-----Original Message-----
From: Breean Stumpf <opra+request-33428-189711a6@requests.opramachine.com>
Sent: Friday, July 1, 2022 4:27 PM
To: Clerk - Winslow Township <clerk@winslowtownship.com>
Subject: [External] OPRA request - OPRA/OPEN & CLOSE PERMITS - 101 Old Orchard Dr, Sicklerville, NJ 08081

Dear Winslow Township,

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 - 101 Old Orchard Dr, Sicklerville, NJ 08081

Yours respectfully,

Breean Stumpf

7/5/22
Permit # 20160100 gas water heater
Closed 5/31/18
Permit # 12219 initial build
Closed 7/28/94

Copy of Above Attached.

BLOCK 12601 LOT 62 QUALIFICATION CODE _____ ADDRESS (SITE) 101 Old Orchard Drive PERMIT NO. 20160111020

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

RECEIVED JUL 05 2016

I. IDENTIFICATION

1. Proposed Work Site at: 101 Old Orchard Drive, Sicklerville, NJ 08081
2. Name of Owner in Fee: Susan Winegar
   Tel. [redacted] e-mail _____
   Address 101 Old Orchard Drive (street) Winslow (municipality) 08081 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: HORIZON SERVICES Tel. (856) 840-8400 x 3227
   Address 17 Roland Avenue e-mail _____
   Mount Laurel, NJ 08054
   License No. OR, if new home, Builder Reg. No. 13VH05117300 Exp. Date 03/31/2017
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 364411626 FAX: (856) 234-4513
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Steve Stacknick
   Tel. (856) 840-8400 x 3227 FAX: (856) 234-4513

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		58	
4. Fire Protection		68	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		126	
10. Subtotal	$	2	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	128	

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 ____

8804/4069

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									
☒ Plumbing	1,100				7-6-16	PC			
☒ Fire Protection	100				7-6-16	PC			
☐ Elevator									
TOTAL COST	$1,200								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: RESIDENTIAL
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Grou
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 Grou

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

D. Construct. Classification: Present _____ Proposed _____

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

Winslow Township
125 South Route 73
Braddock, NJ 08037
(609)567-0700 FAX *(000)000-0000*

Permit No. **201601100**
Control No. **88044069**
Block/Lot 12801/62
Date 5/31/18

Certificate of Approval

IDENTIFICATION

Block/Lot 12801/62
Work Site Location 101 OLD ORCHARD DR

Owner in Fee/Occupant WINEGAR, SUSAN
Address 101 OLD ORCHARD DRIVE
SICKLERVILLE, NJ 08081

Telephone [redacted]

Contractor HORIZON SERVICES, INC
Address 17 ROLAND AVENUE
MOUNT LAUREL, NJ 08054

Telephone (856)840-8400 FAX
Lic. No. or Bldrs. Reg. No. 13VH05117300- / / , 13VH05117300
Federal Emp. No. 34-4411626

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

40 GALLON GAS WATER HEATER

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.

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 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

Gus Morganti 5-31-17
(Gus Morganti, Construction Official

Permit Fee $ 128
Paid [ ] Check No. 4435
Collected by: RB

U.C.C. F260
(rev. 3/96)

Winslow Township
125 South Route 73
Braddock, NJ 08037
(609)567-0700 FAX *(000)000-0000*

Permit No. **201601100**
Control No. **88044069**
Block/Lot **12801/62**
Applic/Issued **7/08/16** / **7/18/16**
Applic'n / Issued

CONSTRUCTION PERMIT
101 OLD ORCHARD DR

Owner in Fee WINEGAR, SUSAN
Address 101 OLD ORCHARD DRIVE
SICKLERVILLE, NJ 08081
Phone [redacted] FAX

Contractor HORIZON SERVICES, INC
Address 17 ROLAND AVENUE
MOUNT LAUREL, NJ 08054
Phone (856)840-8400
Bldr Reg#/Fed ID 13VH05117300- 3/31/16 / 34-4411626

Applicant is hereby granted permission to perform the following work:

