From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 11 E Summerfield Ave, Collingswood, NJ 08108
Date: Wednesday, July 5, 2023 5:24:38 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 - 11 E Summerfield Ave, Collingswood, NJ 08108

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-47618-a8222162@requests.opramachine.com

Is hmannel@collingswood.com the wrong address for OPRA requests to Collingswood Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=collingswood_borough
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opraopen_close_permits_11_e_summ

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

CONSTRUCTION PERMIT

Permit #: 54-92
Date Issued: 03/11/92

IDENTIFICATION Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: CREITZ BRIAN PAUL

Address: 11 EAST SUMMERFIELD AVE
COLLINGSWOOD NJ 08108

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:

[✘] BUILDING [✘] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✘] ELECTRICAL [✘] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:

NEW WINDOWS, INSULATION, SHEET ROCK,
REPAIR FIRE DAMAGE, DROP CEILINGS.
FIXTURES, SWITCHES, DISHWASHER, AIR
CONDITION UNIT, SMOKE DETECTORS,.

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 $ 9,000.00

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 _____

_____ _____
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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 54-92
Issue Date: 03/11/92
Application Id: 10000147
Application Date:

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: CREITZ BRIAN PAUL

Tel. [redacted] email:

11 EAST SUMMERFIELD AVE COLLINGSWOOD NJ 08108

Contractor: Tel.

email:

Contractor License No.: Exp Date:

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

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-4 Proposed R-4

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

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

Est. Cost of Plumbing Work $ 0.00

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
NEW WINDOWS, INSULATION, SHEET ROCK,
REPAIR FIRE DAMAGE, DROP CEILINGS.

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	
	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 _____	
1.0000	Other _____	10.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 45.00

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 PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 54-92
Issue Date: 03/11/92
Application Id: 10000147
Application Date:

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: CREITZ BRIAN PAUL

Tel. [redacted] email:

11 EAST SUMMERFIELD AVE COLLINGSWOOD NJ 08108

Contractor: Tel.

email:

Fire Alarm Contractor No.: Exp Date:

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

Federal Emp. ID No. FAX:

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-4 Proposed _____

Constr. Class: Present Proposed _____

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

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

Location: _____

Est. Cost of Fire Protection Work $ 0.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date:_____ Approved by: _____

[ ] Fire Protection Plans Approved

Date:_____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NEW WINDOWS, INSULATION, SHEET ROCK,

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System [ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (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		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____	1.0000	80.00

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	90.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 54-92
Issue Date: 03/11/92
Application Id: 10000147
Application Date:

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

Block/Lot/Qual: 9. 11.
Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: CREITZ BRIAN PAUL
Tel. [redacted] email:
11 EAST SUMMERFIELD AVE COLLINGSWOOD NJ 08108
Contractor: Tel.
email:

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-4 Proposed R-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 0.00

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:
NEW WINDOWS, INSULATION, SHEET ROCK,

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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1.0000			10.00

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	2.00
TOTAL FEE	$	166.00

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.

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 54-92
Issue Date: 03/11/92
Application Id: 10000147
Application Date:

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: CREITZ BRIAN PAUL

Tel. [redacted] email:

11 EAST SUMMERFIELD AVE COLLINGSWOOD NJ 08108

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
NEW WINDOWS, INSULATION, SHEET ROCK,
REPAIR FIRE DAMAGE, DROP CEILINGS.
FIXTURES, SWITCHES, DISHWASHER, AIR
CONDITION UNIT, SMOKE DETECTORS,.
HEATING UNIT, REPLACE PLUMBING FIXTURES.

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	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
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
[X] Other _____
[ ] Demolition

FEE (Office Use Only)

	$
	0.00
	149.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 17.00
TOTAL FEE	$ 176.00

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4

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 _____

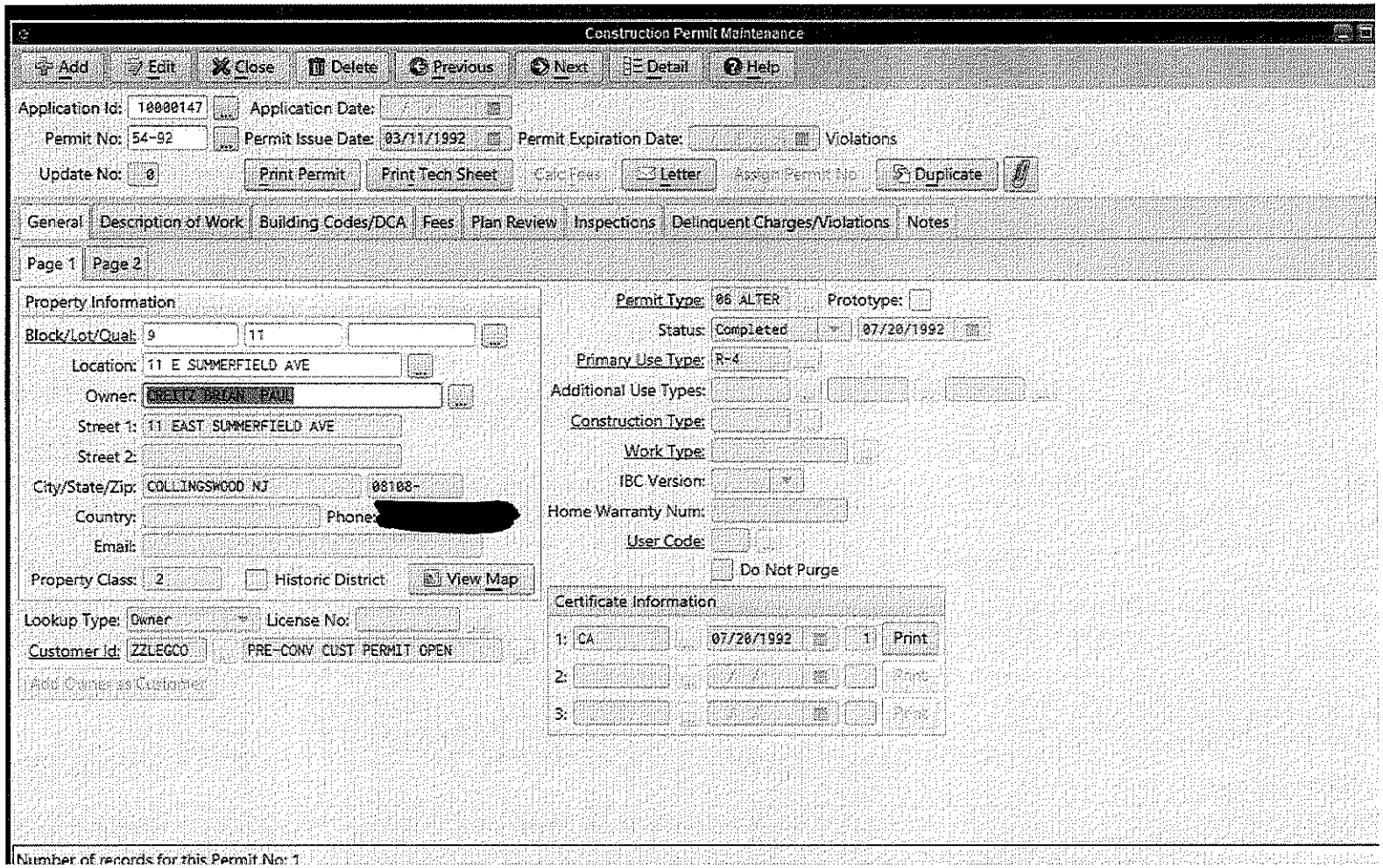
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 9,000.00

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.


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10000147
Application Date:
Permit No: 54-92
Permit Issue Date: 03/11/1992
Permit Expiration Date:
Violations
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: 9
11
Location: 11 E SUMMERFIELD AVE
Owner: [redacted]
Street 1: 11 EAST SUMMERFIELD AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
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
07/20/1992
Primary Use Type: R-4
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
07/20/1992
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 78-92
Date Issued: 03/27/92

IDENTIFICATION Block/Lot/Qual: 9. 11.
Work Site Location: 11 E SUMMERFIELD AVE
Owner in Fee: CREITZ BRIAN PAUL
Address: 11 EAST SUMMERFIELD AVE
COLLINGSWOOD NJ 08108
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:

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

DESCRIPTION OF WORK:
NEW HIP ROOF.

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 $ 4,300.00

_____ _____
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 #: 78-92
Issue Date: 03/27/92
Application Id: 10000178
Application Date: 03/27/92

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: CREITZ BRIAN PAUL

Tel: [redacted] email:

11 EAST SUMMERFIELD AVE COLLINGSWOOD NJ 08108

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
NEW HIP ROOF.

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
[X] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
	0.00
	104.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 9.00
TOTAL FEE	$ 145.00

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4

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	2,550	cu. ft.
Max. Live Load		
Max. Occupancy Load		

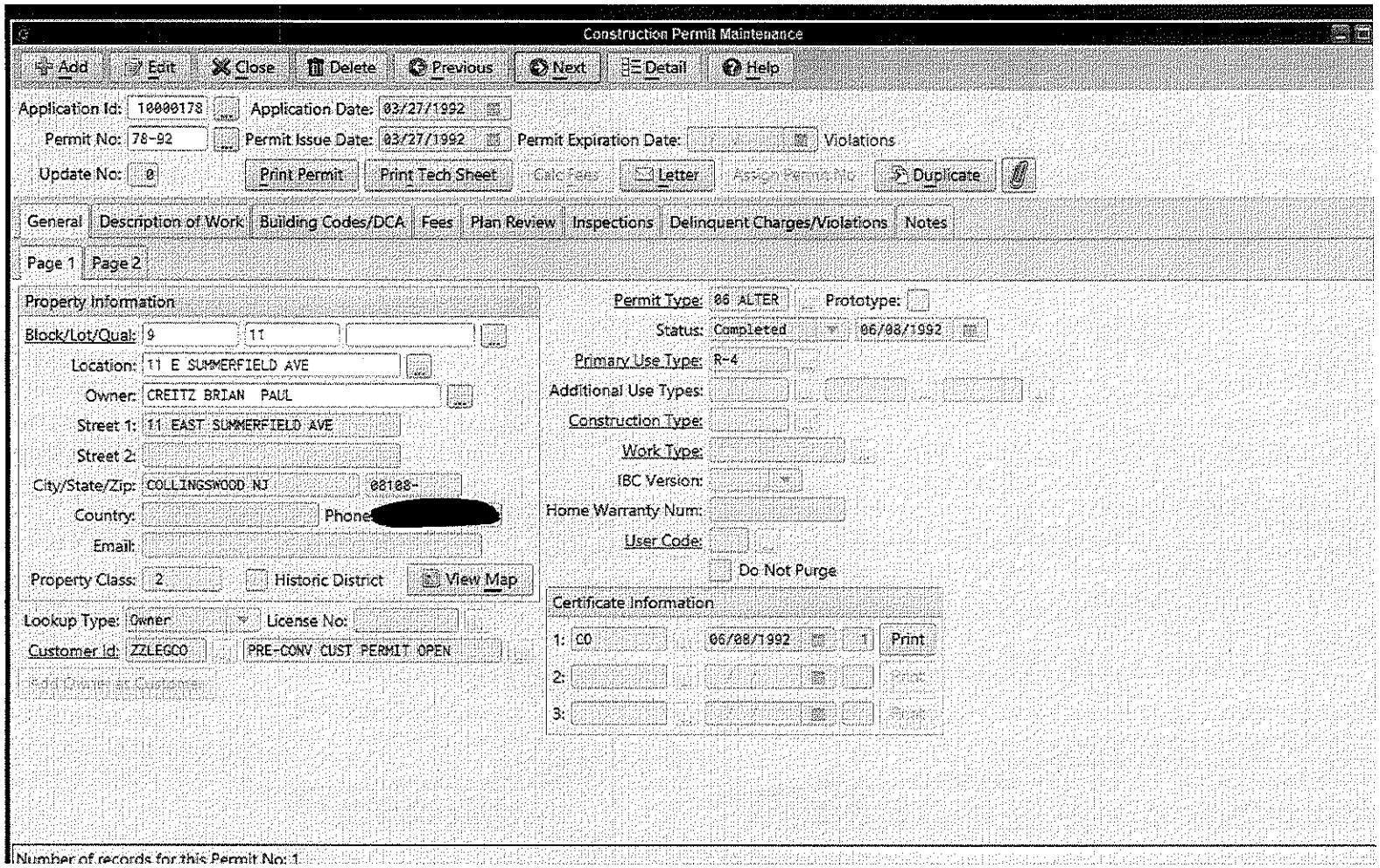
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
3. Total (1+ 2)	$ 4,300.00

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.


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10000178
Application Date: 03/27/1992
Permit No: 78-92
Permit Issue Date: 03/27/1992
Permit Expiration Date:
Violations
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: 9 11
Location: 11 E SUMMERFIELD AVE
Owner: CREITZ BRIAN PAUL
Street 1: 11 EAST SUMMERFIELD AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone
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 06/08/1992
Primary Use Type: R-4
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CO 06/08/1992 1 Print
2: Print
3: Print
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 209-92
Date Issued: 06/15/92

IDENTIFICATION Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: CREITZ BRIAN PAUL

Address: 11 EAST SUMMERFIELD AVE
COLLINGSWOOD NJ 08108

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:

[✘] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✘] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:

INGROUND SWIMMING POOL, 6 FOOT FENCE.

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 $ 12,645.00

_____ _____
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 #: 209-92
Issue Date: 06/15/92
Application Id: 10000320
Application Date:

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: CREITZ BRIAN PAUL

Tel. [redacted] email:

11 EAST SUMMERFIELD AVE COLLINGSWOOD NJ 08108

Contractor: SYLVAN POOLS Tel. (609)667-6060

RT 38 & RUDDEROW AVE email:

MAPLE SHADE, NJ 08052

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

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

Federal Emp. ID No [redacted] 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
INGROUND SWIMMING POOL, 6 FOOT FENCE.

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
[X] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
	0.00
	140.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 23.00
TOTAL FEE	$ 195.00

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

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)	$ 12,000.00

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 #: 209-92
Issue Date: 06/15/92
Application Id: 10000320
Application Date:

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

Block/Lot/Qual: 9. 11.
Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: CREITZ BRIAN PAUL
Tel. (609)858-1427 email:
11 EAST SUMMERFIELD AVE COLLINGSWOOD NJ 08108
Contractor: BILL MCDERMOTT ELECTRIC Tel. (609)546-2762
310 THIRD AVE email:
HADDON HEIGHTS, NJ 08035
Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 645.00

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

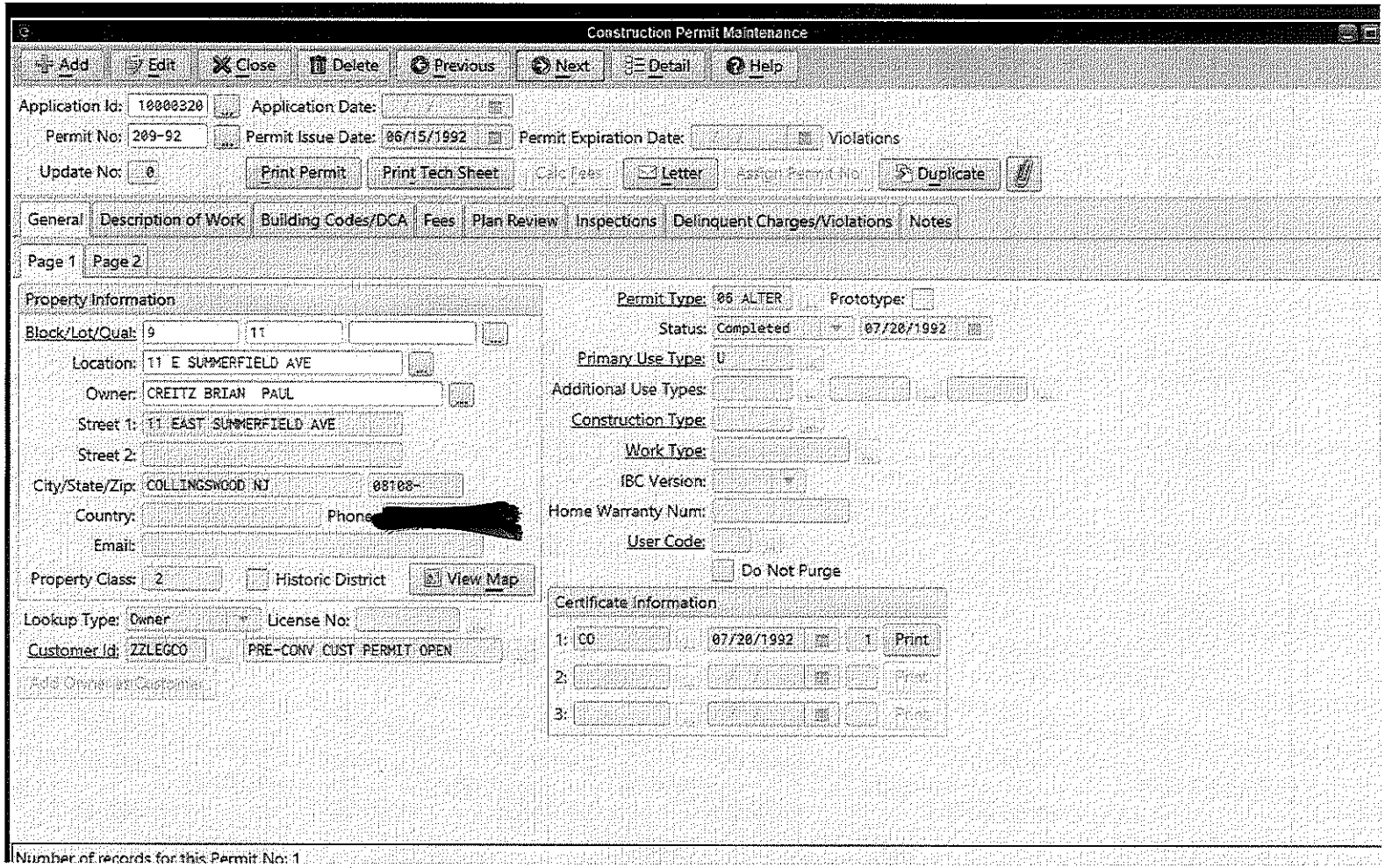
DESCRIPTION OF WORK:
INGROUND SWIMMING POOL, 6 FOOT FENCE.

