CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 5/8/2023

Tracking Number: OPRA-Req-23-0732

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Micala

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: 1607 RAVENSWOOD WAY

-permits, both open and closed for 1607 Ravenswood Way

-records for both septic and well for 1607 Ravenswood Way

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Unregulated Heating Oil Tank Program
Mail Code 401-05
P.O. Box 420
Trenton, NJ 08625-0420
Phone #: 609-633-0544
Fax #: 609-984-6514

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SHAWN M. LATOURETTE
Commissioner

March 13, 2023

Calvin & Jacquelyne Jones In Trust
c/o Jacquelyne Jones 1019 Lakeview Lane
Calera, AL 35040

Re: Area of Concern: One 1000 gal.#2 Heating Oil Underground Storage Tank System
Unrestricted Use - No Further Action Letter and Covenant Not to Sue
Block 525.06, Lot 8
1607 Ravenswood Way
Cherry Hill Township, Camden County
Program Interest #: 1011973, Activity Number: CSP230001
Communications Center Number: 22-12-02-1644-39

Dear Jacquelyn Jones:

Pursuant to N.J.S.A. 58:10B-13.1 and N.J.A.C. 7:26C, the New Jersey Department of Environmental Protection (Department) makes a determination that no further action is necessary for the remediation of the area of concern specifically referenced above, except as noted below, so long as you did not withhold any information from the Department. This action is based upon information in the Department's case file and your final certified report dated February 14, 2023. In issuing this No Further Action Determination and Covenant Not to Sue, the Department has relied upon the certified representations and information provided to the Department.

By issuance of this No Further Action Determination, the Department acknowledges the completion of a Remedial Investigation and Remedial Action pursuant to the Heating Oil Tank System Remediation Rules (N.J.A.C.7:26F) for the area of concern specifically referenced above and no other areas.

NO FURTHER ACTION CONDITIONS

As a condition of this No Further Action Determination pursuant to N.J.S.A. 58:10B-12o, you and any other person who was liable for the cleanup and removal costs, and remains liable pursuant to the Spill Act, shall inform the Department in writing within 14 calendar days whenever your name or address changes. Any notices submitted pursuant to this paragraph shall reference the above case numbers and

ERC Environmental, LLC
286 Houses Corner Rd
Sparta, NJ 07871

shall be sent to: Bureau of Case Assignment & Initial Notice, Contaminated Site Remediation & Redevelopment Program, 401-05H, P.O. Box 420, Trenton, NJ 08625-0420.

By operation of law a Covenant Not to Sue pursuant to N.J.S.A. 58:10B-13.1 applies to this remediation. The Covenant Not to Sue is subject to any conditions and limitations contained herein. The Covenant Not to Sue remains effective only as long as the real property referenced above continues to meet the conditions of this Conditional No Further Action Letter.

Thank you for your attention to these matters. If you have any questions, please contact Michael Cowan at (609)984-1731.

Sincerely,

Michael A Justiniano, Section Chief
Unregulated Heating Oil Tank Program

c: Municipal Clerk, Cherry Hill Township
Camden County Department of Health & Human Services
ERC Environmental, LLC

File Copy

CHERRY HILL TOWNSHIP
820 Mercer Street
Cherry Hill , NJ 08002
(856) 488-7870

Date Issued:	8/22/2017
Application Number:	ZA-17-00801
Application Date:	7/11/2017
Project Number:	
Permit Number:	ZP-17-00809
Fee:	$20.00

Zoning Permit

Worksite Location: **1607 RAVENSWOOD WAY**
CHERRY HILL, NJ 08003

Block: **525.06**
Lot: **8**
Qualifier:
Zone: **RA**

Owner: **JONES CALVIN & JACQUE'LYNE-TRUST**

Address: **1607 RAVENSWOOD WAY**
CHERRY HILL, NJ 08003

Applicant: **PROCUSTOMSOLAR LLC d/b/a MOMENTUM SOLAR**

Address: **325 HIGH ST**
METUCHEN, NJ 08840

Application Approved Date: 8/22/2017

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Residential - Ravenswood

Nonconforming Use is:

Work Description:

Roof Mounted Solar Panels - APPROVED, for a 32-module roof-mounted solar energy system on an existing single family dwelling. Per §432.C.2, the solar panel system shall not extend beyond the edge or pitch of the roof, nor shall the system be mounted more than three (3') feet higher than the finished roof to which it is mounted upon. Per §432.C, the installation of solar panels shall not create glare that is a nuisance or pose a danger to surrounding properties and the general public. Any ground-mounted solar panels require Planning Board approval.

Building permits from the Construction Department are required that meet all UCC requirements.

This permit does NOT approve the removal of any trees, nor the trimming of more than 30% of any existing tree. If trees are proposed to be removed, or trimmed >30%, a separate tree removal permit is required from the Department of Public Works.

Cost: $20.00 residential fee.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Susan Brandt Jacob Richman — 8/22/2017

Zoning Officer/Administrative Official — Date

APPLICANT/OWNER SIGNATURE — 8/29/2017 **DATE**

TOWNSHIP OF CHERRY HILL

820 Mercer Street
Cherry Hill, NJ 08002

ZONING APPROVAL № 31435

☐ Building Permit ☐ Certificate of Occupancy

Block 525.06 Lot 8 Zone R-A

Property Owner Calvin + Jacquelyne Jones

Address of Property 1607 Ravenswood WAY

Address of Owner 1607 Ravenswood Way, Cherry Hill 08003 Phone No. 609 489 1248

Existing Use Home Proposed Use

Type of Structure Proposed Storage Building

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all application laws of this jurisdiction.

Calvin Jones / Calvin Jones — Signature
1607 Ravenswood Way — Address
609 489 1248 — Telephone

SETBACKS: ☐ Corner Lot ☑ Inside Lot

Front ~~35~~ 35ft. min Rear ~~25~~ 25ft. min Smallest side 20ft. min Aggregate 50ft. min Second front N/A

Sq. Ground Floor ~~1144 sq. ft~~ Height ~~10 3/4~~ Gross Floor Area ~~1144 sq. ft~~

For swimming pool only: 10ft. max 204 Sq. ft.

Distance of pool from the foundation wall ____ Front ____ Rear ____ Side ____

ZONING BOARD ACTION	P.O.A.	Date Granted
PLANNING BOARD ACTION	P.B.C.	Date Granted

THIS APPROVAL IS BASED ON THE INFORMATION ON THIS FORM AND THE ATTACHED PLAN(S).

COMMENTS: Strage shed proposed in rear yard. Must meet building setbacks as noted above. Must not be used for human habitation or any purchase other than storage. Must be setback 25ft. from rear - 20ft. min from one side / 50ft. min aggregate / 35ft. min front yard setback

OTHER PAYMENTS AND FEES:

Taxes Paid: ✓ PD Shade Tree Fee $2.00/LF of street frontage ____

Contributions-In-Aid:

Road Improv. $ ____

Sewer Improv. $ ____

Other ____ $ ____

Housing Impact Fee:

(a) Estimated equalized value of the improvements $____

(b) Fee calculation:

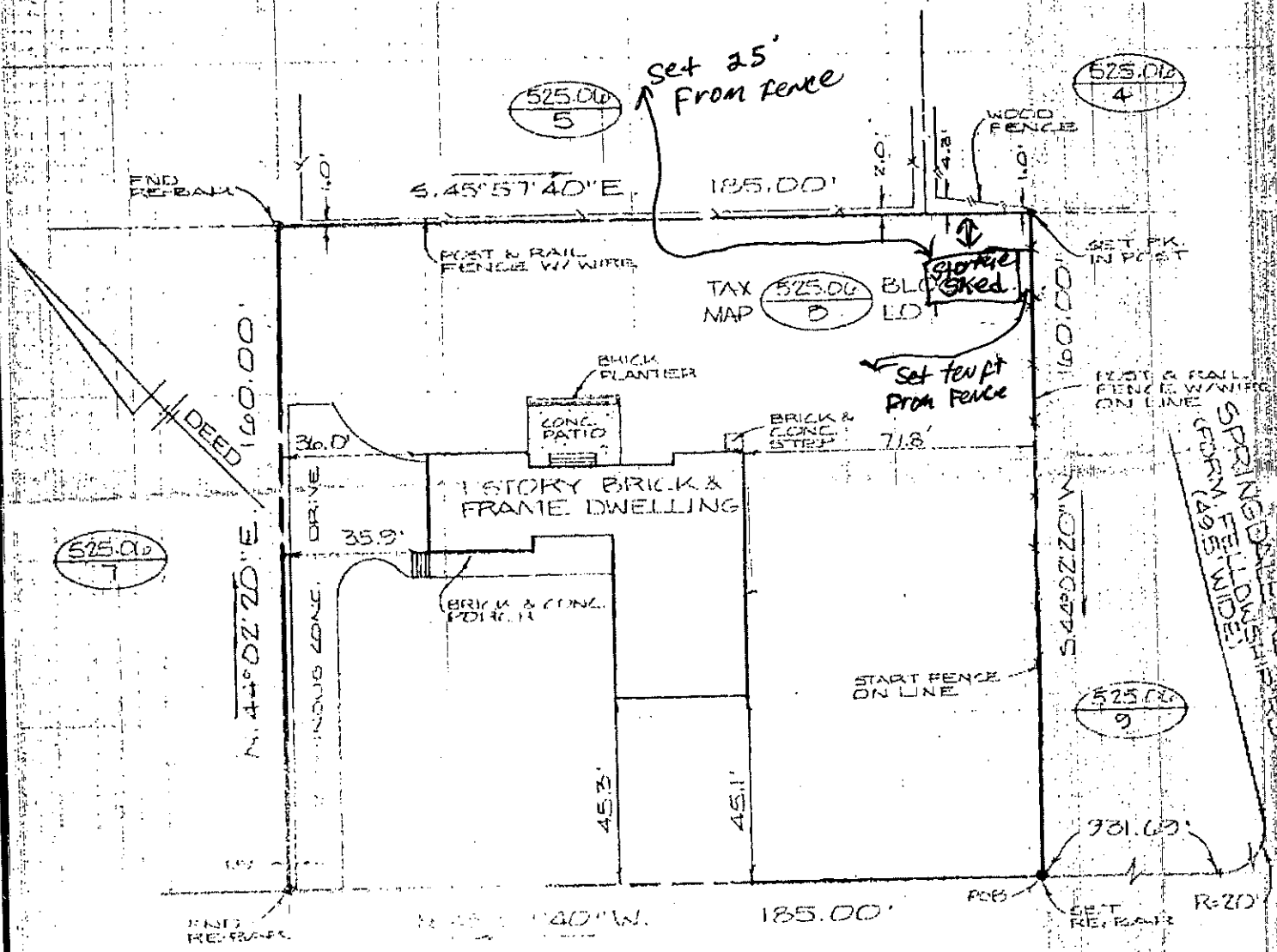
1) Residential use - 0.5% of (a) $____

2) Non-Residential use - 1.0% of (a) $____

Name — Title — Date 9-27-96

1M PPCo.

THE FOLLOWING ITEMS AS REQUIRED UNDER N.J. A.C. 13:40-5 HAVE BEEN OMITTED BY CONTRACTUAL AGREEMENT
HEDGES, SHRUBS, TREES, UTILITY LINES & NEW DESCRIPTION



RAVENSWOOD WAY
(50' WIDE)

DESCRIPTION:

1) BEING LOT 6, BLOCK 525E, PLAN OF LOTS, SPRINGDALE, BY HOXWORTH, BEHNKE & GIRARD ASSOCIATES

2) AKA LOT 6, BLOCK 525.06 ON THE OFFICIAL TAX MAP

3) CONTAINING 23,000± SQ.FT. (0.6796± AC.)

SUBJECT TO A RESTRICTIVE COVENANT AS SET FORTH IN DEED BETWEEN EMMA M. PALMER AND EMMA M. PALMER LIVING TRUST DATED [illegible], 1993

DO NOT [illegible]
ONLY COPIES [illegible]
OF THIS SURVEY [illegible]
SURVEY [illegible]
BE CONSIDERED [illegible]

PLAN OF SURVEY

TAX MAP:
BLOCK

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
PH: (609) 488-7855

C E R T I F I C A T E

Issue Date: 02/04/98
Control Number: 1-8193
Permit Number: 96-2426
Date Permit Issued: 10/02/96

I D E N T I F I C A T I O N

Work Site Location: 1607 RAVENSWOOD WAY
CHERRY HILL
Block: 525.06 Lot: 8
Unit Number:

Owner in Fee: JONES, CALVIN
Address: 1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
Telephone: (609) 489-1248

Agent: JONES, CALVIN
Address: 1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
Telephone: (609) 489-1248
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:

Home Warranty No.: Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: 0 PSF Construction Classification: 5B Maximum Occupancy Load:
DESCRIPTION OF WORK: Addition
Shed - 12' X 17'

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

[ ] CERTIFICATE OF 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 (____yrs); see file

[ ] 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.

[ ] 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/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

Construction Official

Fee: PRE-PAID
Check Number: PRE-PAID
Collected By: PRE-PAID

U.C.C. F260 (rev. 3/96) 1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/2/96
Date Issued
Control #
Permit # 96-2426

07

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

Block 525.06 Lot 8
Work Site Location 1607 Ravenswood Way Cherry Hill 08003
Owner in Fee Evelyn Jones
Address 1607 Ravenswood Way Cherry Hill NJ 08003
Tele. 609) 489-1248
Contractor Self
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature Evelyn Jones

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Shed
12'x17'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All Arch	9/27/96	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 2/4		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			2/4	

1/2/97 not start

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed
Constr. Class Present WA Proposed
No. of Stories 1
Height of Structure 8.5' Ft.
Area—Largest Floor 144 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure 1419 Cu. Ft. X 0.027/cu ft = 38.31
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 1104.52
3. Total (1+2) $ 1104.52

Paid [X] Check # Cash
Collected by: S.W.

Administrative Surcharge $ 45
Minimum Fee $
DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-1108
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

One and Two Family Inspections Only!

Item.	Date	Insp.	Pass	Fail	Footing, Foundation and Slab Inspections
1	_____	_____	[ ]	[ ]	Approved plans and zoning approval are on site.
2	_____	_____	[ ]	[ ]	Footing location complies with approved plan.
3	_____	_____	[ ]	[ ]	Verifies the excavation and soil conditions.
4	_____	_____	[ ]	[ ]	Verifies reinforcement is in place (if required).
5	_____	_____	[ ]	[ ]	Inspects foundation wall forms: Verifies reinforcement Verifies window and vent openings Verifies anchorage bolts or strap size and spacing. Verifies keyway is clean.
6	_____	_____	[ ]	[ ]	Inspects masonry wall: Correct block size and type pier/pilasters locations Verifies window and vent openings Verifies anchorage bolt or strap size and spacing.
7	_____	_____	[ ]	[ ]	Inspects parging and waterproofing.
8	_____	_____	[ ]	[ ]	Inspects perimeter drainage system
9	_____	_____	[ ]	[ ]	Inspects fill, vapor barrier, slab thickness, prim insulation, reinforcement, haunch footing and isolated piers.

Item.	Date	Insp.	Pass	Fail	Framing and Insulation Inspections
10	_____	_____	[ ]	[ ]	Checks sill plate for proper anchorage and for termite and decay protection.
11	_____	_____	[ ]	[ ]	Verify rooms, doors, and windows for size, height, light and ventilation requirements.
12	_____	_____	[ ]	[ ]	Inspects wall framing and bracing.
13	_____	_____	[ ]	[ ]	Inspects floor, ceiling, and roof framing. Checks size, grade, species, spacing, span, nailing, hardware, support, and bearing.
14	_____	_____	[ ]	[ ]	Inspects beams, girders, columns, and post for spacing, span, size, grade, species, bearing, and installation.
15	_____	_____	[ ]	[ ]	Verifies trusses match approved drawings and layouts. All bracing, hangers, bearing, and lumber grades match approved drawings
16	_____	_____	[ ]	[ ]	Inspects exterior walls and roof sheathing.
17	_____	_____	[ ]	[ ]	Inspects subflooring.
18	_____	_____	[ ]	[ ]	Inspects all stairs and stairway framing.
19	_____	_____	[ ]	[ ]	Verifies that allowable limits of cutting, notching, and boring have not been exceeded.
20	_____	_____	[ ]	[ ]	Inspects fireplace construction and installation.
21	_____	_____	[ ]	[ ]	Checks for clearances from combustibles.
22	_____	_____	[ ]	[ ]	Checks for firestopping and draft stopping.
23	_____	_____	[ ]	[ ]	Inspects attics and crawl spaces for access and ventilation.
24	_____	_____	[ ]	[ ]	Inspects fire rated assemblies.
25	_____	_____	[ ]	[ ]	Verifies that framed structures complies with approved plans.
26	_____	_____	[ ]	[ ]	Checks all insulation: walls, ceilings, floors, and ductwork.

Item.	Date	Insp.	Pass	Fail	Final Inspection Tasks
27	_____	_____	[ ]	[ ]	Checks interior finishes.
28	_____	_____	[ ]	[ ]	Verify exhaust fan and dryer vent operations
29	_____	_____	[ ]	[ ]	Checks egress windows and safety glazing.
30	_____	_____	[ ]	[ ]	Inspects mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31	_____	_____	[ ]	[ ]	Inspects exterior siding, roofing, and flashin
32	_____	_____	[ ]	[ ]	Inspects all stairs, balconies, and decks for handrails and guards.
33	_____	_____	[ ]	[ ]	Verifies compliance with approved plans or are as-builts and permit updates required
34	_____	_____	[ ]	[ ]	Inspects concrete flat work.
35	_____	_____	[ ]	[ ]	Inspects exterior grading for topo compliance

Comments

This inspection check off list shall serve as a general guide line and may not include all the necessary inspections required to insure code compliance.

BLOCK 525.06 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 1607 RAVENSWOOD WAY PERMIT NO. 2020-0272

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1607 RAVENSWOOD WAY
2. Name of Owner in Fee: CALVIN JONES
   Tel. (856) 287-3306 e-mail kgraf@horizonservicesinc.com
   Address 1607 RAVENSWOOD WAY (street) CHERRY HILL (municipality) 08003 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: HORIZON SERVICES Tel. (856) 840-8400 x3217
   Address 17 Roland Ave e-mail kgraf@horizonservicesinc.com
   Mt Laurel NJ 08054
   License No. OR, if new home, Builder Reg. No. 13VH09997600 Exp. Date 03/31/2020
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 364411626 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Garry Good
   Tel. (856) 840-8400 x3217 FAX: (856) 234-4513

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
(2) Electrical		65	
3. Plumbing			
4. Fire Protection			
(5) ~~Elevator Devices~~ Mech		60	
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
(9) State Permit Surcharge Fee		25	
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
(13) TOTAL	$	150	

3098 00029 031534 20200272 SF

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation	
12. Wetlands yes ____ no ____	

RECEIVED JAN 7 2019 ONE HOUR 118998

IIa. PROPOSED WORK

- ☐ Minor Work
- ☒ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☒ Electrical	500				1/17/20	RB			
~~☒ Plumbing~~	~~500~~								
☒ mechanical	12,941				1/17/20	VB			
☐ Elevator									
TOTAL COST	$12,941								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: RESIDENTIAL
2. Use Group, Proposed: Select Group R-5
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-Restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present VB
Proposed

P.MP 1.23.20

Repl- A/C + Gas Furnace

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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. (x) Mechanical

I further certify that I will perform the following work:
C.3. (x) Electrical C.4. (x) Plumbing

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

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

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

Signature _____ Date _____

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. 5:23-2.15(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.

(x) Check if contractor.

Agent Name HORIZON SERVICES

Address 17 Roland Ave

Mt Laurel NJ 08054

Telephone (856) 840-8400

Signature _____

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

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 2/28/2020
Control Number 118998
Permit Number 20200272
Permit Issue Date 1/30/2020
Certificate Number 20200272

Identification

Block: 525.06 Lot: 8 Qual:

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: JONES CALVIN
Owner Address: 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003
Telephone: (856) 287-3306

Contractor HORIZON SERVICES
Address 17 ROLAND AVE MOUNT LAUREL NJ 08054
Telephone: (856) 840-8400 Fax: (856) 234-4513
License Number or Builders Registration Number: 36BI01232300 ~~34EI01207700~~ 19HC00193700
Federal Emp. Number: 364411626

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
REPLACEMENT A/C UNIT, REPLACEMENT GAS FURNACE

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:

☐ **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 Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00

Check Number:

Collected By:

Date Printed: 2/28/2020

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 118998
Date Issued 1-30-20
Permit # 2020-0272

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 RAVENSWOOD WAY
CHERRY HILL NJ 08003

Owner in Fee: CALVIN JONES

Tel. (856) 287-3306 e-mail

Address 1607 RAVENSWOOD WAY (street) CHERRY HILL (municipality) 08003 (zip code)

Contractor: Horizon Services Tel. (856) 840-8400

Address 17 Roland Ave e-mail
Mt Laurel NJ 08054

Contractor License No. 34EB01207700 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 364411626 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required 1/17/20 (RB)
[ ] 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: 1/17/20
Approved by: (RB)
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2/27/20
Approved by: (RB)

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-27-20	(RB)
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: Matthew L Mozdierz

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW SWITCH/RECEPTACLE FOR EMERGENCY SHUT OFF FOR LENNOX EL16XC1 5TON AC/ THERMO PRIDE 119K BTU OF

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	9	KW Central A/C Unit	15.00
1	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 118998

Date Issued 1-30-20
Permit # 2020-0272

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 RAVENSWOOD WAY
CHERRY HILL NJ 08003

Owner in Fee: CALVIN JONES

Tel. (856) 287-3306 e-mail

Address 1607 RAVENSWOOD WAY (street) CHERRY HILL (municipality) 08003 (zip code)

Contractor: HORIZON SERVICES Tel. (856) 840-8400

Address 17 ROLAND AVE e-mail
MT LAUREL NJ 08054

Contractor License No. 19HC00193700 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 364411626 FAX: (856) 231-4513

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 11,941

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: 1/28/20
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance			2/28	
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			1/21/20	
Other	2/28/20			

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: Dave Geiger

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LENNOX EL16XC1 5TON AC / THERMO PRIDE 119K BTU OF /CHIMENEY LINER/ CONDENSATE PUMP/DRAIN

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	60
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other	

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

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

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

(856) 488-7855

Date Applied 1/17/2020
Date Issued 1/30/2020
Control # 118998
Permit # 20200272

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 525.06 Lot: 8 Qualifier _____ Use Group R-5

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003
Owner in Fee: JONES CALVIN
Address: 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003
Telephone: (856) 287-3306

Contractor: HORIZON SERVICES
Address: 17 ROLAND AVE MOUNT LAUREL NJ 08054
Telephone: (856) 840-8400
Lic. No. or Bldrs. Reg. No. 19HC00193700 34EI01207700
Federal Employee. No. 364411626

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REPLACEMENT A/C UNIT, REPLACEMENT GAS FURNACE

Note: If constuction 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 $12,941

Construction Official

Date 1/22/20

:: 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)

035	Building	
039	Electrical	$65
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	$60
046	DCA Training Fee	$25
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$150

Check No.	018937
Check	$150
Cash	$0
Credit	$0
Collected By	Sandi Del Rocini

RECEIVED
JAN 30 2020
TAX COLLECTOR

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 118998

Date Issued 1-30-20
Permit # 2020-0272

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 RAVENSWOOD WAY
CHERRY HILL NJ 08003

Owner in Fee: CALVIN JONES

Tel. (856) 287-3306 e-mail

Address 1607 RAVENSWOOD WAY (street) CHERRY HILL (municipality) 08003 (zip code)

Contractor: HORIZON SERVICES Tel. (856) 840-8400

Address 17 ROLAND AVE e-mail
MT LAUREL NJ 08054

Contractor License No. 19HC00193700 Exp. Date 06/30/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 364411626 FAX: (856) 231-4513

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 11,941

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: 1/21/20
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.			1/21/20	
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant sign/Contractor sign and seal here:

Print name here: Dave Geiger

[✓] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LENNOX EL16XC1 5TON AC / THERMO PRIDE 119K BTU OF /CHIMENEY LINER/ CONDENSATE PUMP/DRAIN

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	~~60~~
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other	

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 118998
Date Issued 1-30-20
Permit # 2020-0272

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 RAVENSWOOD WAY
CHERRY HILL NJ 08003

Owner in Fee: CALVIN JONES

Tel. (856) 287-3306 e-mail

Address 1607 RAVENSWOOD WAY (street) CHERRY HILL (municipality) 08003 (zip code)

Contractor: Horizon Services Tel. (856) 840-8400

Address 17 Roland Ave e-mail
Mt Laurel NJ 08054

Contractor License No. 34EB01207700 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 364411626 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 1/17/20 (RS)

[ ] 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: 1/17/20
Approved by: (RS)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Matthew L Mozdierz

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW SWITCH/RECEPTACLE FOR EMERGENCY SHUT OFF FOR LENNOX EL16XC1 5TON AC/ THERMO PRIDE 119K BTU OF

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	9	KW Central A/C Unit	15.00
1	1	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

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

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

State of New Jersey

Department of Community Affairs

Division of Codes & Standards - Office of Regulatory Affairs

Smoke Alarm & Carbon Monoxide Alarm Compliance

Regulated By The State of New Jersey

This Form **MUST BE** submitted **PRIOR** to a **Final Inspection** being scheduled / conducted for **ANY** type of work being performed on the interior **OR** exterior of a property for one & two family dwellings.