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

Description of Work
40 GALLON GAS WATER HEATER

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

Estimated cost of work $1,200

Construction Official [signature] 7-19-16

PAYMENTS (Office use only) *

Building	$0
Electrical	0
Plumbing	58
Fire Protection	68
Elevator Devices	0
Mechanical/Other	0
DCA Training Fee	2
Certificate of Occupancy	0
Other	0
Total	$128
Check No.	4435
Cash	$128
Collected by	RB

Total Administrative Fee: $0

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/18/16
Permit # 20160 1100

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

Block 12801 Lot 62 Qualification Code

Work Site Location 101 Old Orchard Drive
Sicklerville, NJ 08081

Owner in Fee: Susan Winegar

Tel. [redacted] e-mail

Address 101 Old Orchard Drive (street) Winslow (municipality) 08081 (zip code)

Contractor: HORIZON SERVICES Tel. (856) 840-8400 x 3227

Address 17 Roland Avenue e-mail
Mount Laurel, NJ 08054

Contractor License No. 361B101232300 Exp. Date 03/31/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 364411626 FAX: (856) 234-4513

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 7/18/16 Approved by: JC
[ ] 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 [X] CA
Date:
Approved by: 5/29/18 JC

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			5/29/18	JC
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: DAVE GEIGER

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Bradford White 40 Gallon Natural Gas 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	15
1	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	
	Stacks	
	Other	

Administrative Surcharge	$	58
Minimum Fee	$	
State Permit Surcharge Fee	$	
TOTAL FEE	$	

U.C.C. F130 (rev. 11/09)
Internet version

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

FIRE SUBCODE TECHNICAL SECTION

Date Issued 7/18/16
Control #
Permit # 20160110D

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

Block 12801 Lot 62
Work Site Location 101 Old Orchard Drive
Sicklerville, NJ 08081
Owner in Fee Susan Winegar
Address 101 Old Orchard
Winslow Twp, NJ 08081
Tele. [redacted]
Contractor HORIZON SERVICES
Address 17 Roland Avenue
Mount Laurel, NJ 08054
Tele. (856) 840-8400 X3227 Fax (856) 234-4513
Lic. No. 13VH05117300
Federal Emp. No. 364411626

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: BASEMENT

Total Cost of Fire Protection Work $ 100

Fire Alarm System
New [6] Existing [6]
Location of Panel: 62
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 7/18/16 PC
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: 5/29/18 PC

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			5/29/18 PC	
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.

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Bradford White 40 Gallon Natural Gas Water Heater

Water Supply Source 62
Method of Alarm/Suppression System Supervision 62

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	___	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	___	
Other Devices _____	___	
TOTAL	___	
Suppression Systems		
Fire Pump ___ GPM Type ___	___	
Dry Pipe/Alarm Valves	___	
Pre-action Valves	___	
Sprinkler Heads (Dry and Wet)	___	
Standpipes	___	
Pre-engineered Systems		
Wet Chemical	___	
Dry Chemical	___	
CO_2 Suppression	___	
Foam Suppression	___	
Halon Suppression	___	
Other _____	___	
Kitchen Hood Exhaust System	___	
Smoke Control System	___	
Gas [X] or Oil [ ] Fired Appliances	1	68
Other _____	___	

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

U.C.C. F140
(rev 3/96)

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 12801 LOT 62 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 101 Old Orchard Drive, Sicklerville, NJ 08081

Owner in Fee Susan Winegar

Verifying Individual Steve Stacknick Company Horizon Services

Address 17 Roland Avenue, Mount Laurel, NJ 08054
Street City State Zip Code

Tel: (856) 840-8400 x 3227 Fax: (856) 234-4513

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[x] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney: **Size** 5"x

[x] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[ ] Chimney-Interior
[x] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Water Heater	Oil / (Gas) / Other: Natural Gas	40,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____
Signature Date

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

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

_____ 6/30/16
Signature Date

Direct Vent Appliance:

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

_____
Signature Date

Verification Not Submitted:

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

_____
Signature Date

FOR MINOR AND EMERGENCY 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.