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	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1.0000			60.00

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	4.00
TOTAL FEE	$	64.00

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.


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10000320
Application Date:
Permit No: 209-92
Permit Issue Date: 06/15/1992
Permit Expiration Date:
Violations
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: 9 11
Location: 11 E SUMMERFIELD AVE
Owner: CREITZ BRIAN PAUL
Street 1: 11 EAST SUMMERFIELD AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone:
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 07/20/1992
Primary Use Type: U
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CO 07/20/1992 1 Print
2: Print
3: Print
Number of records for this Permit No: 1

BLOCK 4 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 11 E. Summer Field PERMIT NO. 97-0387

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 11 E Summer Field Ave 662-0088
2. Name of Owner in Fee: Brian Greiff Tel. [redacted]
   Address 11 E Summer Field Ave (street) Gibbsboro (municipality) [redacted] (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Same Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Brian Greiff
   Tel. (609) 662-0088 FAX (609) 662-3019

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	46.00	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$	46.00	
7.	Less 20% for State Plan Review			
8.	Subtotal	$	46.00	
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	46.00	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

00146 034218 3226
19970387 SF
0001500

II. PROPOSED WORK

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

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

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

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

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

Signature Brian [illegible] Date 9-17-97

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/09/97
Date Issued 10/10/97
Control # C9/11
Permit # 97-0387

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

Block 9 Lot 11
Work Site Location 11 EAST SUMMERFIELD AVENUE

Owner in Fee CREITZ BRIAN & PAUL 13
Address 11 EAST SUMMERFIELD AVENUE
COLLINGSWOOD, NJ 08108-
Tele [redacted]
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 80-
or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DCA
Date: 4-27-98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Const Serv				
TCO				
Other				
Service			4-27-98	
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 4/30/98

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Fixtures (1)	
0		Receptacles (2)	
0		Switches (3)	
0		Total 1 + 2 + 3	0
0	0 kw	Range	0
0	0 kw	Oven(s)	0
0	0 kw	Surface Unit	0
0	0 hp	Dishwasher	0
0	0 hp	Garbage Disposal	0
0	0 kw	Dryer	0
0	0 kw	A/C Unit	0
0		Burglar Alarms	
0		Intercoms Panels	
0		Smoke Detectors	
0	0 hp	Whirlpool/Spa	0
0		Pool Bonding	
0	0 hp	Pool Filter Motor	0
0		Pool Lights	
0	0 kw	Water Heater(s)	0
0	0 kw	Central Heat: oil, gas or elect	0
0	0 kw	Baseboard Heat Units	0
0		Thermostats	
0	0 hp	Heat Pump	0
0	0 hp	Pump(s)	0
0	0 amp	Motor Control Center/Sub Panels	0
0		Signs	
0		Light Standards	
0	0 hp	Motors-Fractional H.P.	0
0	0 hp	Motors-All Others	0
0	0 kw	Transformers	0
0	0 kw	Generators	0
1	150 amp	Service Entrance	46
		Other	0
		Other	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 46
DCA Training Fee	$ 0

CUT-IN-CARD

MUNICIPALITY Collingswood

LOCATION 11 E Bl Summerdale UTILITY CO PSE&G

BLK 9 LOT 11

OWNER Cochz OCCUPANT SFD

"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 Amp

INSTALLED BY Owner LICENSE NO

DATE 4-27-98 PERMIT # 97-0387 INSPECTOR [signature]

☐ CALLED IN / / Lic. No: 4355

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

CUT-IN-CARD

MUNICIPALITY Collingswood

LOCATION 11 East Summerfield UTILITY CO PSE&G

BLK 9 LOT 11

OWNER Deitz OCCUPANT SFD

"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 Amp

INSTALLED BY Owner LICENSE NO

DATE 4.27.98 PERMIT # 97-0387 INSPECTOR

☐ CALLED IN / / Lic. No: 4365

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

U.C.C. Form F-120B

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

Date Issued 10/10/97
Control # C9/11
Permit # 97-0387

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 9 Lot 11

Work Site Location 11 EAST SUMMERFIELD AVENUE

Owner in Fee CREITZ BRIAN & PAUL 13
Address 11 EAST SUMMERFIELD AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. HO-
or Social Security No.

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

150 AMP Service

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 $ 300

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	46
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	46
Check No.	
Cash	$46
Collected By:	

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 9 Lot 11
Work Site Location 11 E Summerfield Ave
Collingswood NJ 08108
Owner in Fee/Occupant Brian H Creitz
Address Same
Tele. [redacted]
Contractor Self
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10/9/07
Approved by: SG

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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	
1	150	AMP Service New change location	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

BOROUGH OF COLLINGSWOOD

NEW JERSEY

OFFICE OF
BOROUGH ADMINISTRATOR
BOROUGH CLERK
TAX DEPARTMENT
WATER DEPARTMENT
SEWER DEPARTMENT
DEPARTMENT OF PUBLIC HEALTH
DEPARTMENT OF PUBLIC ASSISTANCE

BOROUGH HALL
678 HADDON AVENUE
COLLINGSWOOD, N. J. 08108
854-0720 — 858-0613
858-1198

DATE April 30, 1998

TO: Public Service Electric & Gas Co.
300 New Albany Road
Moorestown, NJ 08057

FROM: Steven P. Walko
Electrical Subcode Official

SUBJECT: Cut-In-Card

97-0387, 150 AMP Service, Creitz, 11 E. Summerfield AVe., Collingswood, NJ 08108
Block 9 Lot 11

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	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	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		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☒ Certificate of Approval	No. 97-0387	4/30/98			
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 9 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 11 E. Summerfield Ave 09/11 PERMIT NO. 07-0281

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 11 E. Summerfield Ave
2. Name of Owner in Fee: GERALD CREITZ Tel. (856) 854-5048
   Address 11 E Summerfield (street) Collingswood (municipality) 08108 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: SELF Tel. ( ) _____
   Address 11 E Summerfield Ave
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun SELF
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 46.00		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$ 46.00		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee	1.00		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 47.00		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

3226 00146 034170 20070281 SF *0001 4XQW*

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

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

B. NON-RESIDENTIAL

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

4407 11:15 Machine

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

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

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

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

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

Signature Gerald F Crotty Date 3-22-07

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

NJ UCCARS 5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/23/2007
Date Issued 6/6/07
Control # C9/11
Permit # 07-0281

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

Block 9 Lot 11 Qual

Work Site Location 11 EAST SUMMERFIELD AVENUE

Owner in Fee CREITZ GERALD & JACQUELINE 2

Address 11 EAST SUMMERFIELD AVENUE
COLLINGSWOOD NJ 08108

Tele. [redacted]

Contractor

Address

Tele.(__) Fax (__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE OLD SIDING AND INSTALL NEW VINYL SIDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req	3/23/08	WJ
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA

Date: 8-27-08
Approved By: WJ

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8/27/08	WJ
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[X] Siding	46
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 600
3. Total (1+2) $ 600

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # CASH Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 46
DCA State Permit Fee	$ 1

U.C.C. F110 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

Date Issued 6/6/07
Control # C9/11
Permit # 07-0281

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 9 Lot 11 Qual

Work Site Location 11 EAST SUMMERFIELD AVENUE

Owner in Fee CREITZ GERALD & JACQUELINE 2
Address 11 EAST SUMMERFIELD AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

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 OLD SIDING AND INSTALL NEW VINYL SIDING

PAYMENTS (Office Use Only)

Building	46
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	47
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.

Estimated Cost of Work $ 600

William Joseph
Construction Official

6/6/07
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5/24R

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 09/11

Date Issued
Permit #

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

Block 9 Lot 11 Qualification Code

Work Site Location 11 E. Summerfield Ave
Collingswood 08108

Owner in Fee: Jacqueline & Gerald Greitz

Tel. ([redacted]) e-mail

Address 11 E. Summerfield Ave Collingswood 08108
(street) (municipality) (zip code)

Contractor: Owner OF Home Tel. [redacted]

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

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

INSPECTIONS — Dates (Month/Day) — Failure — Failure — Approval — Initial

Type:
Footing
Footing Bonding
Foundation
Slab
Frame
Truss Sys./Bracing
Barrier-Free
Insulation
Finishes -Base Layer
Finishes -Final
Energy
Mechanical
TCO
Other
Final
Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 6000.00

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.

Gerald E Greitz
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TAKING old Siding Down
PUTTIN New ON
VINYL SIDING.

TYPE OF WORK:

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

FEE (Office Use Only)

$

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

U.C.C. F110 (rev. 7/06)

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

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	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	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		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☑ Continued Certificate of Occupancy	No. 08-0281	8/27/08			
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 9 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 11 Summerfield PERMIT NO. 19-00008

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 11 Summerfield Ave Collingswood NJ 08108
2. Name of Owner in Fee: Dawn Brickler
   Tel. [redacted] e-mail dawnbrickler415@gmail.com
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: L S P. LLC Tel. (267) 230 0861
   Address 2355 Brownsville Rd e-mail DKERNCCC@Gmail.Com
   Feasterville PA 19053
   License No. OR, if new home, Builder Reg. No. PA105338 Exp. Date 12-20
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] 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	$ 90		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	90		
13. TOTAL	$		

90 Cash 11/9/19 320

VI. BUILDING/SITE CHARACTERISTICS

RECEIVED JAN 02 2019 By

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 ____

(office use only)

4291 00146_052183 941 SF

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	9000				1/2/19				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	9000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: SFD
2. Use Group, Proposed: R5
3. Change in Use Group, Indicate Present:
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:
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present VB
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

U.C.C. F100-1 (rev. 8/08)

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 have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____

Signature _____

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

CERTIFICATE

Permit #: 19-00008
Date Issued: 02/26/19
Certificate Issued Date: 03/15/19

IDENTIFICATION

Work Site Location: 11 E SUMMERFIELD AVE
Block/Lot/Qual: 9. 11.
Owner in Fee: MTGLQ INVESTORS LP
Address: 55 BEATTIE PLACE #110
GREENVILLE SC 29601

Contractor: L.S.P. LLC
Address: 2355 BROWNSVILLE ROAD
FEASTERVILLE, PA 19053

Tel.: (267)230-0861
Fax:
Lic. No. or Bldrs. Reg. No: PA105338
Federal Employer No: 901015884

Home Warranty No:
Type of Warranty Plan:
Use Group: U Util & Misc; Acc & Misc Buildi
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: INGROUND POOL FILL IN

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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

☐ If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate.

CERTIFICATE OF 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 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 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 immediate 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

Construction Official

3/20/19
Date

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 19-00008
Issue Date: FEB 26 2019
Application Id: 90005103
Application Date: 01/04/19

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: MTGLQ INVESTORS LP

Tel: [redacted] email:

55 BEATTIE PLACE #110 GREENVILLE SC 29601

Contractor: L.S.P. LLC Tel. (267)230-0861

2355 BROWNSVILLE ROAD email: DKERNCCC@GMAIL.COM

FEASTERVILLE, PA 19053

Contractor License No. or Builder Registration No.: PA105338 Exp Date:

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

Federal Emp. ID No: [redacted] 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
INGROUND POOL FILL IN

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: 3/20/19
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other BACKFILL			2-28-19 3-14-19	
Final				
Barrier-Free				

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 _____
[X] Demolition

FEE (Office Use Only)
$ _____
90.00

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 90.00

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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) $ 9,000.00

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.

BOROUGH OF COLLINGSWOOD

02/26/19 09:54 Invoice Pymt

Customer: LSPLL005
Name: L.S.P. LLC

Invoice: I1800854
Permit No: 19-00008
Item 1 90.00
Demolition- Under 5,000 SqFt

90.00

Batch Id: COUNTER2
Ref Num: 17583 Seq: 3 to 3

Cash Amount:	90.00
Check Amount:	0.00
Credit Amount:	0.00
Total:	90.00
Cash Tendered:	100.00
Change Due:	10.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I1800854

INVOICE DATE: 01/04/19
DUE DATE: 02/03/19

ACCOUNT ID: LSPLL005

L.S.P. LLC
2355 BROWNSVILLE ROAD
FEASTERVILLE, PA 19053

PERMIT INFORMATION
PERMIT NO: 19-00008
LOCATION: 11 E SUMMERFIELD AVE
OWNER: MTGLQ INVESTORS LP

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCB14A	Demolition- Under 5,000 SqFt Permit No: 19-00008	90.000000	90.00
		TOTAL DUE:		$ 90.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 84 Lot 11 Qualification Code _____

Work Site Location 11 Summerfield Ave Collingswood NJ 08108

Owner in Fee: DAWN BRICKER

Tel. [redacted] e-mail DAWNBRICKER415@GMAIL.COM

Address _____
street municipality zip code

Contractor: L.S.P.L.L.C Tel. 267 730 0861

Address 2355 BRANSVILLE RD e-mail DKENNCCC@GMAIL.COM
Feasterville PA 19053

Contractor License No. or Builder Registration No. PA105338 Exp. Date 12-20

Home Improvement [redacted] No. or Exemption Reason _____

Federal Emp. ID No. [redacted] FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior DEMO INGROUND	12/19	
[ ] 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	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed _____
Constr. Class Present 5B Proposed _____
No. of Stories _____
If Industrialized Building:
State Approved _____ HUD _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 9000
3. Total (1+ 2) $ 0

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
INGROUND POOL FILL IN

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 _____
[X] Demolition

FEE (Office Use Only)
$ _____

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

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

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/12/18 9:11AM

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Customer Service Department
Gaslamp Insurance Services	PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107
3234 Grey Hawk Ct.	E-MAIL ADDRESS: certificates@premieragencyservices.com
Carlsbad CA 92010	INSURER(S) AFFORDING COVERAGE / NAIC #
INSURED	INSURER A: Preferred Contractors Insurance Company, RRG 12497
LSP LLC	INSURER B:
297 Kingsbury Grade Ste 100 Box 4470, Stateline, NV 89449	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR			PCA5014-PC291164	11/09/2018	11/09/2019	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	$
							AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Verification of Coverage

Subject to all policy terms, exclusions and conditions

CERTIFICATE HOLDER

Verification of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Justin Duenas/BLS

BLOCK 9 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 11 E Summerfield Collingswood PERMIT NO. 20-00189

