	yes	yes

Wattage	Recovery ▲ GPH Temperature Rise °F					Wattage	Recovery ▲ LPH Temperature Rise °C				
	[illegible]	[illegible]	90	[illegible]	120		54	[illegible]	[illegible]	[illegible]	[illegible]
1500W	[illegible]	[illegible]	7	6	5	1500W	38	30	[illegible]	[illegible]	[illegible]
2000W	[illegible]	[illegible]	9	[illegible]	7	2000W	53	38	[illegible]	[illegible]	[illegible]
2500W	[illegible]	13	11	[illegible]	9	2500W	64	49	42	[illegible]	[illegible]
3000W	21	15	14	12	10	3000W	79	57	53	45	[illegible]
3500W	[illegible]	18	16	14	12	3500W	91	68	61	53	[illegible]
4000W	28	21	18	16	14	4000W	106	79	68	61	53
4500W	[illegible]	[illegible]	21	[illegible]	[illegible]	4500W	117	87	79	72	57
5000W	[illegible]	25	23	21	[illegible]	5000W	129	[illegible]	87	[illegible]	[illegible]
5500W	[illegible]	[illegible]	25	[illegible]	[illegible]	5500W	144	[illegible]	[illegible]	[illegible]	[illegible]
6000W	[illegible]	[illegible]	28	[illegible]	[illegible]	6000W	155	117	106	[illegible]	[illegible]

▲ GPH based on Non-[illegible] operation. When Simultaneous [illegible] will [illegible] occur [illegible]



General:

Meets NAECA Requirements

All models ETL listed. These heaters are wired inter-locking (Non-Simultaneous, Single Phase) 240V with two 4500W elements, unless otherwise specified. All water and electrical connections are 3/4" (19mm) NPT. All models certified at 300 PSI test pressure (2068 kPa) and 150 PSI working pressure (1034 kPa.).

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.

— BRADFORD WHITE IS —
AMERICAN STRONG.
BRADFORD WHITE WATER HEATERS

For field service, contact your professional installer or local Bradford White sales representative.
Sales 800-523-2931 ■ Fax 215-641-1612
Technical Support 800-334-3393 ■ Email techserv@bradfordwhite.com
Warranty 800-531-2111 ■ Email warranty@bradfordwhite.com
International: Telephone [illegible] ■ Email international@bradfordwhite.com / www.bradfordwhite.com

Built to be the Best

Printed in U.S.A.

NEW JERSEY UNIFORM CONSTRUCTION CODE

MECH
~~PLUMBING~~ SUBCODE
TECHNICAL SECTION

RECEIVED
MAY 03 2023

Date Received
Control #

Date Issued
Permit # 2023-0743

4/25/23

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

Block 192 Lot 7 Qualification Code C5105

Work Site Location 5 George Walton Building, Washington Twp NJ 08080

Owner in Fee: Laurie Carfango

Tel. e-mail

Address 5 George Walton Building, Washington Twp, NJ 08080
(street, municipality, zip code)

Contractor: Maffet Plumbing Services Tel. 856 337-0706

Address 72 E. Holly Ave e-mail
Pitman NJ 08071

Contractor License No. 13416 Exp. Date 2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 3/4" Public Water Private Well

Est. Cost of Plumbing Work $ 1800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 5/3/23 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/3/23
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Aaron Maffet

Print name here: Aaron Maffet

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Water Heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	25.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

U.C.C. F130 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

RECEIVED
OCT 25 2022
By

Date Received / Control # 11/4/22
Date Issued / Permit # 2022-1913

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

Block 192 Lot 7 Qualification Code C5105

Work Site Location 5 GEORGE WALTON BLDG

Owner in Fee: LAURIE CARFAGNO

Tel. _____ e-mail _____

Address SAME (street) WASHINGTON (municipality) 08012 (zip code)

Contractor: P.R. Sanders Inc. D/B/A P.R. Sanders Electric Tel. (856) 429-3086

Address 100 Park Drive, Voorhees, NJ 08043 e-mail permits@prsanders.com

Contractor License No. NJ Elect Lic # 4701B Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (856) 429-6043

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 2300-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[✓] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10/27/22 M
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/6/26
Approved by: BJ Wood

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/6/26	BJW
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's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

replace 100 amp panel

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
1	100	AMP PANEL

FEE (Office Use Only)