U.C.C. F370 (rev. 01/12)

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 Master Plumbers

HAS LICENSED

David H. Geiger III
T/A HORIZON SERVICES INC
320 Century Blvd
Wilmington, DE 19808

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

06/15/2015 TO 06/30/2017
VALID

Signature of Licensee/Registrant/Certificate Holder

36BI01232300
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

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
Master Plumber

05/15/2015 TO 06/30/2017
VALID

36BI01232300

SIGNATURE

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of Master Plumbers
P.O. Box 45008
Newark, NJ 07101

PLEASE DETACH HERE

David H. Geiger III

EXPIRATION DATE 2017

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 36BI 01232300 . 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 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 ☐

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

CA-20

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

Horizon Services Inc
David H Geiger III
320 Century Blvd
Wilmington DE 19808

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

13VH05117300
LICENSE/REGISTRATION/CERTIFICATION #

03/01/2016 TO 03/31/2017
VALID

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

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) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) 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 Avenue

Mount Laurel, NJ 08054

Telephone (856) 840-8400 x3227

Signature _____

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

RECEIVED
SEP 17 1993

BLOCK 12801 LOT 62 ADDRESS (SITE) 101 Old Orchard Dr. PERMIT NO. 12219

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 101 Old Orchard Drive Sicklerville
2. Name of Owner in Fee: MARLTONA Corp. Tel. (609) 629-0450
   Address 21 KIRKDALE DRIVE (street) MARLTON, (municipality) NJ (zip code) 08053
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SAME Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. 00443 Exp. Date 3/95
   Federal Emp. No. 22-2138508 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work Marian Chrisana Tel. (609) 629-0450

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	290.00		
2. Electrical		100.00		
3. Plumbing		128.00		
4. Fire Protection		47.00		
5. Other				
6. Subtotal	$	565.00		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		39.00		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	604.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 30 ft.	
3. Area—Largest Floor 903 sq. ft.	
4. Building Area—All Floors 1776 sq. ft.	
5. Volume of Structure 24,239 cu. ft.	
6. Construction Classification 5-B	
7. Total Land Area Disturbed _____ sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ sq. ft. / no _____	
11. Fire Grading 1 HR	
12. Max. Live Load 40 PSF	
13. Max. Occupancy Load 5	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☑ New Building	40,000
4. ☐ Addition	
5. ☐ Alteration	
6. ☑ Fire Protection	100
7. ☑ Plumbing	2,500
8. ☑ Electrical	2,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	44,600

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			8/20/93				
			8-17-93	BL			
			8/23/93				
			8-19-93				

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 0
After Construction 1
Net gain ~~or Loss~~ 1

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

Fnt 9-9-93 JR

C.O. 7/29/94 7/94

CK 006415

Pd 9.3.93 CK

CERTIFICATE

Date Issued 7-28-94
Control #
Permit # 12219
CO# 9478
OLD ORCHARD

IDENTIFICATION

Block 12801 Lot 62
Work Site Location 101 Old Orchard Drive
Sicklerville
Owner in Fee The Marltona Corp.
Address 21 Kirkdale Drive
Marlton, N.J. 08053
Tele. (609) 629-0450
Contractor Same As Owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 00443
Federal Emp. No. 22-2138508
or Social Security No.

Home Warranty No. 3100-38515
Type of Warranty Plan: [ ] State [X] Private
Use Group R-3
Maximum Live Load 40 Lbs.
Construction Classification
Maximum Occupancy Load 5
Description of Work/Use:

Single Family Dwelling (2-Story Townhouse)
24,209 cu. ft. 1776 sq. ft.
$45,000.00

[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 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 _____, 19____ or the owner will be subject to fine or order to vacate:

Joseph F. Cuin
CONSTRUCTION OFFICIAL

Fee $ $25.00
Paid [X] Check No. 007373
Collected by: ARF XXXX 7-25-

U.C.C. Form F-260B

1 WHITE - APPLICANT 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 9-2-93
Control #
Permit # Nº 012219

IDENTIFICATION Block 12801 Lot 62 OLD ORCHARD

Work Site Location 101 Old Orchard Drive
Sicklerville

Owner in Fee The Marltona Corp.
Address 21 Kirkdale Drive
Marlton, N.J. 08053
Tele. (609) 629-0450

Contractor Same As Owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 00443 Exp. Date
Federal Emp. No. 22-2138508
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER
[X] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Single Family Dwelling (2-Story Townhouse)
24,209 cu. ft.
1776 sq. ft.