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 11 E Summerfield Collingswood
2. Name of Owner in Fee: Munn Lane Properties LLC
   Tel. [redacted] e-mail FrancisLongo1@gmail.com
   Address 9 Cooper St (street) Haddon Twp (municipality) NJ (state) 08108 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: 3 Sons Construction LLC Tel. (347) 242-9005
   Address 1140 Fernwood Ave e-mail _____
   Maple Shade NJ 08052
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date 3/31/21
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer Tom Gillis Contact _____
   Address 11 Billingsport Dr Sicklerville e-mail 08081
   Tel. (856) 725-5220 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Angela Longo
   Tel. (609) 828-1262 FAX: ( ) _____

SUMMARY (for office use only)

		Update	Update
1. Building	$ 52		
2. Electrical	65		
3. Plumbing	169	65	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	285	1	
7. Less 20% for State Plan Review	$ 28		
8. Subtotal	$ 257		
9. State Permit Surcharge Fee	20		
10. Subtotal	$ 277		
11. Cert. of Occupancy	50		
12. Other			
13. TOTAL	$ 327		

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 ____		

RECEIVED APR 23 2020 By

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	1000 / 500				5/8/20	CA			
☒ Electrical	2500				5/7/20	BK			
☒ Plumbing	6000	125		5-20	5/20	DS			
☒ Fire Protection	500				5/6/20	RG			
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R-5
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
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: _____
3. Change in Use Group, Indicate Present:

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

922 5-14 2:14 Angela 9-22 11:42 66 Angela

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 have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name 3 Sons Construction LLC
Address 1140 Fernwood Ave
Maple Shade NJ 08052
Telephone (347) 242-9005
Signature Mark Wong

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

BUILDING SUBCODE
TECHNICAL SECTION

L B 5594 5910 2121

Permit #: 20-00189
Issue Date: MAY 14 2020
Application Id: 90006191
Application Date: 05/13/20

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: MUNN LANE PROPERTIES, LLC

Tel: [redacted] email:

1 BENSON LANE SKILLMAN 08558

Contractor: 3 SONS CONSTRUCTION LLC Tel. (347)242-9005

1140 FERNWOOD AVE email:

MAPLE SHADE, NJ 08052

Contractor License No. or Builder Registration No.: 13VH10383600 Exp Date: 03/31/21

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
DEMO (INTERIOR NON-STRUCTURAL) TERMITE
REPAIR, INTERIOR RENOVATIONS

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: 10/21/20
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			9/16/20	AOH
Footing Bonding				
Foundation				
Slab				
Frame	8-11-20		8/19/20	AOH
Truss Sys./Bracing				
Barrier-Free				
Insulation			8-25-20	AOH
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	10-13-20		10-20-20	AOH
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)

	$
	352.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 1.00
TOTAL FEE	$ 353.00

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	$ 10,500.00
3. Total (1+ 2)	$ 10,500.00

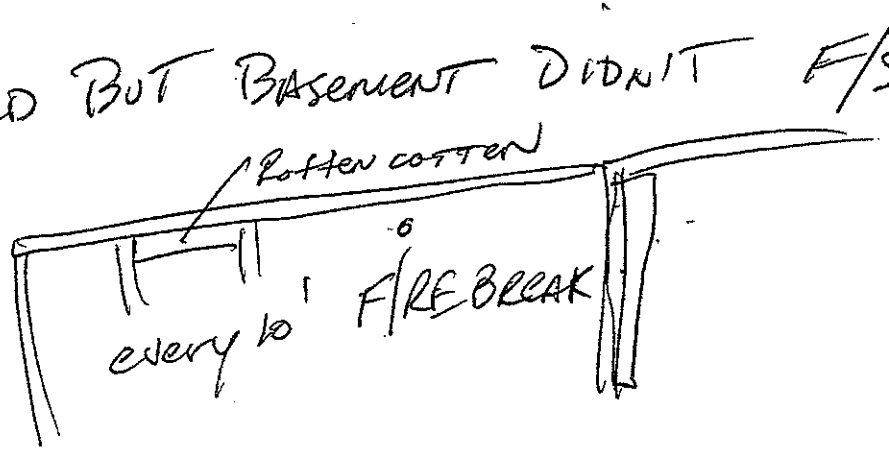
U.C.C. F110 (rev. 11/09)
Internet version

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

8-11-20 AoH

Need to update drawings for Basement
waiting on letter from Arch. for NEW Termite Repairs.

8/19/20 FRAME PASSED BUT BASEMENT DIDN'T F/S



10-13-20 AoH

NOT READY

APPLICATION FOR CERTIFICATE

Permit # 20-00189
Date Issued
or
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 11 E Summerfield, Collingswood Block 9 Lot 11 Qualification Code

Owner in Fee Munn Lane Properties LLC

Address 1 Benson Lane, Skillman, NJ 08558

T [redacted]

Contractor 3 Sons Construction, LLC

Address 1140 Fernwood, Maple Shade, NJ 08052

License No. 13vh10383600 Tel. (347-242-9005

Federal Employee No.

RECEIVED
OCT 13 2020
By

ACTION

- ☑ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP R-5 Previous R-5 Current

FINAL COST OF CONSTRUCTION: $ 161,000

(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.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

Property underwent a gut renovation. New systems, new roof, siding, windows, kitchen, bedrooms, bathrooms.

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

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: DocuSigned by: [signature] 711DBC7869834CB... 10/13/2020

OWNER/AGENT

☑ OWNER ☐ AGENT

U.C.C. F270
(rev. 5/2003)

PLUMBING SUBCODE
TECHNICAL SECTION

LB 3599 5th 2171

Permit #: 20-00189
Issue Date: MAY 14 2020
Application Id: 90006191
Application Date: 05/13/20

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: MUNN LANE PROPERTIES, LLC

Tel: [redacted] email:

1 BENSON LANE SKILLMAN 08558

Contractor: HULTS PLUMBING LLC Tel. (609)685-6466

PO BOX 1383 email: PLUMB930@AOL.COM

WILLIAMSTOWN, NJ 08094

Contractor License No.: 36BI01087600 Exp Date: 06/30/21

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

Federal Emp. ID No: [redacted] 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 $ 6,000.00

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: 10/13/20
Approved by: RAN

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			8-1-20	
Water				
Sewer				
Fixtures	10-13-20		8-1-20	
Gas Equipment				
Gas Piping	FIREPLACE		10-8-20	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			9-8-20	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DEMO (INTERIOR NON-STRUCTURAL) TERMITE REPAIR, INTERIOR RENOVATIONS

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$ 30.00
	Urinal/Bidet	
1	Bath Tub	15.00
3	Lavatory	45.00
1	Shower	15.00
	Floor Drain	
1	Sink	15.00
1	Dishwasher	15.00
	Drinking Fountain	
1	Washing Machine	15.00
2	Hose Bibb	30.00
1	Water Heater	15.00
	Fuel Oil Piping	
4	Gas Piping	60.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
2	Stacks	30.00
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 285.00

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 20-00189-01
Issue Date: SEP 24 2020
Application Id: 90006476
Application Date: 09/18/20

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: MUNN LANE PROPERTIES LLC

Tel. [redacted] email:

9 COOPER STREET HADDON TWP NJ 08109

Contractor: W.C. FALLOWS PLUMBING SERVICES Tel. (856)783-8333

17 BEEBETOWN ROAD email: WCFALLOWSPLUMBING@YAHOO.COM

HAMMONTON, NJ 08037

Contractor License No.: 36BI00875600 Exp Date: 06/30/21

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

Federal Emp. ID No. [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

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

Est. Cost of Plumbing Work $ 125.00

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: 10-15-2020
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: _____

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
GAS LINE TO FIREPLACE 1/2"

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	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	15.00
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	50.00
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	66.00

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.

10-13-00

(1) SHOWER NOT DONE

~~(2)~~ CAP FIREPLACE

~~(3)~~ DRYER NOT DONE

(5) 3/4 VALVE ON WATER LINE

(6) CHECK VALVE MISSING

ELECTRICAL SUBCODE
TECHNICAL SECTION

LB 3599 5710 2171

Permit #: 20-00189
Issue Date: MAY 14 2020
Application Id: 90006191
Application Date: 05/13/20

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: MUNN LANE PROPERTIES, LLC

Tel: [redacted] email:

1 BENSON LANE SKILLMAN 08558

Contractor: GEORGE CASSIDY ELECTRIC Tel. (609)352-6971

2963 MT EPHRAIM AVE email:

CAMDEN, NJ 08104

Contractor License No.: 11322 Exp Date: 03/30/21

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

Federal Emp. ID No. [redacted] 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 [X] CA
Date: 10/13/20
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			5/11/20	[signature]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			10/13/20	[signature]
Final			10/13/20	[signature]
Barrier-Free				

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued 10/13
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: ____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
DEMO (INTERIOR NON-STRUCTURAL) TERMITE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
34		Lighting Fixtures	
50		Receptacles	
20		Switches	
5		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
109		TOTAL NUMBERS	$ 74.00
		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	
1	8A	KW Dishwasher	15.00
1	1/3	HP Garbage Disposal	15.00
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	65.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	169.00

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.

8/11/20 Rough OK

For Final -

OK 10/13/20 ① All underground Romex in Bsmt to have GFCI Right

OK 10/13/20 ② 3/c Cable in Bsmt to Large Exhaust outside Disc. & Sch. 80 PVC in Bsmt

---

CUT-IN-CARD

NEW JERSEY UNIFORM CONSTRUCTION CODE

Municipality Collingswood

Utility Co. PSE&G

Location 11 E Summerfield Ave Block 9 Lot 11 Qualif. Code ____

Owner Mann Land Prop Occupant ____

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

☒ FINAL ☐ TEMPORARY This approval is void after ____ days.

Description of Service 200 Amp.

Installed By George Cassidy Elec License # 11322

Date 10/13/20 Permit # 20-189 Inspector Bill Fish

☐ Called In / / License # 6612

U.C.C. F350 (rev. 3/03) 1 White - Utility 2 Canary - Office/File 3 Pink - Office/Contractor

CERTIFICATE

Permit #: 20-00189
Date Issued: 05/14/20
Certificate Issued Date: 10/21/20

IDENTIFICATION

Work Site Location: 11 E SUMMERFIELD AVE
Block/Lot/Qual: 9. 11.
Owner in Fee: MUNN LANE PROPERTIES LLC
Address: 9 COOPER STREET
HADDON TWP NJ 08109

Contractor: 3 SONS CONSTRUCTION LLC
Address: 1140 FERNWOOD AVE
MAPLE SHADE, NJ 08052

Tel.: (347)242-9005
Fax:
Lic. No. or Bldrs. Reg. No: 13VH10383600
Federal Employer No:

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: DEMO (INTERIOR NON-STRUCTURAL) TERMITE REPAIR, INTERIOR RENOVATIONS

CERTIFICATE OF OCCUPANCY

[x] 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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

[ ] If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate.

CERTIFICATE OF 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 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 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 immediate 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

W Fisher 10/21/20

Construction Official Date

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

LB 5770 2171

Permit #: 20-00189
Issue Date: MAY 14 2020
Application Id: 90006191
Application Date: 05/13/20

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: MUNN LANE PROPERTIES, LLC
Tel: [redacted] email:
1 BENSON LANE SKILLMAN 08558

Contractor: GEORGE CASSIDY ELECTRIC Tel. (609)352-6971
2963 MT EPHRAIM AVE email:
CAMDEN, NJ 08104

Fire Alarm Contractor No.: 11322 Exp Date: 03/30/21
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] . FAX:

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed _____
Constr. Class: Present Proposed _____
Heating System: [ ] New OR [ ] Modification to Existing
OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Est. Cost of Fire Protection Work $ 500.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/13/21
Approved by: [signature]

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: DEMO (INTERIOR NON-STRUCTURAL) TERMITE
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System [X] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (smoke, heat, pulls, water/flow)	5	0.00
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		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

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

U.C.C. F140 (rev. 02/11) Internet version

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

CONSTRUCTION PERMIT

Permit #: 20-00189-01
Date Issued: SEP 24 2020

IDENTIFICATION Block/Lot/Qual: 9. 11.
Work Site Location: 11 E SUMMERFIELD AVE
Owner in Fee: MUNN LANE PROPERTIES LLC
Address: 9 COOPER STREET
HADDON TWP NJ 08109
Tel. [redacted]

Contractor: 3 SONS CONSTRUCTION LLC
Address: 1140 FERNWOOD AVE
MAPLE SHADE, NJ 08052
Tel. (347)242-9005
Lic. No. or Bldrs. Reg. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS LINE TO FIREPLACE 1/2"

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	65.00
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	66.00

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 $ 125.00

_____ _____
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

PLUMBING SUBCODE
TECHNICAL SECTION

20-0189
Update

Date Received
Control #

Date Issued
Permit #

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

Block 9 Lot 1 Qualification Code

Work Site Location 11 e Summerfield Ave
Collingswood NJ 08108

Owner in Fee: Munn Lane Properties LLC

Tel. [redacted] e-mail alongoll23@gmail.com

Address 9 Cooper ST Haddon Twp NJ
street municipality zip code

Contractor: W.C. Fallows Plumbing Svc., LLC Tel. 856 785-8733

Address 17 Beebetown Rd. e-mail wcfallowsplumbing@yahoo.com
Hammonton, NJ 08037

Contractor License No. 36B100875600 Exp. Date 06/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

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 $ 125.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 9/15/2020 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: William C Fallows

Print name here: William Fallows

[X] Licensed Contractor [ ] Exempt Applicant

WILLIAM C FALLOWS
STATE OF NEW JERSEY
LICENSED
PLUMBER
8756

D. TECHNICAL SITE DATA

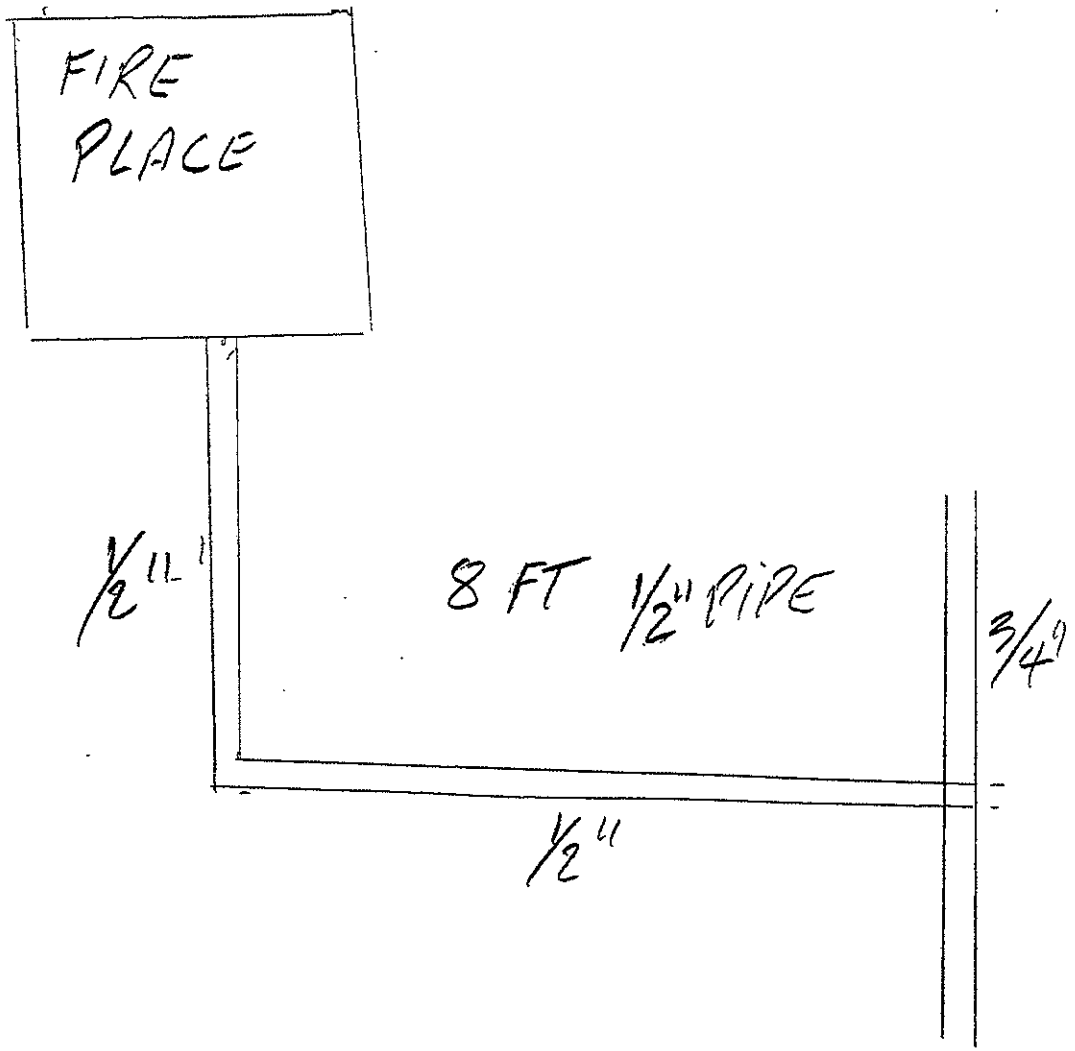
DESCRIPTION OF WORK
GAS LINE TO Fireplace 1/2 pl

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	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

RECEIVED
SEP 15 2020
By

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

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



PLAN REVIEW/RELEASE

BUILDING _____

ELECTRICAL _____

PLUMBING 9.1.20

FIRE _____

C.O. _____

OFFICE COPY

WILLIAM C. FALLOWS
STATE OF NEW JERSEY
LICENSED
8753

BOROUGH OF COLLINGSWOOD

New Jersey

RECEIVED
SEP 14 2020
By

OFFICE OF ZONING

BOROUGH HALL
678 HADDON AVENUE
COLLINGSWOOD, NJ 08108
(856) 854-0720 Ext. 130

Permit Number: XX-02278

Use: Existing Use: SF home

Date: 09/14/20

Block/Lot/Qual: 9. 11.

