
OPRA request - OPRA REQUEST: Construction Permits & Violations - 149 Kelly Driver Road, Clementon, NJ 08021

From Nicole Echelberger <opra+request-94578-c1469808@requests.opramachine.com>

Date Tue 8/18/2026 3:44 PM

To GT Clerk <gtclerk@glotwp.com>

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 Gloucester Township,

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 open/closed construction permits, as well as any 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

11208-24

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-94578-c1469808@requests.opramachine.com

Is GTclerk@glotwp.com the wrong address for OPRA requests to Gloucester Township? If so, please contact us using this form:

<https://protect.checkpoint.com/v2/r01/> [https://opramachine.com/change_request/new?body=gloucester township_YzJ1Omdsb3VjZXN0ZXJ0b3duc2hpcDpjOm86M2M5MjM1MGJlNjcwNjJlM](https://opramachine.com/change_request/new?body=gloucester%20township_YzJ1Omdsb3VjZXN0ZXJ0b3duc2hpcDpjOm86M2M5MjM1MGJlNjcwNjJlM)

zliYmVhZjI1MGM0MDFkZWl6Nzo5ZDdjOmlwYmI4MTJjNjNhMGU4NDU2OTI5NDZjZmUxM2VmZGI4NDFI
NWE4Y2JiNmU3ZjMxODI4NTZiNjM1Mzk2MmYxMDE6cDpUOk4

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://protect.checkpoint.com/v2/r01/> <https://opramachine.com/help/officers> .YzJ1Omdsb3VjZXN0ZXJ0b3duc2hpcDpjOm86M2M5MjM1MGJlNjcwNjJlMzliYmVhZjI1MGM0MDFkZWl6Nzo0ZGVkOmQ2MzM4YTRjOTlmYmMzZGJkZWQ0MjM1NzJmY2EzOWRlMDAxZjZiMml4MjkxYTdjNzcyZWZkZmZiYjlhYzhjN2E6cDpUOk4

View this OPRA request & responses online:

<https://protect.checkpoint.com/v2/r01/> https://opramachine.com/request/opra_request_construction_permit_7 .YzJ1Omdsb3VjZXN0ZXJ0b3duc2hpcDpjOm86M2M5MjM1MGJlNjcwNjJlMzliYmVhZjI1MGM0MDFkZWl6Nzo4M2MwOjk1ZmFjOTE0MmYzNzhmNTU5YjAxZTU5ZjI4OGJkNmY3MwQ4MjBmNTljMzViNzM0YzVmMGVkJzg4MjA2YmZjMjE6cDpUOk4

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.

"OPRAMachine's mission is to give people easy and affordable access to New Jersey public records. For more information, contact us at: (732) 707-1628 or PO Box 3180, New Brunswick, NJ 08903."



Interoffice

MEMORANDUM

To: Nancy Power, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: August 20, 2026.

Dear Nancy,

This letter is regarding the request from Nicole Echelberger. Please find attached the information you requested for the address 149 Kelly Driver Rd Block 11208 Lot 24. These are all the permits in our records for this property; all permits are marked open or closed. There is no Building violation. **If you have any questions, please feel free to Contact me at 856-374-3500.**

Thank you,
Cookie Pessagno
Construction Office



CONSTRUCTION PERMIT

Date Issued 4/12/2002
Control # 25875
Permit # 20020512

IDENTIFICATION Block: 11208 Lot: 24 Qualifier _____
Work Site Location: 149 KELLY DRIVER RD Township of Gloucester Contractor CRANE, WILLIAM
Gloucester Township, NJ Address 149 KELLY DRIVER LAUREL SPRINGS, JH 08021 NJ
Owner in Fee CRANE, WILLIAM Telephone: _____
149 KELLY DRIVER LAUREL SPRINGS, JH 08021 NJ Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee. No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

water proofing

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 \$1,500

Closed
Construction Official

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$47
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$48
Check No.	21219
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

- ☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
 2. Foundations and all walls up to grade level prior to back filling.
 3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