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

Estimated Cost of Work $ 44,600.00

J. F. Cleary
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	290.00
Electrical	100.00
Plumbing	128.00
Fire Protection	47.00
Elevator Devices	
Other	
DCA Training Fee	39.00
Cert. of Occ.	
Other	
Total	$604.00
Check No.	006415
Cash	
Collected By:	ARF XXX 9-3-93

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

CAMDEN COUNTY SOIL CONSERVATION DISTRICT
THE COURTYARDS
403 COMMERCE LANE, SUITE 1
BERLIN, NEW JERSEY 08009
(609) 767-6299

CERTIFICATE OF COMPLIANCE

TO: Chusano Homes MUNICIPALITY: Winslow

PROJECT: Cobblers Cove

Application No. _____

Block No.(s) 12801 Lot No.(s) 62

Address 101 Old Orchard Drive

Complete Compliance ☒ *Conditional Compliance ☐

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Camden County Soil Conservation District and required by Chapter 251, PL 1975, as amended, The Soil Erosion and Sediment Control Act (N.J.S.A.4:24-39 et seq.)

Date 7/26/94 Authorized Signature _____

*Subject to the attached conditions.

Revised 8/92

DISTRIBUTION: WHITE - Construction Official CANARY - Applicant PINK - District

#A5465

(845)

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12-13-93
Date Issued 9-2-93
Control #
Permit # 12219

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

Block 12801 Lot 62 (COBBLER'S COVE)
Work Site Location 101 OLD ORCHARD DRIVE
SICKLERVILLE, NJ 08081
Owner in Fee THE MARLTONA CORP.
Address 21 KIRKDALE DRIVE
MARLTON, NJ 08053
Tele. (609) 629-0450
Contractor (SAME AS ABOVE)
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No. 000443
Federal Emp. No. 22-2138508 or Social Security No.

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 Robert J. Clausen

20,587 Vol
X.0126

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK NEW TWIN HOME:
(3 BDR, 2 1/2 BATH, GARAGE, SLAB-ON-GRADE, FIREPLACE)
"APPLEWOOD TWIN MODEL" (REPEAT)
SMALLER HOUSE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Model Change	12/13/93	EK
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[✓] CO [ ] CCO [ ] CA		
Date: 12-27-94		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing			4-22-94	BJL
Foundation			4-29-94	BJL
Slab			5-6-94	BJL
Frame			6-2-94	BJL
Insulation (NOT REQ'D)	6-10-94		7-1-94	BJL
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			7-27-94	BJL

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed
Constr. Class	Present 5-B	Proposed
No. of Stories	2	
Height of Structure	25'-0" Ft.	
Area—Largest Floor	730 Sq. Ft.	
New Bldg. Area/All Floors	1450 Sq. Ft.	
Volume of New Structure	20,587 Cu. Ft.	
Total Land Area Disturbed	730 Sq. Ft.	

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 40,000.00

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 $ 239.40

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-2-93
Control #
Permit # 12219

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

Block 12801 Lot 62
Work Site Location 101 OLD ORCHARD DR
Sicklerville, NJ 08081
Owner in Fee THE MARLTONA Corp.
Address 21 KIRKDALE DR.
MARLTON, NJ 08053
Tele. (609) 629-0450
Contractor JOYCE ELECTRICAL CONTRACTING CO., INC.
Address 105 EVESBORO-MEDFORD RD
MARLTON NJ 08053
Tele. (___) 609 596-9550
Lic. No. 5413
Federal Emp. No. 22-2211123 or Social Security No. ___

B. ELECTRICAL CHARACTERISTICS R-3

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as ___ Utility Co. ___
Est. Cost of Elec. Work $ 2,000.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 8-19-93
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 7-13-94
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
~~Rough~~			6-29-94	
Temporary				
Constr. Serv.				
TCO				
Other			8-21-94	
~~Service~~				
~~Final~~	7-20-94		7-28-94	

Temp. Cut-in-Card Date Issued ___
Final Cut-in-Card Date Issued ___
Line Dept.