Proposed Use: Same

Property Address: 11 E SUMMERFIELD AVE

Zone: 800 SF-D3

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

App Owner: Y/N	Board Appoval Y/N	PB/ ZB:	App #	Appr. Date:

Applicant's First & Last Name:
MUNN LANE PROPERTIES LLC
9 COOPER STREET
HADDON TWP NJ 08109

Telephone #: (609)828-1262

Owner' Name & Address:
MUNN LANE PROPERTIES LLC
9 COOPER STREET
HADDON TWP NJ 08109

Telephone #: (609)828-1262

Improvement:
Replace damaged existing 6' fence in rear yard like for like. Construct ~6.5'x ~5.5' wood landing and wood steps steps at rear of primary structure.

Is a Survey Waiver Required? Y/N	Is this a Corner lot? Y/N	Zoning Permit Approved or Denied?
N	N	Approved

Zoning Officer Signature: Jason A. Miller

Date: 9/14/20

AUG 24 2020

BY:

Zoning Department
678 Haddon Avenue - Collingswood, NJ 08108
Phone (856) 854-0720, Ext. 130; Fax (856) 854-0832
Fees: $25 Commercial ZA & $10 Residential ZA

ZONING PERMIT APPLICATION FORM

A SURVEY OR PLOT PLAN THAT IS TO SCALE, MUST BE SUBMITTED WITH THE APPLICATION SHOWING ALL EXISTING BUILDINGS, SHEDS, POOLS, DRIVEWAYS ETC. ALONG WITH THE PROPOSED CONSTRUCTION.

ADDRESS: 11 E. Summerfield Ave BLOCK: 9 LOT: 11

ZONE: SF-D3 QUALIFIER: ☐ Commercial - Fee: $25.00 ☐ RESIDENTIAL - Fee: $10.00

EXISTING USE: Single family home

DESCRIPTION OF PROPOSED USE, IMPROVEMENTS OR PROJECT:

① Replace existing fence due to wind damage

② Per architect's plans, move back steps over approx. 4' feet - pressure treated wood steps ac

Check any that apply to the requested project:

☐ ADDITION	☐ CHANGE OF USE	☐ CHANGE OF OCCUPANT
☐ CHANGE OF OWNER	☒ FENCE	☐ POOL
☒ DECK/PATIO	☐ ACCESSORY USE	☐ OTHER:
☐ SHED	☐ NEW DWELLING	

WAS A VARIANCE APPROVED FOR THIS PROPERTY? ☐ NO ☐ YES

IF YES: ZONING or PLANNING BOARD:

PERMIT #: DATE APPROVED:

APPLICANT NAME: Munn Lane Properties LLC

ADDRESS 9 Cooper St Haddon Twp

CITY, STATE, ZIP 08108 PHONE 609 828 1262

E-MAIL ADDRESS a.longo1123@gmail.com

APPLICANT SIGNATURE A Longo DATE: 8.24.2020

OWNER NAME: same as above

ADDRESS

CITY, STATE, ZIP PHONE

☒ This application has been examined and found to be in compliance with the Zoning Ordinance for the borough of Collingswood

☒ Permits/Approvals are required: U.C.C. ☒ Historic ☐ P.B. ☐.

☐ This application has been rejected because of non-compliance with the Zoning Ordinance for the Borough of Collingswood

Zoning Officer, ~~Stanley Witkowski~~ 9/14/20 Date

G:\ Shared \ Zoning Permit Forms \ Zoning Permit Application Form (12-9-14)

Thomas W. Gillis , AIA, NACRB, LEED AP
11 Billingsport Drive Sicklerville, NJ 08081
• t: 856.725.5770 • w: gillisdesigngroup.com • e: tomwgillis@gmail.com

August 12, 2020

20-00189

TO: **Borough of Collingswood**
Building Department
678 Haddon Avenue, Collingswood, NJ 08108
p. (856) 854-0720

RE: **Structural Review due to Termite Damage:**
11 E. Summerfield Ave, Collingswood, NJ 08108

To whom it may concern please note, emergency repairs are required to the above-mentioned project due to extensive termite damage which threatens the structural integrity of the building. Specific damage includes the entire front wall of the structure sill plate window headers and support post and a structural support beam in the basement. In addition, more demolition was needed than anticipated due to the extent of termite damage. The additional repairs included additional sistering of 2x4 wall studs along the front of building for the entire height of the wall and full replacement of the window headers, sill plates, and support posts. Replacement was done in kind. The insulation of R-13 in the walls and R-38 in the ceiling is also acceptable. It is the recommendation of this office that repair work be performed as soon as possible.

Should you have any questions please contact our office.

Sincerely,

Thomas W. Gillis, AIA, NCARB, LEED AP.
NJ. Lic. # 18347

cc. file

RECEIVED
AUG 13 2020
By

PLAN REVIEW/RELEASE
BUILDING 8/19/20
ELECTRICAL
PLUMBING
FIRE
C.O.

OFFICE COPY

CONSTRUCTION PERMIT

Permit #: 20-00189
Date Issued: 05/14/20

IDENTIFICATION Block/Lot/Qual: 9. 11.
Work Site Location: 11 E SUMMERFIELD AVE
Owner in Fee: MUNN LANE PROPERTIES, LLC
Address: 1 BENSON LANE
SKILLMAN 08558
Tel. [redacted]

Contractor: 3 SONS CONSTRUCTION LLC
Address: 1140 FERNWOOD AVE
MAPLE SHADE, NJ 08052
Tel. (347)242-9005
Lic. No. or Bldrs. Reg. No. 13VH10383600

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DEMO (INTERIOR NON-STRUCTURAL) TERMITE
REPAIR, INTERIOR RENOVATIONS

PAYMENTS (Office Use Only)	
Building	352.00
Electrical	169.00
Plumbing	285.00
Fire Protection	65.00
Elevator Devices	
Other	
DCA State Permit Fee	41.00
Cert. of Occupancy	50.00
Other	
Total	962.00

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 $ 21,500.00

_____ _____
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

Date Received
Date Issued
Control #
Permit #

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

Block 9 Lot 11

Work Site Location 11 E Hammersfield Collingswood NJ

Owner In Fee Munn Lane Properties LLC

Address 9 Coopers St
Haddon Township NJ 08108

Tele [redacted] 2662 609 828 1263

Contractor 3 Sons Construction LLC

Address 1140 Fernwood Ave
Maple Shade NJ 08052

Tele. (347) 242 9005 Fax (____) ____

Lic. No. or Bldrs. Reg. No. NJ 13VH10383600

Federal Emp. 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.

Mark Weng
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

termite repair
demo - nonstructural
demo - cosmetic - carpet etc.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	5/8/20	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area — Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 1000
3. Total (1+ 2) $ ____

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

FEE (Office Use Only)
$ ____

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

RECEIVED
APR 30 2020
By

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

Block 9 Lot 11
Work Site Location 11 E Summerfield Ave
Collingswood
Owner In Fee Munn Lane Properties LLC
Address 9 Cooper St
Haddon Twp NJ 08108
Tele. [redacted] or 609 828 1263
Contractor 3 Sons Construction LLC
Address 1140 Fernwood Ave
Maple Shade NJ 08052
Tele. (347) _____ Fax (____) _____
Lic. No. or Bldrs. Reg. No. 13VH103 83600
Federal Emp. 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.

Mark Wong
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Framing as per architect's plans.
Basement - framing non-structural partion walls

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[✓] Other Basement Reno	5/8/20	

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

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

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

TYPE OF WORK:

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

[ ] Demolition

FEE (Office Use Only)

$ _____

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

B. BUILDING CHARACTERISTICS

Use Group	Present _____	Proposed _____
Constr. Class	Present _____	Proposed _____
No. of Stories	1	
Height of Structure	_____	Ft.
Area — Largest Floor	_____	Sq. Ft.
New Bldg. Area/All Floors	_____	Sq. Ft.
Volume of New Structure	_____	Cu. Ft.
Total Land Area Disturbed	_____	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 9500.-
3. Total (1+ 2) $ 9500.-

ELECTRICAL SUBCODE
TECHNICAL SECTION

Attention

Please call owner for permit fees

Date Received
Control #

Date Issued
Permit #

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

Block 9 Lot 11 Qualification Code

Work Site Location 11 E Summerfield Collings Woods NJ

Owner in Fee: Dunn Lane Properties LLC

Tel. ([redacted]) e-mail FrancisLongo1@gmail.com

Address 9 Cooper St Haddon Twp NJ
street municipality zip code

Contractor: George Cassidy Electric Tel. ( )

Address 2963 Mt. Ephraim Avenue e-mail

Camden N.J. 08104

Contractor License No. N.J. HC 11322 Exp. Date 4/2021

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

Federal Emp. ID No (609) 352-6971 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved

Date: 5/7/20

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type: 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's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 10/98)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
200 Amp Service
All new wire

QTY.	SIZE	ITEMS	$
34		Lighting Fixtures	
50		Receptacles	
20		Switches	
5		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
109		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	
1	3 AMP	KW Dishwasher	
1	1/3 HP	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	200	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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APR 30 2020
By

(FEES/Office Use Only)

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

Reorder From OCS Printing (609) 390-1400

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 9 Lot 11 Qualification Code

Work Site Location 11 E Summerfield Ave Collingswood

Owner in Fee: Mud Dane Properties LLC

Tel: [redacted]3 e-mail FrancisLongo7@gmail.com

Address 9 Cooper St Haddon Twp NJ 08108
street municipality zip code

Contractor: HULTS PLUMBING LLC Tel. (609)685-6466

Address PO BOX 1383 e-mail plumb930@aol.com
WILLIAMSTOWN NJ 08094

Contractor License No. 10576 Exp. Date 6/21

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

Federal Emp. ID No [redacted] FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 3/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 6000

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: John Hults

Print name here: JOHN HULTS

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RENOVATION

RECEIVED
APR 30 2020
By

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

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

JOB SUMMARY (Office Use Only)

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

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

To reorder call:
Allegra Marketing, Print & Mail
609-390-1400

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Attention
Please call owner for permit fe

Date Received
Control #

Date Issued
Permit #

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

Block 9 Lot 11 Qualification Code
Work Site Location 11 E Summerfield Ave Collingswood NJ 08108
Owner in Fee Mena Laine Properties LLC
Address 9 Cooper ST Haddon Twp NJ 08108
George Cassidy Electric 6098281262
Tel ( ) Contractor 2963 Mt. Ephraim Avenue Francis Longo7@gmail.com
Address Camden N.J. 08104
Tel ( ) N.J. LIC 11322 ( )
Fire Protection Equipment N.J. Div of Fire Safety Permit No. (609) 352-6971
Fire Protection Equipment N.J. Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____
Constr. Class: Present ____ Proposed ____
Heating System: [ ] New OR [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____
Total Cost of Fire Protection Work $ 500.-

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant's Signature/Contractor's Signature
[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 5 smoke detectors
Water Supply Source
Method of Alarm/Suppression System Supervision

RECEIVED
APR 30 2020
By

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5	
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 5/6/20
Approved by: Reyes

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

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

To —

11 E Summerfield
Collingswood

Collingswood Construction

Please add these Permit applications to jacket already submitted.

Original letter from architect to follow.

Buyer is moving / purchasing because of an employment relocation.

Angela Longo 4.20.20
609 828 1262

April 20, 2020

3 Sons Construction LLC

1140 Fernwood Ave. Maple Shade, NJ 08052

Social distancing procedures to complete project at
11 E Summerfield Ave
Collingswood, NJ 08108

Porta Potty on site has hand sanitizer
Inside property there are provided-
Hand washing station clearly marked.
sanitized hand wipes, hand soap, running water, rolls of disposable paper towels, lined trashcan assigned to hand washing station

All Subs will be scheduled for one trade at a time.
Days and times will be assigned to avoid overlap.
Example- insulators, electrician, sheet rockers
Limits will be placed on number of workers inside at any time per floor
All subcontractors' managers will be advised of required social distancing practices to follow or be sent home from worksite
All interior workmen will be required to wear a mask inside.
Exterior- workmen will be required to wear a mask if they are likely to come within 6' of another person.

Mark Wong, owner

Mark Wong

NOTICE
TO BUYER AND SELLER
READ THIS NOTICE BEFORE SIGNING THE CONTRACT

The Law requires real estate brokers to give you the following information before you sign this contract. It requires us to tell you that you must read all of it before you sign. The purpose is to help you in this purchase or sale.

1) As a real estate broker, I represent: ☐ the seller, not the buyer; ☐ the buyer, not the seller;
☑ both the seller and the buyer; ☐ neither the seller nor the buyer.
The title company does not represent either the seller or the buyer.

2) You will not get any legal advice unless you have your own lawyer. Neither I nor anyone from the title company can give legal advice to either the buyer or the seller. If you do not hire a lawyer, no one will represent you in legal matters now or at the closing. Neither I nor the title company will represent you in those matters.

3) The contract is the most important part of the transaction. It determines your rights, risks, and obligations. Signing the contract is a big step. A lawyer would review the contract, help you to understand it, and to negotiate its terms.

4) The contract becomes final and binding unless your lawyer cancels it within the following three business days. If you do not have a lawyer, you cannot change or cancel the contract unless the other party agrees. Neither can the real estate broker nor the title insurance company change the contract.

5) Another important service of a lawyer is to order a survey, title report, or other important reports. The lawyer will review them and help to resolve any questions that may arise about the ownership and condition of the property. These reports and survey can cost you a lot of money. A lawyer will also prepare the documents needed to close title and represent you at the closing.

6) A buyer without a lawyer runs special risks. Only a lawyer can advise a buyer about what to do if problems arise concerning the purchase of this property. The problems may be about the seller's title, the size and shape of the property, or other matters that may affect the value of the property. If either the broker or the title company knows about the problems, they should tell you. But they may not recognize the problem, see it from your point of view, or know what to do. Ordinarily, the broker and the title company have an interest in seeing that the sale is completed, because only then do they usually receive their commissions. So, their interests may differ from yours.

7) Whether you retain a lawyer is up to you. It is your decision. The purpose of this notice is to make sure that you have the information needed to make your decision.

SELLER	DATE 3/20/2020	BUYER	DATE 3/20/2020
SELLER	DATE	BUYER	DATE
SELLER	DATE	BUYER	DATE
SELLER	DATE	BUYER	DATE
Listing Broker		Selling Broker	

Prepared by: Francis Longo
Name of Real Estate Licensee

Tesla Realty Group, LLC, 560 Stokes Rd, #10B Medford, NJ 08055 Phone: 856-745-9008 Fax: 877-852-9277 Untitled
G. Bob Kolstrehinow

3. **MANNER OF PAYMENT:**

(A) INITIAL DEPOSIT to be paid by Buyer to ☐ Listing Broker ☐ Participating Broker ☐ Buyer's Attorney ☑ Title Company ☐ Other Congressional Abstract Title, on or before _____(date) (if left blank, then within five (5) business days after the fully signed Contract has been delivered to both Buyer and the Seller).