It is not a prerequisite to the issuance of a construction permit **but must be in before** final inspection

Smoke Alarms:

The permit for which you have applied requires that smoke alarms be installed in your dwelling unit. (see N.J.A.C. 5:23-6.4(f), 6.5(f) or 6.6(f), as applicable.)

Smoke alarms shall be installed on each level of the dwelling, including basement, outside of each separate sleeping area in the immediate vicinity of the bedroom. Smoke alarms should be placed on or near the ceiling.

Smoke alarms **are permitted** to be battery operated or hardwired.

The installation of battery operated smoke alarms do not require a permit; nor an inspection. **It is your responsibility as** the homeowner / agent to **ensure** that these provisions have been met.

Carbon Monoxide Alarms:

The permit for which you have applied also requires that carbon monoxide alarm(s) be installed in your dwelling unit. (see N.J.A.C. 5:23-6.4(g) or 6.6(g), as applicable.)

N.J.A.C. 5:23-3.20(c) **requires** that carbon monoxide alarms be installed and maintained in full operating condition in the immediate vicinty of each sleeping area when the building **contains** a fuel burning applicance **or** has an **attached** garage.

Carbon monoxide alarms **are permitted** to be battery operated, hardwired or plug in type.

The installation of battery operated or plug in type carbon monoxide alarms do not require a permit; nor an inspection. **It is your responsibility as** the homeowner / agent to **ensure** that these provisions have been met.

BLOCK: _____	LOT: _____	QUALIFICATION CODE: _____
NAME OF OWNER / AGENT: Jacquelyne Jones		
JOB ADDRESS: 1607 Ravenswood Way	Cherry	NJ
No. Street	Town	
PHONE NUMBER:	CELL:	

I DO HEREBY CERTIFY, I have read the above & that the alarms **are installed** as state & that they are in working order and that the information provided on this form is correct. I am the ___ property owner ___ Authorized agent of the property owner.

(X) Signature of Property Owner or Agent

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1607 Ravens Wood Way Cherry Hill

Owner in Fee Calvin Jones

Verifying Individual Garry Good Company Horizon Services Inc

Address 17 Roland Ave (Street) Mount Laurel (City) NJ (State) 08054 (Zip Code)

Tel: (856) 840-8400 ext 3217 Fax: (856) 234-4513

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** 7"

- [ ] "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:	Furnace	(Oil) / Gas / Other: oil	120K
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: M-FLEX Model: 3116 FT UL Listing: 1777

Material of Liner: Stainless Steel ✓ Aluminum _____

Size of Appliance Vent: 7" Size of Liner: 7" Height of Chimney: 35'

Length of Connector: 4' Vent Connector Rise: 01

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] Signature 1-27-20 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.

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.

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

David H. Geiger III
T/A HORIZON SERVICES LLC
307 Ruthar Drive
Newark DE 19711

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/29/2019 TO 06/30/2021
VALID

36BI01232300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

David H. Geiger III

EXPIRATIO

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **36BI 01232300** . PLEA
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TC
CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO TI
BELOW

Board of Exam. of Master Plumbers
P.O. Box 45008
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADD**
YOUR MAILING ADDRESS IS TH
THE DIVISION OF CONSUN
CORRESPONDENCE

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificat

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED

HORIZON SERVICE LLC
MATTHEW L MOZDIERZ
333A Maple Street
Perth Amboy NJ 08861

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

04/30/2018 TO 03/31/2021
VALID

34EB01207700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

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Division of Consumer Affairs
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Newark, NJ 07101

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HORIZON SERVICE LLC EXPIRATION DATE 2021

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

HORIZON SERVICES NJ LLC DBA HORIZON SERVICES LLC
David Geiger
307 Ruthar Drive
Horizon Services
19711

FOR PRACTICE IN NEW JERSEY AS A(N) Home Improvement Contractor

04/04/2019 TO 03/31/2020
VALID

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LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

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New Jersey Office of the Attorney General
Division of Consumer Affairs
Home Improvement Contractor
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HORIZON SERVICES NJ LLC DBA HORIZON SERVICES LLC
Home Improvement Contractor

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04/04/2019 TO 03/31/2020
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Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

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NEWLIC (Rev. 07/02/2018)

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

David H. Geiger III
307 Ruthar Drive
Newark DE 19711

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

06/26/2018 TO 06/30/2020
VALID

19HC00193700
LICENSE/REGISTRATION/CERTIFICATION #

(Signature of Licensee/Registrant/Certificate Holder)

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam of HVACR Contractors
HAS LICENSED
David H Geiger III
Master HVACR Contractor

06/26/2018 TO 06/30/2020
VALID

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IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

David H. Geiger III

EXPIRATION DATE 2020

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 19HC 00193700 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW

Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

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AIR CONDITIONERS

EL16XC1

ELITE® Series

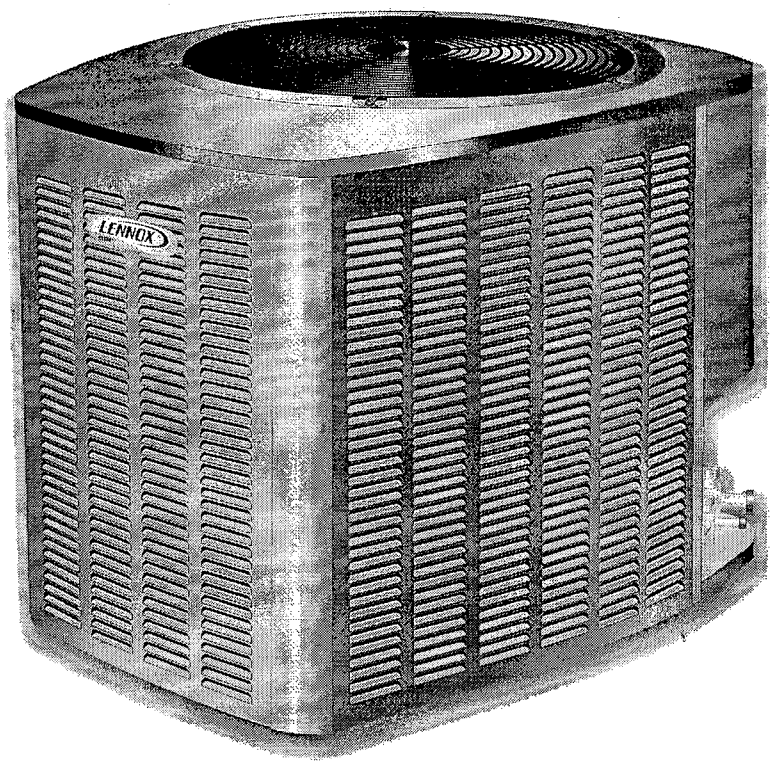
R-410A

PRODUCT SPECIFICATIONS

Bulletin No. 210758
March 2017
Supersedes February 2017

ELITE® SERIES

LENNOX QUANTUM™ COIL



ENERGY STAR

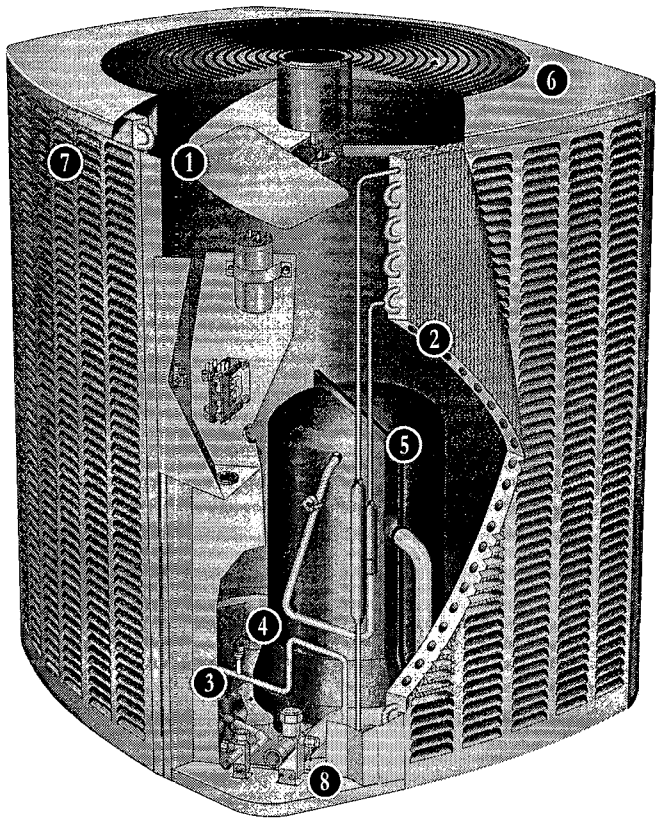
SEER up to 17.90
1.5 to 5 Tons
Cooling Capacity - 17,800 to 60,000 Btuh

MODEL NUMBER IDENTIFICATION

EL 16 X C 1 - 036 - 230 A 01

- **Product Tier**
  EL = Elite® Series
- **Nominal SEER**
  16 = 16 SEER
- **Refrigerant Type**
  X = R-410A
- **Unit Type**
  C = Air Conditioner (Condenser)
- **Cooling Stages**
  1 = Single Stage Compressor
- **Regional Standards**
  – (dash) = All Regions or Southwest Region (dependent on size)
  S = North and South Regions
- **Nominal Cooling Capacity**
  018 = 1.5 tons
  024 = 2 tons
  030 = 2.5 tons
  036 = 3 tons
  041 = 3.5 tons
  042 = 3.5 tons
  047 = 4 tons
  048 = 4 tons
  060 = 5 tons
- **Voltage**
  230 = 208/230V-1 phase-60hz
- **Ratings Revision Level**
- **Revision Level**

CONTENTS



WARRANTY

Compressor - limited warranty for ten years in residential installations and five years in non-residential installations.

All other covered components - five years in residential installations and one year in non-residential installations.

Refer to Lennox Equipment Limited Warranty certificate included with unit for specific details.

APPROVALS

AHRI Certified to AHRI Standard 210/240-2008.

Sound rated in Lennox reverberant sound test room in accordance with test conditions included in AHRI Standard 270-2008.

Tested in the Lennox Research Laboratory environmental test room.

Rated according to U.S. Department of Energy (DOE) test procedures.

Region specific models meet the minimum efficiency requirements for U.S DOE Federal Regional Standards in that area.

Air conditioners and components within bonded for grounding to meet safety standards for servicing required by UL and CEC.

Units are ETL certified for the U.S. and Canada.

ISO 9001 Registered Manufacturing Quality System.

For expanded ratings, see www.LennoxPros.com.

Certain ENERGY STAR® certified units are designed to use less energy, help save money on utility bills, and help protect the environment.

APPLICATIONS

SEER up to 17.90.

1.5 through 5 ton.

Single-phase power supply.

Vertical air discharge allows concealment behind shrubs at grade level or out of sight on a roof.

Matching add-on furnace indoor coils or air handlers provide a wide range of cooling capacities and applications. See AHRI Ratings table. See Indoor Coils and Air Handlers sections for data.

Units shipped completely factory assembled, piped and wired.

Each unit test operated at the factory ensuring proper operation. Installer must set air conditioner, connect refrigerant lines and make electrical connections to complete job.

FEATURES

REFRIGERATION SYSTEM

R-410A Refrigerant
Non-chlorine, ozone friendly, R-410A.
Unit pre-charged with refrigerant.
See Specification table.

1 Outdoor Coil Fan
Direct drive fan moves large air volumes uniformly through entire condenser coil for high refrigerant cooling capacity.

Vertical air discharge minimizes operating sounds and eliminates damage to lawn and shrubs.

Fan motor has sleeve bearings and is inherently protected.

Motor totally enclosed for maximum protection from weather, dust and corrosion.

Fan guard constructed of corrosion-resistant PVC (polyvinyl chloride) coated steel.

Fan service access accomplished by removal of fan guard.

2 Lennox Quantum™ Coil
Fortified aluminum alloy tube/enhanced fin coil for superior corrosion resistance.

Lennox designed and fabricated coil.

Ripple-edged aluminum fins.

Aluminum tube construction.

Lanced fins provide maximum exposure of fin surface to air stream resulting in excellent heat transfer.

Fin collars grip tubing for maximum contact area.

Flared shoulder tubing connections.

Coil is factory tested under high pressure to insure leakproof construction.

Entire coil is accessible for cleaning.

3 High Capacity Liquid Line Drier
Approved for use with R-410A systems.

Traps any moisture or dirt that could contaminate the refrigerant system.

4 High Pressure Switch
Shuts off unit if abnormal operating conditions cause the discharge pressure to rise above setting.

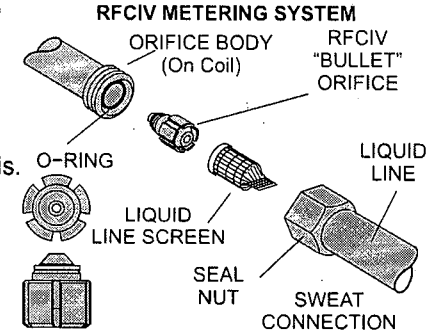
Protects compressor from excessive condensing pressure.

Auto-reset.

Discharge Thermostat
Factory installed on the discharge line of the compressor. SPST, auto-reset

Removes power from the compressor when discharge temperature exceeds the factory setting of 220°F.

Refrigerant Flow Control
Units applicable to expansion valve systems or RFC systems when matched with specific indoor coils.



RFCIV:
Accurately meters refrigerant in system.

Refrigerant control is accomplished by exact sizing of refrigerant metering orifice.

The principle involves matching indoor coil with proper bore size of orifice in metering device.

Equalizes pressure shortly after compressor stops, unit starts unloaded, eliminating need for additional controls.

Furnished with air conditioner.

Optional Accessories

Expansion Valve Kits
Must be ordered extra and field installed on certain indoor units.

See TXV/Orifice Usage table.

Chatleff-style fittings.

Freezestat
Installs on or near the vapor line of the indoor coil or on the suction line.

Senses suction line temperature and cycles the compressor off when suction line temperature falls below it's setpoint.

Opens at 29°F and closes at 58°F.

Loss of Charge Switch Kit
Helps protect the compressor from damage due low refrigerant charge conditions.

SPST, normally-closed switch, automatic reset switch mounted on suction line.

Refrigerant Line Kits
Refrigerant lines (suction & liquid) are shipped refrigeration clean.

Lines are cleaned, dried, pressurized and sealed at factory.

Suction line fully insulated.

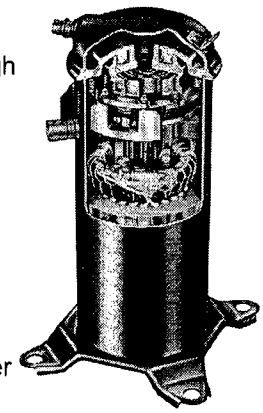
Lines are stubbed at both ends.

Not available for -060 models and must be field fabricated.

FEATURES

COMPRESSOR

❺ Scroll Compressor



Compressor features high efficiency with uniform suction flow, constant discharge flow, high volumetric efficiency and quiet operation.

Compressor consists of two involute spiral scrolls matched together to generate a series of crescent shaped gas pockets between them.

During compression, one scroll remains stationary while the other scroll orbits around it.

Gas is drawn into the outer pocket, the pocket is sealed as the scroll rotates.

As the spiral movement continues, gas pockets are pushed to the center of the scrolls. Volume between the pockets is simultaneously reduced.

When the pocket reaches the center, gas is now at high pressure and is forced out of a port located in the center of the fixed scrolls.

During compression, several pockets are compressed simultaneously resulting in a smooth continuous compression cycle.

Continuous flank contact, maintained by centrifugal force, minimizes gas leakage and maximizes efficiency.

Scroll compressor is tolerant to the effects of slugging and contaminants. If this occurs, scrolls separate, allowing liquid or contaminants to be worked toward the center and discharged.

Low gas pulses during compression reduces operational sound levels.

Compressor motor is internally protected from excessive current and temperature.

Compressor is installed in the unit on specially formulated, resilient rubber base for improved sound dampening and vibration-free operation resulting in quieter operating sound levels. See Outdoor Sound Data table for details.

Compressor Crankcase Heater (060 Models)
Protects against refrigerant migration that can occur during low ambient operation.

Factory Installed.

Compressor Sound Dampening System
A polyethylene compressor cover containing a 2 inch thick batt of fiberglass insulation for better sound dampening.

All open edges are sealed with a one-inch wide hook and loop fastening tape.

Optional Accessories

Compressor Crankcase Heater (018 thru 048 models)
Protects against refrigerant migration that can occur during low ambient operation.

Compressor Hard Start Kit
Single-phase units are equipped with a PSC compressor motor. This type of motor normally doesn't need a potential relay and start capacitor.

In conditions such as low voltage, this kit may be required to increase the compressor starting torque.

Compressor Low Ambient Cut-Off Switch
Non-adjustable switch (low ambient cut-out) prevents compressor operation when outdoor temperature is below 35°F.

CONTROLS

Optional Accessories

Indoor Blower Off Delay Relay
Delays the indoor blower-off time during the cooling cycle.

See AHRI System Matches for usage.

Low Ambient Kit
Air conditioners operate satisfactorily down to 45°F outdoor air temperature without any additional controls.

Low Ambient Control Kit can be field installed, allowing unit operation down to 30°F.

Crankcase heater and freezestat should be installed on compressors equipped with a Low Ambient Kit.

A compressor lock-out thermostat should be added to terminate compressor operation below recommended operation conditions

Thermostat
Thermostat not furnished with unit. See Thermostat bulletins in Controls Section and Lennox Price Book.

Compressor Timed-Off Control
Kit prevents compressor short-cycling and allows time for suction and discharge pressure to equalize.

Permits compressor start-up in an unloaded condition.

Automatic reset with 5 minute delay between compressor shut-off and start-up.

CABINET

❻ Heavy-gauge steel construction

Pre-painted cabinet finish.

Control box is conveniently located with all controls factory wired.

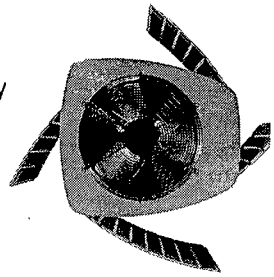
Corner patch plate allows access to compressor components.

Drainage holes are provided in base section for moisture removal.

High density polyethylene unit support feet raise the unit off of the mounting surface, away from damaging moisture.

PermaGuard™ Unit Base
Durable zinc-coated base section resists rust and corrosion.

❼ **SmartHinge™ Louvered Coil Protection**
Steel louvered panels provides complete coil protection.



Panels are hinged to allow easy cleaning and servicing of coils.

Panels may be completely removed.

Interlocking tabs and slots assure tight fit on cabinet.

❽ **Refrigerant Line Connections, Electrical Inlets and Service Valves**
Suction and liquid lines are located on corner of unit cabinet and are made with sweat connections.

See dimension drawing.

Fully serviceable brass service valves prevent corrosion and provide access to refrigerant system. Suction valve can be fully shut off, while liquid valve may be front seated to manage refrigerant charge while servicing system.

Refrigerant line connections and field wiring inlets are located in one central area of the cabinet.

See dimension drawing.

SPECIFICATIONS

General Data	**Model No.**	**All Regions**	**EL16XC1-018**	**EL16XC1-024**	**EL16XC1-030**	**- - -**
		North / South Regions	- - -	- - -	- - -	**EL16XC1S036**
		Southwest Region	- - -	- - -	- - -	**EL16XC1-036**
		Nominal Tonnage	1.5	2	2.5	3
Connections (sweat)		Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8
		Suction line (o.d.) - in.	3/4	3/4	3/4	7/8
Refrigerant		[1] R-410A charge furnished	4 lbs. 9 oz.	4 lbs. 9 oz.	5 lbs. 8 oz.	7 lbs. 1 oz.
Outdoor Coil	Net face area - sq. ft.	Outer coil	13.22	16.33	21.00	16.33
		Inner coil	- - -	- - -	- - -	15.75
		Tube diameter - in.	5/16	5/16	5/16	5/16
		No. of rows	1	1	1	2
		Fins per inch	26	26	26	22
Outdoor Fan		Diameter - in.	18	22	22	22
		No. of blades	3	3	3	3
		Motor hp	1/10	1/6	1/6	1/6
		Cfm	2290	3160	3160	3160
		Rpm	1075	825	825	825
		Watts	160	215	215	190
Shipping Data - lbs. 1 pkg.			155	171	187	205

ELECTRICAL DATA

Line voltage data - 60hz			208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)			20	25	25	30
[3] Minimum circuit ampacity			11.9	14.6	17	18.0
Compressor		Rated load amps	9.0	10.9	12.8	13.6
		Locked rotor amps	48	59.3	67.8	79
		Power factor	0.97	0.97	0.97	0.96
Outdoor Fan Motor		Full load amps	0.7	1	1	1
		Locked rotor amps	1.3	1.9	1.9	1.9

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		**93M04**	•	•	•	•
Compressor Hard Start Kit		**10J42**	•	•	•	•
Compressor Low Ambient Cut-Off Switch		**45F08**	•	•	•	•
Compressor Timed-Off Control		**47J35**	•	•	•	•
Freezestat	3/8 in. tubing	**93G35**	•	•	•	•
	5/8 in. tubing	**50A93**	•	•	•	•
Indoor Blower Off Delay Relay		**58M81**	•	•	•	•
Loss of Charge Switch Kit		**84M23**	•	•	•	•
[4] Low Ambient Kit (Fan Cycling)		**34M72**	•	•	•	•
Refrigerant Line Sets	L15-41-20 L15-41-30	L15-41-40 L15-41-50	•	•	•	
	L15-65-40	L15-65-40 L15-65-50				•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

[1] Refrigerant charge sufficient for 15 ft. length of refrigerant lines. For longer line set requirements see the Installation Instructions for information about line set length and additional refrigerant charge required.

[2] HACR type breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.

SPECIFICATIONS

General Data	Model No.	All Regions	EL16XC1-041	EL16XC1-042	EL16XC1-047	EL16XC1-048	EL16XC1-060
		Nominal Tonnage	3.5	3.5	4	4	5
Connections (sweat)		Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8	3/8
		Suction line (o.d.) - in.	7/8	7/8	7/8	7/8	1-1/8
Refrigerant		[1] R-410A charge furnished	9 lbs. 9 oz.	8 lbs. 12 oz.	11 lbs. 0 oz.	9 lbs. 12 oz.	12 lbs. 0 oz.
Outdoor Coil	Net face area - sq. ft.	Outer coil	21.00	21.00	22.17	21.00	29.09
		Inner coil	20.25	20.25	21.33	20.25	28.16
		Tube diameter - in.	5/16	5/16	5/16	5/16	5/16
		No. of rows	2	2	2	2	2
		Fins per inch	22	22	22	22	22
Outdoor Fan		Diameter - in.	22	22	26	22	26
		No. of blades	3	3	4	4	3
		Motor hp	1/6	1/6	1/3	¼	1/3
		Cfm	3050	3050	4400	3600	4550
		Rpm	825	825	825	825	825
		Watts	190	190	310	310	310
Shipping Data - lbs. 1 pkg.			227	234	272	255	284

ELECTRICAL DATA

Line voltage data - 60hz			208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
[2] Maximum overcurrent protection (amps)			30	40	35	40	50
[3] Minimum circuit ampacity			19.3	23.4	21.9	24.2	29.6
Compressor		Rated load amps	14.7	17.9	16.1	18.0	22.2
		Locked rotor amps	75	112	105.5	117	127.9
		Power factor	0.96	0.96	0.98	0.96	0.98
Outdoor Fan Motor		Full load amps	1	1	1.8	1.7	1.8
		Locked rotor amps	1.9	1.9	2.9	3.2	2.9

OPTIONAL ACCESSORIES - ORDER SEPARATELY

Compressor Crankcase Heater		93M04	•	•			
		93M06			•	•	
		Factory					•
Compressor Hard Start Kit		10J42	•	•	•	•	•
Compressor Low Ambient Cut-Off Switch		45F08	•	•	•	•	•
Compressor Timed-Off Control		47J35	•	•	•	•	•
Freezestat	3/8 in. tubing	93G35	•	•	•	•	•
	5/8 in. tubing	50A93	•	•	•	•	•
Indoor Blower Off Delay Relay		58M81	•	•	•	•	•
Loss of Charge Switch Kit		84M23	•	•	•	•	•
[4] Low Ambient Kit (Fan Cycling)		34M72	•	•	•	•	•
Refrigerant Line Sets	L15-65-40	L15-65-40	•	•	•	•	
		L15-65-50					
		Field Fabricate					•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

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[2] HACR type breaker or fuse.