Date Received 4/10/2002
Control # 25875
Date Issued 4/12/2002
Permit # 20020512

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 11208 Lot 24 Qualification Code

Work Site Location 149 KELLY DRIVER RD Township of Gloucester Gloucester Township, NJ

Owner in Fee: CRANE, WILLIAM

Tel. e-mail

Address 149 KELLY DRIVER LAUREL SPRINGS, JH 08021 NJ

Contractor: Street Municipality Tel. zip code

Address NJ

Email

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Approval	Initial
☐ No Plan Required		Footings			
☐ All		Footings Bonding			
☐ Footings/Foundations		Foundation			
☐ Struct/Framework		Slab			
☐ Exterior		Frame			
☐ Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation			
SUBCODE APPROVAL for PERMIT		Finishes-Base Layer			
Date:		Finishes-Final			
Approved by:		Energy			
SUBCODE APPROVAL for CERTIFICATE		Mechanical			
☐ CO ☐ CCO ☐ CA		TCO			
Date:		Other			
Approved by:		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
If Industrial Building:					
No. of Stories			State Approved		HUD
Height of Structure			Ft.		
Area - Largest Floor			Sq. Ft.		
New Bldg. Area / All Floors			Sq. Ft.		
Volume of New Structure			Cu. Ft.		
Total Land Area Disturbed			Sq. Ft.		

Est. Cost of Bldg. Work:

1. New Bldg.	
2. Rehabilitation	
3. Total (1+2)	\$1,500

U.C.C F110
(rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

water proofing

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence Height (exceeds 6')
☐ Sign Sq. Ft.
☐ Pool
☐ Retaining Wall Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other
☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$1
TOTAL FEE	\$48

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



Gloucester Township
1261 Chews Landing Rd
Laurel Springs, NJ 08021

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 4/24/2020
Control Number 25875
Permit Number 20020512
Permit Issue Date 4/12/2002
Certificate Number 20020512

Identification

Block: 11208 Lot: 24 Qual: _____
Work Site Location: 149 KELLY DRIVER RD Township of Gloucester Gloucester Township, NJ

Owner in Fee: CRANE, WILLIAM
Owner Address: 149 KELLY DRIVER LAUREL SPRINGS, JH 08021 NJ
Telephone: _____

Contractor CRANE, WILLIAM
Address 149 KELLY DRIVER LAUREL SPRINGS, JH 08021 NJ
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: _____

Certificate Comments:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: _____

Maximum Occupancy Load: _____ Maximum Live Load: _____

Description of Work/Use: _____

water proofing

☐ 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.

☐ 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.

☐ Temporary Certificate of Compliance

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: _____
This certificate has an expiration date of: _____

Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJACS: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 Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (_____ years); see file

☐ 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 _____

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate: _____
This certificate has an expiration date of: _____

Conditions to be met:



CONSTRUCTION PERMIT

Date Issued 6/4/2019
Control # 80439
Permit # 20190918

IDENTIFICATION Block: 11208 Lot: 24 Qualifier _____
Work Site Location: 149 KELLY DRIVER RD LAUREL SPRINGS Contractor PRO CUSTOM LLC dba MOMENTUM SOLAR
Gloucester Township, NJ Address 325 High Street Metuchen, NJ 08840 NJ
Owner in Fee MARCUS MALDONADO Telephone: (732) 366-1854
149 KELLY DRIVER ROAD LAUREL SPRINGS, N J Lic. No. or Bldrs. Reg. No. _____
08021 NJ Federal Employee No. 271242539
Telephone: _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

Solar Panel System - Rooftop

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

Estimated Cost of Work \$3,055

Closed
Construction Official

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$100
Electrical	\$220
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$6
CO Fee	
Other	\$0
Total	\$326
Check No.	44181
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 11208 Lot 24 Qualification Code _____
Work Site Location 149 KELLY DRIVER RD LAUREL SPRINGS Gloucester Township, NJ