(B) ADDITIONAL DEPOSIT to be paid by Buyer to the party who will be responsible for holding the escrow who is identified below on or before _____ (date) (if left blank, then within ten (10) calendar days after the fully signed Contract has been delivered to both the Buyer and the Seller).

(C) ESCROW: All initial and additional deposit monies paid by Buyer shall be held in escrow in the NON-INTEREST BEARING TRUST ACCOUNT of Congressional Abstract Title, **("Escrowee"), until the Closing, at which time all monies shall be paid over to Seller.** The deposit monies shall not be paid over to Seller prior to the Closing, unless otherwise agreed in writing by both Buyer and Seller. If Buyer and Seller cannot agree on the disbursement of these escrow monies, the Escrowee may place the deposit monies in Court requesting the Court to resolve the dispute.

(D) IF PERFORMANCE BY BUYER IS CONTINGENT UPON OBTAINING A MORTGAGE:
If payment of the purchase price requires a mortgage loan other than by Seller or other than assumption of Seller's mortgage, Buyer shall apply for the loan through any lending institution of Buyer's choice in writing on lender's standard form within ten (10) calendar days after the attorney-review period is completed or, if this Contract is timely disapproved by an attorney as provided in the Attorney-Review Clause Section of this Contract, then within ten (10) calendar days after the parties agree to the terms of this Contract, and use best efforts to obtain it. Buyer shall supply all necessary information and fees required by the proposed lender and shall authorize the lender to communicate with the real estate brokers(s) and involved attorney(s). Buyer shall obtain a written commitment from the lending institution to make a loan on the property under the following terms:

Principal Amount $ 296,000 Type of Mortgage: ☐ VA ☐ FHA ☑ Conventional ☐ Other _____
Term of Mortgage: 30 years, with monthly payments based on a 30 year payment schedule.

The written mortgage commitment must be delivered to Seller's agent, who is the Listing Broker identified in Section 30, and Seller's attorney, if applicable, no later than 6/22/2020 (date)(if left blank, then within thirty (30) calendar days after the attorney-review period is completed, or if this Contract is timely disapproved by an attorney as provided in the Attorney-Review Clause Section of this Contract, then within thirty (30) calendar days after the parties agree to the terms of this Contract). Thereafter, if Buyer has not obtained the commitment, then either Buyer or Seller may void this Contract by written notice to the other party and Broker(s) within ten (10) calendar days of the commitment date or any extension of the commitment date, whichever is later. If this Contract is voided, the deposit monies paid by Buyer shall be returned to Buyer notwithstanding any other provision in this Contract, provided, however, if Seller alleges in writing to Escrowee within said ten (10) calendar days of the commitment date or any extension of the commitment date, whichever is later, that the failure to obtain the mortgage commitment is the result of Buyer's bad faith, negligence, intentional conduct or failure to diligently pursue the mortgage application, then Escrowee shall not return the deposit monies to Buyer without the written authorization of Seller.

(E) BALANCE OF PURCHASE PRICE: The balance of the purchase price shall be paid by Buyer in cash, or by certified, cashier's check or trust account check.

Payment of the balance of the purchase price by Buyer shall be made at the closing, which will take place on 7/1/2020 _____(date) at the office of Buyer's closing agent or such other place as Seller and Buyer may agree ("the Closing").

4. **SUFFICIENT ASSETS:**
Buyer represents that Buyer has or will have as of the Closing, all necessary cash assets, together with the mortgage loan proceeds, to complete the Closing. Should Buyer not have sufficient cash assets at the Closing, Buyer will be in breach of this Contract and Seller shall be entitled to any remedies as provided by law.

5. **ACCURATE DISCLOSURE OF SELLING PRICE:**
Buyer and Seller certify that this Contract accurately reflects the gross sale price as indicated in Section 2 of this Contract. Buyer and Seller understand and agree that this information shall be disclosed to the Internal Revenue Service and other governmental agencies as required by law.

6. **ITEMS INCLUDED IN SALE:**
The Property includes all fixtures permanently attached to the building(s), and all shrubbery, plantings and fencing, gas and electric fixtures, cooking ranges and ovens, hot water heaters, flooring, screens, storm sashes, shades, blinds, awnings, radiator covers, heating apparatus and sump pumps, if any, except where owned by tenants, are included in this sale. All of the appliances shall be in working

order as of the Closing. Seller does not guarantee the condition of the appliances after the Deed and affidavit of title have been delivered to Buyer at the Closing. The following items are also specifically included (If reference is made to the MLS Sheet and/or any other document, then the document(s) referenced should be attached.):

7. ITEMS EXCLUDED FROM SALE: (If reference is made to the MLS Sheet and/or any other document, then the document(s) referenced should be attached.):

8. DATES AND TIMES FOR PERFORMANCE:
Seller and Buyer agree that all dates and times included in this Contract are of the essence. This means that Seller and Buyer must satisfy the terms of this Contract within the time limits that are set in this Contract or will be in default, except as otherwise provided in this Contract or required by applicable law, including but not limited to if the Closing has to be delayed either because a lender does not timely provide documents through no fault of Buyer or Seller or for three (3) business days because of the change of terms as required by the Consumer Financial Protection Bureau.

(A) Additional documents from lenders or other property owners:
If a lender or other property owner requires that any addendum or other document be signed for a property it owns in connection with this Contract, "final execution date," "acknowledgement date," or similar language that sets the time period for the completion of any conditions or contingencies, including but not limited to inspections and financing, shall mean that the time will begin to run after the attorney-review period is completed or, if this Contract is timely disapproved by an attorney as provided in the Attorney-Review Clause Section of this Contract, then from the date the parties agree to the terms of this Contract.

9. CERTIFICATE OF OCCUPANCY AND ZONING COMPLIANCE:
Seller makes no representations concerning existing zoning ordinances, except that Seller's use of the Property is not presently in violation of any zoning ordinances.

Some municipalities may require a Certificate of Occupancy or Housing Code Letter to be issued. If any is required for this Property, Seller shall obtain it at Seller's expense and provide to Buyer prior to Closing and shall be responsible to make and pay for any repairs required in order to obtain the Certificate or Letter. However, if this expense exceeds $ _____ (if left blank, then 1.5% of the purchase price) to Seller, then Seller may terminate this Contract and refund to Buyer all deposit monies plus Buyer's reasonable expenses, if any, in connection with this transaction unless Buyer elects to make repairs in excess of said amount at Buyer's expense, in which event Seller shall not have the right to terminate this Contract. In addition, Seller shall comply with all New Jersey laws, and local ordinances, including but not limited to smoke detectors, carbon monoxide detectors, fire extinguishers and indoor sprinklers, the cost of which shall be paid by Seller and not be considered as a repair cost.

10. MUNICIPAL ASSESSMENTS: (Seller represents that Seller ☐ has ☑ has not been notified of any such municipal assessments as explained in this Section.)

Title shall be free and clear of all assessments for municipal improvements, including but not limited to municipal liens, as well as assessments and liabilities for future assessments for improvements constructed and completed. All confirmed assessments and all unconfirmed assessments that have been or may be imposed by the municipality for improvements that have been completed as of the Closing are to be paid in full by Seller or credited to Buyer at the Closing. A confirmed assessment is a lien against the Property. An unconfirmed assessment is a potential lien that, when approved by the appropriate governmental entity, will become a legal claim against the Property.

11. QUALITY AND INSURABILITY OF TITLE:
At the Closing, Seller shall deliver a duly executed Bargain and Sale Deed with Covenant as to Grantor's Acts or other Deed satisfactory to Buyer. Title to the Property will be free from all claims or rights of others, except as described in this Section and Section 12, of this Contract. The Deed shall contain the full legal description of the Property.

This sale will be subject to utility and other easements and restrictions of record, if any, and such state of facts as an accurate survey might disclose, provided such easement or restriction does not unreasonably limit the use of the Property. Generally, an easement is a right of a person other than the owner of property to use a portion of the property for a special purpose. A restriction is a recorded limitation on the manner in which a property owner may use the property. Buyer does not have to complete the purchase, however, if any easement, restriction or facts disclosed by an accurate survey would substantially interfere with the use of the Property for residential purposes. A violation of any restriction shall not be a reason for Buyer refusing to complete the Closing as long as the title company insures Buyer against loss at regular rates. The sale also will be made subject to applicable zoning ordinances, provided that the ordinances do not render title unmarketable.

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Seller's Initials: FV

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Title to the Property shall be good, marketable and insurable, at regular rates, by any title insurance company licensed to do business in New Jersey, subject only to the claims and rights described in this section and Section 12. Buyer agrees to order a title insurance commitment (title search) and survey, if required by Buyer's lender, title company or the municipality where the Property is located, and to furnish copies to Seller. If Seller's title contains any exceptions other than as set forth in this section, Buyer shall notify Seller and Seller shall have thirty (30) calendar days within which to eliminate those exceptions. Seller represents, to the best of Seller's knowledge, that there are no restrictions in any conveyance or plans of record that will prohibit use and/or occupancy of the Property as a single family residential dwelling. Seller represents that all buildings and other improvements on the Property are within its boundary lines and that no improvements on adjoining properties extend across boundary lines of the Property.

If Seller is unable to transfer the quality of title required and Buyer and Seller are unable to agree upon a reduction of the purchase price, Buyer shall have the option to either void this Contract, in which case the monies paid by Buyer toward the purchase price shall be returned to Buyer, together with the actual costs of the title search and the survey and the mortgage application fees in preparing for the Closing without further liability to Seller, or to proceed with the Closing without any reduction of the purchase price.

12. POSSESSION, OCCUPANCY AND TENANCIES:

(A) Possession and Occupancy.

Possession and occupancy will be given to Buyer at the Closing. Buyer shall be entitled to possession of the Property, and any rents or profits from the Property, immediately upon the delivery of the Deed and the Closing. Seller shall pay off any person with a claim or right affecting the Property from the proceeds of this sale at or before the Closing.

(B) Tenancies. ☐ **Applicable** ☑ **Not Applicable**

Occupancy will be subject to the tenancies listed below as of Closing. Seller represents that the tenancies are not in violation of any existing Municipal, County, State or Federal rules, regulations or laws. Seller agrees to transfer all security deposits to Buyer at the Closing and to provide to Brokers and Buyer a copy of all leases concerning the tenancies, if any, along with this Contract when it is signed by Seller. Seller represents that such leases can be assigned and that Seller will assign said leases, and Buyer agrees to accept title subject to these leases.

TENANT'S NAME	LOCATION	RENT	SECURITY DEPOSIT	TERM

13. LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARD: (This section is applicable only to all dwellings built prior to 1978.) ☑ **Applicable** ☐ **Not Applicable**

(A) Document Acknowledgement.

Buyer acknowledges receipt of the EPA pamphlet entitled "Protect Your Family From Lead In Your Home." Moreover, a copy of a document entitled "Disclosure of Information and Acknowledgement Lead-Based Paint and Lead-Based Paint Hazards" has been fully completed and signed by Buyer, Seller and Broker(s) and is appended to" and made a part of this Contract.

(B) Lead Warning Statement.

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

(C) Inspection.

The law requires that, unless Buyer and Seller agree to a longer or shorter period, Seller must allow Buyer a ten (10) day period within which to complete an inspection and/or risk assessment of the Property as set forth in the next paragraph. Buyer, however, has the right to waive this requirement in its entirety.

This Contract is contingent upon an inspection and/or risk assessment (the "Inspection") of the Property by a certified inspector/risk assessor for the presence of lead-based paint and/or lead-based paint hazards. The Inspection shall be ordered and obtained by Buyer at Buyer's expense within ten (10) calendar days after the attorney-review period is completed or, if this Contract is timely disapproved by an attorney as provided in the Attorney-Review Clause Section of this Contract, then within ten (10) days after the parties agree to the terms in this Contract ("Completion Date"). If the Inspection indicates that no lead-based paint or lead-based paint hazard is present at the Property, this contingency clause shall be deemed null and void. If the Inspection indicates that lead-based paint or lead-based paint hazard is present at the Property, this contingency clause will terminate at the time set forth above unless, within five (5) business days from the Completion Date, Buyer delivers a copy of the inspection and/or risk assessment report to Seller and Brokers and (1) advises Seller and Brokers, in writing that Buyer is voiding this Contract; or (2) delivers to Seller and Brokers a written amendment (the "Amendment")

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to this Contract listing the specific existing deficiencies and corrections required by Buyer. The Amendment shall provide that Seller agrees to (a) correct the deficiencies, and (b) furnish Buyer with a certification from a certified inspector/risk assessor that the deficiencies have been corrected, before the Closing. Seller shall have _____ (if left blank, then 3) business days after receipt of the Amendment to sign and return it to Buyer or send a written counter-proposal to Buyer. If Seller does not sign and return the Amendment or fails to offer a counter-proposal, this Contract shall be null and void. If Seller offers a counter-proposal, Buyer shall have _____ (if left blank, then 3) business days after receipt of the counter-proposal to accept it. If Buyer fails to accept the counter-proposal within the time limit provided, this Contract shall be null and void.

14. POINT-OF-ENTRY TREATMENT ("POET") SYSTEMS: ☐ Applicable ☑ Not Applicable

A point-of-entry treatment ("POET") system is a type of water treatment system used to remove contaminants from the water entering a structure from a potable well, usually through a filtration process. Seller represents that a POET system has been installed to an existing well on the Property and the POET system was installed and/or maintained using funds received from the New Jersey Spill Compensation Fund Claims Program, N.J.S.A. 58:10-23.11, et seq. The Buyer understands that Buyer will not be eligible to receive any such funds for the continued maintenance of the POET system. Pursuant to N.J.A.C. 7:1J-2.5(c), Seller agrees to notify the Department of Environmental Protection within thirty (30) calendar days of executing this Contract that the Property is to be sold.

15. CESSPOOL REQUIREMENTS: ☐ Applicable ☑ Not Applicable

(This section is applicable if the Property has a cesspool, except in certain limited circumstances set forth in N.J.A.C. 7:9A-3.16.) Pursuant to New Jersey's Standards for Individual Subsurface Sewage Disposal Systems, N.J.A.C. 7:9A (the "Standards"), if this Contract is for the sale of real property at which any cesspool, privy, outhouse, latrine or pit toilet (collectively "Cesspool") is located, the Cesspool must be abandoned and replaced with an individual subsurface sewage disposal system at or before the time of the real property transfer, except in limited circumstances.

(A) Seller represents to Buyer that ☑ no Cesspool is located at or on the Property, or ☐ one or more Cesspools are located at or on the Property. **[If there are one or more Cesspools, then also check EITHER Box 1 or 2 below.]**

1. ☐ Seller agrees that, prior to the Closing and at its sole cost and expense, Seller shall abandon and replace any and all Cesspools located at or on the Property and replace such Cesspools with an individual subsurface sewage disposal system ("System") meeting all the requirements of the Standards. At or prior to the Closing, Seller shall deliver to Buyer a certificate of compliance ("Certificate of Compliance") issued by the administrative authority ("Administrative Authority") (as those terms are defined in N.J.A.C. 7:9A-2.1) with respect to the System. Notwithstanding the foregoing, if the Administrative Authority determines that a fully compliant system cannot be installed at the Property, then Seller shall notify Buyer in writing within three (3) business days of its receipt of the Administrative Authority's determination of its intent to install either a nonconforming System or a permanent holding tank, as determined by the Administrative Authority ("Alternate System"), and Buyer shall then have the right to void this Contract by notifying Seller in writing within seven (7) business days of receipt of the notice from Seller. If Buyer fails to timely void this Contract, Buyer shall have waived its right to cancel this Contract under this paragraph, and Seller shall install the Alternate System and, at or prior to the Closing, deliver to Buyer such Certificate of Compliance or other evidence of approval of the Alternate System as may be issued by the Administrative Authority. The delivery of said Certificate of Compliance or other evidence of approval shall be a condition precedent to the Closing; or

2. ☐ Buyer agrees that, at its sole cost and expense, Buyer shall take all actions necessary to abandon and replace any and all Cesspools located at or on the Property and replace such Cesspools with a System meeting all the requirements of the Standards or an Alternate System. Buyer shall indemnify and hold Seller harmless for any and all costs, damages, claims, fines, penalties and assessments (including but not limited to reasonable attorneys' and experts' fees) arising from Buyer's violation of this paragraph. This paragraph shall survive the Closing.