[3] Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

[4] Crankcase Heater and Freezestat are recommended with Low Ambient Kit.

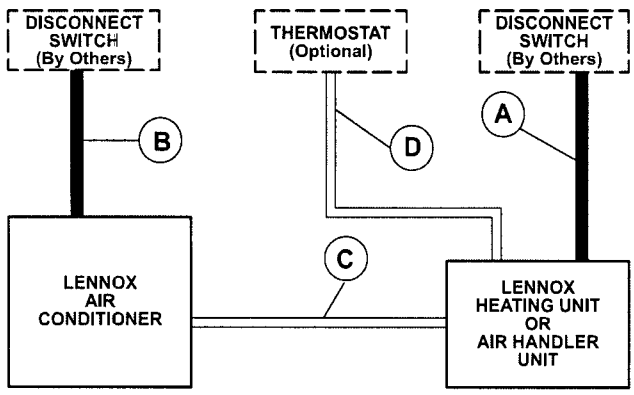
OUTDOOR SOUND DATA

[1] Unit Model No.	Octave Band Linear Sound Power Levels dB, re 10^{-12} Watts Center Frequency - HZ							[1]Sound Rating Number (dB)
	125	250	500	1000	2000	4000	8000	
EL16XC1-018	55	61	67	68	63.5	59	50.5	72
EL16XC1-024	55	62	67.5	66.5	63	59	52.5	72
EL16XC1-030	54	61.5	66	66	62	57	51	71
EL16XC1-036 / EL16XC1S036	56	66	69	67	62.5	57.5	50.5	73
EL16XC1-041	54.5	62.5	67.5	67	62.5	58.5	52.5	72
EL16XC1-042	55.5	62.5	68	67	62	57.5	51.5	72
EL16XC1-047	55	62	67	66.5	62.5	57.5	49.5	72
EL16XC1-048	55.5	64.5	70	71	65	60.5	54	75
EL16XC1-060	55.5	62.5	67	66.5	62.5	60	53.5	73

NOTE - the octave sound power data does not include tonal correction.

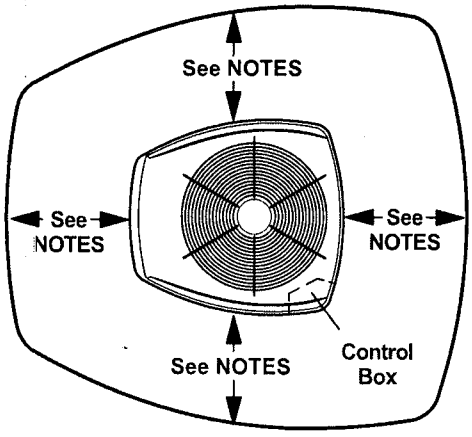
[1] Tested according to AHRI Standard 270-2008 test conditions.

FIELD WIRING



A - Two Wire Power (not furnished)
B - Two Power (not furnished). See Electrical Data
C - Four Wire Low Voltage (not furnished). 18 ga. minimum
D - Five Wire Low Voltage (not furnished). 18 ga. minimum
All wiring must conform to NEC or CEC and local electrical codes.

INSTALLATION CLEARANCES - INCHES (MM)



NOTES:

Service clearance of 30 in. (762 mm) must be maintained on one of the sides adjacent to the control box.

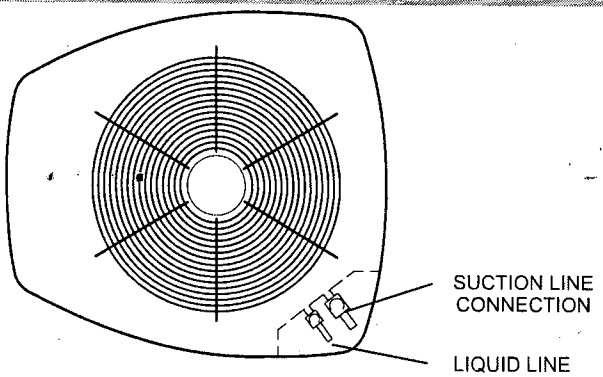
Clearance to one of the other three sides must be 36 in. (914 mm)

Clearance to one of the remaining two sides may be 12 in. (305 mm) and the final side may be 6 in. (152 mm).

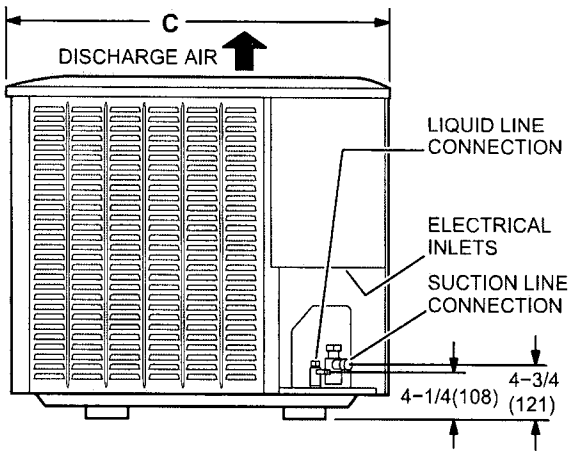
A clearance of 24 in. (610 mm) must be maintained between two units.

48 in. (1219 mm) clearance required on top of unit.

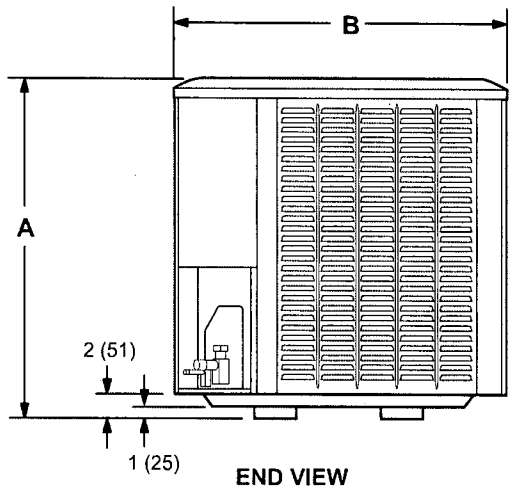
DIMENSIONS - UNIT - INCHES (MM)



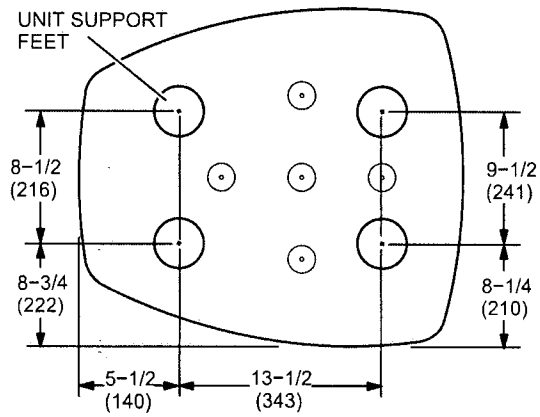
TOP VIEW



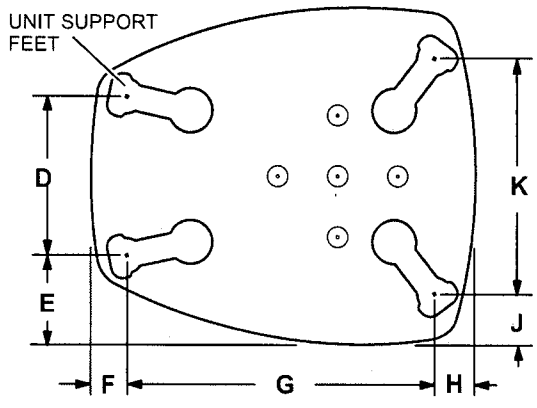
SIDE VIEW



END VIEW



EL16XC1-018 BASE SECTION (Small Base)



EL16XC1-024 TO -060 BASE SECTION (Medium and Large Base)

Model No.	A		B		C		D		E		F		G		H		J		K	
	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm	in.	mm
EL16XC1-018	31	787	27	686	28	711	---	---	---	---	---	---	---	---	---	---	---	---	---	---
EL16XC1-024	31	787	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
EL16XC1-030	39	991	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
EL16XC1-036 / EL16XC1S036	31	787	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
EL16XC1-041	35	889	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
EL16XC1-042	39	991	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
EL16XC1-047	35	889	35-1/2	902	39-1/2	1003	16-7/8	429	8-3/4	222	3-1/8	79	30-3/4	781	4-5/8	117	3-3/4	95	26-7/8	683
EL16XC1-048	39	991	30-1/2	775	35	889	13-7/8	352	7-3/4	197	3-1/4	83	27-1/8	689	3-5/8	92	4-1/2	114	20-5/8	524
EL16XC1-060	45	1143	35-1/2	902	39-1/2	1003	16-7/8	429	8-3/4	222	3-1/8	79	30-3/4	781	4-5/8	117	3-3/4	95	26-7/8	683

TXV/ORIFICE USAGE

Use this table for C33, CH23, CH33, CH35 and CR33 Field Installed TXV/Orifice Match-Ups.

Model No.	Refrigerant Metering Orifice (RFC)		Thermal Expansion Valve (TXV)
	Order No.	Orifice Size	
EL16XC1-018	**97M74**	0.053	**12J18**
EL16XC1-024	**97M75**	0.057	**12J18**
EL16XC1-030	**10W99**	0.065	**12J18**
EL16XC1-036 EL16XC1S036	**11W02**	0.073	**12J19**
EL16XC1-041	**97M77**	0.074	**12J20**
EL16XC1-042	**97M78**	0.076	**12J20**
EL16XC1-047	**10W86**	0.080	**12J20**
EL16XC1-048	**11W07**	0.083	**12J20**
EL16XC1-060	**11W11**	0.093	**12J20**

CX34 upflow coils and all Lennox air handlers are shipped with a factory installed TXV. In most cases, no change out of the valve is needed.

If a change out is required it will be listed in the "TXV SUBSTITUTIONS" table. The correct TXV must be ordered separately and field installed.

C33 and CH33 coils - Use the orifice shipped with the outdoor unit or replace the factory installed orifice with the expansion valve listed.

CR33 and CH23 coils - Use the orifice shipped with the outdoor unit or use the expansion valve listed.

CH35 coils - Factory installed orifice must be replaced with the expansion valve listed.

*TXV SUBSTITUTIONS

Use this table to determine if the factory installed TXV in the indoor unit needs to be replaced.

Model	Indoor Coil or Air Handler	Factory TXV	Replacement TXV
030	CX34-42	**21J20** *	**21J18**
030	CX34-43	**21J20**	**21J18**
030	CX34/CX35-48	**21J20**	**21J18**

*CX34 coils and all air handlers - The factory installed expansion valve must be replaced with the expansion valve listed (ordered separately).
If the combination is not listed above, the factory installed TXV is used.

MOST POPULAR MATCHES

Outdoor Unit Model No.	Indoor Unit Model No
EL16XC1-018	CX34-25
EL16XC1-024	CX34-25
EL16XC1-030	CX34-31
EL16XC1-036 EL16XC1S036	CX34-38
EL16XC1-041	CX34-49
EL16XC1-042	CX34-49
EL16XC1-047	CX34-62C
EL16XC1-048	CX34-62C
EL16XC1-060	CX34-62C

AHRI STANDARD 210/240

Cooling or heating capacities are net values, including the effects of blower motor heat, and do not include supplementary heat. Power input is the total power input to the compressor(s) and fan(s), plus any controls and other items required as part of the system for normal operation.

Units which do not have an indoor air-circulating blower furnished as part of the model, i.e., split system with indoor coil only, is established by subtracting from the total cooling capacity 1250 Btu/h per 1,000 cfm, and by adding the same amount to the heating capacity. Total power input for both heating and cooling is increased by 365 W per 1,000 cfm of indoor air circulated.

NATIONAL CHIMNEY

Standard Submittal

For M-Flex Model CB

316 Stainless Steel Flexible

Chimney Liner

Product Info: M-Flex Model CB:

M-Flex model CB flexible chimney liner is designed to reline an existing chimney or can be used as a liner in a newly constructed chimney. Manufactured in the highest-grade mill certified .006" thick 316L / 316TI alloy stainless steel, tested and listed by Underwriter Laboratories to UL 1777, 641 and 441 standards for zero clearance installation. M-Flex model CB can be used to vent wood, wood pellet, coal, non-condensing oil and gas (less than 83% A.F.U.E.) making it the choice for venting all standard efficiency installations. M-Flex model CB is available in 3-36" diameters to cover a wide range of venting requirements found in the field today.

M-Flex Model CB stainless steel flexible chimney liner carries a lifetime warranty for use with all fuels, with appliances less than 83% A.F.U.E.

M-Flex can be insulated with Premier Mix, a poured insulation, or Premier Wrap, a ceramic wool blanket and mesh.

When insulated with ½" Premier Wrap or 1" of Premier Mix, this lining system meets the requirement of UL 1777 standards for zero clearance.

Refer to Installation Instructions for details.

3 Green Tree Drive • South Burlington, VT 05403 • Phone 888.945.2080 • Fax 866.658.9105
www.NationalChimneySupply.com

National Chimney Supply, Inc. #MH25531

3 Green Tree Drive
South Burlington, VT 05403

2147C Fletcher Ave.
Indianapolis, IN 46203

2601 Elmory Road Bldg. #4
Finksburg, MD 20895

4219 Howard Ave.
Kensington, MD 20895

INSTALLATION INSTRUCTIONS FOR M-FLEX MODEL CB & AL STAINLESS STEEL CHIMNEY LINERS

M-Flex Stainless Steel Chimney Liner are manufactured by National Chimney Supply, Inc. This lining systems is designed and listed to be installed within masonry chimneys used to vent the products of combustion produced by heating appliances that burn oil, gas, or solid fuels.

This liner should be installed by a nationally certified chimney sweep or other qualified chimney professional.

Each installation must be planned for the best performance of the appliance being installed. Refer to appliance manufacturer's instructions to determine any special venting requirements for specific appliance.

The installer must contact the local building and fire code officials to determine any installation and inspection requirements. Building permits may be required before installation. M-Flex CB and AL liner must be installed within the local building codes. Please remember, regardless of national codes, the local building inspectors have ultimate jurisdiction.

Do not use any materials or components other than specified in these installation instructions.

MATERIALS NEEDED TO INSTALL M-FLEX STAINLESS STEEL LINER:

316L

316 Two piece or one piece tee
Tee Cap
90 Deg. or 45 Deg. elbow:
Coupler

304 Top plate
Top Support Clamp
Storm Collar
Liner Rain Cap
} or Top Kit

A1294C

AL Two piece or one piece tee
Tee Cap
90 Deg. or 45 Deg. elbow:
Coupler

304 Top plate
Top Support Clamp
Storm Collar
Liner Rain Cap
} or Top Kit

INSULATION MATERIALS (if applicable)

Part #	Description
PW4	Premier Wrap 1/4" Foil Faced Ceramic Wool Blanket
PW2	Premier Wrap 1/2" Foil Faced Ceramic Wool Blanket
PM	Premier Mesh Protective Wire Mesh Sleeve
Foil	Aluminum Foil Tape
FA1540 (large/small)	Mesh Clamp
PRMIX	Premier Mix

1.) INSPECTION AND PREPARATION OF CHIMNEY

The existing chimney must meet the following codes for proper construction and compliance requirements before the liner can be installed:

* The chimney must be a minimum of ten feet high, and a maximum of one hundred feet in height.
* The chimney must have the proper wall thickness, ie: minimum of 4 inches (nominal) solid masonry units.
* The chimney must extend at least three feet above the highest point where it penetrates the roof structure, and at least two feet higher than any portion of the building or adjoining structures within ten feet.
* If the chimney is constructed inside the structure, a minimum of two inches of unobstructed air space must surround the chimney to any combustible material. If the chimney is constructed on the outside of the structure, one inch of unobstructed air space must be maintained between the chimney and all other combustible materials.
* When the chimney passes through an floor, ceiling, or other horizontal or vertical structure, fire stops of a non-combustible material must be used.

IF THE PROPER CLEARANCES LISTED ABOVE CANNOT BE DETERMINED THE LINER MUST BE INSTALLED WITH A *UL LISTED* CHIMNEY INSULATION

* Do not connect any appliance that burns a liquid fuel to a chimney liner used to vent a solid fuel burning appliance.
* The connector pipe used to connect the appliance to the chimney liner must meet proper clearances to combustibles as determined by the appliance manufacturer's installation instructions, the national building code, or the local building code, whichever is in force.
* Before the liner is installed the chimney must be cleaned thoroughly to remove all deposits of soot, creosote, or glazed creosote. A proper inspection must be done to determine that the chimney is structurally sound. If the structural integrity of the chimney is found to be in question, ie: missing, loose, or cracked masonry or mortar joints, repairs must be made before installation of the chimney liner.

2.) SIZING THE PROPER LINER DIAMETER

* For solid fuel burning appliances, the cross sectional area of the liner shall not be less than the cross sectional area of the appliance outlet collar. The cross sectional area of the flue shall not be more than three times the cross sectional area of the appliance outlet collar. For solid fuel burning fireplaces, the liner should be at least one-tenth the square inches of the square inches of the fireplace opening. **Please note that this formula can vary based on height of the chimney and other determining factors. Call National Chimney Supply, Inc. should you have any questions.**
* For liner sizing of gas and oil burning appliances please refer to N.F.P.A.54 for gas and N.F.P.A.31 for oil. Also refer to appliance manufacturer's instructions. **Incorrectly sized liners for these appliances can lead to performance problems and condensation with the lining system. Please call National Chimney Supply, Inc. should you have any questions.**

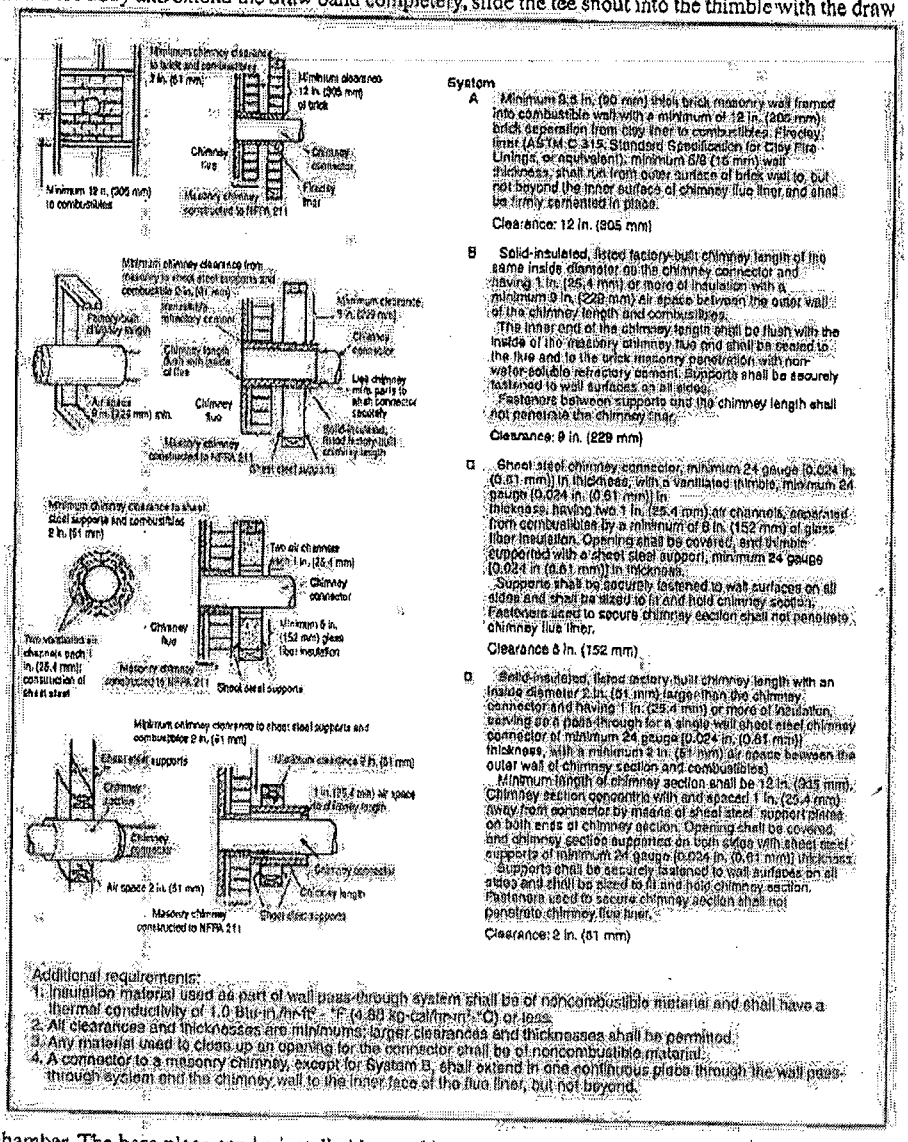
3.) DETERMINE IF THE CORRECT SIZE LINER WILL FIT INTO THE CHIMNEY

* The M-Flex Stainless Steel Chimney Liner can be installed with in the existing flue tile or the flue tile can be removed. It is extremely important that the correct size liner will fit into the chimney. Certain factors, such as chimney construction and offsets in the chimney, may change the size of the interior of the chimney. It is best to prove the interior of the chimney before trying to install the chimney liner. This can be done by lowering a short piece of the intended size liner down the chimney to see if it will pass all the way to the bottom. You can also use a liner guide cone to accomplish this. If the chimney liner will need to be insulated this will effect the required dimensions needed to install the liner. If the round configurations needed to vent the appliance will not fit the liner may be formed to an oval configuration to fit, however ovalizing the liner will change the cross sectional area. **Please call National Chimney Supply, Inc. with any questions.**

4.) INSTALLING M-FLEX STAINLESS STEEL CHIMNEY LINER

* Make sure the thimbles to be used in the installation are in the proper chimney to maintain the required clearance to combustibles for the connector pipe from the appliance. If the clearances are not correct reconstruct the thimble to the proper position.
* Determine the length of the liner by measuring from the bottom most thimble to the top of the chimney. To this measurement add approx. six inches to accommodate the crown and top hardware. Cut liner to length.
* Remove the snout from the two part tee and attach the tee body to liner with either stainless steel pop rivets, or stainless steel screws. If the liner is going to be insulated with a ceramic wool blanket, install the blanket now. If a tee cap is going to be used, attach it to the body now.
* Take the tee snout that was removed from the tee body and extend the draw band completely, slide the tee snout into the thimble with the draw band centered in the flue. Lower the liner down from the top of the chimney, and feed the tee body through the draw band on the tee snout. You may have to rotate the liner to align the hole in the tee body with the snout. Once you have aligned the tee, tighten the draw band to secure the snout to the tee body.
* Seal the area around the tee snout with mortar to form an airtight seal.
* At the top of the chimney there are 2 Options to seal and support the liner: **Option 1** is to install a top kit. This is accomplished by first removing the rain cap portion of the kit by loosening the top worm drive clamp a few turns. Next, install the plate assembly over the liner, tighten the worm drive screw until snug, then attach the plate to the masonry with silicone or tapcons. Cut the liner flush with the top of the assembly and reinstall the rain cap portion of the top kit.

  Option 2 is to install a top plate, top support clamp, and storm collar. Place the hole in the top plate around the liner and center the liner and top place on top of the chimney, secure to chimney top with masonry screws, silicone or mortar. Attach the support clamp around liner and secure. Place a bead of silicone around top of storm collar to seal. Install rain cap on top of liner and secure.
* To facilitate inspection and cleaning, wall penetrations shall not be placed directly behind the heating appliance.