(XOF DOOR)

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. Sheldon L Kauffman
Signature-Contractor Seal

[X] ~~Licensed~~ Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
24		Fixtures (1)	30.00
22		Receptacles (2)	5.00
4/4		Switches (3)	
88		Total 1 + 2 + 3	
1	___	Range	5.00
___	___	Oven(s)	
___	___	Surface Unit	
1	___	Dishwasher	5.00
1	___	Garbage Disposal	5.00
1	___	Dryer	5.00
1	___	A/C Unit	5.00
___		Burglar Alarms	
___		Intercoms Panels	105.00
~~0~~		Smoke Detectors	5.25 Prot
___	___	Whirlpool/spa	
___		Pool Bonding	99.75
___	___	Pool Filter Motor	
___		Pool Lights	
1	___	Water Heater(s)	5.00
1	___	Central heat: oil (gas) or elec.	5.00
___	___	Baseboard Heat Units	
1		Thermostats	5.00
___	___	Heat Pump	
___	___	Pump(s)	
___	___	Motor Control Center/Sub Panels	
___		Signs	
___	___	Light Standards	
___	___	Motors—Fractional H.P.	
2	___	Motors—All Others EXH. FANS	10.00
___	___	Transformers	
___	___	Generators	
1	150 AMP	Service Entrance	15.00
2	___	Other PHONE JACKS	10.00

Administrative Surcharge $ ___
Paid [ ] Check # ___ Minimum Fee $ ___
Collected by: ___ TOTAL FEE $ 100.00

U.C.C. Form F-120A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-2-93
Control #
Permit # 12219

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

Block 12801 Lot 62
Work Site Location 101 OLD ORCHARD DR.
SICKLERVILLE N.J. 08081
Owner in Fee THE MARLTONA CORP
Address 21KIRKDALE DRIVE
MARLTON, NJ 08053
Tele. ( ) 609-629-0450
Contractor Louis Parisi & Sons Inc.
Address Box 198 #15 Center St.
Birmingham N.J. 08011
Tele. (609) 894-4177
Lic. No. 4384
Federal Emp. No. 22003952 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present ~~R-4~~ R-3 Proposed
Building Sewer Size PVC SCH 35
Water Service Size POLYETHENE
Estimated Cost of Plumbing Work $ 2,500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 8/23/93
Approved by: bucs

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Approved by:
Date: 7/27/94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			5/4	
Rough			6/15	
Water			5/4	
Sewer			5/4	
Fixtures			7/27	
Gas Equipment			7/27	
Gas Final			9/22	
Solar				
TCO				
GAS Test			6/27	

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.

Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	15.00
	Urinal/Bidet	
3	Bath Tub	10.00
3	Lavatory	15.00
	Shower	
	Floor Drain	
1	Sink	5.00
1	Dishwasher	5.00
	Drinking Fountain 135.00	
1	Washing Machine 6.75 Prof	5.00
2	Hose Bibb	10.00
1	Gas Piping 128.25	5.00
	Fuel Oil Piping	
1	Water Heater	5.00
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	25.00
1	Water Service Connection	25.00
4	Gas Service Connection	
	Active Solar System	
2	Other VENT STACK	10.00
	Administrative Surcharge	$
Paid [ ] Check #	Minimum Fee	$
Collected by:	TOTAL	$ 128.00

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-2-93
Control #
Permit # 12219

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

Block 12801 Lot 60
Work Site Location 101 OLD ORCHARD DR.
Sicklerville, NJ 08081
Owner in Fee THE Manitoba Corp.
Address 34 KIRKDALE DR.
MARLTON, NJ 08053
Tele. (609) 629-0450
Contractor JOYCE ELECTRICAL CONTRACTING CO INC
Address 105 EVESBORO-MEDFORD ROAD
MARLTON NJ 08053
Tele. (609 596-9550
Lic. No. 5413
Federal Emp. No. 22-2211123 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class. Present Proposed
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: HALLWAYS - BEDROOMS
Total Est. Cost of Fire Prot. Work $ 100.- [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 8-19-93
Approved by: BJ
SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 9-2-93
Approved by: BJ

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test			9-2-93	BJ
Smoke Test				
Mechanical				
TCO				
Other FG			9-2-93	BJ
Other				
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.

Sheila L. Kreoff
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors 50.00 2.50 Prot 5		
Heat Detectors		25.00
TOTAL 47.50	5	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	25.00
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 47.00

U.C.C. Form F-140A

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

APPLICATION FOR ZONING

BLOCK 12801
LOT 62
DATE 8-16-93

OWNER THE MARLTONA CORP.