(B) If prior to the Closing, either Buyer or Seller becomes aware of any Cesspool at or on the Property that was not disclosed by Seller at or prior to execution of this Contract, the party with knowledge of the newly identified Cesspool shall promptly, but in no event later than three (3) business days after receipt of such knowledge, advise the other party of the newly identified Cesspool in writing. In such event, the parties in good faith shall agree, no later than seven (7) business days after sending or receiving the written notice of the newly identified Cesspool, or the day preceding the scheduled Closing, whichever is sooner, to proceed pursuant to subsection (A) 1 or 2 above or such other agreement as satisfies the Standards, or either party may terminate this Contract.

16. INSPECTION CONTINGENCY CLAUSE:

(A) Responsibilities of Home Ownership.

Buyer and Seller acknowledge and agree that, because the purchase of a home is one of the most significant investments a person can make in a lifetime, all aspects of this transaction require considerable analysis and investigation by Buyer before closing title to the Property. While Brokers and salespersons who are involved in this transaction are trained as licensees under the New Jersey Licensing Act they readily acknowledge that they have had no special training or experience with respect to the complexities pertaining to the multitude of structural, topographical and environmental components of this Property. For example, and not by way of limitation, Brokers and salespersons have no special training, knowledge or experience with regard to discovering and/or evaluating physical defects, including

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structural defects, roof, basement, mechanical equipment, such as heating, air conditioning, and electrical systems, sewage, plumbing, exterior drainage, termite, and other types of insect infestation or damage caused by such infestation. Moreover, Brokers and salespersons similarly have no special training, knowledge or experience with regard to evaluation of possible environmental conditions which might affect the Property pertaining to the dwelling, such as the existence of radon gas, formaldehyde gas, airborne asbestos fibers, toxic chemicals, underground storage tanks, lead, mold or other pollutants in the soil, air or water.

(B) Radon Testing, Reports and Mitigation.
(Radon is a radioactive gas which results from the natural breakdown of uranium in soil, rock and water. It has been found in homes all over the United States and is a carcinogen. For more information on radon, go to www.epa.gov/radon/pubs/citguide.html and www.nj.gov/dep/rpp/radon or call the NJ Radon Hot Line at 800-648-0394 or 609-984- 5425.)

If the Property has been tested for radon prior to the date of this Contract, Seller agrees to provide to Buyer, at the time of the execution of this Contract, a copy of the result of the radon test(s) and evidence of any subsequent radon mitigation or treatment of the Property. In any event, Buyer shall have the right to conduct a radon inspection/test as provided and subject to the conditions set forth in paragraph (D) below. If any test results furnished or obtained by Buyer indicate a concentration level of 4 picocuries per liter (4.0 pCi/L) or more in the subject dwelling, Buyer shall then have the right to void this Contract by notifying Seller in writing within seven (7) business days of the receipt of any such report. For the purposes of this Section 16, Seller and Buyer agree that, in the event a radon gas concentration level in the subject dwelling is determined to be less than 4 picocuries per liter (4.0 pCi/L) without any remediation, such level of radon gas concentration shall be deemed to be an acceptable level ("Acceptable Level") for the purposes of this Contract. Under those circumstances, Seller shall be under no obligation to remediate, and this contingency clause as it relates to radon shall be deemed fully satisfied.

If Buyer's qualified inspector reports that the radon gas concentration level in the subject dwelling is four picocuries per liter (4.0 pCi/L) or more, Seller shall have a seven (7) business day period after receipt of such report to notify Buyer in writing that Seller agrees to remediate the gas concentration to an Acceptable Level (unless Buyer has voided this Contract as provided in the preceding paragraph). Upon such remediation, the contingency in this Contract which relates to radon shall be deemed fully satisfied. If Seller fails to notify Buyer of Seller's agreement to so remediate, such failure to so notify shall be deemed to be a refusal by Seller to remediate the radon level to an Acceptable Level, and Buyer shall then have the right to void this Contract by notifying Seller in writing within seven (7) calendar days thereafter. If Buyer fails to void this Contract within the seven (7) day period, Buyer shall have waived Buyer's right to cancel this Contract and this Contract shall remain in full force and effect, and Seller shall be under no obligation to remediate the radon gas concentration. If Seller agrees to remediate the radon to an Acceptable Level, such remediation and associated testing shall be completed by Seller prior to the Closing.

(C) Infestation and/or Damage By Wood Boring Insects.
Buyer, shall have the right to have the Property inspected by a licensed exterminating company of Buyer's choice, for the purpose of determining if the Property is free from infestation and damage from termites or other wood destroying insects. If Buyer chooses to make this inspection, Buyer shall pay for the inspection unless Buyer's lender prohibits Buyer from paying, in which case Seller shall pay. The inspection must be completed and written reports must be furnished to Seller and Broker(s) within _____(if left blank, then 14) calendar days after the attorney-review period is completed or, if this Contract is timely disapproved by an attorney as provided in the Attorney-Review Clause Section of this Contract, then within _____(if left blank, then 14) calendar days after the parties agree to the terms of this Contract. This report shall state the nature and extent of any infestation and/or damage and the full cost of treatment for any infestation. Seller agrees to treat any infestation and cure any damage at Seller's expense prior to Closing, provided however, if the cost to cure exceeds 1% of the purchase price of the Property, then either party may void this Contract provided they do so within _____(if left blank, then 7) business days after the report has been delivered to Seller and Brokers. If Buyer and Seller are unable to agree upon who will pay for the cost to cure and neither party timely voids this Contract, then Buyer will be deemed to have waived its right to terminate this Contract and will bear the cost to cure that is over 1% of the purchase price, with Seller bearing the cost that is under 1% of the purchase price.

(D) Buyer's Right to Inspections.
Buyer acknowledges that the Property is being sold in an "as is" condition and that this Contract is entered into based upon the knowledge of Buyer as to the value of the land and whatever buildings are upon the Property, and not on any representation made by Seller, Brokers or their agents as to character or quality of the Property. Therefore, Buyer, at Buyer's sole cost and expense, is granted the right to have the dwelling and all other aspects of the Property, inspected and evaluated by "qualified inspectors" (as the term is defined in subsection G below) for the purpose of determining the existence of any physical defects or environmental conditions such as outlined above. If Buyer chooses to make inspections referred to in this paragraph, such inspections must be completed, and written reports including a list of repairs Buyer is requesting must be furnished to Seller and Brokers within _____(if left blank, then 14) calendar days after the attorney-review period is completed or, if this Contract is timely disapproved by an attorney as provided in the Attorney-Review Clause Section of this Contract, then within _____(if left blank, then 14) calendar days after the parties agree to the terms of this Contract. If Buyer fails to furnish such written reports to Seller and Brokers within the _____(if left blank, then 14) calendar days specified in this paragraph, this contingency clause shall be deemed waived by Buyer, and the Property shall be deemed acceptable by Buyer. The time period for furnishing the inspection reports is referred to as the "Inspection Time Period." Seller shall have all utilities in service for inspections.

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(E) Responsibility to Cure.
If any physical defects or environmental conditions (other than radon or woodboring insects) are reported by the qualified inspectors to Seller within the Inspection Time Period, Seller shall then have seven (7) business days after the receipt of such reports to notify Buyer in writing that Seller shall correct or cure any of the defects set forth in such reports. If Seller fails to notify Buyer of Seller's agreement to so cure and correct, such failure to so notify shall be deemed to be a refusal by Seller to cure or correct such defects. If Seller fails to agree to cure or correct such defects within the seven (7) business day period, or if the environmental condition at the Property (other than radon) is incurable and is of such significance as to unreasonably endanger the health of Buyer, Buyer shall then have the right to void this Contract by notifying Seller in writing within seven (7) business days thereafter. If Buyer fails to void this Contract within the seven (7) business day period, Buyer shall have waived Buyer's right to cancel this Contract and this Contract shall remain in full force, and Seller shall be under no obligation to correct or cure any of the defects set forth in the inspections. If Seller agrees to correct or cure such defects, all such repair work shall be completed by Seller prior to the closing of title. Radon at the Property shall be governed by the provisions of Paragraph (B), above.

(F) Flood Hazard Area (if applicable).
The federal and state governments have designated certain areas as flood areas. If the Property is located in a flood area, the use of the Property may be limited. If Buyer's inquiry reveals that the Property is in a flood area, Buyer may cancel this Contract within ten (10) calendar days after the attorney-review period is completed or, if this Contract is timely disapproved by an attorney as provided in the Attorney-Review Clause Section of this Contract, then within ten (10) calendar days after the parties agree to the terms of this Contract. If the mortgage lender requires flood insurance, then Buyer shall be responsible for obtaining such insurance on the Property. For a flood policy to be in effect immediately, there must be a loan closing. There is a (30) calendar day wait for flood policies to be in effect for cash transactions. Therefore, cash buyers are advised to make application and make advance payment for a flood policy at least thirty (30) calendar days in advance of closing if they want coverage to be in effect upon transfer of title.

Buyer's mortgage lender may require Buyer to purchase flood insurance in connection with Buyer's purchase of this Property. The National Flood Insurance Program ("NFIP") provides for the availability of flood insurance but also establishes flood insurance policy premiums based on the risk of flooding in the area where properties are located. Due to amendments to federal law governing the NFIP, those premiums are increasing and, in some cases, will rise by a substantial amount over the premiums previously charged for flood insurance for the Property. As a result, Buyer should not rely on the premiums paid for flood insurance on this Property previously as an indication of the premiums that will apply after Buyer completes the purchase. In considering Buyer's purchase of this Property, Buyer is therefore urged to consult with one or more carriers of flood insurance for a better understanding of flood insurance coverage, the premiums that are likely to be required to purchase such insurance and any available information about how those premiums may increase in the future.

(G) Qualifications of Inspectors.
Where the term "qualified inspectors" is used in this Contract, it is intended to refer to persons or businesses that are licensed or certified by the State of New Jersey for such purpose.

17. MEGAN'S LAW STATEMENT:
Under New Jersey law, the county prosecutor determines whether and how to provide notice of the presence of convicted sex offenders in an area. In their professional capacity, real estate licensees are not entitled to notification by the county prosecutor under Megan's Law and are unable to obtain such information for you. Upon closing, the county prosecutor may be contacted for such further information as may be disclosable to you.

18. MEGAN'S LAW REGISTRY:
Buyer is notified that New Jersey law establishes an Internet Registry of Sex Offenders that may be accessed at www.njsp.org. Neither Seller or any real estate broker or salesperson make any representation as to the accuracy of the registry.

19. NOTIFICATION REGARDING OFF-SITE CONDITIONS: (Applicable to all resale transactions.)
Pursuant to the New Residential Construction Off-Site Conditions Disclosure Act, N.J.S.A. 46:3C-1, et. seq, the clerks of municipalities in New Jersey maintains lists of off-site conditions which may affect the value of residential properties in the vicinity of the off-site condition. Buyers may examine the lists and are encouraged to independently investigate the area surrounding this property in order to become familiar with any off-site conditions which may affect the value of the property. In cases where a property is located near the border of a municipality, buyers may wish to also examine the list maintained by the neighboring municipality.

20 AIR SAFETY AND ZONING NOTICE:
Any person who sells or transfers a property that is in an airport safety zone as set forth in the New Jersey Air Safety and Zoning Act of 1983, N.J.S.A. 6:1-80, et seq., and appearing on a municipal map used for tax purposes as well as Seller's agent, shall provide notice to a prospective buyer that the property is located in an airport safety zone prior to the signing of the contract of sale. The Air Safety and Zoning Act also requires that each municipality in an airport safety zone enact an ordinance or ordinances incorporating the standards promulgated under the Act and providing for their enforcement within the delineated areas in the municipality. Buyer acknowledges

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receipt of the following list of airports and the municipalities that may be affected by them and that Buyer has the responsibility to contact the municipal clerk of any affected municipality concerning any ordinance that may affect the Property.

Municipality	Airport(s)	Municipality	Airport(s)
Alexandria Tp.	Alexandria & Sky Manor	Manalapan Tp. (Monmouth Cty.)	Old Bridge
Andover Tp.	Aeroflex-Andover & Newton	Mansfield Tp.	Hackettstown
Bedminister Tp.	Somerset	Manville Bor.	Central Jersey Regional
Berkeley Tp.	Ocean County	Medford Tp.	Flying W
Berlin Bor.	Camden County	Middle Tp.	Cape May County
Blairstown Tp.	Blairstown	Millville	Millville Municipal
Branchburg Tp.	Somerset	Monroe Tp. (Gloucester Cty.)	Cross Keys & Southern Cross
Buena Bor. (Atlantic Cty.)	Vineland-Downtown	Monroe Tp. (Middlesex Cty.)	Old Bridge
Dennis Tp.	Woodbine Municipal	Montgomery Tp.	Princeton
Eagleswood Tp.	Eagles Nest	Ocean City	Ocean City
Ewing Tp.	Trenton-Mercer County	Old Bridge Tp.	Old Bridge
E. Hanover Tp.	Morristown Municipal	Oldsman Tp.	Oldmans
Florham Park Bor.	Morristown Municipal	Pemberton Tp.	Pemberton
Franklin Tp. (Gloucester Cty.)	Southern Cross & Vineland Downtown	Pequannock Tp.	Lincoln Park
Franklin Tp. (Hunterdon Cty.)	Sky Manor	Readington Tp.	Solberg-Hunterdon
Franklin Tp. (Somerset Cty.)	Central Jersey Regional	Rocky Hill Boro.	Princeton
Green Tp.	Trinca	Southampton Tp.	Red Lion
Hammonton Bor.	Hammonton Municipal	Springfield Tp.	Red Wing
Hanover Tp.	Morristown Municipal	Upper Deerfield Tp.	Bucks
Hillsborough Tp.	Central Jersey Regional	Vineland City	Kroelinger & Vineland Downtown
Hopewell Tp. (Mercer Cty.)	Trenton-Mercer County	Wall Tp.	Monmouth Executive
Howell Tp.	Monmouth Executive	Wantage Tp.	Sussex
Lacey Tp.	Ocean County	Robbinsville	Trenton-Robbinsville
Lakewood Tp.	Lakewood	West Milford Tp.	Greenwood Lake
Lincoln Park Bor.	Lincoln Park	Winslow Tp.	Camden County
Lower Tp.	Cape May County	Woodbine Bor.	Woodbine Municipal
Lumberton Tp.	Flying W & South Jersey Regional		

The following airports are not subject to the Airport Safety and Zoning Act because they are subject to federal regulation or within the jurisdiction of the Port of Authority of New York and New Jersey and therefore are not regulated by New Jersey: Essex County Airport, Linden Airport, Newark Liberty Airport, Teterboro Airport, Little Ferry Seaplane Base, Atlantic City International Airport, and Maguire Airforce Base and NAEC Lakehurst.

21. BULK SALES:

The New Jersey Bulk Sales Law, N.J.S.A. 54:50-38, (the "Law") applies to the sale of certain residential property. Under the Law, Buyer may be liable for taxes owed by Seller if the Law applies and Buyer does not deliver to the Director of the New Jersey Division of Taxation (the "Division") a copy of this Contract and a notice on a form required by the Division (the "Tax Form") at least ten (10) business days prior to the Closing. If Buyer decides to deliver the Tax Form to the Division, Seller shall cooperate with Buyer by promptly providing Buyer with any information that Buyer needs to complete and deliver the Tax Form in a timely manner. Buyer promptly shall deliver to Seller a copy of any notice that Buyer receives from the Division in response to the Tax Form.

The Law does not apply to the sale of a simple dwelling house, or the sale or lease of a seasonal rental property, if Seller is an individual, estate or trust. A simple dwelling house is a one or two family residential building, or a cooperative or condominium unit used as a residential dwelling, none of which has any commercial property. A seasonal rental property is a time share, or a dwelling unit that is rented for residential purposes for a term of not more than 125 consecutive days, by an owner that has a permanent residence elsewhere.

If, prior to the Closing, the Division notifies Buyer to withhold an amount (the "Tax Amount") from the purchase price proceeds for possible unpaid tax liabilities of Seller, Buyer's attorney or Buyer's title insurance company (the "Escrow Agent") shall withhold the Tax Amount from the closing proceeds and place that amount in escrow (the "Tax Escrow"). If the Tax Amount exceeds the amount of available closing proceeds, Seller shall bring the deficiency to the Closing and the deficiency shall be added to the Tax Escrow. If the Division directs the Escrow Agent or Buyer to remit funds from the Tax Escrow to the Division or some other entity, the Escrow Agent or Buyer shall do so. The Escrow Agent or Buyer shall only release the Tax Escrow, or the remaining balance thereof, to Seller (or as otherwise directed by the Division) upon receipt of written notice from the Division that it can be released, and that no liability will be asserted under the Law against Buyer.

