From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 1009 Collings Ave Collingswood NJ 08107
Date: Tuesday, December 21, 2021 11:19:08 PM

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: OPRA/OPEN & CLOSE PERMITS - 1009 Collings Ave Collingswood NJ 08107

Yours respectfully,

Breean Stumpf

CONSTRUCTION PERMIT

Permit #: 00-0480
Date Issued: 12/04/00

IDENTIFICATION Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: SMITH JOHN

Address: 1009 COLLINGS AVE
COLLINGSWOOD NJ 08107

Tel. [redacted]

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

REMOVE ONE ROOF, INSTALL 25 YEAR
TIMBERLINE DIMENSIONAL SHINGLES.

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

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 3,175.00

_____ _____
Construction Official Date

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 00-0480
Issue Date: 12/04/00
Application Id: 10005138
Application Date: 12/04/00

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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: SMITH JOHN

Tel. [redacted] email:

1009 COLLINGS AVE COLLINGSWOOD NJ 08107

Contractor: Tel.

email:

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

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

Federal Emp. ID No. FAX:

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE ONE ROOF, INSTALL 25 YEAR
TIMBERLINE DIMENSIONAL SHINGLES.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/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:	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
[X] 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)

$	
	0.00
	46.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 7.00
TOTAL FEE	$ 53.00

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Constr. Class Present _____ Proposed _____

No. of Stories	0.00
Height of Structure	ft.
Area — Largest Floor	sq. ft.
New Bldg. Area/All Floors	0 sq. ft.
Volume of New Structure	0 cu. ft.
Max. Live Load	
Max. Occupancy Load	

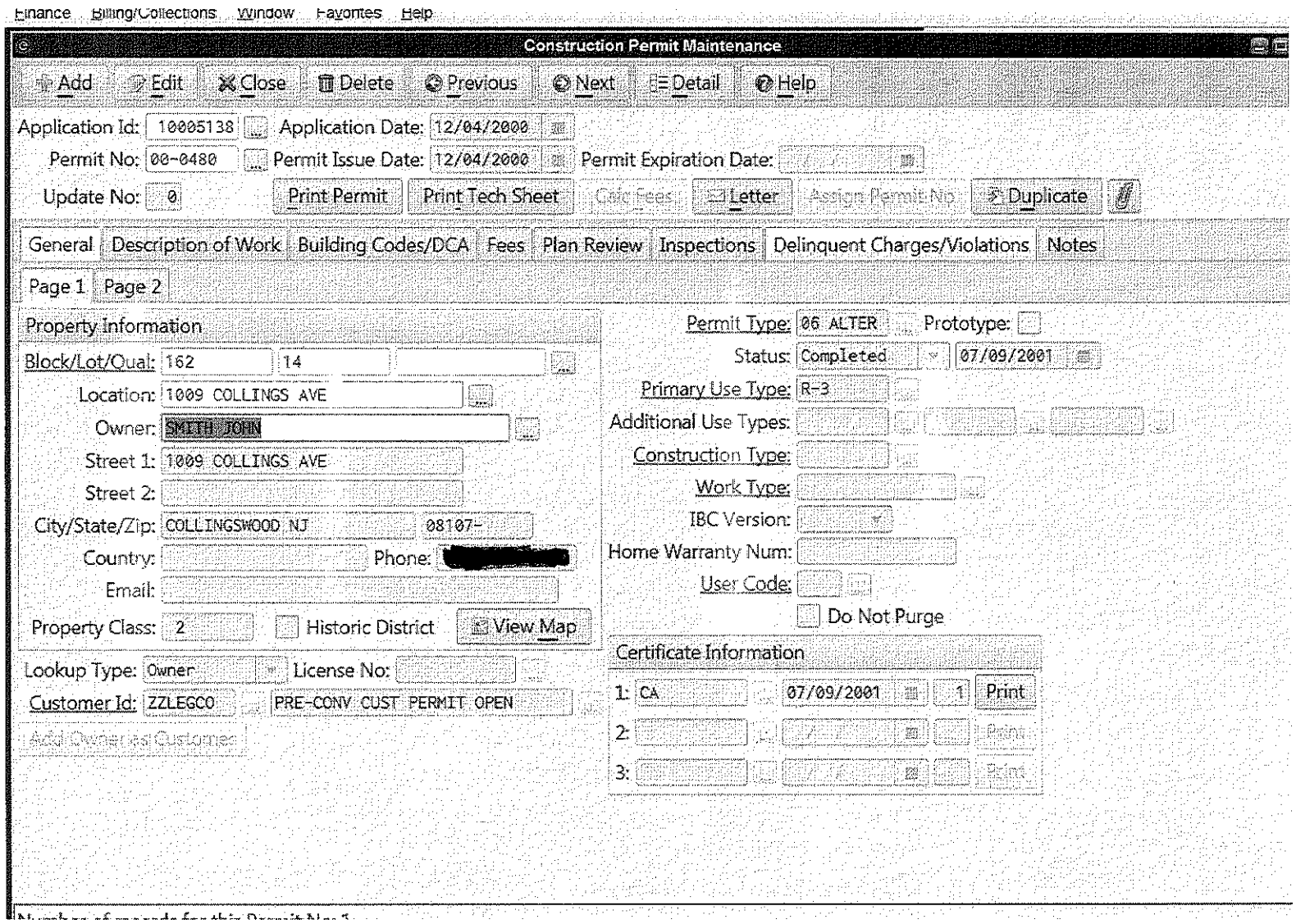
If Industrialized Building:
State Approved _____ HUD _____

