

**CHERRY HILL TOWNSHIP****OPEN PUBLIC RECORDS ACT REQUEST FORM**

Cherry Hill Township

Date Received: 1/2/2024

Tracking Number:

OPRA-Req-24-0012**Important Notice**

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

Requestor InformationName: Breean Stumpf

Address: _____

City: _____ State: NJ Zip: _____

Telephone: _____ Fax: _____

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxxxPreferred Delivery: E-Mail**Payment Information**Maximum Authorized Cost 0Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual
cost of material

☐ 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: _____

Record Request Information:Location: 116 SHARROW VALE RD☐ Includes Common Law RequestRecords requested: OPRA/OPEN & CLOSE PERMITS - 116 Sharrow Vale Rd, Cherry Hill, NJ 08034**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 # _____ Total _____

Rec'd Date _____ Deposit _____

Ready Date _____ Bal. Due _____

Total Pages _____ Bal. Paid _____

Records Provided:

Custodian Signature: _____

Date: _____

00029_030396 SF
20192949

117563

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 permit 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 Spagz Electric LLC (Dan Spagnoli)

Address 27 Lancaster Dr, Marlton NJ 08053

Telephone 856-983-6402

Signature [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 10/22/2019
Control Number 117563
Permit Number 20192949
Permit Issue Date 10/17/2019
Certificate Number 20192949

Identification

Block: 342.13 Lot: 6 Qual: _____

Work Site Location: 116 SHARROWVALE RD CHERRY HILL TOWNSHIP, NJ 08034

Owner in Fee: EGGLESTON IDA

Owner Address: 116 SHARROWVALE RD CHERRY HILL NJ 08034

Telephone: (856) 428-9712

Contractor SPAGZ ELECTRIC LLC

Address 27 LANCASTER DRIVE MARLTON NJ 08053

Telephone: (609) 209-1022

Fax: _____

License Number or Builders Registration Number: 34EB01701800

Federal Emp. Number: 13VH03954300

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of: _____

Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: TYPE VB Use Group: R-5

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
SERVICE 100 AMP

Certificate Comments:

☐ **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: 10/22/2019

Page 1



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 342.13 Lot 6 Qualification Code _____

Work Site Location 116 Sharrowvale Rd

Cherry Hill NJ 08034

Owner in Fee: IDA Eggleston

Tel. 856 428-9712 e-mail _____

Address 116 Sharrowvale Rd Cherry Hill 08034

Contractor: Spagz Electric LLC Tel. 856 983-6402

Address 27 Lancaster Dr e-mail _____

Marlton NJ 08053

Contractor License No. 1701800 Exp. Date 3/23

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1950.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Daniel Spagnolia

Print name here: Daniel Spagnolia

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 100 Amp Service replacement

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____



CHERRY HILL TOWNSHIP
Building Department (856) 488-7855



DRIVER # _____

CUT-IN-CARD

MUNICIPALITY CHERRY HILL TOWNSHIP

LOCATION 116 SHARROWVALE RD UTILITY CO PSE&G

CHERRY HILL TOWNSHIP, NJ 08034 BLK 342.13 LOT 6

OWNER EGGLESTON IDA OCCUPANT EGGLESTON IDA

"Installation in the above premises has been inspected and
is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100 A OH

INSTALLED BY SPAGZ ELECTRIC LLC LICENSE NO 34EB01701800

DATE 10/21/2019 PERMIT # 20192949 INSPECTOR Eugene Emenecker

☐ FAXED IN 10/21/2019 Lic. No: 008832

Eugene Emenecker

From: Eugene Emenecker
Sent: Monday, October 21, 2019 2:12 PM
To: 'Southern Electric Inspections Moorestown'
Subject: cut card 116 Sharrowvale Rd
Attachments: 116 Sharrowvale Rd cherry hill.pdf