Owner in Fee: MARCUS MALDONADO
Tel. _____ e-mail _____
Address 149 KELLY DRIVER ROAD LAUREL SPRINGS, N J 08021 NJ
Contractor: PRO CUSTOM LLC dba MOMENTUM SOLAR Tel. (732) 366-1854
Address 325 High Street Metuchen, NJ 08840 NJ

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason(if applicable): _____
Federal Emp. ID No. 271242539 FAX (732) 902-6223

JOB SUMMARY (Office Use Only)		
PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundations		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		
Joint Plan Review Required:		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		
SUBCODE APPROVAL for PERMIT		
Date: _____		
Approved by: _____		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date: _____		
Approved by: _____		

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrial Building: _____

Height of Structure _____ Ft. State Approved _____ HUD _____

Area - Largest Floor _____ Sq. Ft. Est. Cost of Bldg. Work: _____

New Bldg. Area / All Floors _____ Sq. Ft. 1. New Bldg. _____

Volume of New Structure _____ Cu. Ft. 2. Rehabilitation \$718

Total Land Area Disturbed _____ Sq. Ft. 3. Total (1+2) \$718

Date Received 5/7/2019
Control # 80439
Date Issued 6/4/2019
Permit # 20190918

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Solar Panel System - Rooftop

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☒ Other _____
☐ Demolition

FEE (Office Use Only)

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 5/7/2019
Date Issued 6/4/2019
Control # 80439
Permit # 20190918

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.
Applicant's sign/Contractor sign
and seal here: Print name here:

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Solar Panel System - Rooftop

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 Over/5 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 Hand		
KW Baseboard Heat		
HP Motors 1/+ HP		
KW Transformer/Generator		
AMP Service		
AMP Subpanels	80	\$55
AMP Motor Control Center		
KW Elec. Sign/Outline Light		
AMP Panel Upgrade	1	\$55

Administrative Surcharges

Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEES \$226

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

Block 11208 Lot 24 Qualification Code

Work Site Location 149 KELLY DRIVER RD LAUREL SPRINGS Gloucester Township, NJ

Owner in Fee: MARCUS MALDONADO

Tel. e-mail

Address 149 KELLY DRIVER ROAD LAUREL SPRINGS, N J 08021 NJ

Street Municipality zip code

Contractor: PRO CUSTOM SOLAR-ELECTRIC Tel. (732) 366-1854

Address 325 HIGH STREET METUCHEN, NJ 08840 NJ

e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. 271242539 FAX (732) 902-6223

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 2,337

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

☐ Partial/Underslab Approved

Date: Approved by:

☐ Electrical 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:

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification



Gloucester Township
1261 Chews Landing Rd
Laurel Springs, NJ 08021

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 8/5/2019
Control Number 80439
Permit Number 20190918
Permit Issue Date 6/4/2019
Certificate Number 20190918

Identification

Block: 11208 Lot: 24 Qual: _____
Work Site Location: 149 KELLY DRIVER RD LAUREL SPRINGS Gloucester Township, NJ

Owner in Fee: MARCUS MALDONADO
Owner Address: 149 KELLY DRIVER ROAD LAUREL SPRINGS, N J 08021 NJ
Telephone: _____

Contractor PRO CUSTOM LLC dba MOMENTUM SOLAR
Address 325 High Street Metuchen, NJ 08840 NJ
Telephone: (732) 366-1854 Fax: (732) 902-6223
License Number or Builders Registration Number: _____
Federal Emp. Number: 271242539

Certificate Comments:

☐ 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.

☐ 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.

☐ Temporary Certificate of Compliance

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____
Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: _____

Maximum Occupancy Load: _____ Maximum Live Load: _____

Description of Work/Use: _____

Solar Panel System - Rooftop

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ 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 _____

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____
Conditions to be met:



CONSTRUCTION PERMIT

Date Issued 1/11/2024
Control # 95774
Permit # 20240087

IDENTIFICATION Block: 11208 Lot: 24 Qualifier
Work Site Location: 149 KELLY DRIVER ROAD LAUREL SPRINGS, NJ 08021 Contractor MOMENTUM SOLAR
Address 325 HIGH STREET METUCHEN NJ 08840
Owner in Fee MALDONADO MARCUS S
149 KELLY DRIVER ROAD LAUREL SPRINGS NJ 08021 Telephone: (732) 366-1854
Lic. No. or Bldrs. Reg. No. 34EB01591300 13VH05539000
Federal Employee. No. 271242539