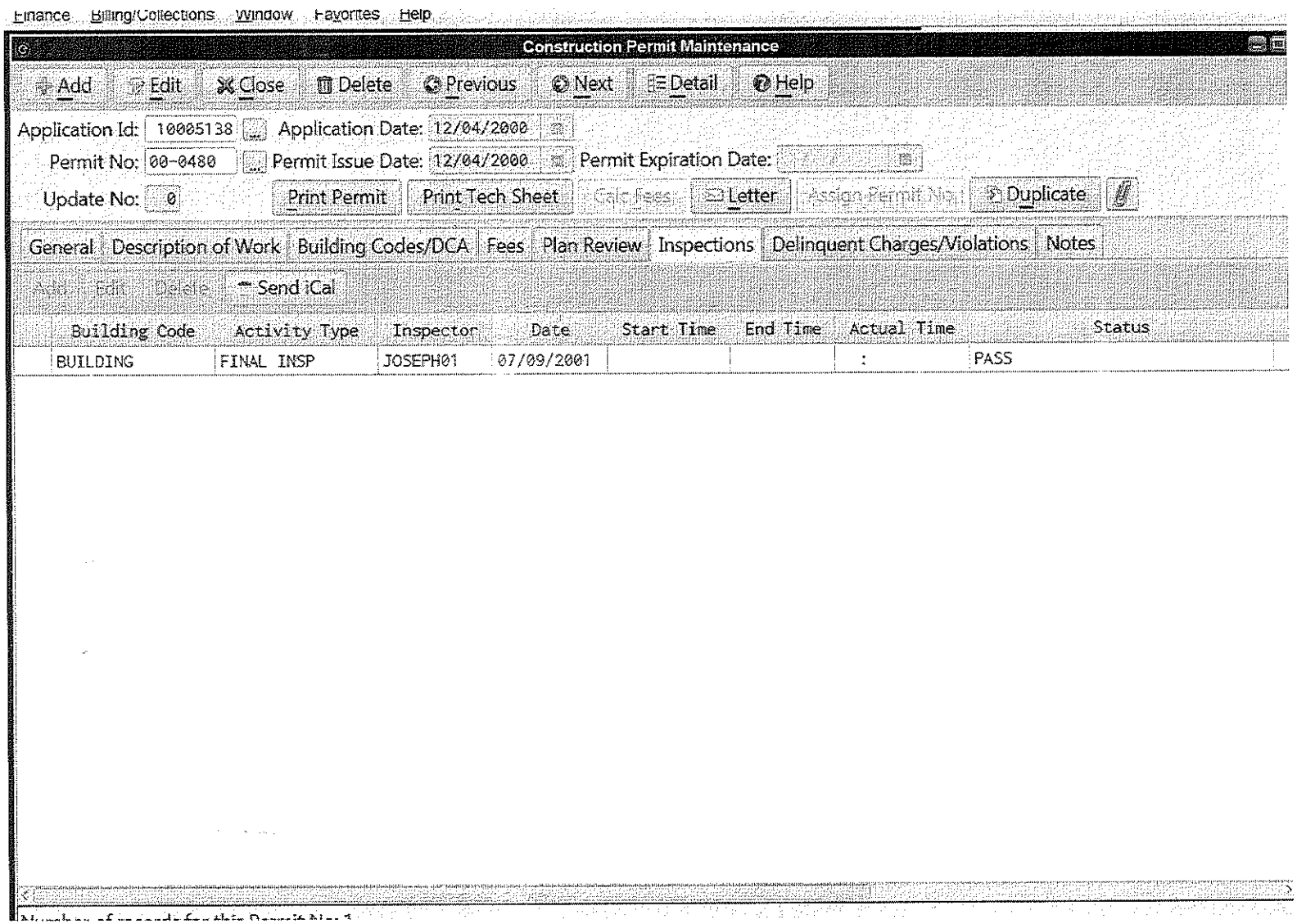
Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
3. Total (1+ 2)	$ 3,175.00

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.


Finance
Billing/Collections
Window
Favorites
Help
Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10005138
Application Date: 12/04/2000
Permit No: 00-0480
Permit Issue Date: 12/04/2000
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 162 14
Location: 1009 COLLINGS AVE
Owner: SMITH JOHN
Street 1: 1009 COLLINGS AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08107-
Country:
Phone: [redacted]
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 07/09/2001
Primary Use Type: R-3
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 07/09/2001 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10005138 Application Date: 12/04/2000
Permit No: 00-0480 Permit Issue Date: 12/04/2000 Permit Expiration Date:
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time Status
BUILDING FINAL INSP JOSEPH01 07/09/2001 : PASS

CONSTRUCTION PERMIT

Permit #: 17-00403
Date Issued: 07/21/17

IDENTIFICATION Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: SMITH, PATRICIA T

Address: 1009 COLLINGS AVE
W COLLINGSWOOD, N J 08107

Tel. [redacted]

Contractor: P.R. SANDERS INC

Address: 100 PARK DR
VOORHEES, NJ 08043

Tel. (856)429-3086

Lic. No. or Bldrs. Reg. No. 6726

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
POWERVENT HOT WATER HEATER

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	65.00
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	4.00
Cert. of Occupancy	
Other	
Total	134.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 2,199.00

_____ Construction Official

_____ Date

(see reverse side)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 17-00403
Issue Date: 07/21/17
Application Id: 90003830
Application Date: 07/11/17

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

Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE

Owner in Fee: SMITH, PATRICIA T
Tel [redacted] email:
1009 COLLINGS AVE W COLLINGSWOOD, N J 08107
Contractor: P.R. SANDERS INC./ELECTRIC Tel. (856)429-3086
100 PARK DRIVE email: PERMITS@PRSANDERS.COM
VOORHEES, NJ 08043
Contractor License No.: 4701B Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 222769644 FAX: (856)429-6043

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 200.00

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
POWERVENT HOT WATER HEATER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1		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	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$ 15.00
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 65.00

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 17-00403
Issue Date: 07/21/17
Application Id: 90003830
Application Date: 07/11/17

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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: SMITH, PATRICIA T

Tel: [redacted] email:

1009 COLLINGS AVE W COLLINGSWOOD, N J 08107

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

100 PARK DR email: PERMITS@PRSANDERS.COM

VOORHEES, NJ 08043

Contractor License No.: 6726 Exp Date:

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

Federal Emp. ID No. 222769644 FAX: (856)429-6043

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]

Water Service Size _____ Public Water [ ] Private Well [ ]

Est. Cost of Plumbing Work $ 1,999.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