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

Date Applied 10/1/2019
Date Issued 10/17/2019
Control # 117563
Permit # 20192949

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 342.13	Lot: 6	Qualifier	Use Group R-5
Work Site Location: 116 SHARROWVALE RD CHERRY HILL TOWNSHIP, NJ 08034		Contractor	SPAGZ ELECTRIC LLC
Owner in Fee EGGLESTON IDA		Address	27 LANCASTER DRIVE MARLTON NJ 08053
Address 116 SHARROWVALE RD CHERRY HILL NJ 08034		Telephone: (856) 983-6402	
Telephone: (856) 428-9712		Lic. No. or Bldrs. Reg. No.	13VH03954300 34EB01701800
		Federal Employee. No.	

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SERVICE 100 AMP

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

Estimated Cost of Work \$1,950

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)

035	Building	
039	Electrical	\$65
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	\$4
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Surcharge	
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		\$69

Check No.	2197
Check	\$69
Cash	\$0
Credit	\$0
Collected By	Sandi Del Rocini

RECEIVED

OCT 17 2019

TAX COLLECTOR



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 342.13 Lot 6 Qualification Code _____

Work Site Location 116 Sharrowvale Rd

Cherry Hill NJ 08034

Owner in Fee: IDA Eggleston

Tel. 856 428-9712 e-mail _____

Address 116 Sharrowvale Rd Cherry Hill 08034

Contractor: Spagz Electric LLC Tel. 856 983-6402

Address 27 Lancaster Dr e-mail _____

Marlton NJ 08053

Contractor License No. 1701800 Exp. Date 3/23

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1950.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Daniel Spagnolia

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

100 Amp Service replacement

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	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	_____
<u>1</u>	<u>100</u>	AMP Service	<u>65.00</u>
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 10/1/19 NSV

[] 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: 10/1/19

Approved by: NSV

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 _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

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			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X	X	X	
☐ N.J. Department of Transportation	X	X	X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
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. _____	_____	_____	_____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 116 SHARROW VALE RD CHERRY HILL TOWNSHIP NJ 08034

2. Name of Owner in Fee: MYSTIC PROPERTY GROUP (LEE HUMMEL) Tel. (856) 816-5637
Address 2 E. OAK AVENUE MOORESTOWN NJ 08057

3. Ownership in Fee: ☐ Public ☒ Private Email _____

4. Principal Contractor: BIG COUNTRY CONSTRUCTION LLC Tel. (856) 630-6040
Address 3816 CHURCH RD MT. LAUREL NJ 08054
Email KSEIDELMANN@YAHOO.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	68	
2. Electrical	95	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	163	
7. Less 20% for State Plan Review		
8. Subtotal	163	
9. State Permit Surcharge Fee	6	
10. Subtotal	169	
11. Cert of Occupancy		
12. Other		
13. TOTAL	169	

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 _____

Ila. 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)

- ☒ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
1200	FK	5/31/2023		5/31/2023		5/31/2023			
1300	JV	6/22/2023		6/22/2023		6/22/2023			

TOTAL COST 2500

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R-5
 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



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

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 12/1/2023
Control Number 135172
Permit Number 20231863
Permit Issue Date 6/26/2023
Certificate Number 20231863

Identification

Block: 342.13 Lot: 6 Qual: _____
Work Site Location: 116 SHARROW VALE RD CHERRY HILL TOWNSHIP, NJ 08034

Owner in Fee: MYSTIC PROPERTY GROUP (LEE HUMMEL)
Owner Address: 2 E. OAK AVENUE MOORESTOWN NJ 08057
Telephone: (856) 816-5637

Contractor BIG COUNTRY CONSTRUCTION LLC
Address 3816 CHURCH RD MT. LAUREL NJ 08054
Telephone: (856) 630-6040 Fax: _____
License Number or Builders Registration Number: _____
Federal Emp. Number: _____