Buyer's Initials: RM

Seller's Initials: FL

Untitled

22. NOTICE TO BUYER CONCERNING INSURANCE:
Buyer should obtain appropriate casualty and liability insurance for the Property. Buyer's mortgage lender will require that such insurance be in place at Closing. Occasionally, there are issues and delays in obtaining insurance. Be advised that a "binder" is only a temporary commitment to provide insurance coverage and is not an insurance policy. Buyer is therefore urged to contact a licensed insurance agent or broker to assist Buyer in satisfying Buyer's insurance requirements.

23. MAINTENANCE AND CONDITION OF PROPERTY:
Seller agrees to maintain the grounds, buildings and improvements, in good condition, subject to ordinary wear and tear. The premises shall be in "broom clean" condition and free of debris as of the Closing. Seller represents that all electrical, plumbing, heating and air conditioning systems (if applicable), together with all fixtures included within the terms of the Contract now work and shall be in proper working order at the Closing. Seller further states, that to the best of Seller's knowledge, there are currently no leaks or seepage in the roof, walls or basement. Seller does not guarantee the continuing condition of the premises as set forth in this Section after the Closing.

24. RISK OF LOSS:
The risk of loss or damage to the Property by fire or otherwise, except ordinary wear and tear, is the responsibility of Seller until the Closing.

25. INITIAL AND FINAL WALK-THROUGHS:
In addition to the inspections set forth elsewhere in this Contract, Seller agrees to permit Buyer or Buyer's duly authorized representative to conduct an initial and a final walk-through inspection of the interior and exterior of the Property at any reasonable time before the Closing. Seller shall have all utilities in service for the inspections.

26. ADJUSTMENTS AT CLOSING:
Seller shall pay for the preparation of the Deed, realty transfer fee, lien discharge fees, if any, and one-half of the title company charges for disbursements and attendance allowed by the Commissioner of Insurance, but all searches, title insurance premium and other conveyancing expenses are to be paid for by Buyer.

Seller and Buyer shall make prorated adjustments at Closing for items which have been paid by Seller or are due from Seller, such as real estate taxes, water and sewer charges that could be claims against the Property, rental and security deposits, association and condominium dues, and fuel in Seller's tank. Adjustments of fuel shall be based upon physical inventory and pricing by Seller's supplier. Such determination shall be conclusive.

If Buyer is assuming Seller's mortgage loan, Buyer shall credit Seller for all monies, such as real estate taxes and insurance premiums paid in advance or on deposit with Seller's mortgage lender. Buyer shall receive a credit for monies, which Seller owes to Seller's Mortgage lender, such as current interest or a deficit in the mortgage escrow account.

If the Property is used or enjoyed by not more than four families and the purchase price exceeds $1,000,000, then pursuant to N.J.S.A. 46:15-7.2, Buyer will be solely responsible for payment of the fee due for the transfer of the Property, which is the so-called "Mansion "Tax, in the amount of one (1%) percent of the purchase price.

Unless an exemption applies, non-resident individuals, estates, or trusts that sell or transfer real property in New Jersey are required to make an estimated gross income tax payment to the State of New Jersey on the gain from a transfer/sale of real property (the so-called "Exit Tax,") as a condition of the recording of the deed.

If Seller is a foreign person (an individual, corporation or entity that is a non-US resident) under the Foreign Investment in Real Property Tax Act of 1980, as amended ("FIRPTA"), then with a few exceptions, a portion of the proceeds of sale may need to be withheld from Seller and paid to the Internal Revenue Service as an advance payment against Seller's tax liability.

Seller agrees that, if applicable, Seller will (a) be solely responsible for payment of any state or federal income tax withholding amount(s) required by law to be paid by Seller (which Buyer may deduct from the purchase price and pay at the Closing); and (b) execute and deliver to Buyer at the Closing any and all forms, affidavits or certifications required under state and federal law to be filed in connection with the amount(s) withheld.

There shall be no adjustment on any Homestead Rebate due or to become due.

27. FAILURE OF BUYER OR SELLER TO CLOSE:
If Seller fails to close title to the Property in accordance with this Contract, Buyer then may commence any legal or equitable action to which Buyer may be entitled. If Buyer fails to close title in accordance with this Contract, Seller then may commence an action for damages it has suffered, and, in such case, the deposit monies paid on account of the purchase price shall be applied against such damages. If Buyer or Seller breach this Contract, the breaching party will nevertheless be liable to Brokers for the commissions in the

Buyer's Initials: RM
Seller's Initials: FL

Untitled

amount set forth in this Contract, as well as reasonable attorneys' fees, costs and such other damages as are determined by the Court.

28. CONSUMER INFORMATION STATEMENT ACKNOWLEDGMENT:
By signing below, Seller and Buyer acknowledge they received the Consumer Information Statement on New Jersey Real Estate Relationships from the Brokers prior to the first showing of the Property.

29. DECLARATION OF BROKER(S)'S BUSINESS RELATIONSHIP(S):
(A) Tesla Realty Group LLC **(name of firm) and its authorized representative (s)** Francis Longo

(name(s) of licensee(s))

ARE OPERATING IN THIS TRANSACTION AS A (indicate one of the following)
☐ **SELLER'S AGENT** ☐ **BUYER'S AGENT** ☑ **DISCLOSED DUAL AGENT** ☐ **TRANSACTION BROKER**

(B) (If more than one firm is participating, provide the following.) INFORMATION SUPPLIED BY _____ **(name of other firm) HAS INDICATED THAT IT IS OPERATING IN THIS TRANSACTION AS A (indicate one of the following)**
☐ **SELLER'S AGENT** ☐ **BUYER'S AGENT** ☐ **TRANSACTION BROKER.**

30. BROKERS' INFORMATION AND COMMISSION:
The commission, in accord with the previously executed listing agreement, shall be due and payable at the Closing and payment by Buyer of the purchase consideration for the Property. Seller hereby authorizes and instructs whomever is the disbursing agent to pay the full commission as set forth below to the below-mentioned Brokerage Firm(s) out of the proceeds of sale prior to the payment of any such funds to Seller. Buyer consents to the disbursing agent making said disbursements. The commission shall be paid upon the purchase price set forth in Section 2 and shall include any amounts allocated to, among other things, furniture and fixtures.

Listing Firm REC License ID

Listing Agent REC License ID

Address

Office Telephone Fax Agent Cell Phone

(Per Listing Agreement)

E-mail **Commission due Listing Firm**

Participating Firm REC License ID

Participating Agent REC License ID

Address

Office Telephone Fax Agent Cell Phone

E-mail **Commission due Participating Firm**

31. EQUITABLE LIEN:
Under New Jersey law, brokers who bring the parties together in a real estate transaction are entitled to an equitable lien in the amount of their commission. This lien attaches to the property being sold from when the contract of sale is signed until the closing and then to the funds due to seller at closing, and is not contingent upon the notice provided in this Section. As a result of this lien, the party who disburses the funds at the Closing in this transaction should not release any portion of the commission to any party other than Broker(s) and, if there is a dispute with regard to the commission to be paid, should hold the disputed amount in escrow until the dispute with Broker(s) is resolved and written authorization to release the funds is provided by Broker(s).

Buyer's Initials: RA

Seller's Initials: FL

Untitled

32. DISCLOSURE THAT BUYER OR SELLER IS A REAL ESTATE LICENSEE: ☑ Applicable ☐ Not Applicable

A real estate licensee in New Jersey who has an interest as a buyer or seller of real property is required to disclose in the sales contract that the person is a licensee. Francis Longo therefore discloses that he/she is licensed in New Jersey as a real estate ☐ broker ☐ broker-salesperson ☑ salesperson ☐ referral agent.

33. BROKERS TO RECEIVE CLOSING DISCLOSURE AND OTHER DOCUMENTS:

Buyer and Seller agree that Broker(s) involved in this transaction will be provided with the Closing Disclosure documents and any amendments to those documents in the same time and manner as the Consumer Financial Protection Bureau requires that those documents be provided to Buyer and Seller. In addition, Buyer and Seller agree that, if one or both of them hire an attorney who disapproves this Contract as provided in the Attorney-Review Clause Section, then the attorney(s) will notify the Broker(s) in writing when either this Contract is finalized or the parties decide not to proceed with the transaction.

34. PROFESSIONAL REFERRALS:

Seller and Buyer may request the names of attorneys, inspectors, engineers, tradespeople or other professionals from their Brokers involved in the transaction. Any names provided by Broker(s) shall not be deemed to be a recommendation or testimony of competency of the person or persons referred. Seller and Buyer shall assume full responsibility for their selection(s) and hold Brokers and/or salespersons harmless for any claim or actions resulting from the work or duties performed by these professionals.

35. ATTORNEY-REVIEW CLAUSE:

(1) Study by Attorney

Buyer or Seller may choose to have an attorney study this Contract. If an attorney is consulted, the attorney must complete his or her review of the Contract within a three-day period. This Contract will be legally binding at the end of this three-day period unless an attorney for Buyer or Seller reviews and disapproves of the Contract.

(2) Counting the Time

You count the three days from the date of delivery of the signed Contract to Buyer and Seller. You do not count Saturdays, Sundays or legal holidays. Buyer and Seller may agree in writing to extend the three-day period for attorney review.

(3) Notice of Disapproval

If an attorney for the Buyer or Seller reviews and disapproves of this Contract, the attorney must notify the Broker(s) and the other party named in this Contract within the three-day period. Otherwise this Contract will be legally binding as written. The attorney must send the notice of disapproval to the Broker(s) by fax, email, personal delivery, or overnight mail with proof of delivery. Notice by overnight mail will be effective upon mailing. The personal delivery will be effective upon delivery to the Broker's office. The attorney may also, but need not, inform the Broker(s) of any suggested revision(s) in the Contract that would make it satisfactory.

36. NOTICES:

All notices shall be by certified mail, fax, email, recognized overnight courier or electronic document (except for notices under the Attorney-Review Clause Section) or by delivering it personally. The certified letter, e-mail, reputable overnight carrier, fax or electronic document will be effective upon sending. Notices to Seller and Buyer shall be addressed to the addresses in Section 1, unless otherwise specified in writing by the respective party.

37. NO ASSIGNMENT:

This Contract shall not be assigned without the written consent of Seller. This means that Buyer may not transfer to anyone else Buyer's rights under this Contract to purchase the Property.

38. ELECTRONIC SIGNATURES AND DOCUMENTS:

Buyer and Seller agree that the New Jersey Uniform Electronic Transaction Act, N.J.S.A. 12A:12-1 to 26, applies to this transaction, including but not limited to the parties and their representatives having the right to use electronic signatures and electronic documents that are created, generated, sent, communicated, received or stored in connection with this transaction. Since Section 11 of the Act provides that acknowledging an electronic signature is not necessary for the signature of such a person where all other information required to be included is attached to or logically associated with the signature or record, such electronic signatures, including but not limited to an electronic signature of one of the parties to this Contract, do not have to be witnessed.

39. CORPORATE RESOLUTIONS:

If Buyer or Seller is a corporate or other entity, the person signing below on behalf of the entity represents that all required corporate resolutions have been duly approved and the person has the authority to sign on behalf of the entity.

40. ENTIRE AGREEMENT;PARTIES LIABLE:

This Contract contains the entire agreement of the parties. No representations have been made by any of the parties, the Broker(s) or its

Buyer's Initials: RM

Seller's Initials: FL

Untitled

salespersons, except as set forth in this Contract. This Contract is binding upon all parties who sign it and all who succeed to their rights and responsibilities and only may be amended by an agreement in writing signed by Buyer and Seller.

41. APPLICABLE LAWS:

This Contract shall be governed by and construed in accordance with the laws of the State of New Jersey and any lawsuit relating to this Contract or the underlying transaction shall be venued in the State of New Jersey.

42. ADDENDA:

The following additional terms are included in the attached addenda or riders and incorporated into this Contract (check if applicable):

- ☐ Buyer's Property Sale Contingency
- ☐ Condominium/Homeowner's Associations
- ☐ FHA/VA Loans
- ☑ Lead Based Paint Disclosure (Pre-1978)
- ☐ New Construction
- ☐ Private Sewage Disposal (Other than Cesspool)
- ☐ Private Well Testing
- ☐ Properties With Three (3) or More Units
- ☐ Seller Concession
- ☐ Short Sale
- ☐ Underground Fuel Tank(s)

43. ADDITIONAL CONTRACTUAL PROVISIONS:

WITNESS:

	Ronald Kolb BUYER	3/20/2020 Date
	BUYER	Date
	BUYER	Date
	BUYER	Date
	SELLER	3/20/2020 Date
	SELLER	Date
	SELLER	Date
	SELLER	Date

Buyer's Initials: RK

Seller's Initials: _____

Untitled

NEW JERSEY REALTORS®

STATEWIDE NEW JERSEY REALTORS® STANDARD FORM OF REAL ESTATE SALES CONTRACT

THIS FORM MAY BE USED ONLY IN THE SALE OF A ONE TO FOUR-FAMILY RESIDENTIAL PROPERTY OR VACANT ONE-FAMILY LOTS. THIS FORM IS SUITABLE FOR USE ONLY WHERE THE SELLER HAS PREVIOUSLY EXECUTED A WRITTEN LISTING AGREEMENT.

THIS IS A LEGALLY BINDING CONTRACT THAT WILL BECOME FINAL WITHIN THREE BUSINESS DAYS. DURING THIS PERIOD YOU MAY CHOOSE TO CONSULT AN ATTORNEY WHO CAN REVIEW AND CANCEL THE CONTRACT. SEE SECTION ON ATTORNEY REVIEW FOR DETAILS.

TABLE OF CONTENTS

1. PARTIES AND PROPERTY DESCRIPTION:

Ron Gale ("Buyer"), _____, ("Buyer"),

_____ ("Buyer"), _____, ("Buyer"),

whose address is/are 410 Princeton Highstown Road, Princeton Junction, NJ 08550

AGREES TO PURCHASE FROM

Munn Lane Properties LLC, ("Seller"), _____, ("Seller"),

_____ ("Seller"), _____, ("Seller"),

whose address is/are 9 Cooper Street, Haddon Township, NJ 08108

THROUGH THE BROKER(S) NAMED IN THIS CONTRACT AT THE PRICE AND TERMS STATED BELOW, THE FOLLOWING PROPERTY:

Property Address: 11 E Summerfield Avenue

shown on the municipal tax map of Collingswood County Camden

as Block 9 Lot 11 **(the "Property").**

THE WORDS "BUYER" AND "SELLER" INCLUDE ALL BUYERS AND SELLERS LISTED ABOVE.

2. PURCHASE PRICE:

TOTAL PURCHASE PRICE	$ 370,000
INITIAL DEPOSIT	$ 1,000
ADDITIONAL DEPOSIT	$
MORTGAGE	$ 296,000
BALANCE OF PURCHASE PRICE	$ 73,000

Buyer's Initials: RM **Seller's Initials:** FL

Untitled

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Paul R. R
Acting

License Information

Accurate as of May 13, 2020 1:28 PM

Return to Search Results

Documents

No Public Documents

Name:	3 SONS CONSTRUCTION LLC	**Doing Business As:**	
Owner Name:	Mark Wong		
Address:	1140 Fernwood Ave, Maple Shade, NJ 08052		
Profession:	Home Improvement Contractors		
License Type:	Home Improvement Contractor		
License No:	13VH10383600		
License Status:	Active	**Status Change Reason:**	License
Issue Date:	3/5/2019	**Expiration Date:**	3/31/20

For Contractors needing information regarding registration contact the New Jersey Home Improvement Contractors registration section (973) 424-8150 prompt #2. For consumers re concerning Contractor complaints contact the New Jersey Home Improvement Contractors complaints section (973) 424-8150 prompt #6.

Thomas W. Gillis , AIA, NACRB, LEED AP
11 Billingsport Drive Sicklerville, NJ 08081
• t: 856.725.5770 • w: gillisdesigngroup.com • e: tomwgillis@gmail.com

April 28, 2020

TO: **Borough of Collingswood**
Building Department
678 Haddon Avenue, Collingswood, NJ 08108
p. (856) 854-0720

RE: **Structural Review due to Termite Damage:**
11 E. Summerfield Ave, Collingswood, NJ 08108

To whom it may concern please note, emergency repairs are required to the above-mentioned project due to extensive termite damage which threatens the structural integrity of the building. Specific damage includes the entire front wall of the structure sill plate window headers and support post and a structural support beam. It is the recommendation of this office that repair work be performed as soon as possible.