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

Solar Panel System (Rooftop)

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 \$13,042

Closed
Construction Official

Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$100
Electrical	\$165
Plumbing	\$0
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$35
CO Fee	
Other	\$0
Total	\$365
Check No.	1020109
Cash	\$0
Credit	\$0
Collected By	Patti Guevara

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

If you do not understand any of this information, please ask.



BUILDING SUBCODE
TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block **11208** Lot **24** Qualification Code _____
Work Site Location **149 KELLY DRIVER ROAD LAUREL SPRINGS, NJ 08021**

Owner in Fee: **MALDONADO MARCUS S**
Tel. _____ e-mail _____
Address **149 KELLY DRIVER ROAD LAUREL SPRINGS NJ 08021**
Contractor: **MOMENTUM SOLAR** Street _____ Municipality _____ zip code **08021**
Address **325 HIGH STREET METUCHEN NJ 08840** Tel. **(732) 366-1854**
Contractor License No. or Builder Registration No. **13VH05539000** Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason(if applicable): _____
Federal Emp. ID No. **271242539** FAX _____ Email _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval
☐ No Plan Required			Footings		
☐ All			Footings Bonding		
☐ Footings/Foundations			Foundation		
☐ Struct/Framework			Slab		
☐ Exterior			Frame		
☐ Interior			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer		
Date: _____			Finishes-Final		
Approved by: _____			Energy		
SUBCODE APPROVAL for CERTIFICATE			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date: _____			Other		
Approved by: _____			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present **R-5** Proposed **R-5** Constr. Class Present _____ Proposed _____

No. of Stories _____ State Approved _____ HUD _____

Height of Structure _____ Ft.

Area - Largest Floor _____ Sq. Ft.

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

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. _____

2. Rehabilitation _____

3. Total (1+2) **\$5,568**

Date Received **12/14/2023**
Control # **95774**
Date Issued **1/11/2024**
Permit # **20240087**

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Solar Panel System (Rooftop),

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☒ Other **Solar Photovoltaic System**
☐ Demolition

FEE (Office Use Only)

\$ _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ **\$35**
TOTAL FEE \$ **\$135**



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received 12/14/2023
Date Issued 1/11/2024
Control # 95774
Permit # 20240087

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

Block 11208 Lot 24 Qualification Code
Work Site Location 149 KELLY DRIVER ROAD LAUREL SPRINGS, NJ 08021

Owner in Fee: MALDONADO MARCUS S
Tel. e-mail
Address 149 KELLY DRIVER ROAD LAUREL SPRINGS NJ 08021
Municipality zip code

Contractor: MOMENTUM SOLAR Tel. (732) 366-1854
Address 325 HIGH STREET METUCHEN NJ 08840 e-mail

Contractor License No. 13VH05539000 34EB01591300 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason(if applicable):
Federal Emp. ID No. 271242539 FAX

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 \$ \$12,992

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required	Type:	Failure	Approval	Initial	
☐ Partial-Underslab Approved	Rough				
Date: Approved by:	Barrier-Free				
☐ Electrical Plans Approved	Trench				
Date: Approved by:	Temp. Serv.				
Joint Plan Review Required:	Constr. Serv.				
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	TCO				
SUBCODE APPROVAL for PERMIT		Other			
Date: Approved by:	Service				
SUBCODE APPROVAL for CERTIFICATE		Final			
☐ CO ☐ CCO ☐ CA	Barrier-Free				
Date: Approved by:	Temp. Cut-in-Card Date Issued				
Annual Pool Inspection					
Date: Approved by:	Final Cut-in-Card Date Issued				
Date of Grounding and Bonding					
Certification					

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.
Applicant's sign/Contractor sign
and seal here: Print name here:

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Solar Panel System (Rooftop),

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/Recepticle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	4	Solar Photovoltaic System	\$165

Administrative Surcharge\$
Minimum Fee\$
State Permit Surcharge Fee\$
TOTAL FEES\$



FIRE SUBCODE
TECHNICAL SECTION



Date Received 12/14/2023
Control # 95774
Date Issued 1/11/2024
Permit # 20240087

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000
Block 11208 Lot 24 Qualification Code

Work Site Location 149 KELLY DRIVER ROAD LAUREL SPRINGS, NJ 08021

Owner in Fee: MALDONADO MARCUS S

Tel. e-mail

Address 149 KELLY DRIVER ROAD LAUREL SPRINGS NJ 08021

Contractor: MOMENTUM SOLAR Municipality Tel. (732) 366-1854 zip code

Address 325 HIGH STREET METUCHEN NJ 08840 e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 13VH05639000 Exp. Date

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

Federal Emp. ID No. 271242539 Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed R-5 Fuel Type: Flammable or Combustible

Constr. Class: Present Proposed Capacity

Heating Systems: New or Modification to Existing Fire Alarm System: New or Existing

or Conversion or Replacement Location of Panel:

Fuel Type: Gas Oil Electric Solar

Other New or Existing

Location: Location of Main Control Valve:

Total Cost of Fire Protection Work \$ \$50

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Initial	Type:	Failure	Failure	Approval
☐ No Plan Required		Alarm System			
☐ Partial Underslab Utilities Approved		Suppression Sys.			
Date: Approved by:		Standpipe			
☐ Fire Protection Plans Approved		Fire Pump			
Date: Approved by:		Pre-Eng. System			
Joint Plan Review Required		Mechanical			
☐ Bldg. ☐ Elec. ☐ Plumb ☐ Elev.		Smoke Control			
SUBCODE APPROVAL for PERMIT		TCO			
Date:		Flam/Cumbust Tank			
Approved by:		Fireplace Venting			
SUBCODE APPROVAL for CERTIFICATE		Final			
☐ CO ☐ CCO ☐ CA		Other			
Date:					
Approved by:					

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's Signature/Contractor's Seal and Signature and Printed Name
☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA	NUMBER	FEE (Office Use Only)
DESCRIPTION OF WORK		
Solar Panel System (Rooftop),		
Water Supply Source		
Method of Alarm/Suppression System Supervision		

Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other Solar Panels	1	

Administrative Surcharge \$	
Minimum Fee \$	\$65
State Permit Surcharge Fee \$	\$35
TOTAL FEE \$	\$100



Gloucester Township
1261 Chews Landing Rd
Laurel Springs, NJ 08021

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 2/22/2024
Control Number 95774
Permit Number 20240087
Permit Issue Date 1/11/2024
Certificate Number 20240087

Identification

Block: 11208 Lot: 24 Qual: _____
Work Site Location: 149 KELLY DRIVER ROAD LAUREL SPRINGS, NJ 08021

Owner in Fee: MALDONADO MARCUS S
Owner Address: 149 KELLY DRIVER ROAD LAUREL SPRINGS NJ 08021
Telephone: _____

Contractor MOMENTUM SOLAR
Address 325 HIGH STREET METUCHEN NJ 08840
Telephone: (732) 366-1854 Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: 271242539

Certificate Comments:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: Use Group: R-5
Maximum Occupancy Load: _____
Description of Work/Use: Maximum Live Load: _____
Solar Panel System (Roof/Top) _____

☐ 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.

☐ 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.