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

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

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: TYPE VB Use Group: R-5

Maximum Occupancy Load: _____ Maximum Live Load: _____

Description of Work/Use:
ALTERATIONS REMOVE LOAD BEARING WALL BETWEEN KITCHEN DINING & LIVING SPACE

Certificate Comments:

☐ **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: 1/3/2024

Page 1



CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied 5/15/2023
Date Issued 6/26/2023
Control # 135172
Permit # 20231863

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: <u>342.13</u>	Lot: <u>6</u>	Qualifier	Use Group <u>R-5</u>
Work Site Location: <u>116 SHARROW VALE RD CHERRY HILL TOWNSHIP, NJ 08034</u>		Contractor <u>BIG COUNTRY CONSTRUCTION LLC</u>	
Owner in Fee <u>MYSTIC PROPERTY GROUP (LEE HUMMEL)</u>		Address <u>3816 CHURCH RD MT. LAUREL NJ 08054</u>	
Address <u>2 E. OAK AVENUE MOORESTOWN NJ 08057</u>		Telephone: <u>(856) 630-6040</u>	
Telephone: <u>(856) 816-5637</u>		Lic. No. or Bldrs. Reg. No. <u>13VH08554700</u>	
		Federal Employee. No.	

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATIONS REMOVE LOAD BEARING WALL BETWEEN KITCHEN DINING & LIVING SPACE

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

Estimated Cost of Work \$2,500

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)

035	Building	\$68
039	Electrical	\$95
032	Plumbing	
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	\$6
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		\$169

Check No.

Check \$0

Cash \$0

Credit \$169

Collected By Rebecca Pooler



BUILDING SUBCODE TECHNICAL SECTION



Date Received 5/15/2023
Control # 135172
Date Issued 6/26/2023
Permit # 20231863

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 342.13 Lot 6 Qualification Code _____

Work Site Location: 116 SHARROW VALE RD. CHERRY HILL TOWNSHIP, NJ 08034

Owner in Fee: MYSTIC PROPERTY GROUP (LEE HUMMEL)

Address 2 E. OAK AVENUE MOORESTOWN NJ 08057

Tel. (856) 816-5637

Email _____

Contractor: BIG COUNTRY CONSTRUCTION LLC

Address 3816 CHURCH RD. MT. LAUREL NJ 08054

Email KSEIDELMANN@YAHOO.COM

Tel. (856) 630-6040

Fax _____

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required _____

☒ All 5/31/2023 FK

☐ Footing/Foundation _____

☐ Struct/Framework _____

☐ Exterior _____

☐ Interior _____

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: 5/31/2023

Approved by: fkuhn

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 11/28/2023

Approved by: fkuhn

INSPECTIONS

Type:	Failure	Dates (Month/Day)	Initial
Footing	_____	Failure Approval	_____
Footing Bonding	_____	_____	_____
Foundation	_____	_____	_____
Slab	_____	_____	_____
Frame	_____	<u>6/28/23</u>	<u>FK</u>
Truss Sys./Bracing	_____	_____	_____
Barrier-Free	_____	_____	_____
Insulation	_____	_____	_____
Finishes-Base Layer	_____	_____	_____
Finishes-Final	_____	_____	_____
Energy	_____	_____	_____
Mechanical	_____	_____	_____
TCO	_____	_____	_____
Other	_____	_____	_____
Final	_____	<u>11/28/23</u>	<u>FK</u>
Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 If Industrial Building: _____

Constr. Class Present TYPE VB Proposed _____ State Approved _____

Number of Stories _____ HUD _____

Height of Structure _____ Ft.

Area - Largest Floor _____ Sq. Ft.

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

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. _____
2. Rehabilitation \$1,200
3. Total (1+2) \$1,200

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.