$ _____
65

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

U.C.C. F120 (rev. 10/06)

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

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856)589-0520 FAX *(856)218-1473*

Permit No. **20221913**
Control No. **67451**
Parcel(Block/Lot). **192/7//C5105**
Applic/Issued. **10/25/22** 11/4/22

Construction Permit

Work Site Location 5 GEORGE WALTON BLDG

Owner in Fee..... **CARFAGNO, LAURIE**
Address..... 5 GEORGE WALTON BLDG
BLACKWOOD, NJ 08012
Phone..... (   )

Contractor.... **P.R. SANDERS**
Address..... 100 PARK DRIVE
VOORHEES, N.J. 08043
Phone.....(856)429-3086
Lic No..... **WT413113086- 4/13/12, 13VH00471800- 3/31/17**
Fed Emp Nc

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
REPLACE 100 AMP PANEL*

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

Estimated Cost of Work: $2,300

Construction Official 10/31/22 Date

PAYMENTS * (Office Use Only)

Building	$0
Electrical	65
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	4
Certificate of Occupancy	0
Other	0
Total	$69

Check#/Cash 70948
Paid 11/4/22
Collected By

Total Administrative Fee: $0

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

U.C.C. F190 (Rev. 3/96)

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856)589-0520 FAX *(000)000-0000*

Permit No. **20250186**
Control No. **73205**
Parcel(Block/Lot). **192/7//C5105**
Applic/Issued. **2/03/25 / 3/04/25**

Construction Permit

Work Site Location 5 GEORGE WALTON BLDG

Owner in Fee..... CARFAGNO, LAURIE & SODANO, LAUREN
Address..... 5 GEORGE WALTON BLDG
TURNERSVILLE, NJ 08012
Phone.....

Contractor.... P.R. SANDERS
Address..... 100 PARK DRIVE
VOORHEES, N.J. 08043
Phone.....(856)429-3086
Lic No..... WT413113086- 4/13/12, 13VH00471800-
Fed Emp N

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☑ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
REPLACE AIR HANDLER & HEAT PUMP WITH HEAT STRIP REPLACEMENT*

PAYMENTS * (Office Use Only)

Building	$0
Electrical	135
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	145
State Training Fee	10
Certificate of Occupancy	0
Other	0
Total	$290
Check#/Cash.....	73448
Paid	$290
Collected By	WCL

Total Administrative Fee: $0

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

Estimated Cost of Work: $5,210

Construction Official Date

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

U.C.C. F190 (Rev. 3/96)

Township of Washington

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/03/2025
Control # 73205
Date Issued 3/04/2025
Permit # 20250186

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

Block 192 Lot 7 Qualification Code C5105

Work Site Location 5 GEORGE WALTON BLDG

Owner in Fee: CARFAGNO, LAURIE & SODANO, LAUREN

Tel. ___ e-mail permits@prsanders.com

Address 5 GEORGE WALTON BLDG (street) TURNERSVILLE, NJ 08012 (municipality) (zip code)

Contractor: P.R. SANDERS Tel. (856) 429-3086

Address 100 PARK DRIVE, VOORHEES, N.J. 08043 e-mail permits@prsanders.com

Contractor License No. WT413113086- 4/13/12, 13VH00471800- / Exp. Date 4/13/12

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

Federal Emp. ID No. FAX: (856) 429-0551

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] 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:	Dates (Month/Day) Failure	Failure	Approval	Initial
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:

[x] Licensed Electrical Contractor [ ] Exempt Applicant
[ ] Cert Landscape Contr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE AIR HANDLER & HEAT PUMP WITH HEA T STRIP REPLACEMENT*

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
	10	KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	10	KW Central A/C Unit	30
1		HP/KW Space Heater/Air Handler	30
		KW Baseboard Heat	
		HP Motors 1/+ HP	
	50	KW Transformer/Generator	
		AMP Service	
	225	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		HEAT STRIP	75

Administrative Surcharge $ 0
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 135

Township of Washington
MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 2/03/2025
Control # 73205
Date Issued 3/04/2025
Permit # 20250186

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

Block 192 Lot 7 Qualification Code C5105

Work Site Location 5 GEORGE WALTON BLDG

Owner in Fee CARFAGNO, LAURIE & SODANO, LAUREN

Tel. _____ e-mail permits@prsanders.com

Address 5 GEORGE WALTON BLDG (street) TURNERSVILLE, NJ 08012 (municipality, zip code)