Plumbing Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

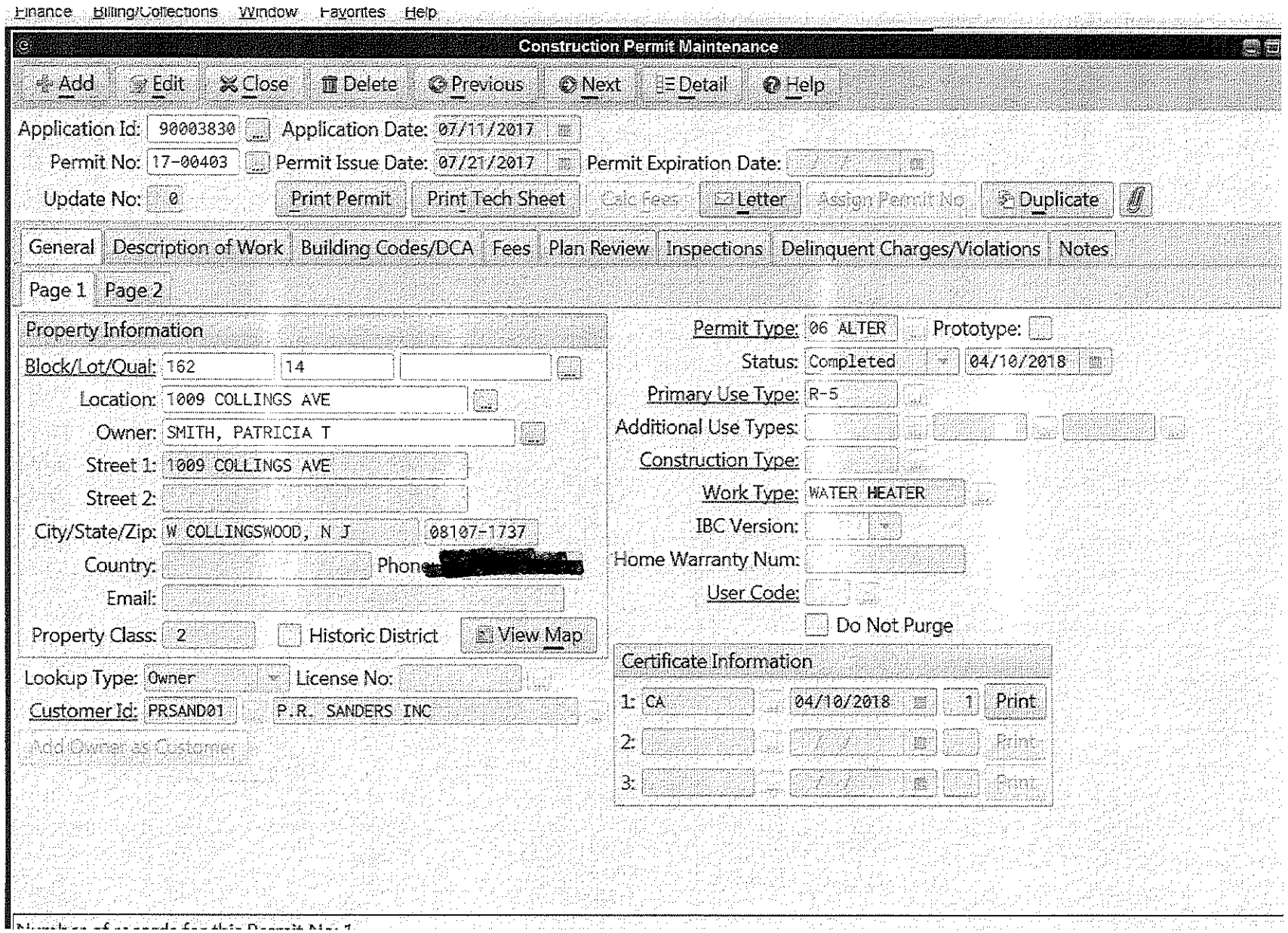
D. TECHNICAL SITE DATA

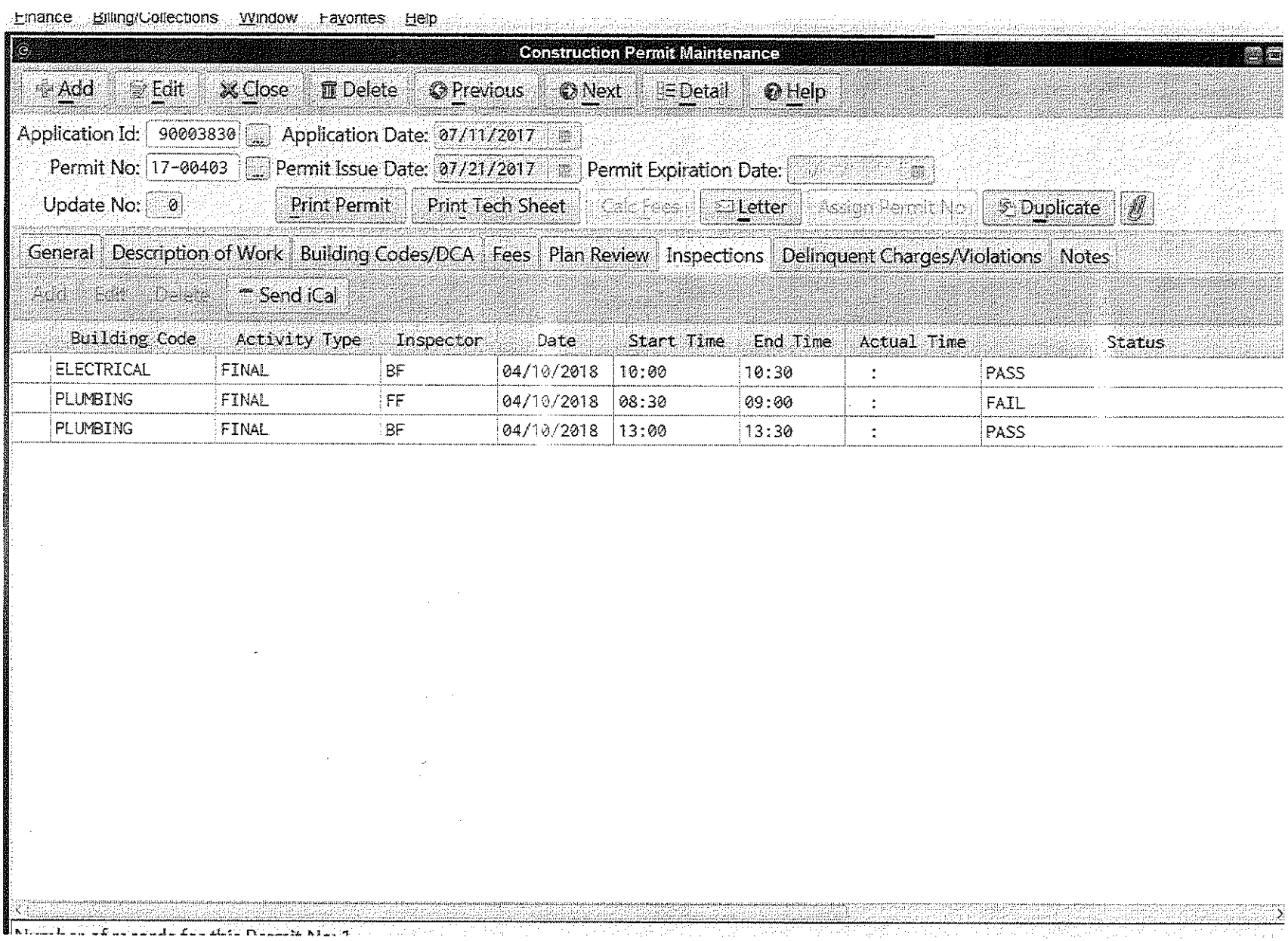
DESCRIPTION OF WORK
POWERVENT HOT WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	15.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
1.0000	Other _____	15.00