☐ Temporary Certificate of Compliance

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____
Conditions to be met:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJACS: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 Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
- ☐ Partial or limited time period (_____ years); see file

☐ 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 _____

☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____
Conditions to be met:



CONSTRUCTION PERMIT

Date Issued 8/5/2024
Control # 97753
Permit # 20241491

IDENTIFICATION Block: 11208 Lot: 24 Qualifier _____
Work Site Location: 149 KELLY DRIVE ROAD LAUREL SPRINGS, NJ Contractor CARDWELL HVAC LLC
08021 Address 603 KRESSON RD CHERRY HILL NJ 08003
Owner in Fee MALDONADO MARCUS S
149 KELLY DRIVE ROAD LAUREL SPRINGS NJ 08021 Telephone: (609) 330-6641
Telephone: (856) 831-5862 Lic. No. or Bldrs. Reg. No. 13VH07886100 19HC00425000
Federal Employee. No. 465952712

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☒ OTHER |

DESCRIPTION OF WORK:

Air Conditioner

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 \$2,835

Open NO Inspections made
Construction Official _____ Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$75
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$75.00
DCA Training Fee	\$5
CO Fee	
Other	\$0
Total	\$155
Check No.	4306
Cash	\$0
Credit	\$0
Collected By	Paige McDevitt

REQUIRED INSPECTIONS

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

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

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

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

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

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE
TECHNICAL SECTION



Date Received 7/15/2024
Date Issued 8/5/2024
Control # 97753
Permit # 20241491

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.
Applicant's sign/Contractor sign
and seal here: Print name here:

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Air Conditioner,

Block 11208 Lot 24 Qualification Code
Work Site Location 149 KELLY DRIVE ROAD LAUREL SPRINGS, NJ 08021

Owner in Fee: MALDONADO MARCUS S
Tel. (856) 831-5862 e-mail

Address 149 KELLY DRIVE ROAD LAUREL SPRINGS NJ 08021
Street Municipality zip code

Contractor: CARDWELL HVAC LLC Tel. (609) 330-6641

Address 603 KRESSON RD UNIT 11 CHERRY HILL NJ 08034
e-mail INFO@CARDWELLVACNJ.COM

Contractor License No. 13VH07886100 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason(if applicable):
Federal Emp. ID No. 463952714 FAX

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ \$135

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required	Type:	Rough	Barrier-Free	Failure	Approval
☐ Partial-Underslab Approved	Date:	Approved by:	Trench		Initial
☐ Electrical Plans Approved	Date:	Approved by:	Temp. Serv.		
Joint Plan Review Required:			Constr. Serv.		
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.			TCO		
SUBCODE APPROVAL for PERMIT			Other		
Date:			Service		
Approved by:			Final		
			Barrier-Free		
SUBCODE APPROVAL for CERTIFICATE			Temp. Cut-in-Card Date Issued		
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued		
Date:			Annual Pool Inspection		
Approved by:			Date of Grounding and Bonding		
			Certification		

U.C.C F120 (rev. 01/21)



MECHANICAL INSPECTION
TECHNICAL SECTION



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

Block 11208 Lot 24 Qualification Code

Work Site Location 149 KELLY DRIVE ROAD LAUREL SPRINGS, NJ 08021

Owner in Fee: MALDONADO MARCUS S

Tel. (856) 831-5862 e-mai

Address 149 KELLY DRIVE ROAD LAUREL SPRINGS NJ 08021

Street Municipality zip code

Contractor: CARDWELL HVAC LLC Tel. (609) 330-6641

Address 603 KRESSON RD UNIT 11 CHERRY HILL NJ 08034

e-mai INFO@CARDWELHVCACNJ.COM

Contractor License No. 19HC00425000 13VH07886100 Exp. Date 6/30/2027

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 463952714 FAX

B. MECHANICAL CHARACTERISTICS

Use Group Present

Heating System work: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Estimated Cost of Mechanical Work \$ \$2,700

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plan 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:

Water Heater

Appliance

Chimney/Vent

Piping

Tank

Cooling/AC

Generator

Fireplace

Chimney Cert.

Other

Other

Final

Dates (Month/Day)

Failure

Approval

Initial

Date Received 7/15/2024

Control # 97753

Date Issued 8/5/2024

Permit # 20241491

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.

Print Name Here Signature

☐ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Air Conditioner,

NO.

FIXTURES/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

Other A/C Condensate

1

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$ \$75

State Permit Surcharge Fee \$ \$5

TOTAL FEE \$ \$80