5.) INSTALLING M-FLEX STAINLESS STEEL LINER FOR A FIREPLACE

* When installing a liner for a fireplace application no tee is used on the bottom of the liner. Instead a base plate is used to seal the liner at the top of the smoke chamber. The base place can be installed by working up through the damper opening or by removing bricks in the face of the fireplace at the level of the top of the smoke chamber.
* Installing the base place from the damper opening is accomplished by sliding the liner down into the smoke chamber from the top of the chimney. Put the base plate up through the damper opening and around the bottom of the liner. Secure the base plate to the liner with stainless steel rivets, stainless steel screws, or a support clamp below the base plate. Once base plate is secured pull liner up and seat base plate on top

CREOSOTE-FORMATION AND NEED FOR REMOVAL

When wood is burned slowly, it produces tar and other vapors, which combine with expelled moisture to form creosote. The creosote vapors may condense on the inside of the chimney liner during slow-burning firing periods. As a result, creosote residue accumulates on the chimney liner. When ignited, this creosote makes an extremely hot fire.

* To properly inspect the liner system it is necessary to gain access to the top and/or bottom of the chimney. To inspect the liner from the bottom remove the connector pipe from the appliance and the chimney. Using a flashlight and a mirror look in and up the liner to visually inspect for soot and creosote formation. Note: if the chimney has offsets you may not be able to see all the way to the top or to the bottom depending on your inspection location. In this case it will be necessary to inspect the liner from both the bottom and the top of the chimney.
* After inspection, if cleaning is required, use a plastic bristle brush the same size as the interior of the liner. Either push the brush up from the bottom or down from the top using the appropriate number of extension pole for the height of the chimney. When cleaning from the top remove the liner cap before inserting brush in the top of the liner.

8.) OPERATION

* FOR M-Flex liners, insulated with Premier Mix, used to vent a solid fuel burning appliance please note:
  Solid fuel burning stoves can be used immediately after the installation is complete. However the flue gas temperatures entering the liner should not exceed 500 degrees F. for a period of three weeks. A connector pipe flue gas thermometer will help monitor this procedure.

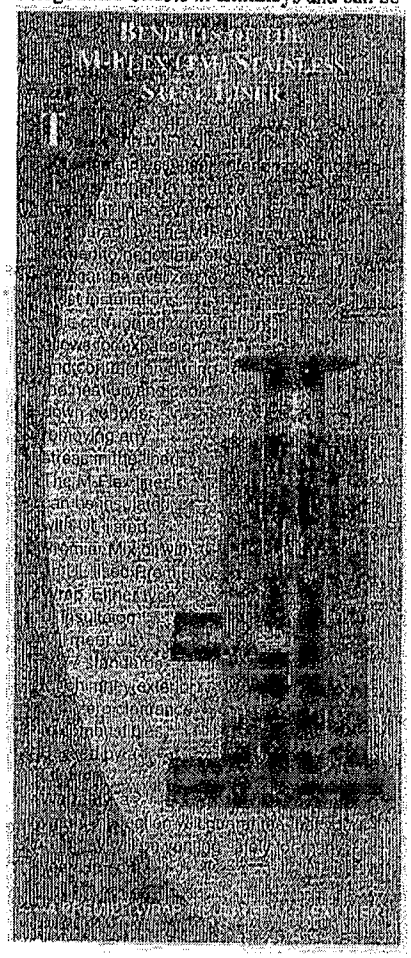
Fireplaces can also be used immediately after the installation is completed. A small to moderate fire should be maintained for a period of approximately three hours. After this time a normal fire can be established.

It is important that the operator not over fire the appliance during these initial periods.

PRODUCT INFORMATION: M-Flex 316L

M-Flex 316L Stainless Steel Flexible Chimney liner is designed to reline existing chimneys or used as a liner in new construction. Manufactured in the highest quality, mill certified, 316L grade alloy M-Flex Stainless Steel Flexible Chimney Liner has a high acid fighting capability. Listed by UL Laboratories to UL 1777 standard for zero clearance installation. M-Flex can be used to vent wood, wood pellet, coal, non-condensing gas and oil, making it the choice for venting all standard efficiency installations. M-Flex is available in 3" to 30" diameter to cover a wide range of requirements found in the field today.

The unique manufacturing systems used to make M-Flex utilizes a continuous strip to stainless steel, interlocked and diagonally crimped to produce a gas and water tight lining system of superior strength and durability. M-Flex can be bent to negotiated offsets in chimneys and can be ovalized to custom sizes to fit most any installation. The corrugated construction allows for expansion and construction during the heat up and cool down periods, removing any stress on the system.



M-Flex can be insulated with either a Premier Mix or Thermal poured insulation or with a foil faced ceramic wool blanket to meet UL 1777 standards for chimney exteriors with zero clearance to combustibles.

M-Flex can be shipped UPS in the following lengths 3"-50', 4"-44', 5"-38', 6"-32', 7"-26', 8"-20'. All other diameters and lengths exceeding those above must be shipped road freight.

M-Flex Stainless Steel Flexible Chimney Liner carries a Life Time Warrantee for all fuels, with appliance efficiencies at 83 percent or lower.

PRODUCT INFORMATION: M-FLEX 294C SS LINER

M-Flex 294C Stainless Steel Flexible Chimney Liner is designed to reline existing chimneys or used as a liner in new construction. Manufactured in the highest grade mill certified AL294C alloy M-Flex 294C has the greatest acid fighting ability to combat the acidic condensate produced by todays high efficiency boilers. Listed by Underwriters Laboratories M-Flex 294C can be used to vent gas fired appliances with AFUE'S of 83% or greater. M-Flex 294C is available in diameters of 3" to 24" to cover the wide range of appliance requirements found in the field today.

The unique manufacturing system used to make M-Flex 294C utilizes a continuous strip of stainless steel, interlocked and diagonally crimped to produce a gas and water tight lining system of superior strength and durability. M-Flex 294C is extremely flexible and can negotiate offsets in chimneys with ease. It can also be ovalized to custom configurations to fit most any installation. The corrugated construction allows for expansion and contraction within the liner removing any stress on the liner system.

For best performance of the appliance and the venting system, M-Flex 294C can be insulated with either Premier Mix poured insulation or Premier Wrap ceramic wool blanket. Insulation should always be used on exterior chimneys.

M-Flex 294C carries a Life Time Warrantee for all installation venting condensing gas appliances.

Flex 294C can be shipped UPS in the following lengths: 3"-50', 4"-40', 5"-38', 6"-32', 7"-26', 8"-20'. All other diameters and lengths exceeding these above must be shipped road freight.

Thermo Pride

OIL FIRED LOWBOY FURNACE SPECIFICATIONS

MODEL SERIES		OL6		OL5-85		OL11-105		OL16-125		OL20-151		OL33-200[1]	
BTU OUTPUT													
	BECKETT AFG	60,000-89,000		88,000		104,000		129,000 -142,000		153,000		200,000	
	RIELLO	60,000-89,000		85,000		101,000		129,000 -142,000		153,000			
HEIGHT OF CASING		34 3/4"		43 1/4"		46 1/2"		46 1/2"		50 1/2"		60 3/4"	
WIDTH OF CASING		20"		25"		25"		27"		27"		34"	
DEPTH OF CASING		50"		50 1/4"		54 1/2"		58 1/2"		58 1/2"		72"	
WARM AIR OUTLET (WxD In Inches)		18x20 (20x20)[2]		20x20		20x20		22x22		22x22		28x28	
RETURN AIR INLET (WxD In Inches)		18x18 (20x18)[2]		20x14		20x16		22x18		22x18		28x24	
DIAMETER OF FLUE		5"		6"		6"		7"		7"		9"	
FLOOR TO CENTER OF FLUE		27.75"		36"		38 1/2"		40"		44"		51 3/4"	
STANDARD BLOWER MOTOR		1/2 HP- 5 speed		1/2 HP- 4 speed		1/2 HP-4-speed		3/4 HP-4 speed		3/4 HP-4 speed		1/2 HP belt drive	
OPTIONAL ECM BLOWER MTR		1 HP		1/2 HP		1/2 HP		3/4 HP		1 HP		n/a	
CFM @ 0.2 &0.5 W.C.		0.2	0.5	0.2	0.5	0.2	0.5	0.2	0.5	0.2	0.5	0.2	0.5
BELT DRIVE												2315	1920
STANDARD	HI SPEED	1670	1566	1726	1493	1728	1506	2239	1962	2177	1885		
D.D. PSC	MH SPEED	1270	1239	1320	1213	1353	1249	1799	1606	1699	1516		
	ML SPEED	1113	1091	1066	983	1060	988	1477	1346	1390	1269		
	LO SPEED	902	883	848	764	845	759	1178	1077	1117	1019		
	LOW SPEED	712	667										
A/C CAPACITY													
	BELT[3]											10 ton	
	D.D. PSC	4 ton		3 1/2 ton		3 1/2 ton		5 ton		5 ton			
	D.D. PSC UPGRADE			4 ton		4 ton							
	D.D. ECM	5 ton		3.5 ton		3.5 ton		5-ton		5-ton			
BECKETT	NOZZLE SIZE GPH	.50 .60 .75		0.75		0.90		1.10 1.25		1.35		1.75	
	SPRAY ANGLE/PATTERN	80° A		80° A		80° A		80° A		80° A		80° B	
	PUMP PRESSURE	120 PSI		100 PSI		100 PSI		100 PSI		100 PSI		100 PSI	
RIELLO	NOZZLE SIZE	.50 .60 .70		0.6		0.75		0.9		1.1			
	SPRAY ANGLE/PATTERN	80° A		60° A		60° A		60° A		60° A			
	PUMP PRESSURE	140 PSI		145 PSI		145 PSI		145 PS1		150 PSI			
SHIPPING WEIGHT		315 LBS.		410 LBS		500 LBS.		560 LBS.		600 LBS		1025 LBS	
SEASONAL AFUE BECKETT[4]		86.5%		85.0%		85.0%		85.0%		85.0%		81.50%	
SEASONAL AFUE RIELLO		87.0%		86.0%		83.0%							

1)These models shipped knocked down
2) Alternate plenum flanges supplied with furnace, must be installed for 20" width
3)See full product specs or call Thermo Pride Tech Service for correct motor HP and pulley ratio for AC applications
4)Units above 200,000 BTU input have a Thermal Efficiency Rating rather than AFUE
All models on Chart are UL Listed
All specifications subject to change without notice
(Over mor more specs)

OIL FIRED FURNACE SPECIFICATIONS

		HIGHBOY			DRIZ/COUNTERFLO		HORIZONTAL			
MODEL SERIES		OH6	OH6 2-STAGE	OH8	OD6		OT11-105[1]		OT16-125[1]	
BTU OUTPUT (BTUH)										
	BECKETT AFG	60,000-89,000		101,000-132,000	60,000-89,000		101,000		123,000/134,550	
	BECKETT NX	60,000-90,000								
	RIELLO	60,000-90,000		101,000-132,000	60,000-89,000		101,000		123,000	
RIELLO 2-STAGE	1ST STG		61,500 / 74,000							
	2ND STG		72,000 / 89,000							
HEIGHT OF CASING		45"	45"	50 1/8"	45"		24"		26"	
WIDTH OF CASING		20"	20"	24 1/2"	20"		74"		74"	
DEPTH OF CASING		30"	30"	36 1/2"	30"		24 1/2"		26"	
WARM AIR OUTLET (WxD IN INCHES)		18"x19"	18"x19"	20"x20"	18"x20"		20"x20"		22"x20"	
RETURN AIR INLET (WxD IN INCHES)		23"x14"	23"x14"	23"x14"	18"x19"		20"x20"		22"x20"	
FILTER RACK FLANGE DIMENSIONS		24.5" x 15"	24.5" x 15"	23.75" x 19"						
NOMINAL FLUE OUTLET DIAMETER		5"	5"	7"	5"		6"		7"	
STANDARD PSC BLOWER MOTOR		1/2 HP 4-speed		3/4 HP 4-speed	1/2 HP 5-speed		1/2 HP 4-speed		3/4 HP 4-speed	
ECM BLOWER MOTOR		3/4 HP	3/4 HP	1 HP	1 HP		n/a		n/a	
CFM @ 0.2 &0.5 W.C.		0.2"	0.5"	0.2"	0.5"	0.2"	0.5"	0.2"	0.5"	0.2"	0.5"
STANDARD D.D. PSC	HI SPEED	1762	1569	2243	2099	1789	1640	1596	1408	2237	2062
	MH SPEED	1432	1334	1731	1415	1357	1280	1329	1162	2020	1897
	ML SPEED	1152	1085	1464	1686	1219	1150	1069	940	1877	1789
	LO SPEED	915	822	1254	1221	1011	953	863	742	NOT RECOMMENDED	
	LOW SPEED					792	692				
A/C CAPACITY											
	D.D. PSC	4-ton		5-ton	4-ton		3 1/2-ton		5-ton		
	D.D. PSC UPGRADE						4-ton				
	D.D. ECM	4-ton	4-ton	5-ton	5-ton						
BECKETT AFG NOZZLE SIZE GPH		.50 .60 .75		.85 1.00 1.10	.50 .60 .75		0.90		1.10 1.25	
	SPRAY ANGLE/PATTERN	80° A		80° A	80° A		80° A		80° A	
	PUMP PRESSURE	120 PSI		120 PSI	120 PSI		100 PSI		100 PSI	
BECKETT NX	NOZZLE SIZE GPH	.40-.60								
	SPRAY ANGLE/PATTERN	70° A								
	PUMP PRESSURE	150 PSI								
RIELLO	NOZZLE SIZE	.50 .60 .70	.50 / .70	.75 .85 1.00	.50 .60 .70		0.75		0.90	
	SPRAY ANGLE/PATTERN	80° A	45° W	80° A	80° A		60° A		60° A	
	PUMP PRESSURE (PSI)	140	1ST STG-130 2ND STG-170	140	140		145		145	
SHIPPING WEIGHT		280 LBS	280 LBS	390 LBS	250 LBS		445 LBS		500 LBS	
SEASONAL AFUE BECKETT AFG		85.0%		85.8%	85.7%		83.0%		83.0%	
SEASONAL AFUE BECKETT NX		85.6%								
SEASONAL AFUE RIELLO		86.1%	87.0%	86.0%	85.7%		83.0%		83.0%	

1)Not approved for attic use, units have exposed burners
All models in chart are UL listed
All specifications subject to change without notice

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

2017-3248

BLOCK 525.06 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

To ZONING APP

Called 8/8/17

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1607 Ravenswood Way
2. Name of Owner in Fee: Jacquelyne Jones
   Tel. (856) 287-3306 e-mail permits@momentumsolar.com
   Address 1607 Ravenswood Way (street) Cherry Hill, NJ (municipality) 08003 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ProCustomSolar dba Momentum Solar Tel. (732) 902-6224
   Address 325 High Street e-mail _____
   Metuchen, NJ 08840
   License No. OR, if new home, Builder Reg. No. 13VH05539000 Exp. Date 03/31/2018
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 271242539 FAX: _____
5. Architect or Engineer Daniel Dunzik Contact Daniel Dunzik
   Address 308 Wall Street Princeton, NJ e-mail _____
   Tel. (609) 921-0200 FAX: (609) 921-0228
6. Responsible Person in Charge once Work has Begun Nils Hansen
   Tel. (732) 366-1854 FAX: (732) 902-6223

V. FEE SUMMARY (for office use only)

		Update	Update
(1) Building	$ 68		
(2) Electrical	225		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal ZONING 20			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 20		
(9.) State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	433-		
(13) TOTAL	$		

1605
00029 021729
20173248 SF
00005AYF

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

JUL 11 2017

CONTROL # 106266

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	1,338				7/25/17	n			
☒ Electrical	8,720				7/22/17	n/a			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$10,058								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: U
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

Roof Mounted Solar Panels

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Pro Custom Solar dba Momentum Solar

Address 325 High Street

Metuchen, NJ 08840

Telephone (732) 902-6224

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 9/14/2017
Control Number 106266
Permit Number 20173248
Permit Issue Date 8/29/2017
Certificate Number 20173248

Identification

Block: 525.06 Lot: 8 Qual:

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: JONES, JACQUELYNE
Owner Address: 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003
Telephone: (856) 287-3306

Contractor PROCUSTOM SOLAR,dba MOMENTUM SOLAR
Address 325 HIGH STREET METUCHEN NJ 08840
Telephone: (732) 366-1854 Fax: (609) 921-0228
License Number or Builders Registration Number: 13VH05539000 ~~34EB01591300~~
Federal Emp. Number: 271242539

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
ROOF MOUNTED SOLAR PANELS

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:

☐ **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 Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00

Check Number:

Collected By:

Date Printed: 9/14/2017

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8-29-17
Permit # 2017-3248

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 Ravenswood Way
Cherry Hill, NJ 08003

Owner in Fee: Jacquelyne Jones

Tel. 8562873306 e-mail permits@momentumsolar.com

Address 1607 Ravenswood Way Cherry Hill, NJ 08003
(street / municipality / zip code)

Contractor: ProCustomSolar, dba Momentum Solar Tel. 7329026224
(street / municipality / zip code)

Address 325 High St e-mail
Metuchen, NJ 08840

Contractor License No. or Builder Registration No. 13VH05539000 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 271242539 FAX: 7329026223

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	7/25	MJ
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 7/25/17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9/13/17
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame ✓				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓			9.13.17	SK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed
Constr. Class Present VB Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 1338
3. Total (1+ 2) $ 1338

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.

Sign here:

Print name here: Cameron Christensen

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rooftop Railless Solar PV

*Call for inspection
*have field Clears
*framing upgrade

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 PV Solar / COA
[ ] Demolition

FEE (Office Use Only)
$ 68.00

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10626
Date Issued / Permit # 8-29-17 / 2017.3248

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 Ravenswood Way
Cherry Hill, NJ 08003

Owner in Fee: Jacquelyne Jones

Tel. (856) 287-3306 e-mail permits@momentumsolar.com

Address 1607 Ravenswood Way (street) Cherry Hill, NJ (municipality) 08003 (zip code)

Contractor: Pro Custom Solar LLC dba Momentum Solar Tel. (732) 366-1854

Address 325 High Street e-mail
Metuchen, NJ 08840

Contractor License No. 34EB01591300 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. PSEG

Est. Cost of Elec. Work $ 8,720

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: Matt Franz

Print name here: Matt Franz

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Rooftop Railless Solar PV

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~32~~		~~Lighting Fixtures~~ ~~MICRO INVERTERS~~	
		Receptacles	
~~2~~	~~20/30~~	~~Switches~~ ~~BRANCH CIRCUIT~~	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
~~32~~		~~MODULES~~	
0		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	
1	8.96	KW ~~Transformer/Generator~~ INVERTER	65.00
1	40	AMP ~~Service~~ DISCONNECT	65.00
1	60	AMP ~~Subpanels~~ COMBINER BOX	65.00
1	150	AMP ~~Motor Control Center~~ FULL SERVICE PANEL UPGRADE	65.00
		KW Elec. Sign/Outline Light	
1	8.96	KW	65.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 7/22/17 Approved by: MV

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/22/17
Approved by: MV

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9/13/17
Approved by: MV

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/13/17	MV
Barrier-Free				

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

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

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

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	7/11/2017
Date Issued	8/29/2017
Control #	106266
Permit #	20173248

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 525.06 Lot: 8 Qualifier _____ Use Group R-5

Work Site Location:	1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003	Contractor Address	PROCUSTOM SOLAR,dba MOMENTUM SOLAR 325 HIGH STREET METUCHEN NJ 08840
Owner in Fee	JONES, JACQUELYNE		
Address	1607 RAVENSWOOD WAY CHERRY HILL NJ 08003	Telephone:	(732) 366-1854
Telephone:	(856) 287-3306	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 ☐ OTHER
- ☐ Mechanical (Subchapter 8 only)

DESCRIPTION OF WORK:

ROOF MOUNTED SOLAR PANELS

Note: If constuction 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 $10,058

Construction Official 8/29/17 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)

035	Building	$68
039	Electrical	$325
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$20
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	$20
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$433

Check No.	17516
Check	$433
Cash	$0
Credit	$0
Collected By	Sandi Del Rocini

RECEIVED
AUG 29 2017
TAX COLLECTOR

CHERRY HILL TOWNSHIP
820 Mercer Street
Cherry Hill , NJ 08002
(856) 488-7870

Date Issued:	8/22/2017
Application Number:	ZA-17-00801
Application Date:	7/11/2017
Project Number:	
Permit Number:	ZP-17-00809
Fee:	$20.00

Zoning Permit

Worksite Location: **1607 RAVENSWOOD WAY**
CHERRY HILL, NJ 08003

Block:	**525.06**
Lot:	**8**
Qualifier:	
Zone:	**RA**

Owner: **JONES CALVIN & JACQUE'LYNE-TRUST**

Address: **1607 RAVENSWOOD WAY**
CHERRY HILL, NJ 08003

Applicant: **PROCUSTOMSOLAR LLC d/b/a MOMENTUM SOLAR**

Address: **325 HIGH ST**
METUCHEN, NJ 08840

Application Approved Date: 8/22/2017

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Residential - Ravenswood

Nonconforming Use is:

Work Description:

Roof Mounted Solar Panels - APPROVED, for a 32-module roof-mounted solar energy system on an existing single family dwelling. Per §432.C.2, the solar panel system shall not extend beyond the edge or pitch of the roof, nor shall the system be mounted more than three (3') feet higher than the finished roof to which it is mounted upon. Per §432.C, the installation of solar panels shall not create glare that is a nuisance or pose a danger to surrounding properties and the general public. Any ground-mounted solar panels require Planning Board approval.

Building permits from the Construction Department are required that meet all UCC requirements.

This permit does NOT approve the removal of any trees, nor the trimming of more than 30% of any existing tree. If trees are proposed to be removed, or trimmed >30%, a separate tree removal permit is required from the Department of Public Works.

Cost: $20.00 residential fee.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Susan Brandt Jacob Richman — 8/22/2017

Zoning Officer/Administrative Official — Date

APPLICANT/OWNER SIGNATURE — **DATE** 8/29/2017

This Zoning Permit is based on the information presented by the applicant, including the application and attached plans. It allows for the application of Building Permits or Certificate of Occupancy (CO) from the Division of Code Enforcement. Additional permits may be required.

CHERRY HILL Township
You couldn't pick a better place.

RECEIVED
JUL 11 2017
BUILDING INSPECTIONS

RECEIVED
JUL 12 2017
COMMUNITY DEVELOPMENT

ADDRESS: 1607 RAVENSWOOD WAY BLOCK(S): 525.06

ZONE: RA LOT(S): 8

☒ RESIDENTIAL (Fee: $20.00) ☐ NON-RESIDENTIAL (Fee: $50.00)

EXISTING USE: 1 FAMILY HOME

PROPOSED IMPROVEMENTS AND/OR USE (be specific):

ROOFTOP RAILLESS SOLAR PV PANELS. DOES NOT EXCEED HEIGHT OF ROOF (32 panels)

CERTIFICATE OF OCCUPANCY

☐ TENANT FIT-UP ☐ CHANGE OF USE ☐ CHANGE OF OWNER ☐ CHANGE OF OCCUPANCY

BUILDING PERMIT (scaled copy of survey required, please complete information in box)

☐ FENCE ☐ DECK/PATIO ☐ NEW DWELLING ☐ ACCESSORY USE
☐ SHED ☐ POOL/HOT TUB ☐ ADDITION ☑ OTHER roof mounted solar

SIZE: 13-2½' (LENGTH) x 43-2½' (WIDTH) HEIGHT: _____' DEPTH: _____'

SETBACKS: FRONT: _____' REAR: _____' SIDE: _____' BOTH SIDES: _____'

Is the lot an inside or corner lot? ☐ INSIDE LOT ☐ CORNER LOT

Will TREES be removed? ☐ NO ☐ YES If Yes, how many? _____ # OF TREES

Was Planning Board or Zoning Board approval required for this improvement and/or property?

☐ NO ☐ YES If Yes, what is the APPLICATION No.: _____ DATE APPROVED? _____

APPLICANT ☐ SAME AS OWNER

NAME: PRCustomSolar LLC dba Momentum Solar
ADDRESS: 325 High St
CITY, STATE, ZIP: Metuchen, NJ 08846
EMAIL: Permits@momentumsolar.com
PHONE: 732-366-1854

OWNER

NAME: Jacquelyne Jones
ADDRESS: 1607 Ravenswood Way
CITY, STATE, ZIP: Cherry Hill, NJ 08003
EMAIL:
PHONE: 856-287-3306

APPLICATION No.: 17-00808 DATE SUBMITTED: 7/11/17 DATE PROCESSED: _____

CHERRY HILL Township

You couldn't pick a better place.