Administrative Surcharge	$	
Minimum Fee	$	35.00
State Permit Surcharge Fee	$	4.00
TOTAL FEE	$	69.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90003830 Application Date: 07/11/2017
Permit No: 17-00403 Permit Issue Date: 07/21/2017 Permit Expiration Date:
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 162 14
Location: 1009 COLLINGS AVE
Owner: SMITH, PATRICIA T
Street 1: 1009 COLLINGS AVE
Street 2:
City/State/Zip: W COLLINGSWOOD, N J 08107-1737
Country: Phone
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: PRSAND01 P.R. SANDERS INC
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 04/10/2018
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: WATER HEATER
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 04/10/2018 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90003830 Application Date: 07/11/2017
Permit No: 17-00403 Permit Issue Date: 07/21/2017 Permit Expiration Date:
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time Status
ELECTRICAL FINAL BF 04/10/2018 10:00 10:30 : PASS
PLUMBING FINAL FF 04/10/2018 08:30 09:00 : FAIL
PLUMBING FINAL BF 04/10/2018 13:00 13:30 : PASS

CONSTRUCTION PERMIT

Permit #: 21-00169
Date Issued: 04/01/21

IDENTIFICATION Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE
Owner in Fee: ECI DEVELOPMENT LLC
Address: 651 ROUTE 73 N #108
MARLTON NJ 08053
Tel. [redacted]

Contractor: 2P REMODEL LLC
Address: 17 FOREST HILL DRIVE
CHERRY HILL, NJ 08003
Tel. (856)813-6346
Lic. No. or Bldrs. Reg. No. 13VH10949100

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELECTRICAL UPGRADE AND SHEETROCK WHOLE HOUSE. (PLUS PERMIT UPDATES FOR WHOLE HOUSE RENOVATION)

PAYMENTS (Office Use Only)	
Building	128.00
Electrical	132.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	16.00
Cert. of Occupancy	
Other	
Total	276.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 8,500.00

_____ _____
Construction Official Date

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 21-00169
Issue Date: 04/01/21
Application Id: 90006919
Application Date: 03/31/21

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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC

Tel. [redacted] email: MASTEWART@ECI-COAL.COM

651 ROUTE 73 N #108 MARLTON NJ 08053

Contractor: 2P REMODEL LLC Tel. (856)813-6346

17 FOREST HILL DRIVE email: MIKERIEBER28@GMAIL.COM

CHERRY HILL, NJ 08003

Contractor License No. or Builder Registration No.: 13VH10949100 Exp Date: 03/31/22

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

Federal Emp. ID No. 843512664 FAX:

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: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ELECTRICAL UPGRADE AND SHEETROCK WHOLE HOUSE. (PLUS PERMIT UPDATES FOR WHOLE HOUSE RENOVATION)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/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:	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
[X] 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)

	$
	128.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 9.00
TOTAL FEE	$ 137.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Constr. Class Present _____ Proposed _____

No. of Stories 0.00

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 4,000.00

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

Permit #: 21-00169
Issue Date: 04/01/21
Application Id: 90006919
Application Date: 03/31/21

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

Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC
Tel [redacted] email: MASTEWART@ECI-COAL.COM
651 ROUTE 73 N #108 MARLTON NJ 08053
Contractor: BGY ELECTRIC LLC Tel. (856)813-6346
11 NEW ALBANY ROAD email: BGYELECTRIC@GMAIL.COM
MOORESTOWN, NJ 08057
Contractor License No.: 34EB01740100 Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 4,500.00

JOB SUMMARY (Office Use Only)

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
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: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