ADRESS 21 KIRKDALE DRIVE, MARLTON, N.J. 08053

PHONE (609) 629-0450 ZONING CLASSIFACATION R-4

REQUESTED USE OF PROPERTY (BE SPECIFIC) SINGLE FAMILY 2 STORY DWELLING

APPLICANT'S SIGNATURE Robert J. Clinnin

PLOT PLAN SHOWING EXISTING BUILDINGS AND PROPOSED BUILDINGS INCLUDING, FRONT, SIDE AND REAR YARD SETBACKS MUST BE INCLUDED.

THIS APLICATION HAS BEEN EXAMINED AND FOUND TO BE IN COMPLIANCE WITH THE ZONING REQUIREMENTS.

ZONING OFFICER'S SIGNATURE Edward J. McGlynn 8/18/93

THIS APPLICATION IS DISAPPROVED BECAUSE OF NON-COMLPIANCE WITH THE FOLLOWING SECTIONS OF THE ZONING CODE

REJECTED APPLICATIONS CAN BE REVISED TO COMPLY WITH THE ZONING CODE OR YOU MAY APPLY TO THE ZONING BOARD OF ADJUSTMENTS FOR RELIEF OF THE ZONING OFFICERS DECISION.

WHEN A VARIANCE IS OBTAINED, A COPY OF THE RESOLUTION MUST BE ATTACHED TO THE APPLICATION

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued 9-2-93
Control #
Permit # 12219
Date Issued 7-28-94
~~Ctf~~ 9478

IDENTIFICATION

Block 12801 Lot 62
Work Site Location 101 OLD ORCHARD DR. SICKLERVILLE, NJ
Owner in Fee The Marltona Corp
Address 21 Kirkdale Drive Marlton NJ 08053
Tele. (609) 629-0450

Contractor (same as above)
Address
Tele. ( )
Lic. No. 00443
Federal Emp. No. 22-2138508
or Social Security No.

ACTION

☑ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP R-3 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 45,000-
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

N/A

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

N/A

DESCRIPTION OF WORK/USE:

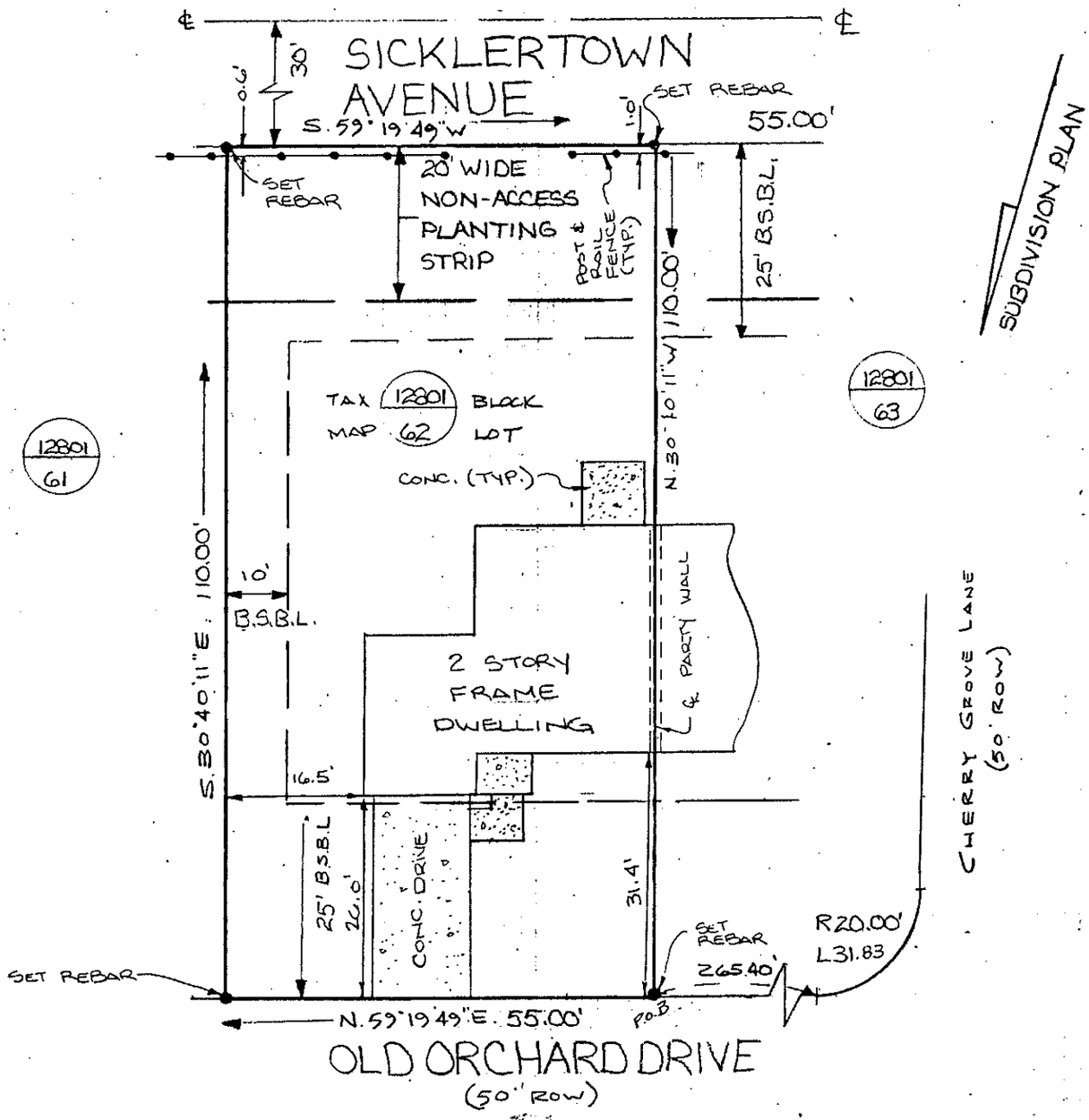
I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Robert J. Chiura 7-25-94
OWNER/AGENT