Zoning Permit Consent of Owner

ADDRESS: 1607 Ravenswood Way BLOCK(S): 525.06

ZONE: _____ LOT(S): 8

PROPOSED IMPROVEMENTS AND/OR USE (be specific): _____

Rooftop Railless Solar PV Panels. Does not exceed height of existing roof.

I certify that I am the Owner of the property which is the subject of this application, hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency (if owned by a Corporation, a resolution must be attached authorizing the application and officer signature).

SWORN & SUBSCRIBED to before me this 6th day of July, 2017 (year)

_____ (notary)

Jacquelyne Jones 7/6/17

SIGNATURE (owner) **DATE**

JACQUELYNE JONES

PRINT NAME

OWNER CONTACT INFORMATION

NAME: JACQUELYNE JONES

ADDRESS: 1607 RAVENSWOOD WAY

CITY, STATE, ZIP: CHERRY HILL, NJ 08003

EMAIL: _____

PHONE: 856-287-3306

Daniel W. Dunzik Architect LEED-AP
370 Burnt Hill Rd. Skillman, NJ. 08558 908-872-3664

July 6, 2017

Cherry Hill Township
820 Mercer Street
Cherry Hill, NJ 08002

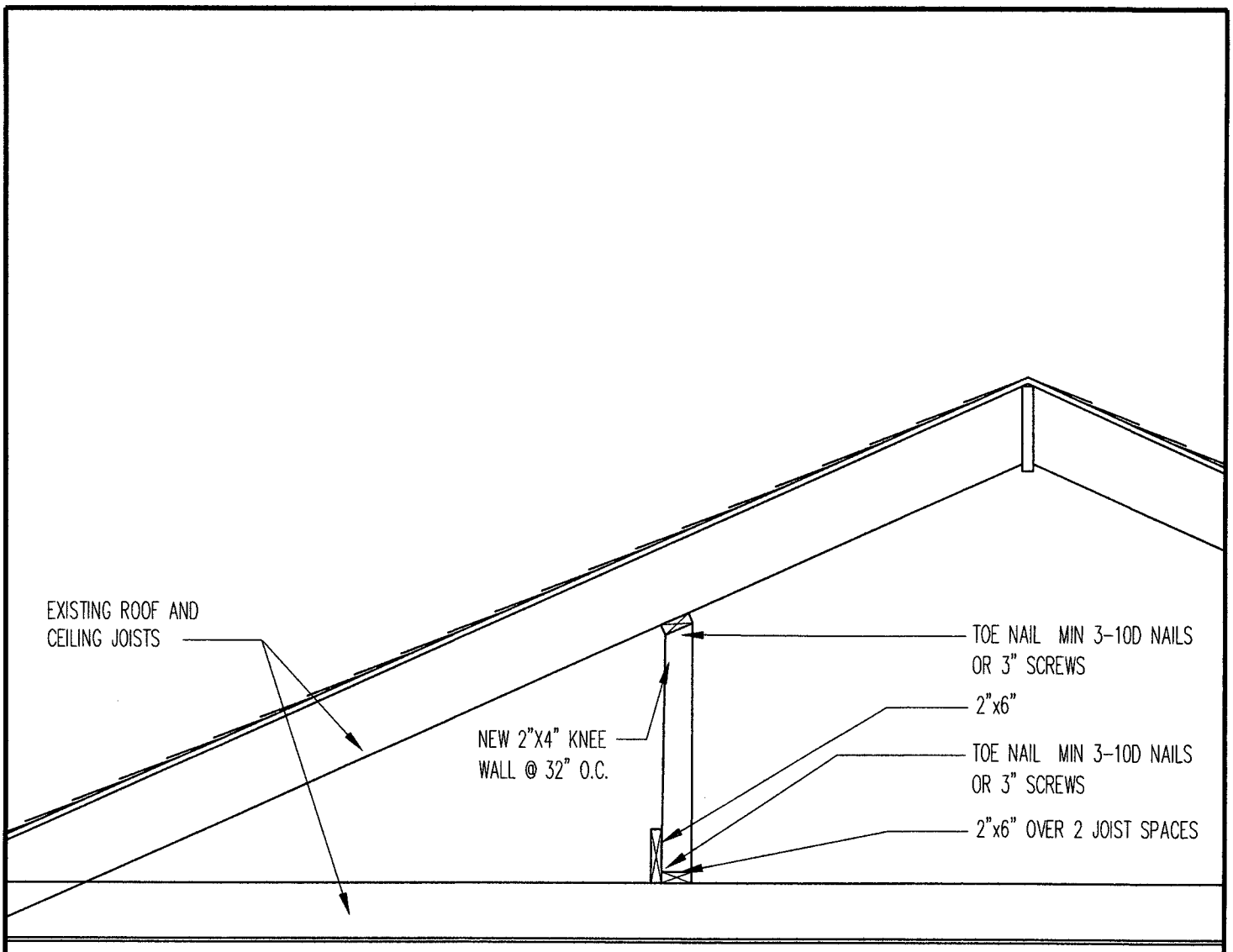
Attn: Construction Official
Re: Proposed Photovoltaic Solar Panel Installation
Jaquelyne Jones
1607 Ravenswood Way
Cherry Hill NJ 08003
Dear Sir:
Regarding the solar panel array installation on the above referenced project please note that A visual inspection was performed and analysis of the existing structure was conducted. There is adequate structural capacity for the installation of the array with the following recommendations:

1. The array will be installed on the existing roof. The roof is constructed of 2"x6" wood rafters @ 16" O.C. spanning 17' 11" max. up the slope with 1"x6" T&G wood sheathing. The new array (See Site map by contractor) will add 2.63 Lb. / Sf. overall to the roof. Additional structural support as per detail PV-1 (attached) is required for the existing roof structure in the attic.

2. The system shall be secured to the roof using the "Ecolibrium Solar" "Eco-X" ® attachment system. The attachment system shall be UL 1703 approved tested. The attachments shall be min. 5/16" x 4" long stainless steel lags with a min. embedment of 2" into the rafters. When mounted in landscape or portrait attachments shall be spaced @ 48" o.c. max. with each row staggered in roof wind zone 1. Attachments shall be spaced @ 32" o.c. max. in wind zone 2 & 3. The maximum panel cantilever length shall be 16" in wind zone 1,2, &3 except when mounted in portrait the maximum cantilever length shall be 12" in wind zone 3 only. Provide 6 mil. vapor barrier between dissimilar metal fasteners. Provide water tight gasket and sealant at all penetrations. Attachments shall follow panel rows as specified by the system manufacturer's installation manual. The panel angle shall match the roof slope.
Structural Design Loads:

- Dead Loads = 10psf (+2.6psf, New Solar Panels) = 12.6psf.
- Snow Loads = 30psf (24.5psf- factored per ASCE 7-10), Climate Zone 4A
- *Wind loads = 130mph wind speed Exposure B {zones 1,2 & 3(+/-) = 13psf; zone 1(-) = -21.3psf, zone 2(-) = -35.6psf, zone 3(-) = -48psf} *Wind loads per ASCE 7-10. (-) = -35.6psf, zone 3(-) = -48} *Wind loads per ASCE 7-10.

3. Solar modules shall be secured to the roof as per the manufacturer's specifications. Solar modules shall be UL-1701 rated or better. Solar Panels and attachment system shall be



Daniel W. Dunzik RA. LEED-AP
370 BURNT HILL ROAD
SKILLMAN, NJ 08558

Daniel W. Dunzik AI11688

PROJECT: Solar Panel Installation

TITLE: Roof Bracing Detail -N.T.S.

DATE: 01 / 23 / 17

PV-1

Daniel W. Dunzik Architect LEED-AP
370 Burnt Hill Rd. Skillman, NJ. 08558 908-872-3664

designed by the manufacturer to withstand winds in excess of 130 MPH. and 50.0 PSF. Solar panels shall be designed to support in excess of 30 lb. snow load by the manufacturer. Solar panels do not add any additional snow load to the existing structure. Refer to manufacturers specifications.

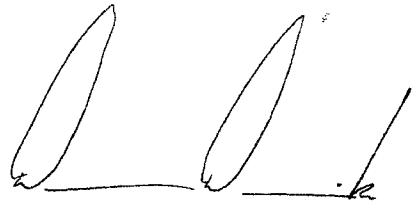
4. All penetrations shall be completely water tight and guaranteed for a period of ten years or the duration of the existing roof warrantee whichever is longer.

5. Positive drainage of the system shall be provided so as to not void the existing roof warrantee.

6. All attachment system components shall be manufactured by "Eco-Fasten Inc." All attachment system design is based on manufacturers printed design specifications. All aspects of this design shall be installed in strict compliance with manufacturers printed specifications.

7. All aspects of the installation shall comply with NJUCC, ASCE7-10, IBC NJ 2015, NEC 2014(NFPA70), IRC NJ 2015. Please review the attached certifications prepared by the manufacturer.

If you have any questions relating to this matter, please contact me at your earliest convenience. Thank you.



Daniel W. Dunzik, RA. LEED-AP
Lic. No. AI11688

Daniel W. Dunzik Architect LEED-AP
370 Burnt Hill Rd. Skillman, NJ. 08558 908-872-3664

July 6, 2017

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Cherry Hill, NJ 08002

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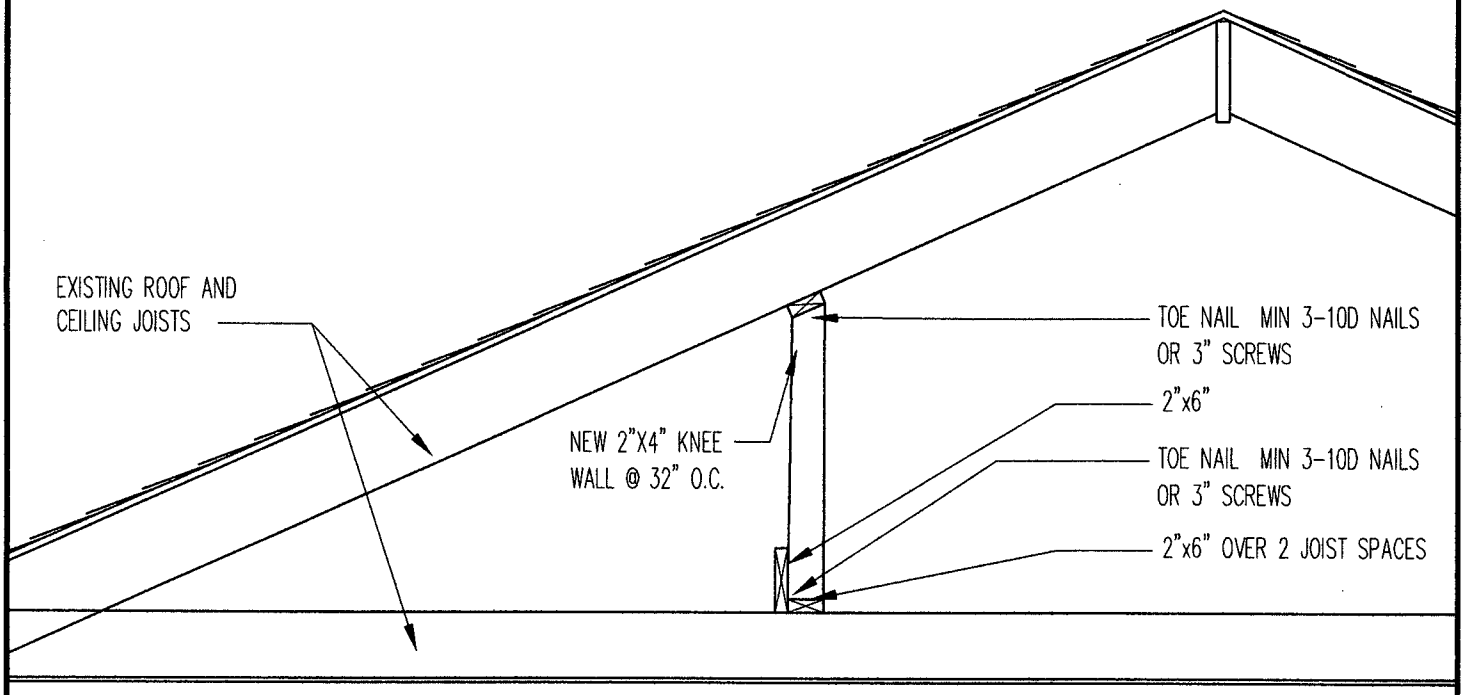

Daniel W. Dunzik RA. LEED-AP
370 BURNT HILL ROAD
SKILLMAN, NJ 08558

Daniel W. Dunzik AI11688

PROJECT: Solar Panel Installation

TITLE: Roof Bracing Detail -N.T.S.

DATE: 01 / 23 / 17

PV-1

Daniel W. Dunzik Architect LEED-AP
370 Burnt Hill Rd. Skillman, NJ. 08558 908-872-3664

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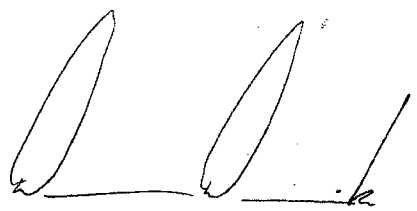


Daniel W. Dunzik, RA. LEED-AP
Lic. No. AI11688

OFFICE

PLAN KEY	
PV-1	COVER PAGE
PV-2	PANEL LAYOUT
PV-3	LAYOUT DETAIL
PV-4	ELECTRICAL

SYSTEM INFORMATION	
MODULE	RECOM RCM-280-6MB
INVERTER	ENPHASE M250-60-2LL-S22
RACKING	ECOLIBRIUM ECO X RAIL-LESS SYSTEM
SYSTEM SIZE (DC)	8.96 KW

Block 525.06 Lot 8 Qual

Permit # 2017-3240

momentum SOLAR

PRO CUSTOM SOLAR LLC D.B.A. MOMENTUM SOLAR
325 HIGH STREET, METUCHEN, NJ 08840
(732) 902-6224
MOMENTUMSOLAR.COM

STRUCTURAL ENGINEERING

DANIEL W. DUNZIK RA LEED® AP
LICENSE # AI11688
(908) 872-3664
370 BURNT HILL ROAD
SKILLMAN, NJ 08558

ENGINEERING LETTER ATTACHED HAS SPECIFICATIONS FOR WIND AND LOAD CALCULATIONS FOR SOLAR INSTALLATION SPANS & ATTACHMENTS TO MEET LOCAL AND STATE BUILDING CODE COMPLIANCE. WARNING THAT IT IS A VIOLATION OF THE LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT, TO ALTER AN ITEM IN ANY WAY.

VICINITY MAP

RECEIVED
JUL 11 2017
BUILDING INSPECTIONS

CHERRY HILL TOWNSHIP
BUILDING INSPECTIONS
PLAN REVIEW

	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING		7/25/17	
ELECTRICAL		7/24/17	
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

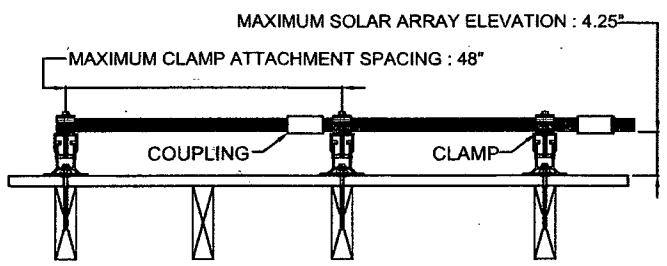
OFFICIAL COPY

CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

SYMBOL LEGEND

MSP	MAIN SERVICE PANEL		CHIMNEY
SP	SUB-PANEL		SKYLIGHT
M	UTILITY METER		VENT
AC DC	AC DISCONNECT		PIPE VENT
UDC	UTILITY DISCONNECT		FAN
LC	LOAD CENTER		SATELLITE DISH
N3R	NEMA 3R BOX W/ ENVOY-S		FIRE SETBACKS
CB	COMBINER BOX		GROUND ACCESS
	MODULE		PITCH DIRECTION

RECOM RCM-280-6MB
280 WATT MODULE
64.57" X 39.06" X 1.38"
(SEE DATASHEET)



PERMANENT LABEL & LOCATION
ON 10"X10" YELLOW PLAQUARD WITH BLACK ENGRAVED LETTERING LOCATED BESIDE CUSTOMER NET METER.

CUSTOMER OWNED PARALLEL GENERATION

LABELS ARE WEATHER UV RATED RED PLASTIC WITH WHITE LETTERS

(A) LOAD CENTER: WARNING DUAL POWER SOURCE. 690.14
SECOND SOURCE IS PV SYSTEM.
(A) WARNING INVERTER OUTPUT CONNECTION.
DO NOT RELOCATE THIS OVERCURRENT BACKFED DEVICE
(B) AC DISCONNECT: PV AC DISCONNECT 690.15
(B) WARNING ELECTRIC SHOCK HAZARD.
DO NOT TOUCH TERMINALS. TERMINALS ON BOTH LINE & LOADSIDES MAY BE ENERGIZED IN THE OPEN POSITION.
(C) INVERTER: WARNING ELECTRICAL SHOCK HAZARD. 690.17
IF A GROUND FAULT IS INDICATED, NORMALLY GROUNDED CONDUCTORS MAY BE UN-GROUNDED AND ENERGIZED.
(D) JUNCTION BOX: WARNING ELECTRICAL SHOCK HAZARD. 690.35
THE DC CONDUCTORS OF THIS PHOTOVOLTAIC SYSTEM ARE UNGROUNDED AND MAY BE ENERGIZED
(E) CONDUIT/CABLE EVERY 10 FEET: 690.35
CAUTION: SOLAR CIRCUIT
(F) THE DC CIRCUIT MEETS THE REQUIREMENT FOR UNGROUNDED PV ARRAYS IN NEC 690.35. EQUIPMENT GROUND IS PROVIDED IN THE ENGAGE CABLE. NO ADDITIONAL GEC OR GROUND IS REQUIRED. GROUND FAULT PROTECTION (GFP) IS INTEGRATED INTO THE MICROINVERTER.

BILL OF MATERIALS	
MODULES	32
INVERTERS	32
CLAMP ASSEMBLY	80
COUPLING ASSEMBLY	35
BONDING CLIP	4
SKIRTS	8
ENPHASE COMBINER BOX	1
60A FUSIBLE AC DISCONNECT	1
40A FUSES	2
125A LINE TAPS	2

CUSTOMER INFORMATION

JACQUELYNE JONES
1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
856-287-3306

PV SYSTEM INFORMATION

SYSTEM SIZE (DC): 8.96 KW
32 MODULES: RECOM RCM-280-6MB
32 INVERTERS: ENPHASE
M250-60-2LL-S22

PROJECT INFORMATION		
INITIAL	DATE: 7/6/2017	DESIGNER: TB
REV:	DATE:	DESIGNER:
REV:	DATE:	DESIGNER:

COVER PAGE

PV-1

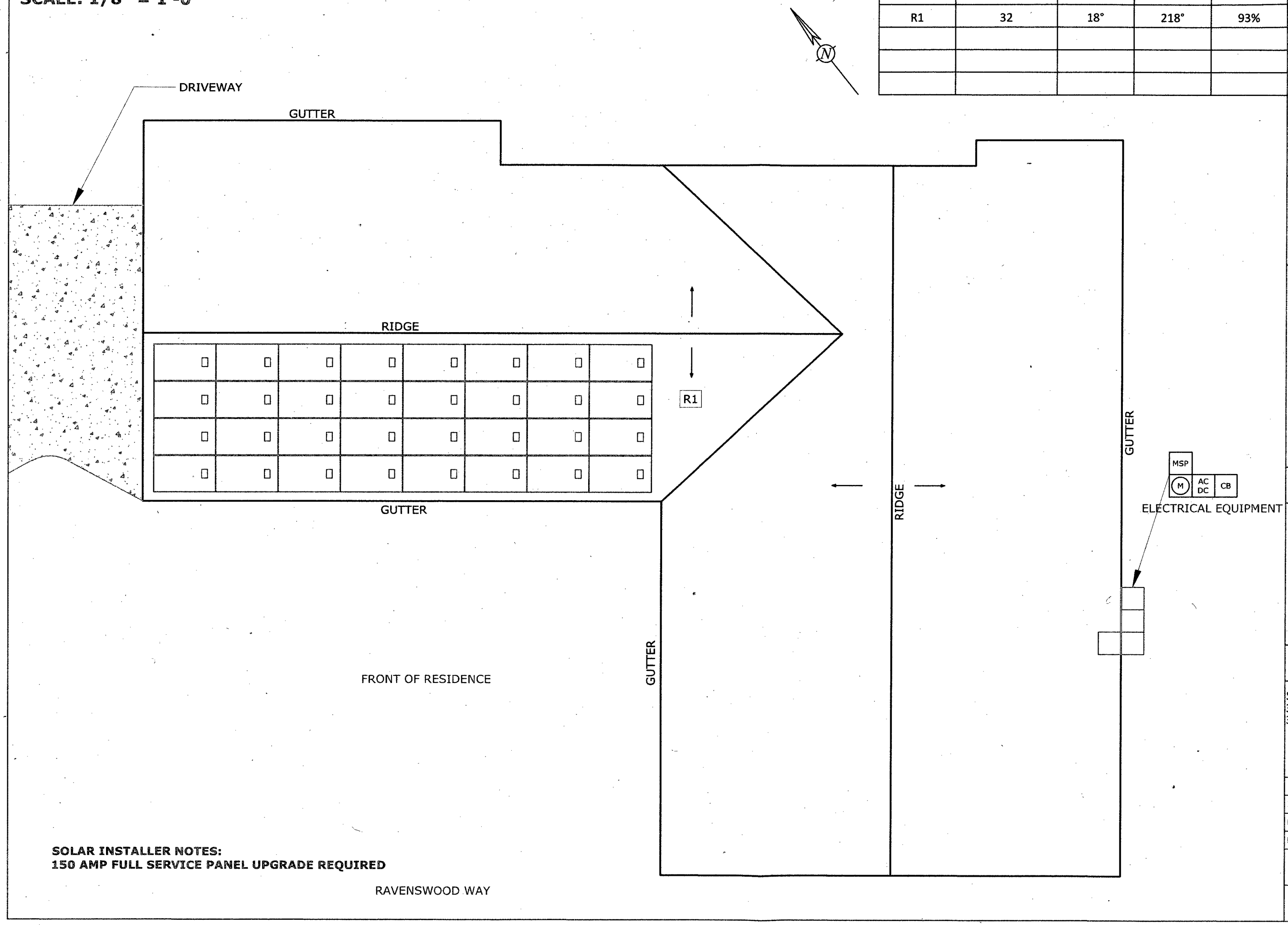
OFFICE

Block ____ Lot ____ Quali ____

Permit # ____

SCALE: 1/8" = 1'-0"

ROOF	MODULE COUNT	TILT	AZIMUTH	SHADING
R1	32	18°	218°	93%



SOLAR INSTALLER NOTES:
150 AMP FULL SERVICE PANEL UPGRADE REQUIRED

momentum SOLAR

PRO CUSTOM SOLAR LLC D.B.A. MOMENTUM SOLAR
325 HIGH STREET, METUCHEN, NJ 08840
(732) 902-6224
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STRUCTURAL ENGINEERING

DANIEL W. DUNZIK RA LEED AP
LICENSE # AI11688
(908)872-3664
370 BURNT HILL ROAD
SKILLMAN, NJ 08558

ENGINEERING LETTER ATTACHED HAS SPECIFICATIONS FOR WIND AND LOAD CALCULATIONS FOR SOLAR INSTALLATION SPANS & ATTACHMENTS TO MEET LOCAL AND STATE BUILDING CODE COMPLIANCE. WARNING THAT IT IS A VIOLATION OF THE LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT, TO ALTER AN ITEM IN ANY WAY.