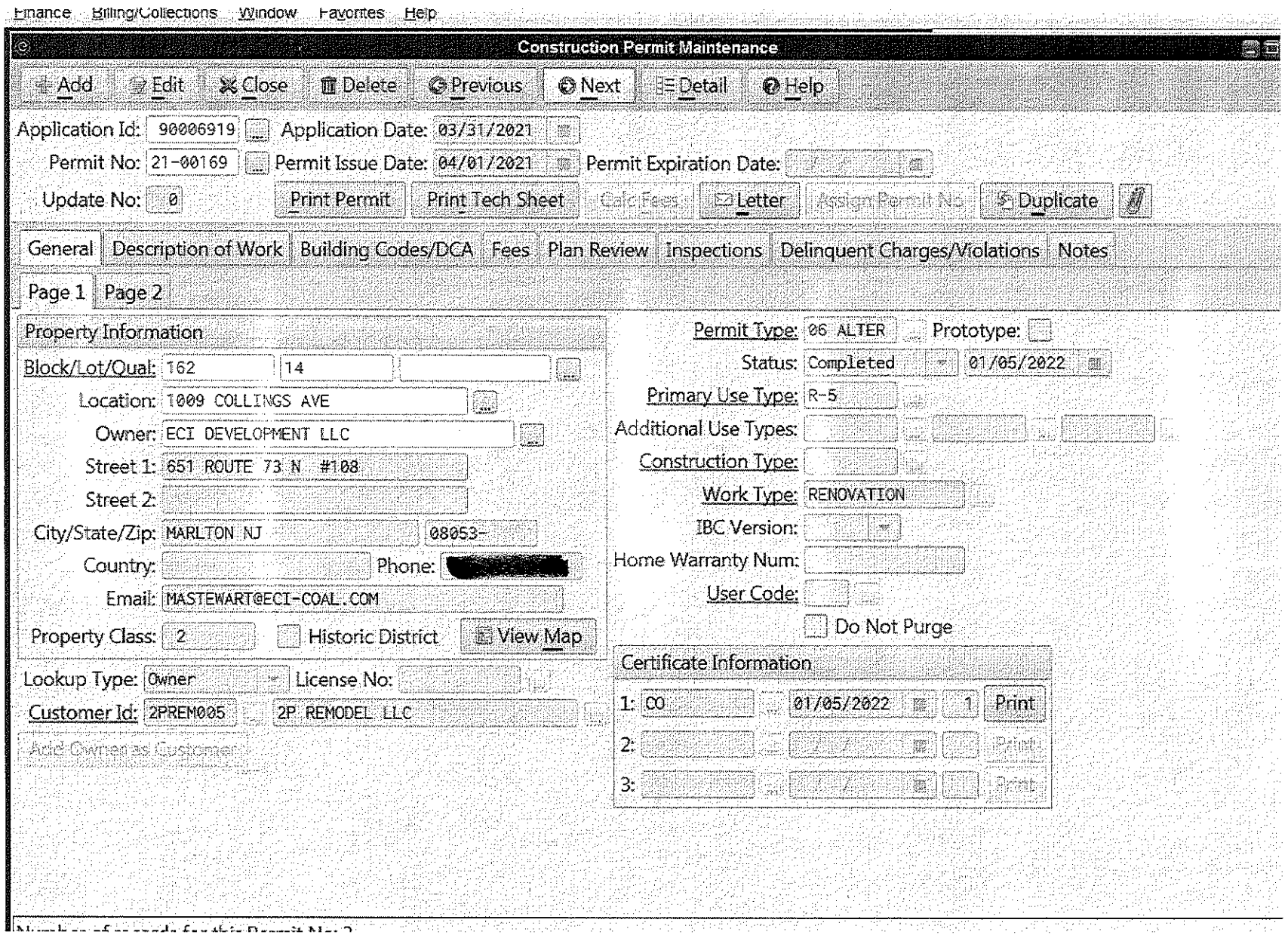
DESCRIPTION OF WORK:
ELECTRICAL UPGRADE AND SHEETROCK WHOLE

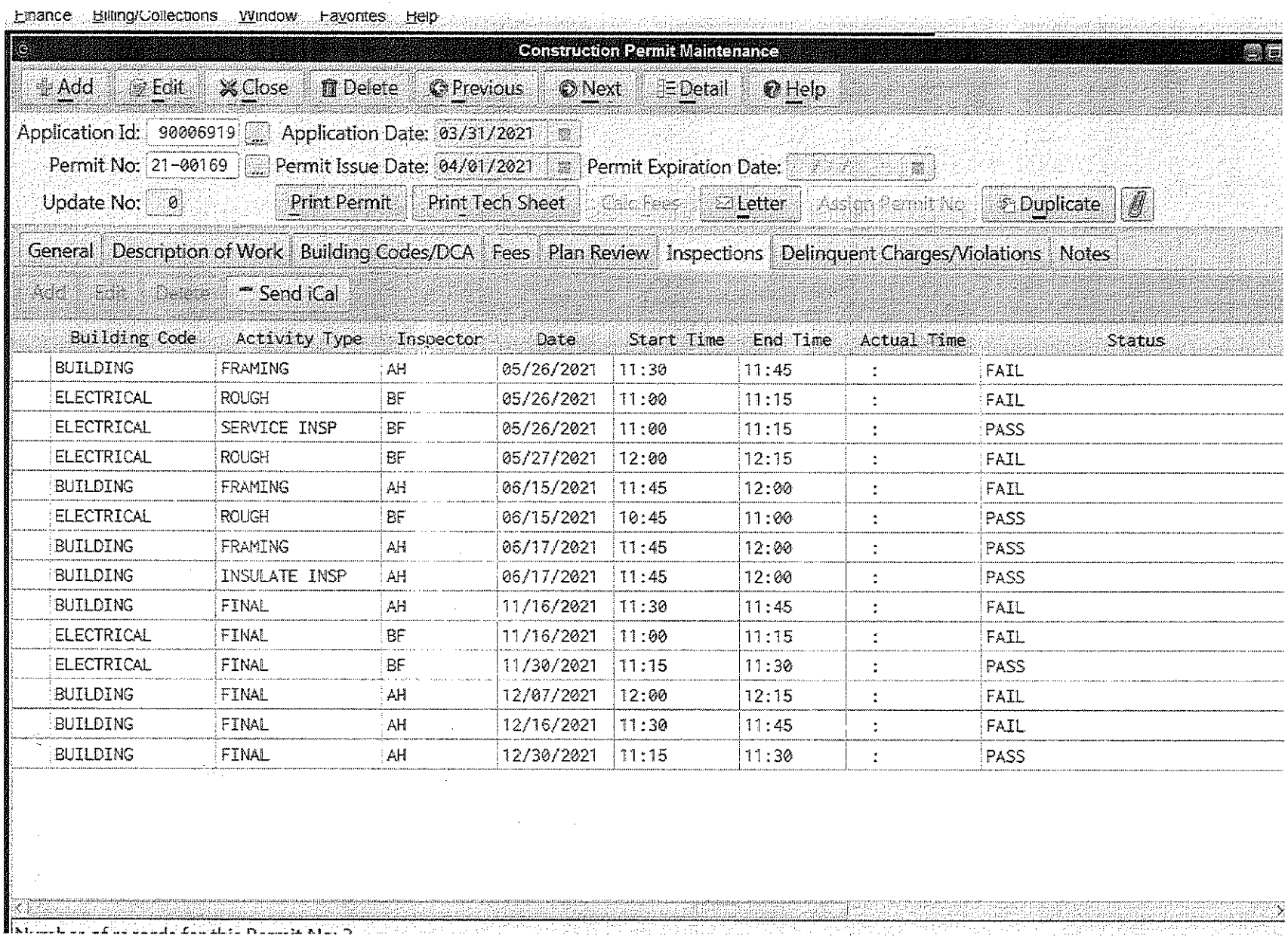
QTY.	SIZE	ITEMS	FEE (Office Use Only)
35		Lighting Fixtures	
43		Receptacles	
14		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
92		TOTAL NUMBERS	$ 67.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	65.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	9.00
TOTAL FEE	$	141.00

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

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90006919 Application Date: 03/31/2021
Permit No: 21-00169 Permit Issue Date: 04/01/2021 Permit Expiration Date:
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 162 14
Location: 1009 COLLINGS AVE
Owner: ECI DEVELOPMENT LLC
Street 1: 651 ROUTE 73 N #108
Street 2:
City/State/Zip: MARLTON NJ 08053-
Country: Phone:
Email: MASTEWART@ECI-COAL.COM
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: 2PREM005 2P REMODEL LLC
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 01/05/2022
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: RENOVATION
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CO 01/05/2022 1 Print
2: Print
3: Print



Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
BUILDING	FRAMING	AH	05/26/2021	11:30	11:45	:	FAIL
ELECTRICAL	ROUGH	BF	05/26/2021	11:00	11:15	:	FAIL
ELECTRICAL	SERVICE INSP	BF	05/26/2021	11:00	11:15	:	PASS
ELECTRICAL	ROUGH	BF	05/27/2021	12:00	12:15	:	FAIL
BUILDING	FRAMING	AH	06/15/2021	11:45	12:00	:	FAIL
ELECTRICAL	ROUGH	BF	06/15/2021	10:45	11:00	:	PASS
BUILDING	FRAMING	AH	06/17/2021	11:45	12:00	:	PASS
BUILDING	INSULATE INSP	AH	06/17/2021	11:45	12:00	:	PASS
BUILDING	FINAL	AH	11/16/2021	11:30	11:45	:	FAIL
ELECTRICAL	FINAL	BF	11/16/2021	11:00	11:15	:	FAIL
ELECTRICAL	FINAL	BF	11/30/2021	11:15	11:30	:	PASS
BUILDING	FINAL	AH	12/07/2021	12:00	12:15	:	FAIL
BUILDING	FINAL	AH	12/16/2021	11:30	11:45	:	FAIL
BUILDING	FINAL	AH	12/30/2021	11:15	11:30	:	PASS