Contractor: P.R. SANDERS Tel. (856)429-3086

Address 100 PARK DRIVE e-mail permits@prsanders.com

VOORHEES, N.J. 08043

Contractor License No. WT413113086- 4/13/12, 13VH004718(Exp. Date 4/13/12

Home Improvement Contractor Registration No. or Exemption Reason WT413113086

Federal Emp. ID No. _____ FAX: (856)429-0551

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed _____

Heating System Work: ○ New ○ Modification ○ Conversion ◉ Replacement ○ Other

Type: ○ Hydronic ○ Air ○ Other

Fuel Type: ○ Gas ○ Oil ○ Electric ○ Solar ○ Other _____

Estimated Cost of Mechanical Work $ 210

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.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE AIR HANDLER & HEAT PUMP WITH HEAT STRIP REPLACEMENT*

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Heater	$ ____
____	Fuel Oil Piping Connectins	____
____	Gas Piping Connections	____
____	Steam Boiler	____
____	Hot Water Boiler	____
1	Hot Air Furnace	120
____	Oil Tank	____
____	LPG Tank	____
____	Fireplace	____
____	Generator	____
1	Other	25

Administrative Surcharge $ 0

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 145

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater	____	____	____	____
Appliance	____	____	____	____
Chimney/Vent	____	____	____	____
Piping	____	____	____	____
Tank	____	____	____	____
Cooling/AC	____	____	____	____
Generator	____	____	____	____
Fireplace	____	____	____	____
Chimney Cert.	____	____	____	____
Other ____	____	____	____	____
Other ____	____	____	____	____
Final	____	____	____	____

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856)589-0520 FAX *(000)000-0000*

Permit No. **20250186 A**
Control No. **73472**
Parcel(Block/Lot). **192/7//C5105**
Applic/Issued. **3/14/25 / 4/08/25**

Construction Permit

Work Site Location 5 GEORGE WALTON BLDG

Owner in Fee..... CARFAGNO, LAURIE & SODANO, LAUREN
Address..... 5 GEORGE WALTON BLDG
TURNERSVILLE, NJ 08012
Phone.....

Contractor.... P.R. SANDERS
Address..... 100 PARK DRIVE
VOORHEES, N.J. 08043
Phone.....(856)429-3086
Lic No..... WT413113086- 4/13/12, 13VH00471800-
Fed Emp N

Permission is hereby granted to do the following work:

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
INSTALL 60 AMP NON FUSED DISCONNECT FOR EXISTING ELECTRIC HOT WATER HEATER*

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

Estimated Cost of Work: $250

Construction Official Date

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

PAYMENTS * (Office Use Only)

Building	$0
Electrical	75
Plumbing	0
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	1
Certificate of Occupancy	0
Other	0
Total	$76
Check#/Cash	74781
Paid	$76
Collected By	WCL

Total Administrative Fee: $0

U.C.C. F190 (Rev. 3/96)

Township of Washington

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/14/2025
Control # 73472
Date Issued 4/08/2025
Permit # 20250186 A

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

Block 192 Lot 7 Qualification Code C5105

Work Site Location 5 GEORGE WALTON BLDG

Owner in Fee: CARFAGNO, LAURIE & SODANO, LAUREN

Tel. e-mail permits@prsanders.com

Address 5 GEORGE WALTON BLDG (street) TURNERSVILLE, NJ 08012 (municipality) (zip code)

Contractor: P.R. SANDERS Tel. (856) 429-3086

Address 100 PARK DRIVE, VOORHEES, N.J. 08043 e-mail permits@prsanders.com

Contractor License No. WT413113086- 4/13/12, 13VH00471800- / Exp. Date 4/13/12

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

Federal Emp. ID No. FAX: (856) 429-0551

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] 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:	Dates (Month/Day) Failure	Failure	Approval	Initial
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:

[x] Licensed Electrical Contractor [ ] Exempt Applicant
[ ] Cert Landscape Contr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 60 AMP NON FUSED DISCONNECT FOR EXISTING ELECTRIC HOT WATER HEATER*

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
	10	KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
	10	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
	50	KW Transformer/Generator	
		AMP Service	
	225	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	60	disconnect	75

Administrative Surcharge $ 0
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 75