☑ Owner
☐ Agent

THS

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



DESCRIPTION:

1) BEING LOT 62, BLOCK 12801, SUBDIVISION MAP, OLD ORCHARD SECTION-2, BY HENDERSON & BODWELL, DATED MARCH 17, 1989
2) A.K.A. LOT 62, BLOCK 12801, OFFICIAL TAX MAP
3) CONTAINING 6050 SQ FT ± (0.1389 ACRES ±)

MARLTONA JOB Nº 845

DO NOT SCALE THIS PLAN ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY BEARING THE LAND SURVEYOR'S EMBOSSED SEAL SHALL BE CONSIDERED VALID.

REV. SITE PLAN 12-2-93 CAB			
REV. SITE PLAN 8-4-93 CAS	PIN FOOTINGS 4-26-94 CAS		
SITE PLAN	HOUSE STK.	FOUNDATION	FINAL
8-30-90 DH	4-15-94 CAS		7-22-94 CAB

TO: MONOWIK ABSTRACT COMPANY,
JEFFERSON PENN MORTGAGE, ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR,
RICHARD CRAMER AND
JEAN ESPOSITO.

IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY THAT THIS SURVEY IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (EXCEPT SUCH EASEMENTS, IF ANY, LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS AND NOT VISIBLE).

CERTIFICATIONS SHALL RUN ONLY TO THE BENEFIT OF THE INDIVIDUALS AND ORGANIZATIONS LISTED HEREON.

CHARLES L. WALTON, JR.
NEW JERSEY PROFESSIONAL ENGINEER
& LAND SURVEYOR LIC. NO. 15800

PLAN OF SURVEY

101 OLD ORCHARD DRIVE
WINSLOW TOWNSHIP
CAMDEN COUNTY, NEW JERSEY

TAX MAP: BLOCK 12801 LOT 62

ATKINSON & WALTON, INC.
CIVIL & ENVIRONMENTAL ENGINEERS
LAND SURVEYORS & PLANNERS
180 TUCKERTON ROAD, SUITE 11
~~MEDFORD, NEW JERSEY 08055~~
C. L. WALTON, JR., P.E., L.S., P.P. E. R. GRAHAM, JR., L.S. M. D. HOPKINS, SR., L.S.

DATE: OCT 26, 1989	SCALE: 1" = 20'	FILE NO. AG
	DRAWN BY: JRM	JOB NO. 85518
	CHECKED BY: ERG	