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATIONS, REMOVE LOAD BEARING WALL BETWEEN KITCHEN DINING & LIVING SPACE

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)

- _____
- _____
- \$68
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$3

TOTAL FEE \$71



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 342.13 Lot 6 Qualification Code _____

Work Site Location: 116 SHARROW VALE RD CHERRY HILL TOWNSHIP, NJ 08034

Owner in Fee: MYSTIC PROPERTY GROUP (LEE HUMMEL)

Address 2 E. OAK AVENUE MOORESTOWN NJ 08057

Email _____

Tel. (856) 816-5637

Contractor: GIBSON ELECTRICAL AND GENERAL CONTRACTORS

Address 1016 JARVIS RD SICKLERVILLE NJ 08081

Email gibsonelectric@comcast.net

Tel. (856) 346-3388 Fax _____

Lic No. 34EB01471800 Exp. Date 3/31/2024

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$1,300

JOB SUMMARY (Office Use Only)						
PLAN REVIEW	Date	Initial	INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required			Type:	Failure	Approval	Initial
☐ Partial/Underslab Approved			Rough		<u>6/27/23</u>	<u>TM</u>
Partial Underslab Utilities Approved			Barrier-Free			
Date: _____ by: _____			Trench			
☒ Electrical Plans Approved			Temp. Serv.			
Date: <u>6/22/2023</u> by: <u>JV</u>			Constr. Serv.			
Joint Plan Review Required			TCO			
☐ Building ☐ Plumbing			Other			
☐ Fire ☐ Elevator			Service			
SUBCODE APPROVAL for PERMIT			Final			
Date: <u>6/22/2023</u>			Barrier-Free			
Approved by: <u>jvarga</u>			Temp. Cut-in-Card Date Issued			
SUBCODE APPROVAL for CERTIFICATE			Final Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA			Annual Pool Inspection			
Date: <u>11/30/2023</u>			Date of Grounding and Bonding			
Approved by: <u>jvarga</u>			Certification			

Date Received 5/15/2023
Date Issued 6/26/2023
Control # 135172
Permit # 20231863

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 ☐ Certifd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ALTERATIONS, REMOVE LOAD BEARING WALL BETWEEN KITCHEN DINING & LIVING SPACE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u>7</u>		Lighting Fixtures	
<u>3</u>		Receptacles	
<u>4</u>		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
<u>1</u>		Microwave	
<u>15</u>		TOTAL NUMBERS	<u>\$50</u>
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
<u>1</u>	<u>9.6</u>	KW Elec. Range/Receptical	<u>\$15</u>
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
<u>1</u>	<u>2.4</u>	KW Dishwasher	<u>\$15</u>
<u>1</u>	<u>2.4</u>	HP Garbage Disposal	<u>\$15</u>
		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 \$2
TOTAL FEE \$97

TOWNSHIP OF CHERRY HILL

APPLICATION FOR ZONING APPROVAL

Z.A.# 10/109BUILDING PERMIT ☐CERTIFICATE OF OCCUPANCY ☒BLOCK: 342 MLOT: 1ZONE: R-2PROPERTY OWNER: Anthony ConlonattoADDRESS OF PROPERTY: 106 Sharonvale Rd Cherry HillNAME OF DEVELOPMENT: Cannote Woodworks Ltd SECTION NO. _____ADDRESS OF OWNER: SAME PHONE NO. (609) 729-7562EXISTING USE: RESIDENCE PROPOSED USE: SAMETYPE OF STRUCTURE PROPOSED: Addition 16' x 20'

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

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature [Signature]Address P.O. Box 2006 Merida PA 19063Telephone (215) 328-5266

PROPOSED SETBACKS:

FRONT: 73' REAR: 44'SMALLEST SIDE: 21' AGGREGATE SIDE: 40'SQ. FT. GROUND FLOOR: 840'

HEIGHT: _____

SETBACKS (POOL ONLY):

FRONT: _____ REAR: _____

SIDE: _____ SIDE: _____

DISTANCE FROM
FOUNDATION WALL: _____

FOR OFFICE USE ONLY

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: _____

APPROVED BY:

Signature Edward C. EvansTitle Asst. DirectorDate 5/2/85