CONSTRUCTION PERMIT

Permit #: 21-00169-01
Date Issued: 05/21/21

IDENTIFICATION Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE
Owner in Fee: ECI DEVELOPMENT LLC
Address: 651 ROUTE 73 N #108
MARLTON NJ 08053
Tel. [redacted]

Contractor: 2P REMODEL LLC
Address: 17 FOREST HILL DRIVE
CHERRY HILL, NJ 08003
Tel. (856)813-6346
Lic. No. or Bldrs. Reg. No. 13VH10949100

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
3T CONDENSER, 80,000 BTU FURNACE,
DUCTWORK, MODEL#9SC2D080617-16 - CARRIER

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	107.00
DCA State Permit Fee	23.00
Cert. of Occupancy	
Other	
Total	195.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 12,000.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 21-00169-01
Issue Date: 05/21/21
Application Id: 90007050
Application Date: 05/13/21

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

Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC
Tel: [redacted] email:
651 ROUTE 73 N #108 MARLTON NJ 08053
Contractor: BGY ELECTRIC LLC Tel. (856)813-6346
11 NEW ALBANY ROAD email: BGYELECTRIC@GMAIL.COM
MOORESTOWN, NJ 08057
Contractor License No.: 34EB01740100 Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1,000.00

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
3T CONDENSER, 80,000 BTU FURNACE,

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		KW Central A/C Unit	15.00
		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	$	2.00
TOTAL FEE	$	67.00

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

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Permit #: 21-00169-01
Issue Date: 05/21/21
Application Id: 90007050
Application Date: 05/13/21

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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC

Tel.[redacted] email:

651 ROUTE 73 N #108 MARLTON NJ 08053

Contractor: MARVILOUS AIR LLC Tel. (732)371-8152

28 CLOVER ST email: MARVILOUSAIR@GMAIL.COM

LAKEWOOD, NJ 08701

Contractor License No. or Builder Registration No.: 19HC00771300 Exp Date: 06/30/22

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

Federal Emp. ID No. 471298151 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed: _____

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

Type: [ ] Hydronic [ ] Hot Air

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

Est. Cost of Mechanical Work $ 11,000.00

JOB SUMMARY (Office Use Only)