CUSTOMER INFORMATION

JACQUELYNE JONES
1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
856-287-3306

PV SYSTEM INFORMATION

SYSTEM SIZE (DC): 8.96 KW
32 MODULES: RECOM RCM-280-6MB
32 INVERTERS: ENPHASE M250-60-2LL-S22

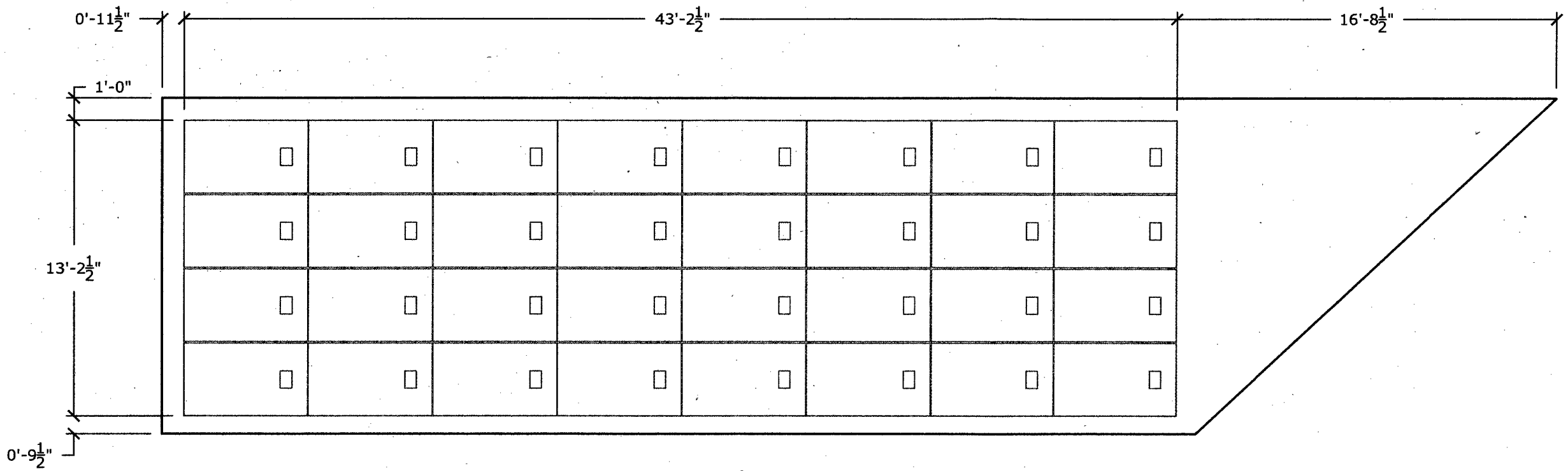
PROJECT INFORMATION		
INITIAL	DATE: 7/6/2017	DESIGNER: TB
REV:	DATE:	DESIGNER:
REV:	DATE:	DESIGNER:

PANEL LAYOUT

PV-2

ROOF	FRAMING	ACTUAL SPAN	SHEATHING	COLLAR TIES	KNEE WALL	SHINGLE TYPE	LAYERS
R1	2" X 6" RAFTER 16" OC	17'11"	TONGUE AND GROOVE	N/A	N/A	ASPHALT	1

R1 - ARRAY 1 LAYOUT DETAIL
SCALE: 3/16" = 1'-0"
TILT: 18°
AZIMUTH: 218°
SHADING: 93%



SOLAR INSTALLER NOTES:
NO ADDITIONAL STRUCTURAL SUPPORT REQUIRED

momentum SOLAR

PRO CUSTOM SOLAR LLC D.B.A. MOMENTUM SOLAR
325 HIGH STREET, METUCHEN, NJ 08840
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CUSTOMER INFORMATION

JACQUELYNE JONES
1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
856-287-3306

PV SYSTEM INFORMATION

SYSTEM SIZE (DC): 8.96 KW
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32 INVERTERS: ENPHASE M250-60-2LL-S22

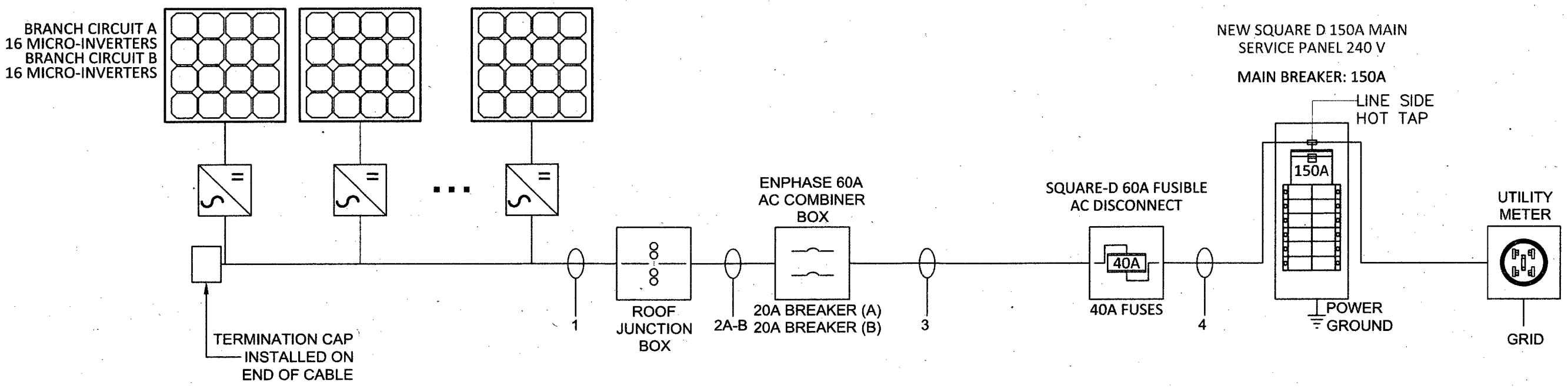
PROJECT INFORMATION		
INITIAL	DATE: 7/6/2017	DESIGNER: TB
REV:	DATE:	DESIGNER:
REV:	DATE:	DESIGNER:

LAYOUT DETAIL

PV-3

32 RECOM RCM-280-6MB 280W MODULES PAIRED WITH

32 ENPHASE M250-60-2LL-S22 MICRO-INVERTERS



ELECTRICAL NOTES:

1. ALL CALCULATIONS FOR VOC, VMAX, IMP AND ISC HAVE BEEN CALCULATED USING THE MANUFACTURED STRING CALCULATOR BASED ON ASHRAE 2% HIGH AND EXTREME MINIMUM TEMPERATURE COEFICIENTS.

2. THE ENTIRE ARRAY IS BONDED ACCORDING TO (NEC 690.46 - 250.120 paragraph C). THE GROUND IS CARRIED AWAY FROM THE GROUNDING LUG USING #6 BARE COPPER WIRE.

3. THIS SYSTEM COMPLIES WITH NEC 2014

4. BRANCH CIRCUIT CALCULATION FOR WIRE TAG 1 DISPLAYS THE LARGEST BRANCH CIRCUIT IN SYSTEM. OTHER BRANCH CIRCUITS WILL HAVE LOWER DESIGN CURRENT THAN THE ONE SHOWN.

5. ALL CONDUCTORS ARE SIZED BASED ON NEC 2014 ARTICLE 310

6. ALL EQUIPMENT INSTALLED IS RATED AT 90°C

7. INVERTER NOC (NOMINAL OPEN CURRENT) OBTAINED FROM EQUIPMENT DATASHEET

SOLAR INSTALLER NOTES:
150 AMP FULL SERVICE PANEL UPGRADE REQUIRED

Wire Tag	Conduit	Wire Qty	Wire Gauge	Wire Type	Temp. Rating	Wire Ampacity (A)	Temp. Derate	Conduit Fill Derate	Derated Ampacity (A)	Inverter Qty	NOC (A)	NEC Correction	Design Current (A)	Ground Size	Ground Wire Type
1	Open Air	4	12 AWG	Trunk Cable	90°C	30	0.96	1	28.80	16	1	1.25	20.00	12 AWG	Trunk Cable
2A	1" PVC	3	10 AWG	THWN-2	90°C	40	0.96	0.8	30.72	16	1	1.25	20.00	10 AWG	THWN-2
2B	1" PVC	3	10 AWG	THWN-2	90°C	40	0.96	0.8	30.72	16	1	1.25	20.00	10 AWG	THWN-2
3	1" PVC	3	08 AWG	THWN-2	90°C	55	0.96	1	52.80	32	1	1.25	40.00	08 AWG	THWN-2
4	1" PVC	3	06 AWG	THWN-2	90°C	75	0.96	1	72.00	32	1	1.25	40.00	08 AWG	THWN-2

momentum SOLAR

PRO CUSTOM SOLAR LLC D.B.A. MOMENTUM SOLAR
325 HIGH STREET, METUCHEN, NJ 08840
(732) 902-6224
MOMENTUMSOLAR.COM

STRUCTURAL ENGINEERING

DANIEL W. DUNZIK RA LEED AP
LICENSE # AI11688
(908) 872-3664
370 BURNT HILL ROAD
SKILLMAN, NJ 08558

ENGINEERING LETTER ATTACHED HAS SPECIFICATIONS FOR WIND AND LOAD CALCULATIONS FOR SOLAR INSTALLATION SPANS & ATTACHMENTS TO MEET LOCAL AND STATE BUILDING CODE COMPLIANCE. WARNING THAT IT IS A VIOLATION OF THE LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT, TO ALTER AN ITEM IN ANY WAY.

ELECTRICIAN

PRO CUSTOM SOLAR DBA MOMENTUM SOLAR
MATT FRANZ
325 HIGH STREET
METUCHEN, NJ 08440
(732) 902-6224

Matt Franz

CUSTOMER INFORMATION

JACQUELYNE JONES
1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
856-287-3306

PV SYSTEM INFORMATION

SYSTEM SIZE (DC): 8.96 KW
32 MODULES: RECOM RCM-280-6MB
32 INVERTERS: ENPHASE
M250-60-2LL-S22

PROJECT INFORMATION

INITIAL	DATE: 7/6/2017	DESIGNER: TB
REV:	DATE:	DESIGNER:
REV:	DATE:	DESIGNER:

ELECTRICAL

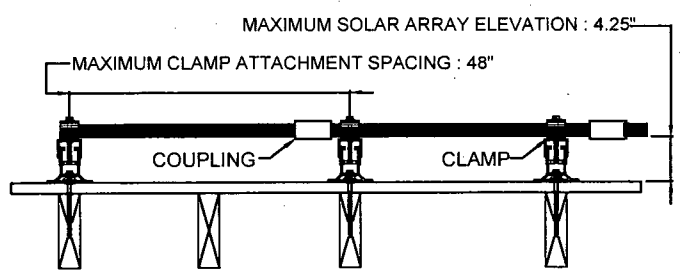
PV-4

PLAN KEY	
PV-1	COVER PAGE
PV-2	PANEL LAYOUT
PV-3	LAYOUT DETAIL
PV-4	ELECTRICAL

SYMBOL LEGEND

MSP	MAIN SERVICE PANEL		CHIMNEY
SP	SUB-PANEL		SKYLIGHT
M	UTILITY METER		VENT
AC DC	AC DISCONNECT		PIPE VENT
UDC	UTILITY DISCONNECT		FAN
LC	LOAD CENTER		SATELLITE DISH
N3R	NEMA 3R BOX W/ ENVOY-S		FIRE SETBACKS
CB	COMBINER BOX		GROUND ACCESS
	MODULE		PITCH DIRECTION

RECOM RCM-280-6MB
280 WATT MODULE
64.57" X 39.06" X 1.38"
(SEE DATASHEET)



SYSTEM INFORMATION	
MODULE	RECOM RCM-280-6MB
INVERTER	ENPHASE M250-60-2LL-S22
RACKING	ECOLIBRIUM ECO X RAIL-LESS SYSTEM
SYSTEM SIZE (DC)	8.96 KW

PANELS WILL NOT EXCEED THE ROOF EDGE OR PITCH

PERMANENT LABEL & LOCATION
ON 10"X10" YELLOW PLAQUARD WITH BLACK ENGRAVED LETTERING LOCATED BESIDE CUSTOMER NET METER.

CUSTOMER OWNED PARALLEL GENERATION

LABELS ARE WEATHER UV RATED RED PLASTIC WITH WHITE LETTERS

(A) LOAD CENTER: WARNING DUAL POWER SOURCE. 690.14
SECOND SOURCE IS PV SYSTEM.
(A) WARNING INVERTER OUTPUT CONNECTION.
DO NOT RELOCATE THIS OVERCURRENT BACKFED DEVICE
(B) AC DISCONNECT: PV AC DISCONNECT 690.15
(B) WARNING ELECTRIC SHOCK HAZARD.
DO NOT TOUCH TERMINALS. TERMINALS ON BOTH LINE & LOADSIDES MAY BE ENERGIZED IN THE OPEN POSITION.
(C) INVERTER: WARNING ELECTRICAL SHOCK HAZARD. 690.17
IF A GROUND FAULT IS INDICATED, NORMALLY GROUNDED CONDUCTORS MAY BE UN-GROUNDED AND ENERGIZED.
(D) JUNCTION BOX: WARNING ELECTRICAL SHOCK HAZARD. 690.35
THE DC CONDUCTORS OF THIS PHOTOVOLTAIC SYSTEM ARE UNGROUNDED AND MAY BE ENERGIZED
(E) CONDUIT/CABLE EVERY 10 FEET: 690.35
CAUTION: SOLAR CIRCUIT
(F) THE DC CIRCUIT MEETS THE REQUIREMENT FOR UNGROUNDED PV ARRAYS IN NEC 690.35. EQUIPMENT GROUND IS PROVIDED IN THE ENGAGE CABLE. NO ADDITIONAL GEC OR GROUND IS REQUIRED. GROUND FAULT PROTECTION (GFP) IS INTEGRATED INTO THE MICROINVERTER.

BILL OF MATERIALS	
MODULES	32
INVERTERS	32
CLAMP ASSEMBLY	80
COUPLING ASSEMBLY	35
BONDING CLIP	4
SKIRTS	8
ENPHASE COMBINER BOX	1
60A FUSIBLE AC DISCONNECT	1
40A FUSES	2
125A LINE TAPS	2

momentum SOLAR

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325 HIGH STREET, METUCHEN, NJ 08840
(732) 902-6224
MOMENTUMSOLAR.COM

STRUCTURAL ENGINEERING

DANIEL W. DUNZIK RA LEED - AP
LICENSE # AI11688
(908) 872-3664
370 BURNT HILL ROAD
SKILLMAN, NJ 08558
ENGINEERING LETTER ATTACHED HAS SPECIFICATIONS FOR WIND AND LOAD CALCULATIONS FOR SOLAR INSTALLATION SPANS & ATTACHMENTS TO MEET LOCAL AND STATE BUILDING CODE COMPLIANCE. WARNING THAT IT IS A VIOLATION OF THE LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT, TO ALTER AN ITEM IN ANY WAY.

VICINITY MAP

CUSTOMER INFORMATION

JACQUELYNE JONES
1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
856-287-3306

PV SYSTEM INFORMATION

SYSTEM SIZE (DC): 8.96 KW
32 MODULES: RECOM RCM-280-6MB
32 INVERTERS: ENPHASE
M250-60-2LL-S22

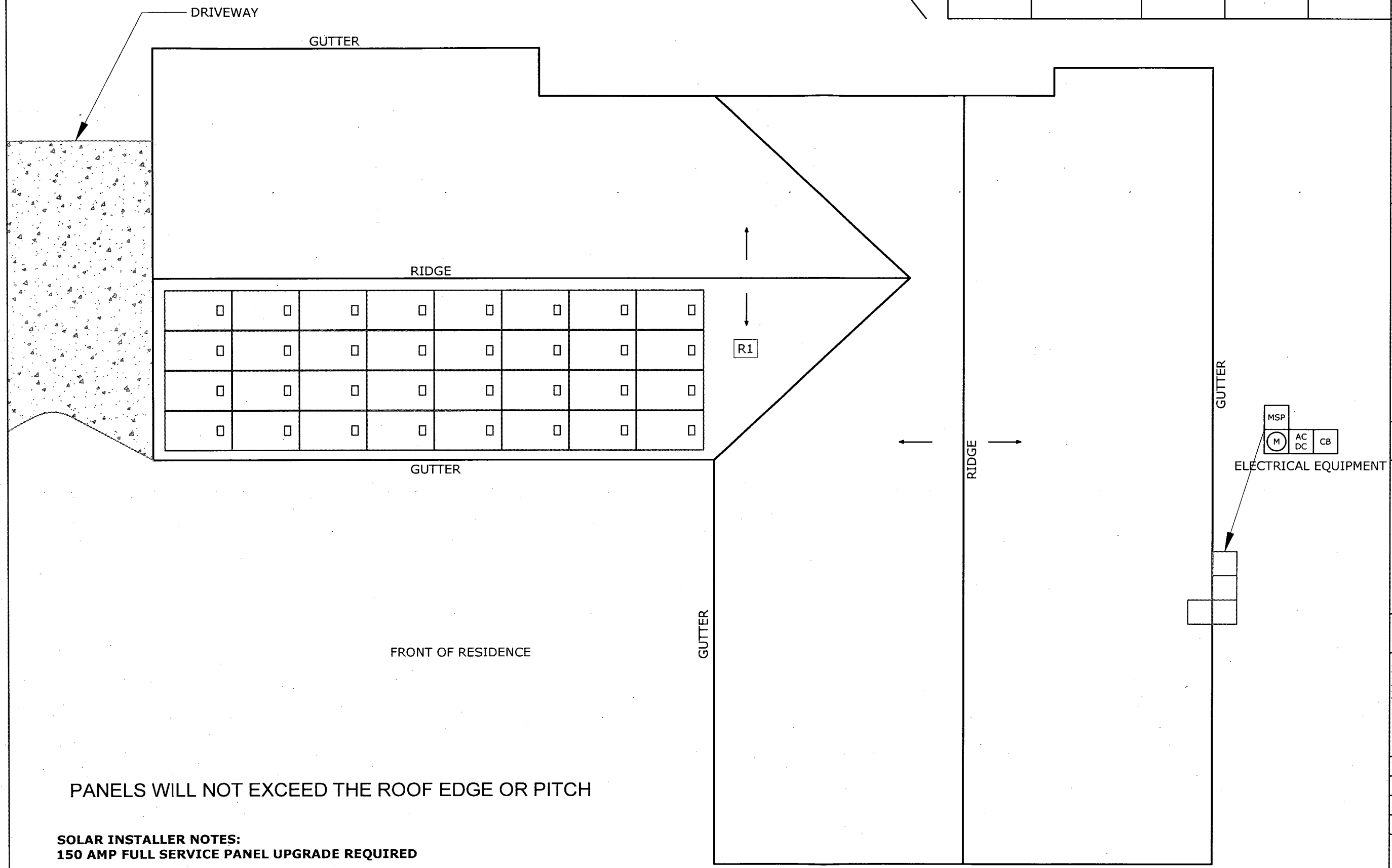
PROJECT INFORMATION		
INITIAL	DATE: 7/6/2017	DESIGNER: TB
REV:	DATE:	DESIGNER:
REV:	DATE:	DESIGNER:

COVER PAGE

PV-1

SCALE: 1/8" = 1'-0"

ROOF	MODULE COUNT	TILT .	AZIMUTH	SHADING
R1	32	18°	218°	93%



PANELS WILL NOT EXCEED THE ROOF EDGE OR PITCH

SOLAR INSTALLER NOTES:
150 AMP FULL SERVICE PANEL UPGRADE REQUIRED

RAVENSWOOD WAY

momentum SOLAR

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325 HIGH STREET, METUCHEN, NJ 08840
(732) 902-6224
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1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
856-287-3306

PV SYSTEM INFORMATION

SYSTEM SIZE (DC): 8.96 KW
32 MODULES: RECOM RCM-280-6MB
32 INVERTERS: ENPHASE M250-60-2LL-S22

PROJECT INFORMATION		
INITIAL	DATE: 7/6/2017	DESIGNER: TB
REV:	DATE:	DESIGNER:
REV:	DATE:	DESIGNER:

PANEL LAYOUT

PV-2

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8-29-17
Permit # 2017-3248

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 Ravenswood Way
Cherry Hill, NJ 08003

Owner in Fee: Jacquelyne Jones

Tel. 8562873306 e-mail permits@momentumsolar.com

Address 1607 Ravenswood Way Cherry Hill, NJ 08003
(street / municipality / zip code)

Contractor: ProCustomSolar, dba Momentum Solar Tel. 7329026224

Address 325 High St e-mail
Metuchen, NJ 08840

Contractor License No. or Builder Registration No. 13VH05539000 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 271242539 FAX: 7329026223

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	7/25	MJ
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 7/25/17
Approved by:

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

INSPECTIONS Type:	Failure	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				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed
Constr. Class Present VB Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 1338
3. Total (1+ 2) $ 1338

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.

Sign here:

Print name here: Cameron Christensen

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rooftop Railless Solar PV

* Call for inspection
* have field Chks
* framing upgrade

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
[X] Other PV Solar / COA
[ ] Demolition

FEE (Office Use Only)
$ 68.00

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

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 106266
Date Issued 8-29-17
Permit # 2017.3248

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 Ravenswood Way
Cherry Hill, NJ 08003

Owner in Fee: Jacquelyne Jones

Tel. (856) 287-3306 e-mail permits@momentumsolar.com

Address 1607 Ravenswood Way (street) Cherry Hill, NJ (municipality) 08003 (zip code)

Contractor: Pro Custom Solar LLC dba Momentum Solar Tel. (732) 366-1854

Address 325 High Street e-mail
Metuchen, NJ 08840

Contractor License No. 34EB01591300 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co. PSEG

Est. Cost of Elec. Work $ 8,720

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 7/22/17 Approved by: MV

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/22/17
Approved by: MV

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

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

Dates (Month/Day)

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: Matt Franz

Print name here: Matt Franz

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Rooftop Railless Solar PV

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~32~~		~~Lighting Fixtures MICRO INVERTERS~~	
		Receptacles	
~~2~~	~~20/20~~	~~Switches BRANCH CIRCUIT~~	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
~~32~~		~~MODULES~~	
0		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	
1	8.96	KW ~~Transformer/Generator~~ INVERTER	65.00
1	40	AMP ~~Service~~ DISCONNECT	65.00
1	60	AMP ~~Subpanels~~ COMBINER BOX	65.00
1	150	AMP ~~Motor Control Center~~ FULL SERVICE PANEL UPGRADE	65.00
		KW Elec. Sign/Outline Light	
1	8.96	KW	65.00

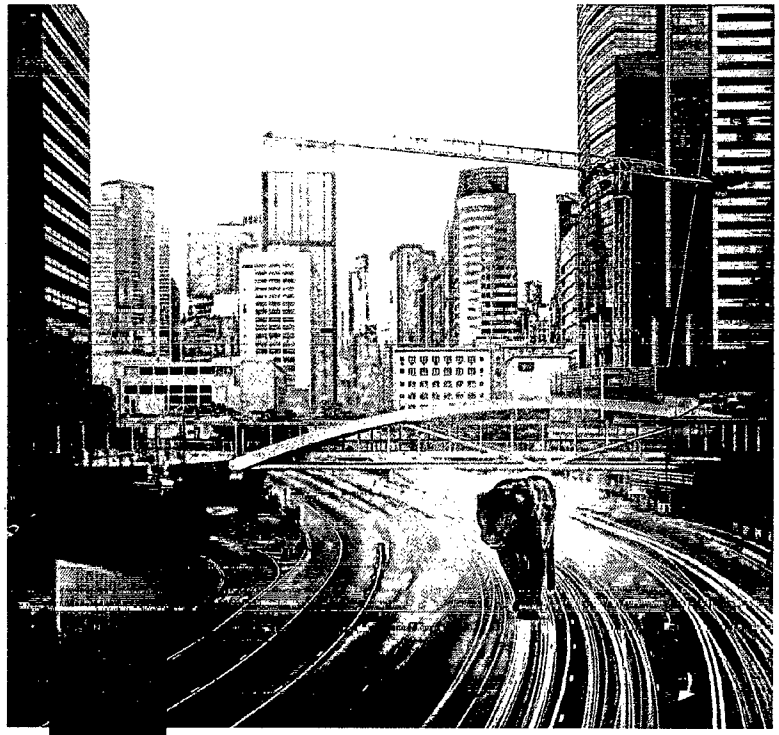
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

RECOM

MONO

250, 260, 270, 280



Black Panther

Manufactured in EU | Anti-PID Technology | Proven by Independent Engineering Tests | Guaranteed Positive Power

RECOM

MONO

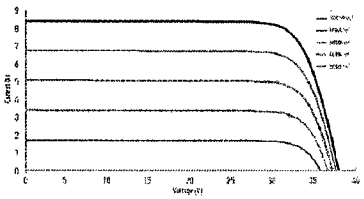
RCM-xxx-6MB (xxx=250-280)

Electrical Characteristics

Rated Power:	250W	260W	270W	280W
Power Tolerance:	0%/+5W	0%/+5W	0%/+5W	0%/+5W
Max. Power Voltage (Vmp):	31.30V	31.70V	32.12V	32.50V
Max. Power Current (Imp):	8.09A	8.32A	8.45A	8.67A
Open Circuit Voltage (Voc):	37.92V	38.52V	38.76V	39.20V
Short Circuit Current (Isc):	8.51A	8.66A	8.78A	8.99A P
Module Efficiency	15.4%	16.0%	16.6%	17.3%
Max. Series Fuse:	15A	15A	15A	15A
Max. System Voltage:	1000V DC(IEC) / 1000V DC(UL)			

Tested at Standard Test Conditions. Measurement tolerances: ± 3%

I-V Curve



The module relative power loss at low light irradiance of 200W/m² is less than 3%

Temperature Characteristics

Pmax Temperature Coefficient	-0.39% / °C
Voc Temperature Coefficient	-0.32% / °C
Isc Temperature Coefficient	+0.05% / °C
Operating Temperature	-40 ~ +85 °C
Nominal Operating Cell Temperature (NOCT)	45 ± 2 °C

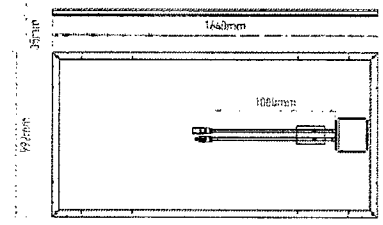
Packaging Specifications

Container	20'GP	40'HC
Pieces per Pallet	29 or 30	29 or 30
Pallets per Container	12	28
Pieces per Container	348 or 360	812 or 840

Mechanical Specifications

Dimensions	1640mm x 992mm x 35mm
Frame	Anodized aluminum
Weight	19 kgs
Front Glass	3.2 mm AR low iron tempered glass
Output Cables:	TUV (2Pfg 1169:2007), UL 4703, UL44 4.0 mm² (0.006 in²), symmetrical lengths (+) 1000mm and (-) 1000 mm, MC4 type connectors

Dimensions

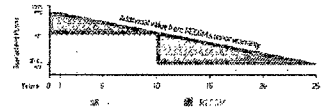


Specifications are subject to change without further notification

Features

Standard tests	UL1703, IEC 61215, IEC 61730
Quality tests	ISO 9001: 2008, ISO 14001: 2004, ISO/TS16949: 2009
Certifications	Class C Fire Rating, conformity to CE, PV CYCLE, Salt Mist and Ammonia Corrosion
Extreme wind and snow loads testing	Module certified to withstand extreme wind (2400 Pascal) and snow loads (5400 Pascal)
Positive tolerance	Guaranteed positive tolerance of up to 5W
Junction Box	IP67 Rated, 3 diodes
Warranties	• 10-year limited product warranty • 25-year transferable linear power output warranty

LINEAR PERFORMANCE WARRANTY

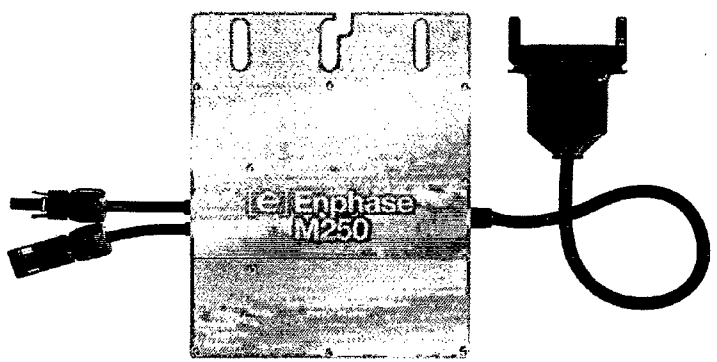


Dealer:

recom-solar.com

Enphase® **Microinverters**

Enphase® **M250**



The **Enphase® M250 Microinverter** delivers increased energy harvest and reduces design and installation complexity with its all-AC approach. With the M250, the DC circuit is isolated and insulated from ground, so **no Ground Electrode Conductor (GEC) is required for the microinverter.** This further simplifies installation, enhances safety, and saves on labor and materials costs.

The Enphase M250 integrates seamlessly with the Engage® Cable, the Envoy® Communications Gateway™, and Enlighten®, Enphase's monitoring and analysis software.

PRODUCTIVE

- Optimized for higher-power modules
- Maximizes energy production
- Minimizes impact of shading, dust, and debris

SIMPLE

- No GEC needed for microinverter
- No DC design or string calculation required
- Easy installation with Engage Cable

RELIABLE

- 4th-generation product
- More than 1 million hours of testing and millions of units shipped
- Industry-leading warranty, up to 25 years

[e] enphase® ENERGY

C US

Enphase® **M250** Microinverter // DATA

INPUT DATA (DC)	**M250-60-2LL-S22, M250-60-2LL-S25**	
Recommended input power (STC)	210 - 310 W	
Maximum input DC voltage	48 V	
Peak power tracking voltage	27 V - 39 V	
Operating range	16 V - 48 V	
Min/Max start voltage	22 V / 48 V	
Max DC short circuit current	15 A	
OUTPUT DATA (AC)	**@208 VAC**	**@240 VAC**
Peak output power	250 W	250 W
Rated (continuous) output power	240 W	240 W
Nominal output current	1.15 A (A rms at nominal duration)	1.0 A (A rms at nominal duration)
Nominal voltage/range	208 V / 183-229 V	240 V / 211-264 V
Nominal frequency/range	60.0 / 57-61 Hz	60.0 / 57-61 Hz
Extended frequency range*	57-62.5 Hz	57-62.5 Hz
Power factor	>0.95	>0.95
Maximum units per 20 A branch circuit	24 (three phase)	16 (single phase)
Maximum output fault current	850 mA rms for 6 cycles	850 mA rms for 6 cycles
EFFICIENCY		
CEC weighted efficiency	96.5%	
Peak inverter efficiency	96.5%	
Static MPPT efficiency (weighted, reference EN50530)	99.4 %	
Night time power consumption	65 mW max	
MECHANICAL DATA		
Ambient temperature range	-40°C to +65°C	
Dimensions (WxHxD)	171 mm x 173 mm x 30 mm (without mounting bracket)	
Weight	1.6 kg (3.4 lbs)	
Cooling	Natural convection - No fans	
Enclosure environmental rating	Outdoor - NEMA 6	
Connector type	M250-60-2LL-S22: MC4 M250-60-2LL-S25: Amphenol H4	
FEATURES		
Compatibility	Compatible with 60-cell PV modules	
Communication	Power line	
Integrated ground	The DC circuit meets the requirements for ungrounded PV arrays in NEC 690.35. Equipment ground is provided in the Engage Cable. No additional GEC or ground is required. Ground fault protection (GFP) is integrated into the microinverter.	
Monitoring	Enlighten Manager and MyEnlighten monitoring options	
Compliance	UL1741/IEEE1547, FCC Part 15 Class B, CAN/CSA-C22.2 NO. 0-M91, 0.4-04, and 107.1-01	

* Frequency ranges can be extended beyond nominal if required by the utility

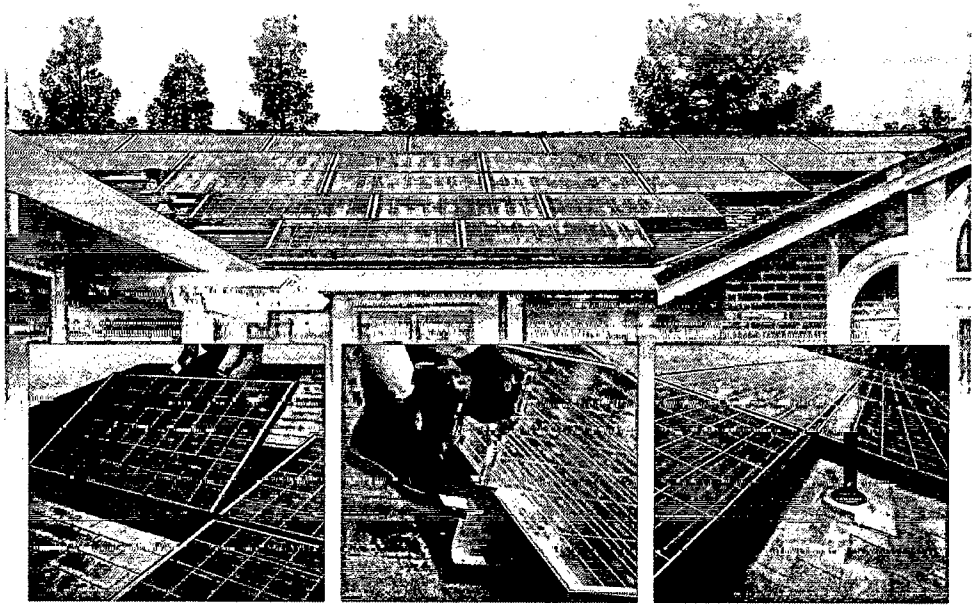
To learn more about Enphase Microinverter technology, visit **enphase.com**

[e] enphase® ENERGY

MKT-00070 Rev 1.0

EcoX

The new EcoX is an innovative, rail-less racking system, proven to organize the installation process. The flexible design offers a clean aesthetic, simplified logistics, and delivers a higher quality installation at a lower cost per watt.



Fast.

Modules drop in from above and there is never a need to reach over or walk on modules. Pre-assembled components and quick connections make EcoX easy to install.

Simple.

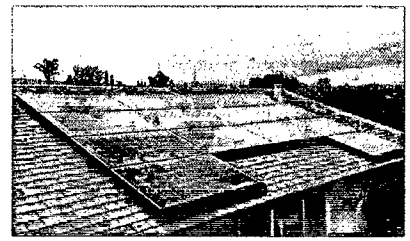
Universal components mount to standard framed modules. With a single socket size and a wide range of adjustment, it is quick and easy to install any array with a clean, finished look.

Supported.

The Ecolibrium field support team offers on-site installation training and ongoing technical support. And from project planning to logistics to installation, we are dedicated to customer service.

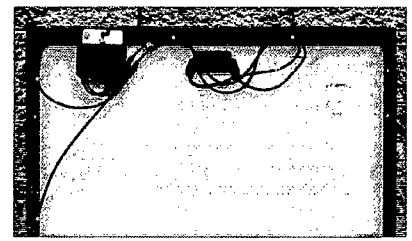
Ecolibrium Solar

sales@ecolibriumsolar.com | US: 740-249-1877 | www.ecolibriumsolar.com



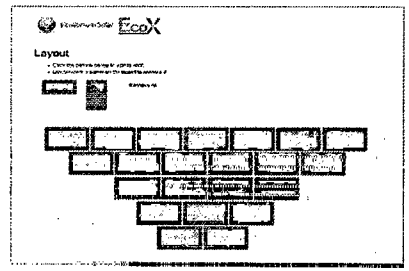
Aesthetic Design

A wide range of adjustment makes it easy to install a straight, level system. Components are designed to blend into the array, and the aesthetic skirt creates a finished look. Alternatively, a skirt free option is available to provide a more traditional look.



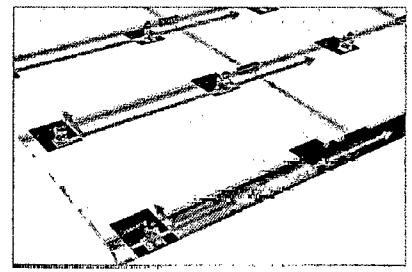
Cable Management

Whether installing with Microinverters, Power Optimizers, or String Inverters, EcoX provides wire management provisions to both prep the modules, and to route homerun or trunk cables throughout the array.



Flexible System Design

The EcoX Estimator is a powerful racking system design tool. The user inputs all site conditions and can layout multiple roof surfaces. The EcoX Estimator outputs a site specific design package with engineering specs and bill of materials.



Single Point Grounding

EcoX and approved modules create a continuously bonded system. The installer can connect a finished array to ground with a single bonding lug.

Technical Specifications	
Materials	Racking components: Aluminum, stainless hardware, dark bronze anodized upper surface, mill finish lower surfaces Flashings: Aluminum, black powder coated finish
Grounding/Bonding Validation	UL2703 - *see installation manual for specific module approvals*
Fire Resistance Validation	UL2703 - Class A, Type 1 and Type 2 modules
Mechanical Load Validation	UL2703 - *see installation manual for specific module approvals*
Flashing Validation	ICC-ES AC286/UL441 Rain Test for Roof Flashing
Adjustability	1° vertical range, 3.5" North/South range, connect anywhere in East/West direction
Warranty	15 years

sales@ecolibriumsolar.com | US: 740-249-1877 | www.ecolibriumsolar.com

Ecolibrium Solar

Rapid shutdown is built-in

The 2014 edition of the National Electrical Code (NEC 2014) added new rapid shutdown requirements for PV systems installed on buildings. Enphase Microinverters fully meet rapid shutdown requirements in the new code without the need to install any additional electrical equipment.

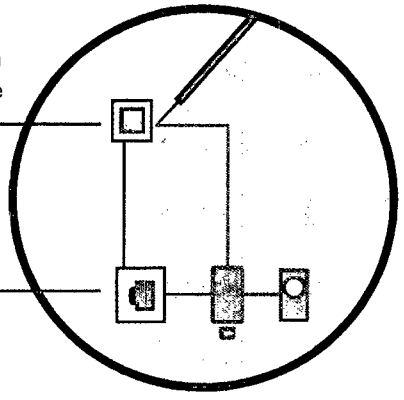
What's new in NEC 2014?
NEC 2014, Section 690.12 applies to PV conductors over 10 feet from the PV array and requires that the conductors power down to 30 volts and 240 volt-amperes within 10 seconds of rapid shutdown initiation.

String inverters require work arounds for rapid shutdown

Work around.
Specialized Rapid Shutdown electrical box installed on the roof within 10 feet of array.

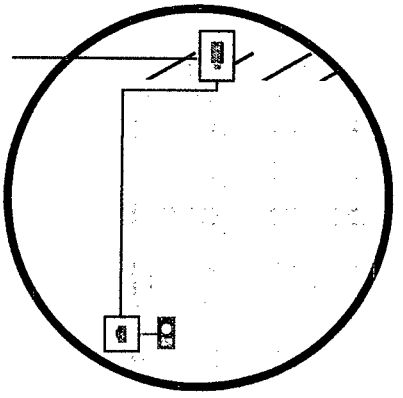
Work around.
Shutoff switch that is easily accessible to first responders on the ground.

Work around.
Extra conduit in installation.



Residential String Inverter

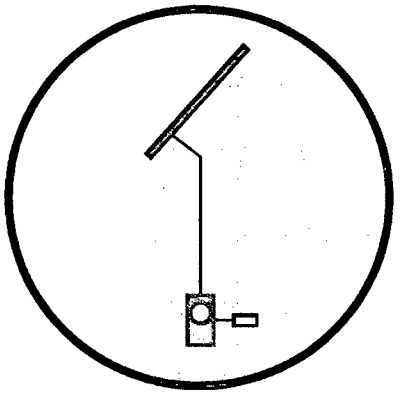
Work around.
String inverter installed on roof, a hostile environment that string inverters are not built to live in.



Commercial String Inverter

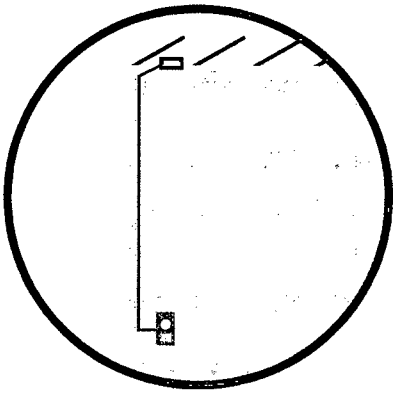
Enphase comes standard with rapid shutdown capability

All Enphase microinverters, even those that were previously installed, inherently meet rapid shutdown requirements, no additional equipment or workarounds needed



Residential Microinverter

Enphase microinverters can safely shut down automatically, leaving only low-voltage DC electricity isolated to the PV module



Commercial Microinverter

To learn more, visit **enphase.com**

ENPHASE

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NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

PRO CUSTOM SOLAR LLC DBA MOMENTUM SOLAR
Cameron Christensen Arthur P Souritzidis
325 High Street
Metuchen NJ 08840

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

02/02/2017 TO 03/31/2018
VALID

13VH05539000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

PRO CUSTOM SOLAR LLC DBA MOMENTUM SOLAR EXPIRATION DATE **2018**
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 05539000** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

PRO CUSTOM SOLAR LLC DBA MOMENTUM SOLAR
MATTHEW E FRANZ
325 High Street
Metuchen NJ 08840

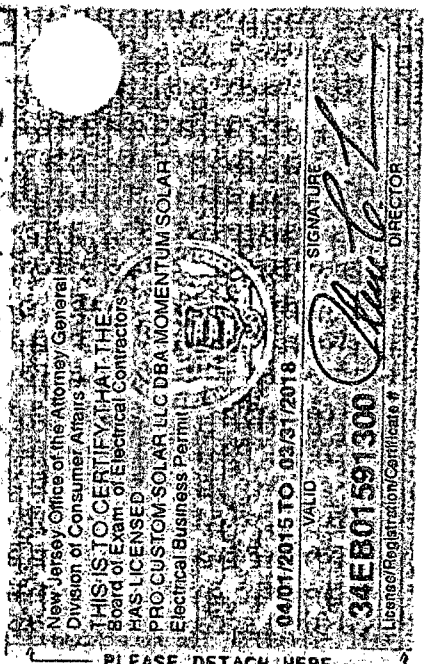
FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

04/01/2015 TO 03/31/2018
VALID

34EB01591300
LICENSE/REGISTRATION/CERTIFICATION #

Matt Franz
Signature of Licensee/Registrant/Certificate Holder

DIRECTOR



PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of Electrical Contr
P.O. Box 45006
Newark, NJ 07101

PLEASE DETACH HERE

PRO CUSTOM SOLAR LLC DBA MOMENTUM SOLAR

EXPIRATION DATE 2018

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 34EB 01591300 : PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Board of Exam. of Electrical Contractors
P.O. Box 45006
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

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INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Examiners of Electrical Contractors
124 Halsey Street, 6th Floor, Newark NJ 07102

CHRISTOPHER S. PORRINO
Attorney General

STEVE C. LEE
Director

Mailing Address:
P.O. Box 45006
Newark, NJ 07101
(973) 504-6410
(973) 504-6534

June 5, 2017

TO WHOM IT MAY CONCERN

Our records indicate that the holder of License and Business Permit No. 34EB01591300 has applied to the Board of Electrical Contractors for a pressure seal which has not yet been issued to him/her by the vendor.

Please accept this sealed letter as an interim device pending the furnishing of a seal to:

MATTHEW E FRANZ
PRO CUSTOM SOLAR LLC DBA MOMENTUM SOLAR
325 High Street
Metuchen NJ 08840

This letter will be rendered invalid **180 days** after the date of its issuance.

Please be advised according to **N.J.A.C. 13:31-3.3 (c) "Pressure Seal and Signature Requirements"**, your old seal is the property of the board, we **MUST** be in receipt of your original seal before the issuance of your new seal can be obtained. Failure to return your old seal may result in a civil penalty assessed against you. If your seal is lost or stolen you **MUST** contact the board immediately.

Sincerely,

Philameana L. Tucker
Executive Director

PLT:es

BLOCK 525.06 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 2007 2286

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1607 RAVENSWOOD WAY
2. Name of Owner in Fee: JACQUELYN JONES
   Tel. ( ) e-mail
   Address SAME (street) (municipality) (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: ENN BROS. CONT. CORP. Tel. (800) 737-0014
   Address 966 S. OLDEN AVE. HAMILTON N.J. e-mail ENNBROS.COM
   License No. OR, if new home, Builder Reg. No. 13VH02814700 Exp. Date 12-07
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer N/A Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun MILES T. BRUECKNER
   Tel. (609) 290-7475 FAX: (609) 587-9278

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 46-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	6-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 52-		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ *Annual Permit*

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COSTS 4250-

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. *Change in Use Group, Indicate Former:*

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ *Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks*
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS CH-B 10304366

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.ix:

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. 5:23-2.15(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 ENN BROTHERS CONT. CORP.

Address 966 S. OLDEN AVE. HAMILTON N.J. 08610

Telephone (609) 737-0014

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE

Date Issued: 09/05/2007
Control #: 60850
Permit #: 20072286

IDENTIFICATION

Block: 525.06 Lot : 8 Qualification Code:
Work Site Location: 1607 RAVENSWOOD WAY
CHERRY HILL
Owner in Fee: Jackie Jones
Address: 1607 RAVENSWOOD WAY
CHERRY HILL NJ 08003
Telephone: 856 730-1142
Agent/Contractor: ENN BROS. CONT. CORP.
Address: 966 S. OLDEN AVENUE
HAMILTON NJ -
Telephone: 800 737-0014
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:

Remove existing shingles, apply new roof.

[ ] **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

Anthony Saccomanno Construction Official

Fees: $0.00
Paid[X]Check No.: 1595
Collected by: SRW

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

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20072286
Permit Date: 8/2/2007
Update Number:
Control Number: 60850
Application Date: 08/02/07

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 525.06	Lot : 8 Qualifier :		
Work site Location:	1607 RAVENSWOOD WAY CHERRY HILL	Contractor:	ENN BROS. CONT. CORP.
Owner In Fee:	Jackie Jones	Address:	966 S. OLDEN AVENUE
Address:	1607 RAVENSWOOD WAY		HAMILTON NJ -
	CHERRY HILL NJ 08003	Telephone:	(800) - 737-0014
Telephone:	(856) - 730-1142	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

Remove existing shingles, apply new roof.

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$4,250.00
Cost of Demolition:	$0.00
Total Cost:	$4,250.00

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

Anthony Saccomanno (3.W.) — Date 8/2/07

Anthony Saccomanno
Contruction Official

:: 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.

Note:

PAYMENTS (Office Use Only)

[70-43]	Building	$46.00
[70-48]	Electrical	
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$6.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	DOC Imaging	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	**$ 52.00**

All Fees Waived No

Amount to be Paid: $ 52.00

Check Number: 1595
Check amount: $52.00

PAID AUG 02 2007

Collected by: SRW
Total Cash Amount:
Total Check Amount: $52.00
Total CC Amount:
Grand Total: $52.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/2/07

Date Issued / Permit # 2007-2286

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 RAVENSWOOD WAY Cherry Hill

Owner in Fee: JACKIE JONES

Tel. (856) 730-1142 e-mail

Address SAME

Contractor (street) ENN BROS. CONT. CORP. (municipality) Tel. (800) 737-0014 (zip code)

Address 966 S. OLDEN AVE. HAMILTON e-mail ENN BROS. COM.

Contractor License No. or Builder Registration No. 13VH02814700 Exp. Date 12-07

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

Federal Emp. ID No. FAX: 609 587-9278

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Reroofing

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8.4.07
Approved by: YES

INSPECTIONS Type:	Dates (Month/Day) Failure	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			9/4/07	VLR
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] 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)

$ 46.00

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		

No. of Stories
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) $ 4250.—

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/2/07

Date Issued / Permit # 2007-2256

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

Block 525.06 Lot 8 Qualification Code

Work Site Location 1607 RAVENSWOOD WAY Cherry Hill

Owner in Fee: Jackie Jones

Tel. (856) 730-1142 e-mail

Address SAME (street, municipality)

Contractor: ENN Bros Cont. Corp. Tel. (800) 737-0014 (zip code)

Address 966 S. Olden Ave. Hamilton e-mail enn Bros.com.

Contractor License No. or Builder Registration No. 13VH02814700 Exp. Date 12-07

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

Federal Emp. ID No. FAX: (609) 587-9278

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Reroofing

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] 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)

$ 41.00

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories

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) $ 4250

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

2033340

BLOCK 525.06 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1607 RAVENSWOOD WAY
2. Name of Owner in Fee: CALVIN JONES Tel. (856) 489.1298
   Address 1607 RAVENSWOOD WAY (street) CHERRY HILL (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: HOME DEPOT USA Tel. (610) 635.1223
   Address 2550 BOULEVARD OF GENERALS NORRISTOWN, PA 19403
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 58-185 3319 FAX: (609) 631.9099
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work KATHY HART
   Tel. (609) 631.0005 FAX (609) 631.9099

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 46.-		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	11.-		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 57.-		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

Roofing

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			OPTIONAL (for office use only)							
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☒ Alteration	7,543								
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS CH-B 10702176

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 RICH WEITZER

Address 147 YORK ST

HATFIELD, PA 19440

Telephone (215) 412.0164

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ *Lead Abatement Clearance Certificate*	No.				