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

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

DATES

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: _____

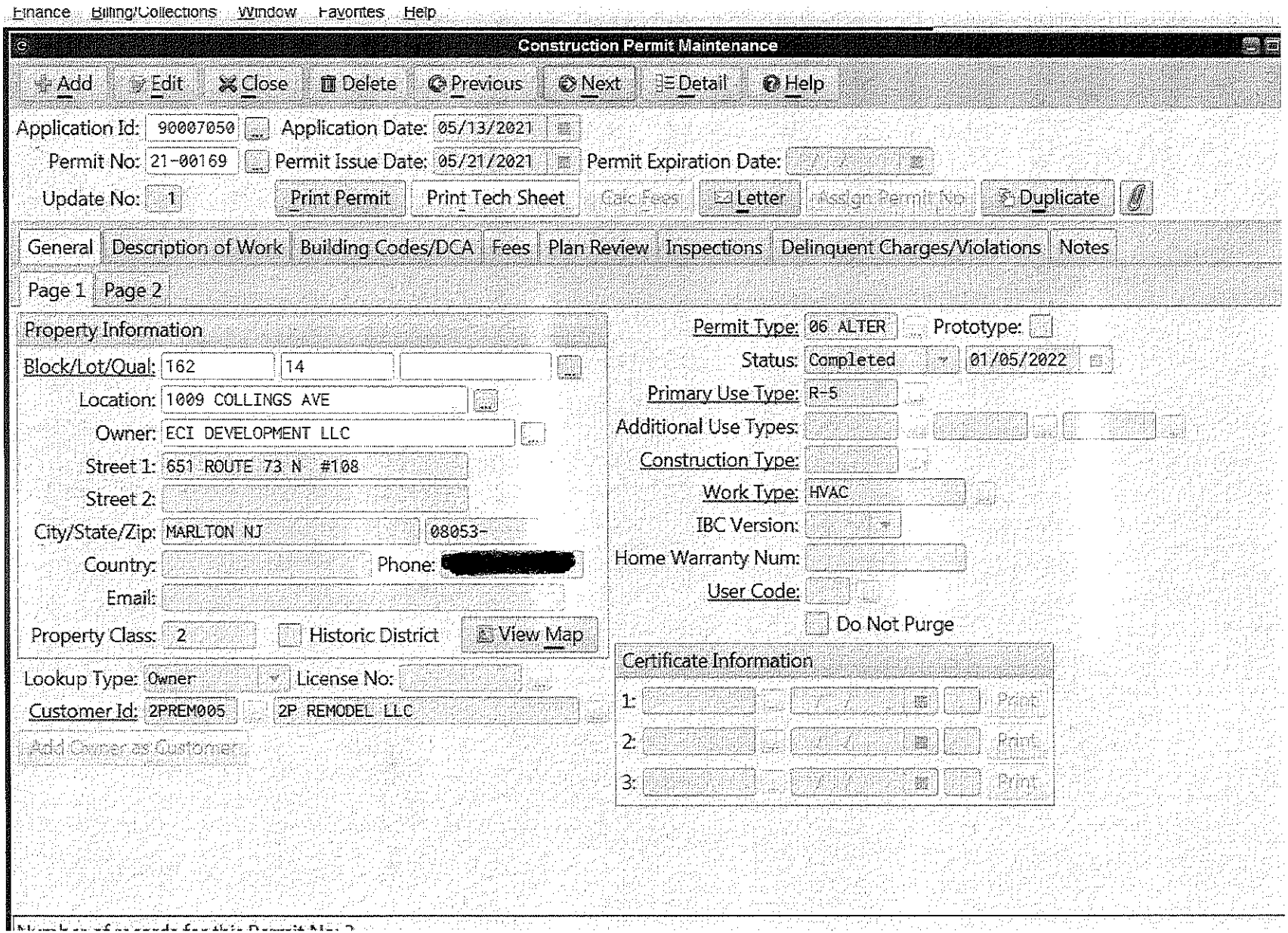
D. TECHNICAL SITE DATA

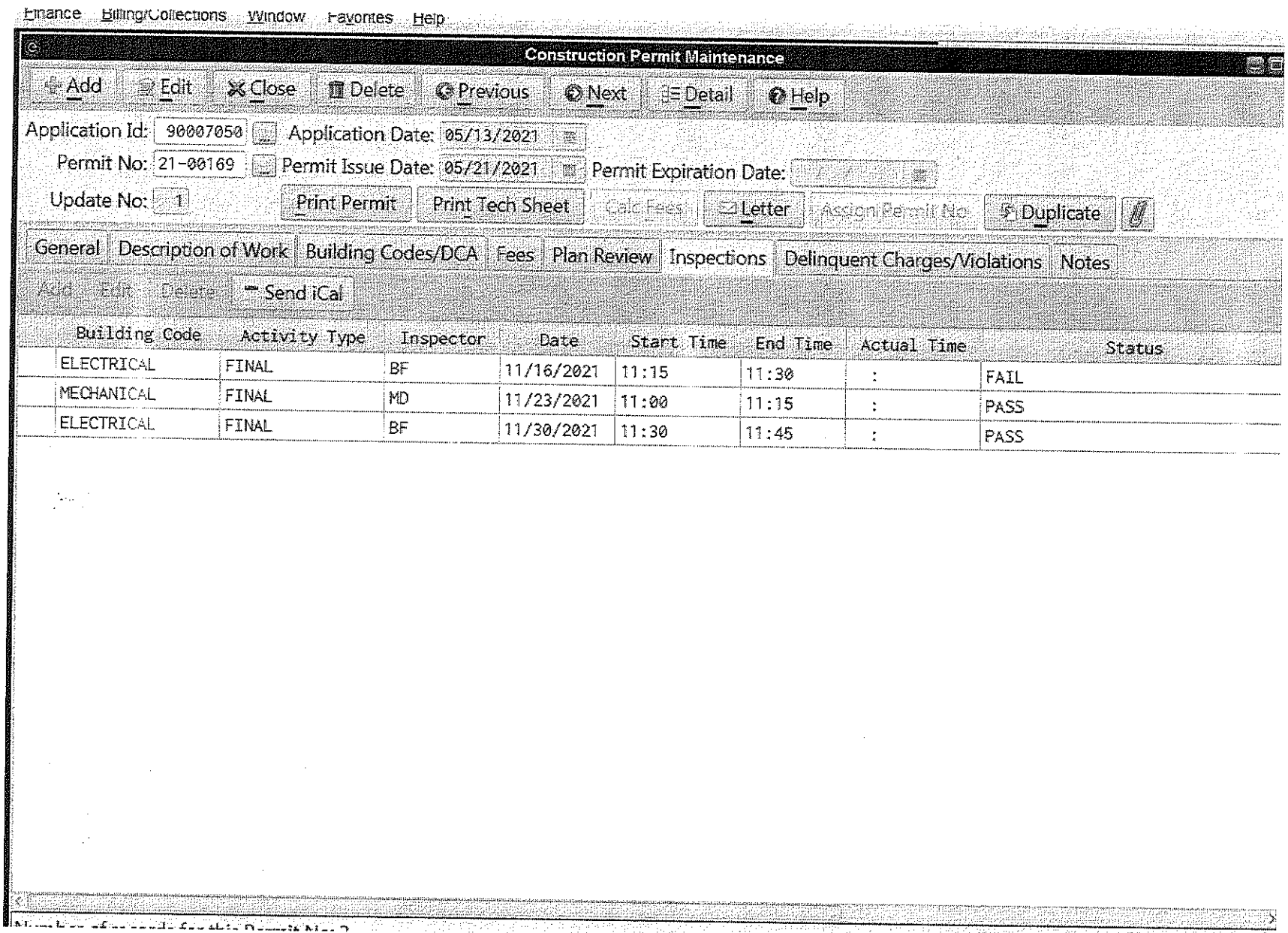
DESCRIPTION OF WORK
3T CONDENSER, 80,000 BTU FURNACE,
DUCTWORK, MODEL#9SC2D080617-16 - CARRIER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
1	Gas Piping Connections	15.00
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	62.00
	Oil Tank	
	LPG Tank	
	Fireplace	
2.0000	Other	30.00

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	21.00
TOTAL FEE $	128.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90007050 Application Date: 05/13/2021
Permit No: 21-00169 Permit Issue Date: 05/21/2021 Permit Expiration Date:
Update No: 1 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 162 14
Location: 1009 COLLINGS AVE
Owner: ECI DEVELOPMENT LLC
Street 1: 651 ROUTE 73 N #108
Street 2:
City/State/Zip: MARLTON NJ 08053-
Country: Phone:
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: 2PREM005 2P REMODEL LLC
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 01/05/2022
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: HVAC
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90007050 Application Date: 05/13/2021
Permit No: 21-00169 Permit Issue Date: 05/21/2021 Permit Expiration Date:
Update No: 1 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time Status
ELECTRICAL FINAL BF 11/16/2021 11:15 11:30 : FAIL
MECHANICAL FINAL MD 11/23/2021 11:00 11:15 : PASS
ELECTRICAL FINAL BF 11/30/2021 11:30 11:45 : PASS

CONSTRUCTION PERMIT

Permit #: 21-00169-02
Date Issued: 08/04/21

IDENTIFICATION Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE
Owner in Fee: ECI DEVELOPMENT LLC
Address: 651 ROUTE 73 N #108
MARLTON NJ 08053
Tel. [redacted]

Contractor: 2P REMODEL LLC
Address: 17 FOREST HILL DRIVE
CHERRY HILL, NJ 08003
Tel. (856)813-6346
Lic. No. or Bldrs. Reg. No. 13VH10949100

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE FRONT DECK, ADD NEW LEDGER AND RIM JOIST, REPLACE BACK DECK, ADD HALF BATH, REMODEL TWO EXISTING BATHROOMS

PAYMENTS (Office Use Only)	
Building	256.00
Electrical	
Plumbing	165.00
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	20.00
Cert. of Occupancy	50.00
Other	
Total	491.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 10,300.00

_____ Construction Official

_____ Date

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 21-00169-02
Issue Date: 08/04/21
Application Id: 90007270
Application Date: 08/04/21

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

Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC
Te[redacted] email:
651 ROUTE 73 N #108 MARLTON NJ 08053
Contractor: LIBERTY HOMES Tel. (873)558-0287
24 GLENWOOD RD email:
LUMBERTON, NJ 08048
Contractor License No. or Builder Registration No.: 13VH11604800 Exp Date: 03/31/22
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
No. of Stories 0.00
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Rehabilitation $ ______
3. Total (1+ 2) $ 7,800.00

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

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: ______

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE FRONT DECK, ADD NEW LEDGER AND RIM JOIST, REPLACE BACK DECK, ADD HALF BATH, REMODEL TWO EXISTING BATHROOMS

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[X] Rehabilitation	256.00
[ ] 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	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 15.00
TOTAL FEE	$ 271.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 21-00169-02
Issue Date: 08/04/21
Application Id: 90007270
Application Date: 08/04/21

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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC

[redacted] email:

651 ROUTE 73 N #108 MARLTON NJ 08053

Contractor: B. DEAN JOHNSON III Tel. (609)234-2498

735 HENDERSON ROAD email:

LUMBERTON, NJ 08048

Contractor License No.: 36BI01290200 Exp Date: 06/30/23

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

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]

Water Service Size _____ Public Water [ ] Private Well [ ]

Est. Cost of Plumbing Work $ 2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

Plumbing Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

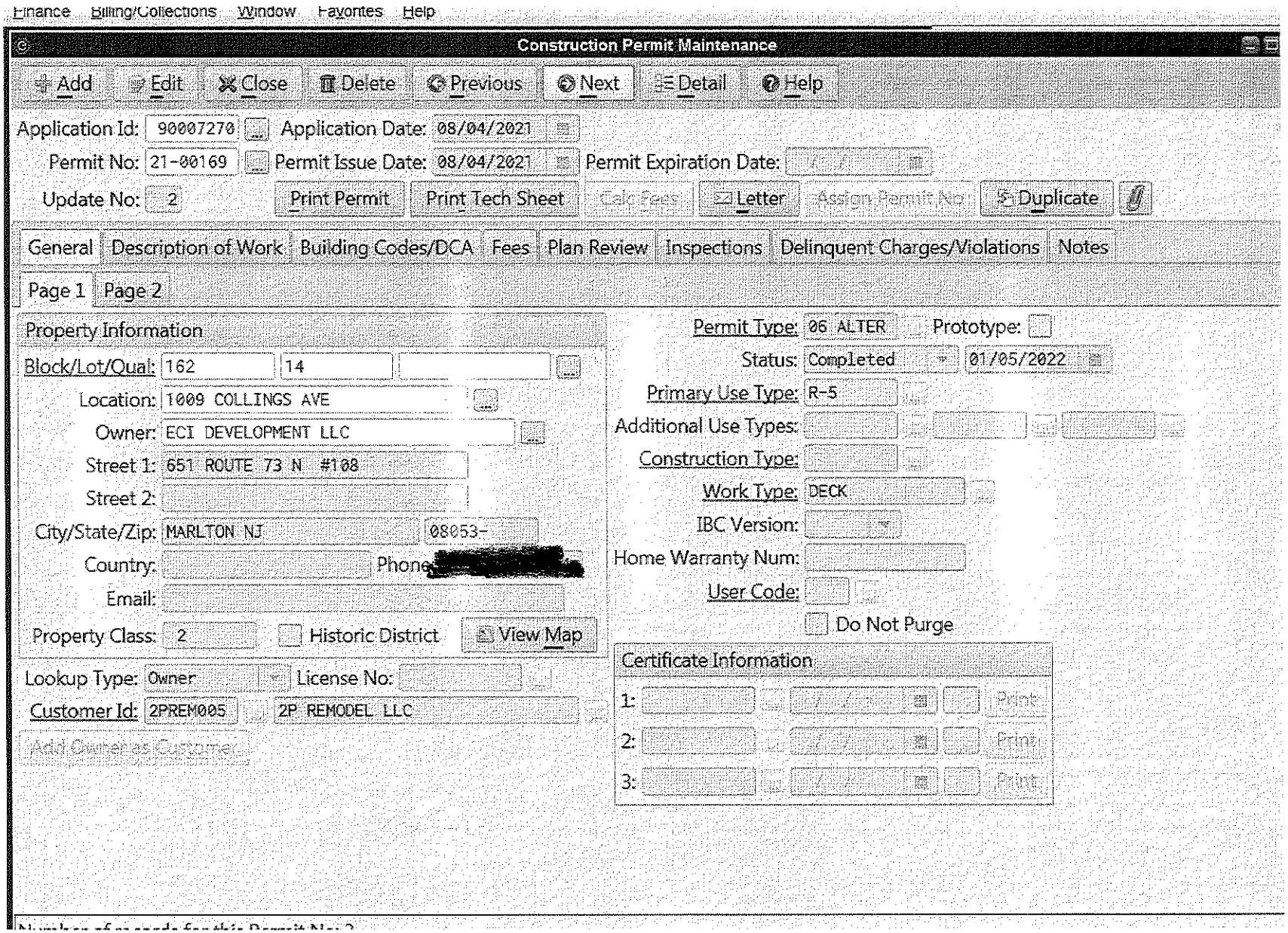
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE FRONT DECK, ADD NEW LEDGER AND RIM JOIST, REPLACE BACK DECK, ADD HALF

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 15.00
	Urinal/Bidet	
1	Bath Tub	15.00
3	Lavatory	45.00
1	Shower	15.00
	Floor Drain	
3	Sink	45.00
1	Dishwasher	15.00
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks _____	15.00
	Other _____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 5.00
TOTAL FEE	$ 170.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90007270 Application Date: 08/04/2021
Permit No: 21-00169 Permit Issue Date: 08/04/2021 Permit Expiration Date:
Update No: 2 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 162 14
Location: 1009 COLLINGS AVE
Owner: ECI DEVELOPMENT LLC
Street 1: 651 ROUTE 73 N #108
Street 2:
City/State/Zip: MARLTON NJ 08053-
Country: Phone
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: 2PREM005 2P REMODEL LLC
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 01/05/2022
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: DECK
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: Print
2: Print
3: Print

Finance Billing/Collections Window Favorites Help

Construction Permit Maintenance

Add | Edit | Close | Delete | Previous | Next | Detail | Help

Application Id: 90007270 ... Application Date: 08/04/2021

Permit No: 21-00169 ... Permit Issue Date: 08/04/2021 Permit Expiration Date:

Update No: 2 Print Permit | Print Tech Sheet | Calc Fees | Letter | Assign Permit No | Duplicate

General | Description of Work | Building Codes/DCA | Fees | Plan Review | Inspections | Delinquent Charges/Violations | Notes

Add | Edit | Delete | Send iCal

Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
BUILDING	FOOTING INSP	AH	08/24/2021	11:45	12:00	:	FAIL
BUILDING	FOOTING INSP	AH	08/26/2021	12:00	12:15	:	PASS
PLUMBING	ROUGH	FF	08/26/2021	09:45	10:00	:	FAIL
PLUMBING	ROUGH	FF	08/31/2021	09:00	09:15	:	PASS
BUILDING	FOOTING INSP	AH	09/23/2021	10:00	10:15	:	FAIL
BUILDING	FRAMING	AH	09/23/2021	10:00	10:15	:	PASS
BUILDING	FOOTING INSP	AH	10/05/2021	11:45	12:00	:	PASS
PLUMBING	FINAL	FF	11/09/2021	08:45	09:00	:	FAIL
BUILDING	FINAL	AH	11/16/2021	11:45	12:00	:	PASS
PLUMBING	FINAL	FF	12/02/2021	08:00	08:15	:	PASS

Number of records for this Permit No: 2