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20033340
Permit Date: 12/12/2003
Update Number:
Control Number: 45915
Application Date: 12/12/03

CONSTRUCTION PERMIT

IDENTIFIED DEC 12 2003

OWNER/PROPERTY DETAILS

Block : 525.06 Lot : 8 Qualifier

Work site Location:	1607 RAVENSWOOD WAY CHERRY HILL	Contractor:	HOME DEPOT USA
Owner in Fee:	Calvin Jones	Address:	2550 BOULEVARD OF GENERALS
Address:	1607 RAVENSWOOD WAY		NORRISTOWN PA 19403
	CHERRY HILL NJ 08003	Telephone:	(610) - 635-1223
Telephone:	(845) - 489-1248	Lic. No / Bldrs. Reg. No.:	
Use Group(s):	R-4	Federal Emp. No.:	58-1853319

is hereby granted permission to perform the following work

[X] BUILDING [ ] PLUMBING [70-43]

[ ] ELECTRICAL [ ] FIRE PROTECTION [70-48]

[ ] ELEVATOR DEVICES [ ] MECHANICAL [70-36]

[ ] LEAD HAZARD ABATEMENT [ ] DEMOLITION [70-37]

[ ] ASBESTOS ABATEMENT [ ] OTHER [70-61]

(Subchapter 8 only) [70-38]

DESCRIPTION OF WORK: [70-91]

Remove existing shingles, apply new roof [70-91]

[70-50]

[70-50]

[70-45]

[71-78]

[70-62]

[70-53]

[73-83]

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$7,343.00
Cost of Demolition:	$0.00
Total Cost:	$7,343.00

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

Anthony Saccomarulo 12/12/03

Anthony Saccomarulo — Date

Contruction Official

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.

Note:

PAYMENTS (Office Use Only)

Building	$46.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$11.00
CO Fee	
CCO Fee	
Engineering	
Sewer	
Shade Tree	
Street Opening	
Street Open. Escrow	
Total :	$ 57.00

All Fees Waived No

Amount to be Paid: $ 57.00

Check Number: 5879

Check amount: $57.00

Collected by: SRW

Total Cash Amount

Total Check Amount $57.00

Total CC Amount

Grand Total $57.00

[redacted]

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12/12/03
Control #
Permit # 2003-3340

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

Block 525.06 Lot 8
Work Site Location 1607 WAVERLY WAY
CHERRY HILL NJ 08003
Owner In Fee
Address 1607 WAVERLY WAY
CHERRY HILL NJ 08003
Tele. (856) 489 1748
Contractor HOME DEPOT USA
Address 2550 BOULEVARD OF GENERALS
MORRISTOWN NJ 19403
Tele. (60) 635 1223 Fax (60) 635 1228
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 58-185 3719

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE EXISTING SHINGLES
INSTALL 20 SQUARES OF
TIMBERLINE GAF SHINGLES
INSTALL FLASHING, VENTILATED
+ DRIP EDGE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

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

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

FEE (Office Use Only)

	$
	46.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 11.00
TOTAL FEE	$ 57.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
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. Alteration $ 7543
3. Total (1+ 2) $ 7543

N.J. STATE LAW
13:45A – 16.2
FINAL INSPECTIONS
ARE REQUIRED BEFORE
FINAL PAYMENT IS MADE
TO CONTRACTOR

UCC F110
(rev 3/98)

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

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

12-3-04
Spoke to owner and NOT going to do work. N.D. charged contract and in dispute.

CITY OF TRENTON
Department of Inspections
319 East State Street
Trenton, NJ 08608

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12/12/03
Control #
Permit # 2003-3340

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

Block 525.06 Lot 8
Work Site Location 1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
Owner In Fee CALVIN & JACQUELINE JONES
Address 1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
Tele. (856) 489.1248
Contractor HOME DEPOT USA
Address 2550 BOULEVARD OF GENERALS
NORRISTOWN, PA 19403
Tele. (610) 635.1223 Fax (610) 635.1228
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 58-1853319

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE EXISTING SHINGLES
INSTALL 20 SQUARES OF
TIMBERLINE GAF SHINGLES,
INSTALL FLASHING, VENTILATED
& DRIP EDGE,

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Failure	Failure (Month/Day)	Approval (Month/Day)	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO		NA Expired		
Other				
Final		10/21/04		
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
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. Alteration $ 7,543
3. Total (1+ 2) $ 7,543

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

FEE (Office Use Only)

		$
		46.00

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	11.00
TOTAL FEE	$	57.00

N.J. STATE LAW 13:45A – 16.2 FINAL INSPECTIONS ARE REQUIRED BEFORE FINAL PAYMENT IS MADE TO CONTRACTOR

UCC F110 (rev 3/96)

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

CITY OF TRENTON
Department of Inspections
East State Street
Trenton, NJ

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/12/03
Date Issued
Control #
Permit # 2003-3340

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

Block [illegible] Lot 8

Work Site Location [illegible]

Cherry Hill NJ 08003

Owner In Fee CALVIN & JACQUELINE JONES

Address [illegible]

Cherry Hill NJ 08003

Tele. ( ) [illegible]

Contractor [illegible]

Address [illegible]

Tele. ( ) [illegible] Fax ( ) [illegible]

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. [illegible]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing shingles, install 20 squares of Timberline GAF shingles, install flashing, ventilation & drip edge.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Required							
[ ] All			Footing			VOID	
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
[ ] Elec. [ ] Plumb. [ ] Fire [✓] Elevator			Finishes				
SUBCODE APPROVAL			Energy				
[ ] CO [ ] CCO [ ] CA			Mechanical				
Date:			TCO				
Approved by:			Other				
			Final				
			Barrier-Free				

TYPE OF WORK:

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

FEE (Office Use Only)

$ 46.00

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $ 11.00
TOTAL FEE $ 57.00

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories ______
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. Alteration $ 7543
3. Total (1+ 2) $ 7543

UCC F110
(rev 3/96)

N.J. STATE LAW
13:45A – 16.2
FINAL INSPECTIONS
ARE REQUIRED BEFORE
FINAL PAYMENT IS MADE
TO CONTRACTOR

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

INSPECTION RECORD

DATE JOB CONDITION/COMMENTS

DATE OF FINAL:
SIGNATURE OF INSPECTOR:

PERMIT BACK/REV.91

Block 525.06 Lot 8 Qualification Code _____ Address (Site) 1607 RAVENSWOOD WAY Permit No. 20223917

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP NJ 08003
2. Name of Owner in Fee: JONES CALVIN & JACQUE'LYNE-TRUST Tel. (856) 287-3306
   Address 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: ERC ENVIRONMENTAL Tel. (877) 440-8265
   Address 286 HOUSES CORNER ROAD SPARTA NJ 07871
   Email HTAT@ERCENVIRO.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical			
3. Plumbing	65		
4. Fire Protection	65		
5. Elevator Devices			
6. Subtotal	130		
7. Less 20% for State Plan Review			
8. Subtotal	130		
9. State Permit Surcharge Fee	4		
10. Subtotal	134		
11. Cert of Occupancy			
12. Other			
13. TOTAL	134		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area - Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands	yes ____ no ____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☑ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☐ Electrical									
☑ Plumbing	1000		10/28/2022		10/31/2022				
☑ Fire Protection	1000	BY	10/28/2022		11/4/2022				
☐ Elevator									

TOTAL COST 2000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units:

	All Units	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: TYPE VB

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 12/12/2022
Control Number 132676
Permit Number 20223917
Permit Issue Date 11/14/2022
Certificate Number 20223917

Identification

Block: 525.06 Lot: 8 Qual:

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: JONES CALVIN & JACQUE'LYNE-TRUST
Owner Address: 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003
Telephone: (856) 287-3306

Contractor ERC ENVIRONMENTAL
Address 286 HOUSES CORNER ROAD SPARTA NJ 07871
Telephone: (877) 440-8265 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
TANK INSTALLATION

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:

☐ **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:

Fredrick Kuhn - Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00 Check Number:
Collected By:

Date Printed: 5/10/2023

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	10/28/2022
Date Issued	11/14/2022
Control #	132676
Permit #	20223917

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 525.06 Lot: 8 Qualifier _____ Use Group R-5

Work Site Location:	1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003	Contractor Address	ERC ENVIRONMENTAL 286 HOUSES CORNER ROAD SPARTA NJ 07871
Owner in Fee	JONES CALVIN & JACQUE'LYNE-TRUST		
Address	1607 RAVENSWOOD WAY CHERRY HILL NJ 08003	Telephone:	(877) 440-8265
Telephone:	(856) 287-3306	Lic. No. or Bldrs. Reg. No.	US648673 US648673 US648673
		Federal Employee. No.	US648673

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
- ☐ Mechanical

DESCRIPTION OF WORK:

TANK INSTALLATION

Note: If constuction 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 $2,000

_____ _____
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	
Electrical	
Plumbing	$65
Fire Protection	$65
Elevator Devices	
Mechanical	
DCA Training Fee	$4
CO Fee	
CCO Fee	
Other Cert Fee	
Admin Sucharge	
Other	
Admin Fee	
Plan Review	
COAH Fee	
Zoning	
Open Fence	
Sewer	
Water	
Engineering	
Shade Tree	
Escrow	
Local	
Doc Imaging	
Total	$134

Check No.	
Check	$0
Cash	$0
Credit	$134
Collected By	Lois Tadley

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/28/2022
Control # 132676
Date Issued 11/14/2022
Permit # 20223917

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

Block 525.06 Lot 8 Qualification Code

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: JONES CALVIN & JACQUE'LYNE-TRUST

Address 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003

Email

Tel. (856) 287-3306

Contractor: ERC ENVIRONMENTAL

Address 286 HOUSES CORNER ROAD SPARTA NJ 07871

Email HTAT@ERCENVIRO.COM

Tel. (877) 440-8265 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. Expiration Date:

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
☑ No Plan Required 10/31/2022 MT
☐ Partial Underslab Utilities Approved
Date: by:
☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: 10/31/2022
Approved by: mthomasel

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12/6/22	MT
Other				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy 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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TANK INSTALLATION,

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
1	Other AST Install	

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	$65
State Permit Surcharge Fee	$2
TOTAL FEE	$67

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 10/28/2022
Control # 132676
Date Issued 11/14/2022
Permit # 20223917

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

Block 525.06 Lot 8 Qualification Code

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: JONES CALVIN & JACQUE'LYNE-TRUST

Address 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003 Email

Tel. (856) 287-3306

Contractor: ERC ENVIRONMENTAL Tel. (877) 440-8265

Address 286 HOUSES CORNER ROAD SPARTA NJ 07871 Email HTAT@ERCENVIRO.COM

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present TYPE VB Proposed TYPE VB

Heating Systems: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

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

Location:

Total Cost of Fire Protection Work $1,000

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New or ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy 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

DESCRIPTION OF WORK
TANK INSTALLATION,

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	$65
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 (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		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2
TOTAL FEE	$67

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☑ No Plan Required 11/4/2022 BY

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:

Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: 11/4/2022
Approved by: byearly

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final			12/2/22	BY
Other				

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

Block 525.06 Lot 8 Qualification Code _____ Address (Site) 1607 RAVENSWOOD WAY Permit No. 20223916

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP NJ 08003
2. Name of Owner in Fee: JONES CALVIN & JACQUE'LYNE-TRUST Tel. (856) 287-3306
   Address 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: ERC ENVIRONMENTAL Tel. (877) 440-8265
   Address 286 HOUSES CORNER ROAD SPARTA NJ 07871
   Email HTAT@ERCENVIRO.COM
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical			
3. Plumbing			
4. Fire Protection	65		
5. Elevator Devices			
6. Subtotal	65		
7. Less 20% for State Plan Review			
8. Subtotal	65		
9. State Permit Surcharge Fee	2		
10. Subtotal	67		
11. Cert of Occupancy			
12. Other			
13. TOTAL	67		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area - Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands	yes ____ no ____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☑ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☑ Fire Protection	1000	BY	10/26/2022		10/31/2022				
☐ Elevator									
TOTAL COST	1000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units:

	All Units	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: TYPE VB

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 12/12/2022
Control Number 132647
Permit Number 20223916
Permit Issue Date 11/14/2022
Certificate Number 20223916

Identification

Block: 525.06 Lot: 8 Qual:

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: JONES CALVIN & JACQUE'LYNE-TRUST
Owner Address: 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003
Telephone: (856) 287-3306

Contractor ERC ENVIRONMENTAL
Address 286 HOUSES CORNER ROAD SPARTA NJ 07871
Telephone: (877) 440-8265 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
TANK REMOVAL - DEP# 22-12-02-1644-39

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:

☐ **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:

Fredrick Kuhn - Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00 Check Number:
Collected By:

Date Printed: 5/10/2023

FIRE SUBCODE
TECHNICAL SECTION

Date Received 10/26/2022
Control # 132647
Date Issued 11/14/2022
Permit # 20223916

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

Block 525.06 Lot 8 Qualification Code

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL TOWNSHIP, NJ 08003

Owner in Fee: JONES CALVIN & JACQUE'LYNE-TRUST

Address 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003 Email

Tel. (856) 287-3306

Contractor: ERC ENVIRONMENTAL Tel. (877) 440-8265

Address 286 HOUSES CORNER ROAD SPARTA NJ 07871 Email HTAT@ERCENVIRO.COM

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

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

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present TYPE VB Proposed TYPE VB

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

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

Location:

Total Cost of Fire Protection Work $1,000

Fuel Storage Tank:

Fuel Type ☐ *Flammable* or ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New *or* ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New *or* ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy 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

DESCRIPTION OF WORK
TANK REMOVAL, - DEP# 22-12-02-1644-39

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	1	$65
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 (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		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2
TOTAL FEE	$67

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
☑ No Plan Required 10/31/2022 BY

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: 10/31/2022
Approved by: byearly

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: 12/2/2022
Approved by: byearly

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final		12/2/22	12/12/22	BY
Other				

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

Block 525.06 Lot 8 Qualification Code _____ Address (Site) 1607 RAVENSWOOD WAY Permit No. 20110449

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1607 RAVENSWOOD WAY CHERRY HILL NJ
2. Name of Owner in Fee: JONES RESIDENCE Tel. (856) 289-3306
   Address 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003
3. Ownership in Fee: ☐ Public ☑ Private Email _____
4. Principal Contractor: LANDMARK HOME IMPROVEMENT Tel. (856) 874-4085
   Address 3001 S. WHITE HORSE PIKE HAMMONTON NJ 08037
   Email _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. _____ Fax. _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ Fax. _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	672		
2. Electrical	97		
3. Plumbing	58		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	827		
7. Less 20% for State Plan Review			
8. Subtotal	827		
9. State Permit Surcharge Fee			
10. Subtotal	827		
11. Cert of Occupancy			
12. Other			
13. TOTAL	827		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area - Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands	yes ____ no ____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☑ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
☑ Building	30000								
☑ Electrical									
☑ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COST 30000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-5
3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units:	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

D. Construction Classification: _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 5/11/2011
Control Number 75005
Permit Number 20110449
Permit Issue Date 2/28/2011
Certificate Number 20110449

Identification

Block: 525.06 Lot: 8 Qual:

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL, NJ

Owner in Fee: JONES RESIDENCE
Owner Address: 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003
Telephone: (856) 289-3306

Contractor LANDMARK HOME IMPROVEMENT
Address 3001 S. WHITE HORSE PIKE HAMMONTON NJ 08037
Telephone: (856) 874-4085 Fax:
License Number or Builders Registration Number:
Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
KITCHEN REMODEL

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:

☐ **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:

Fee: $0.00 Check Number:
Collected By:

Construction Official

U.C.C. F260 (rev. 08/05)

Date Printed: 5/10/2023

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/25/2011
Control # 75005
Date Issued 2/28/2011
Permit # 20110449

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

Block 525.06 Lot 8 Qualification Code _____

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL, NJ

Owner in Fee: JONES RESIDENCE

Address 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003

Tel. (856) 289-3306 Email _____

Contractor: LANDMARK HOME IMPROVEMENT

Address 3001 S. WHITE HORSE PIKE HAMMONTON NJ 08037

_____ Email _____

Tel. (856) 874-4085 Fax. _____

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

Home improvment Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

KITCHEN REMODEL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ 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			3/9/11	SK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/11/11	GS
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ If Industrial Building:
Constr. Class Present _____ Proposed _____ State Approved _____
Number of Stories _____ HUD _____
Height of Structure _____ Ft.
Area - Largest Floor _____ Sq. Ft.
New Blbg. 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 $30,000
3. Total (1+2) $30,000

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	$51
TOTAL FEE	$723

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/25/2011
Control # 75005
Date Issued 2/28/2011
Permit # 20110449

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

Block 525.06 Lot 8 Qualification Code

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL, NJ

Owner in Fee: JONES RESIDENCE

Address 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003

Email

Tel. (856) 289-3306

Contractor: ROSSI, GREGORY

Address 9713 GLENHOPE ROAD PHILADELPHIA PA 19115

Email

Tel. (215) 676-3650 Fax.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 36BI00924400 Expiration Date: 6/30/2021

Federal Employee No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Plumbing Plans Approved
Date:
Approved by:

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough			3/9/11	JPO
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5/11/11	JPO
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy 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 Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
KITCHEN REMODEL

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
	Other	

☐ Private Septic

☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$51
TOTAL FEE	$109

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 11/09)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1/25/2011
Date Issued 2/28/2011
Control # 75005
Permit # 20110449

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

Block 525.06 Lot 8 Qualification Code

Work Site Location: 1607 RAVENSWOOD WAY CHERRY HILL, NJ

Owner in Fee: JONES RESIDENCE

Address 1607 RAVENSWOOD WAY CHERRY HILL NJ 08003

Email

Tel. (856) 289-3306

Contractor: PHOENIX ELECTRIC

Address 132 CRAFTON AVE PITMAN NJ 08071

Email a.abed@verizon.net

Tel. (215) 327-9395 Fax.

Lic No. 34EB01131100 Exp. Date 3/31/2024

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 140601336

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☐ Electrical Plans Approved

Date: by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			3/9/11	***
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/11/11	MR
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 the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
KITCHEN REMODEL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
		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	

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee $51

TOTAL FEE $148

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

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

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
PH: (609) 488-7855

CERTIFICATE

Issue Date: 02/04/98
Control Number: 1-8193
Permit Number: 96-2426
Date Permit Issued: 10/02/96

IDENTIFICATION

Work Site Location: 1607 RAVENSWOOD WAY
CHERRY HILL

Block: 525.06 Lot: 8
Unit Number:

Owner in Fee: JONES, CALVIN
Address: 1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
Telephone: (609) 489-1248

Agent: JONES, CALVIN
Address: 1607 RAVENSWOOD WAY
CHERRY HILL, NJ 08003
Telephone: (609) 489-1248
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.:

Home Warranty No.: Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load: 0 PSF Construction Classification: 5B Maximum Occupancy Load:
DESCRIPTION OF WORK: Addition
Shed - 12' X 17'

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

[ ] CERTIFICATE OF 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 (____yrs); see file

[ ] 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.

[ ] 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/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

Construction Official

Fee: PRE-PAID
Check Number: PRE-PAID
Collected By: PRE-PAID

U.C.C. F260 (rev. 3/96) 1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/2/96
Date Issued
Control #
Permit # 96-2426

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

Block 525.06 Lot 9
Work Site Location 1607 Ravenswood Way Cherry Hill 08003
Owner in Fee Colvin Jones
Address 1607 RAVENSWOOD WAY Cherry Hill NJ 08003
Tele. 609) 489-1248
Contractor Self
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Colvin Jones
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Shed
12'x17'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All As Noted	9/27/96	✓
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:	2/4	
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			2/4	✓

1/2/97 Not Start

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	U	
Constr. Class	NA	
No. of Stories	1	
Height of Structure	8.5' Ft.	
Area—Largest Floor	194 Sq. Ft.	
New Bldg. Area/All Floors	Sq. Ft.	
Volume of New Structure	1419 Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

X 0.027/cu ft = 38.31

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 1104.52
3. Total (1+2) $ 1104.52

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other
  - [ ] Other
- [ ] Demolition

(Office Use Only)
FEE

Administrative Surcharge	$ 43
Minimum Fee	$
DCA TRAINING FEE	$
TOTAL FEE	$

Paid [ ] Check # Cash
Collected by: S.W

U.C.C. Form F-110B

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

One and Two Family Inspections Only!

Item.	Date	Insp.	Pass	Fail	Footing, Foundation and Slab Inspections
1	_____	_____	[ ]	[ ]	Approved plans and zoning approval are on site.
2	_____	_____	[ ]	[ ]	Footing location complies with approved plan.
3	_____	_____	[ ]	[ ]	Verifies the excavation and soil conditions.
4	_____	_____	[ ]	[ ]	Verifies reinforcement is in place (if required).
5	_____	_____	[ ]	[ ]	Inspects foundation wall forms: Verifies reinforcement Verifies window and vent openings Verifies anchorage bolts or strap size and spacing. Verifies keyway is clean.
6	_____	_____	[ ]	[ ]	Inspects masonry wall: Correct block size and type pier/pilasters locations Verifies window and vent openings Verifies anchorage bolt or strap size and spacing.
7	_____	_____	[ ]	[ ]	Inspects parging and waterproofing.
8	_____	_____	[ ]	[ ]	Inspects perimeter drainage system
9	_____	_____	[ ]	[ ]	Inspects fill, vapor barrier, slab thickness, prim insulation, reinforcement, haunch footing and isolated piers.

Item.	Date	Insp.	Pass	Fail	Framing and Insulation Inspections
10	_____	_____	[ ]	[ ]	Checks sill plate for proper anchorage and for termite and decay protection.
11	_____	_____	[ ]	[ ]	Verify rooms, doors, and windows for size, height, light and ventilation requirements.
12	_____	_____	[ ]	[ ]	Inspects wall framing and bracing.
13	_____	_____	[ ]	[ ]	Inspects floor, ceiling, and roof framing. Checks size, grade, species, spacing, span, nailing, hardware, support, and bearing.
14	_____	_____	[ ]	[ ]	Inspects beams, girders, columns, and post for spacing, span, size, grade, species, bearing, and installation.
15	_____	_____	[ ]	[ ]	Verifies trusses match approved drawings and layouts. All bracing, hangers, bearing, and lumber grades match approved drawings
16	_____	_____	[ ]	[ ]	Inspects exterior walls and roof sheathing.
17	_____	_____	[ ]	[ ]	Inspects subflooring.
18	_____	_____	[ ]	[ ]	Inspects all stairs and stairway framing.
19	_____	_____	[ ]	[ ]	Verifies that allowable limits of cutting, notching, and boring have not been exceeded.
20	_____	_____	[ ]	[ ]	Inspects fireplace construction and installation.
21	_____	_____	[ ]	[ ]	Checks for clearances from combustibles.
22	_____	_____	[ ]	[ ]	Checks for firestopping and draft stopping.
23	_____	_____	[ ]	[ ]	Inspects attics and crawl spaces for access and ventilation.
24	_____	_____	[ ]	[ ]	Inspects fire rated assemblies.
25	_____	_____	[ ]	[ ]	Verifies that framed structures complies with approved plans.
26	_____	_____	[ ]	[ ]	Checks all insulation: walls, ceilings, floors, and ductwork.

Item.	Date	Insp.	Pass	Fail	Final Inspection Tasks
27	_____	_____	[ ]	[ ]	Checks interior finishes.
28	_____	_____	[ ]	[ ]	Verify exhaust fan and dryer vent operations
29	_____	_____	[ ]	[ ]	Checks egress windows and safety glazing.
30	_____	_____	[ ]	[ ]	Inspects mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31	_____	_____	[ ]	[ ]	Inspects exterior siding, roofing, and flashin
32	_____	_____	[ ]	[ ]	Inspects all stairs, balconies, and decks for handrails and guards.
33	_____	_____	[ ]	[ ]	Verifies compliance with approved plans or are as-builts and permit updates required
34	_____	_____	[ ]	[ ]	Inspects concrete flat work.
35	_____	_____	[ ]	[ ]	Inspects exterior grading for topo compliance

Comments

This inspection check off list shall serve as a general guide line and may not include all the necessary inspections required to insure code compliance.