Should you have any questions please contact our office.

Sincerely,

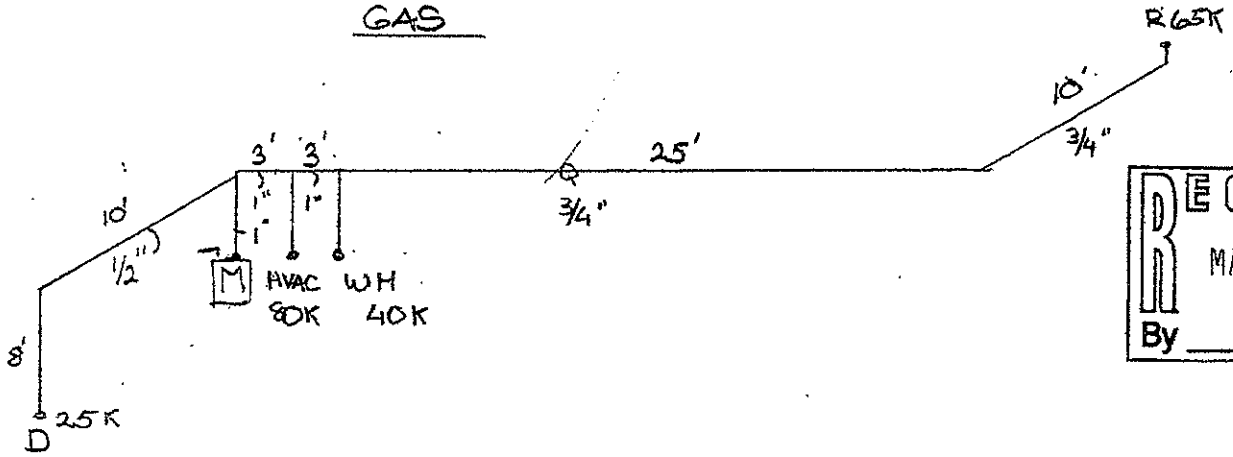
Thomas W. Gillis, AIA, NCARB, LEED AP.
NJ. Lic. # 18347

RECEIVED
MAY 0 5 2020
By

cc. file

11 E SUMMERFIELD AVE

GAS



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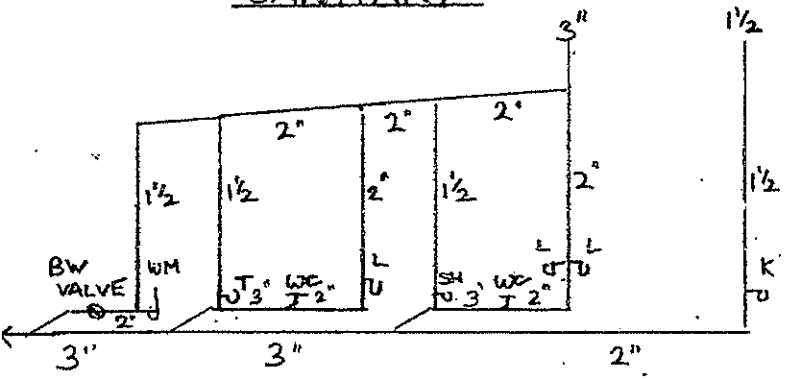
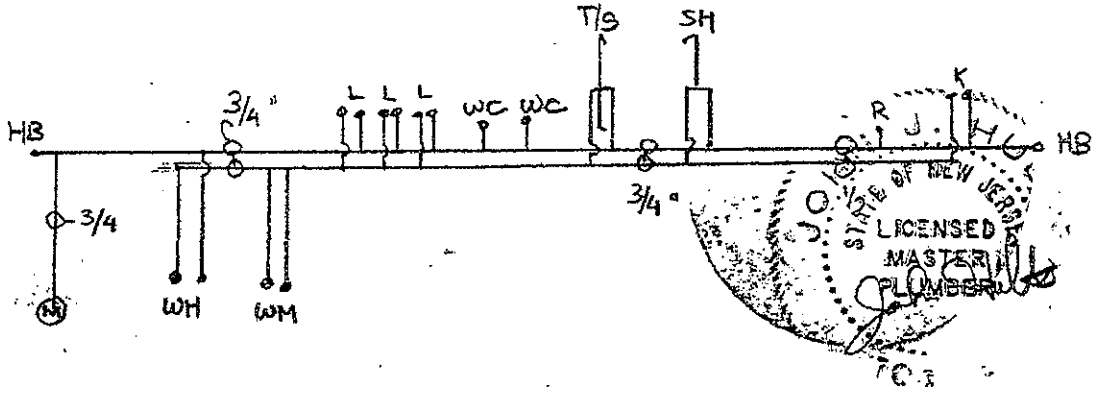


N.T.S.

DOMESTIC



BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2000247

INVOICE DATE: 05/13/20
DUE DATE: 06/12/20

ACCOUNT ID: 3SONS005

3 SONS CONSTRUCTION LLC
MARK WONG
1140 FERNWOOD AVE
MAPLE SHADE, NJ 08052

PERMIT INFORMATION
PERMIT NO: 20-00189
LOCATION: 11 E SUMMERFIELD AVE
OWNER: MUNN LANE PROPERTIES, LLC

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 20-00189		

TOTAL DUE: $ 962.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2000247

INVOICE DATE: 05/13/20
DUE DATE: 06/12/20

ACCOUNT ID: 3SONS005

3 SONS CONSTRUCTION LLC
MARK WONG
1140 FERNWOOD AVE
MAPLE SHADE, NJ 08052

PERMIT INFORMATION
PERMIT NO: 20-00189
LOCATION: 11 E SUMMERFIELD AVE
OWNER: MUNN LANE PROPERTIES, LLC

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCP03A	Bathtub Permit No: 20-00189	15.000000	15.00
3.0000	UCP04A	Lavatory Permit No: 20-00189	15.000000	45.00
1.0000	UCP05A	Shower Permit No: 20-00189	15.000000	15.00
1.0000	UCP07A	Sink Permit No: 20-00189	15.000000	15.00
1.0000	UCP08A	Dishwasher Permit No: 20-00189	15.000000	15.00
1.0000	UCP10A	Washing Machine Permit No: 20-00189	15.000000	15.00
2.0000	UCP11A	Hose Bibb Permit No: 20-00189	15.000000	30.00
1.0000	UCP12A	Water Heater Permit No: 20-00189	15.000000	15.00
4.0000	UCP14A	Gas Piping Permit No: 20-00189	15.000000	60.00
2.0000/EA	UCP24A	Stacks Permit No: 20-00189	15.000000	30.00
5.0000	UCF02A	Alarm Devices Permit No: 20-00189	0.000000	0.00
1.0000	UCF04Z	Total Alarm/Supervisory/Signal Permit No: 20-00189	65.000000	65.00
1.0000	UCDCAALT	DCA Alteration Fee	41.000000	41.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2000247

INVOICE DATE: 05/13/20
DUE DATE: 06/12/20

ACCOUNT ID: 3SONS005

3 SONS CONSTRUCTION LLC
MARK WONG
1140 FERNWOOD AVE
MAPLE SHADE, NJ 08052

PERMIT INFORMATION
PERMIT NO: 20-00189
LOCATION: 11 E SUMMERFIELD AVE
OWNER: MUNN LANE PROPERTIES, LLC

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCDCAMIN	DCA Minimum Fee Permit No: 20-00189	0.000000	0.00
1.0000	UCBCO	CO Permit No: 20-00189	50.000000	50.00
1.0000/$	UCB03A	Rehabilitation/Alterations Permit No: 20-00189	352.000000	352.00
34.0000	UCE01A	Lighting Fixtures Permit No: 20-00189	0.000000	0.00
50.0000	UCE02A	Receptacles Permit No: 20-00189	0.000000	0.00
20.0000	UCE03A	Switches Permit No: 20-00189	0.000000	0.00
5.0000	UCE04A	Detectors Permit No: 20-00189	0.000000	0.00
1.0000	UCE11A	TOTAL ELECTRICAL FIXTURES Permit No: 20-00189	74.000000	74.00
1.0000	UCE18A	KW Dishwasher Permit No: 20-00189	15.000000	15.00
1.0000	UCE19A	Garbage Disposal Permit No: 20-00189	15.000000	15.00
1.0000	UCE22D	AMP Service 1 to 225 Amps Permit No: 20-00189	65.000000	65.00
2.0000	UCP01A	Water Closet Permit No: 20-00189	15.000000	30.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2000247

INVOICE DATE: 05/13/20
DUE DATE: 06/12/20

ACCOUNT ID: 3SONS00S
3 SONS CONSTRUCTION LLC
MARK WONG
1140 FERNWOOD AVE
MAPLE SHADE, NJ 08052

PERMIT INFORMATION
PERMIT NO: 20-00189
LOCATION: 11 E SUMMERFIELD AVE
OWNER: MUNN LANE PROPERTIES LLC

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 20-00189		
1.0000	UCDCAMIN	DCA Minimum Fee	1.000000	1.00
		Permit No: 20-00189-01		
1.0000	UCP14A	Gas Piping	15.000000	15.00
		Permit No: 20-00189-01		
1.0000	UCPMINFE	Plumbing Sub Code Min Fee	50.000000	50.00
		Permit No: 20-00189-01		
			TOTAL DUE:	$ 1,028.00
		Prn Payment: 05/18/20 CK 1357		-40.00
		Prn Payment: 05/18/20 CK 201		-922.00
			BALANCE:	$ 66.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2000247

INVOICE DATE: 05/13/20
DUE DATE: 06/12/20

ACCOUNT ID: 3SONS005

3 SONS CONSTRUCTION LLC
MARK WONG
1140 FERNWOOD AVE
MAPLE SHADE, NJ 08052

PERMIT INFORMATION
PERMIT NO: 20-00189
LOCATION: 11 E SUMMERFIELD AVE
OWNER: MUNN LANE PROPERTIES LLC

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCP03A	Bathtub Permit No: 20-00189	15.000000	15.00
3.0000	UCP04A	Lavatory Permit No: 20-00189	15.000000	45.00
1.0000	UCP05A	Shower Permit No: 20-00189	15.000000	15.00
1.0000	UCP07A	Sink Permit No: 20-00189	15.000000	15.00
1.0000	UCP08A	Dishwasher Permit No: 20-00189	15.000000	15.00
1.0000	UCP10A	Washing Machine Permit No: 20-00189	15.000000	15.00
2.0000	UCP11A	Hose Bibb Permit No: 20-00189	15.000000	30.00
1.0000	UCP12A	Water Heater Permit No: 20-00189	15.000000	15.00
4.0000	UCP14A	Gas Piping Permit No: 20-00189	15.000000	60.00
2.0000/EA	UCP24A	Stacks Permit No: 20-00189	15.000000	30.00
5.0000	UCF02A	Alarm Devices Permit No: 20-00189	0.000000	0.00
1.0000	UCF04Z	Total Alarm/Supervisory/Signal Permit No: 20-00189	65.000000	65.00
1.0000	UCDCAALT	DCA Alteration Fee	41.000000	41.00

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3 SONS CONSTRUCTION LLC
MARK WONG
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PERMIT INFORMATION
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LOCATION: 11 E SUMMERFIELD AVE
OWNER: MUNN LANE PROPERTIES LLC

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCDCAMIN	DCA Minimum Fee Permit No: 20-00189	0.000000	0.00
1.0000	UCBCO	CO Permit No: 20-00189	50.000000	50.00
1.0000/$	UCB03A	Rehabilitation/Alterations Permit No: 20-00189	352.000000	352.00
34.0000	UCE01A	Lighting Fixtures Permit No: 20-00189	0.000000	0.00
50.0000	UCE02A	Receptacles Permit No: 20-00189	0.000000	0.00
20.0000	UCE03A	Switches Permit No: 20-00189	0.000000	0.00
5.0000	UCE04A	Detectors Permit No: 20-00189	0.000000	0.00
1.0000	UCE11A	TOTAL ELECTRICAL FIXTURES Permit No: 20-00189	74.000000	74.00
1.0000	UCE18A	KW Dishwasher Permit No: 20-00189	15.000000	15.00
1.0000	UCE19A	Garbage Disposal Permit No: 20-00189	15.000000	15.00
1.0000	UCE22D	AMP Service 1 to 225 Amps Permit No: 20-00189	65.000000	65.00
2.0000	UCP01A	Water Closet Permit No: 20-00189	15.000000	30.00

Bat

BOROUGH OF COLLINGSWOOD

09/23/20 12:07 Invoice Payment

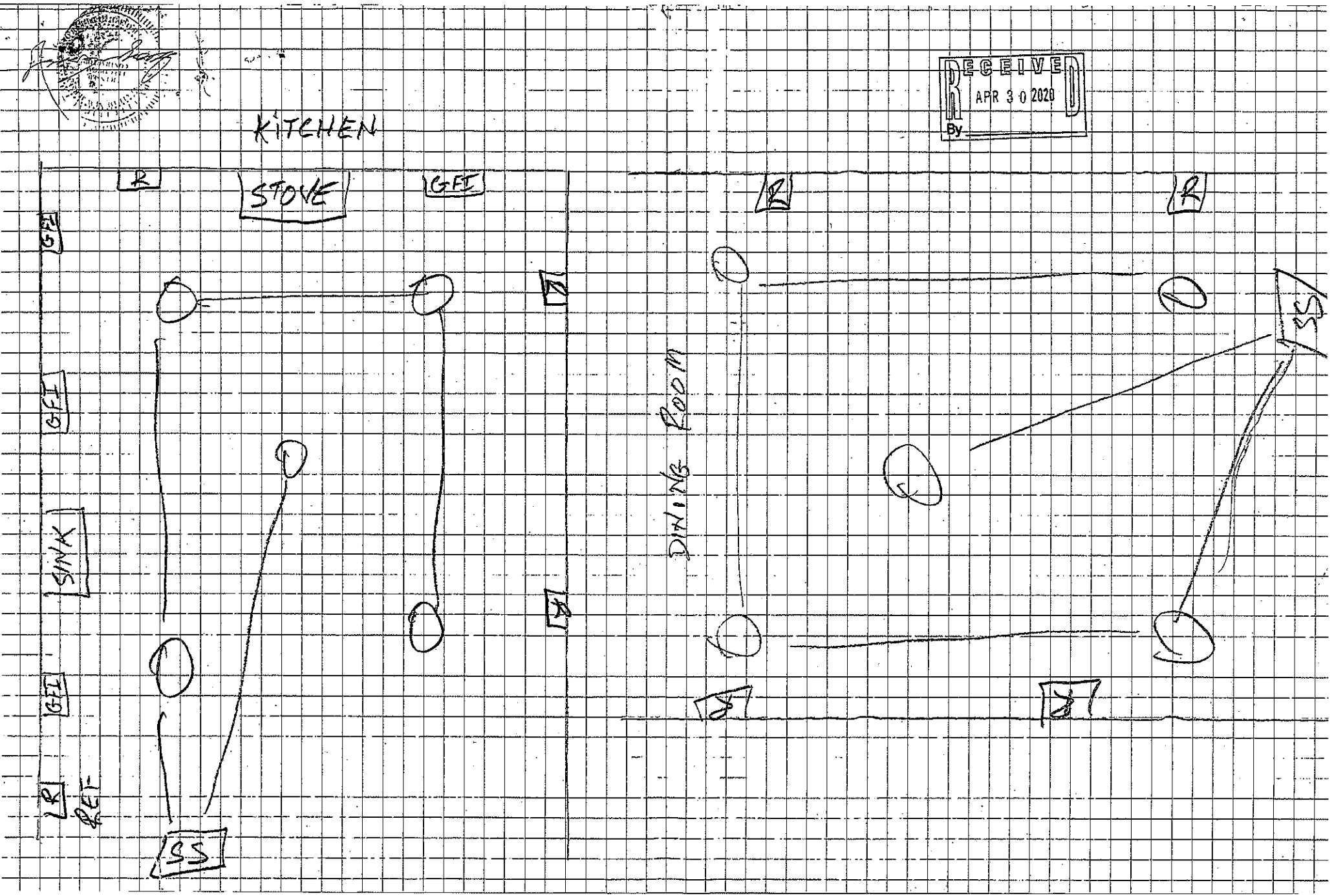
Customer: 3SONS005
Name: 3 SONS CONSTRUCTION LLC

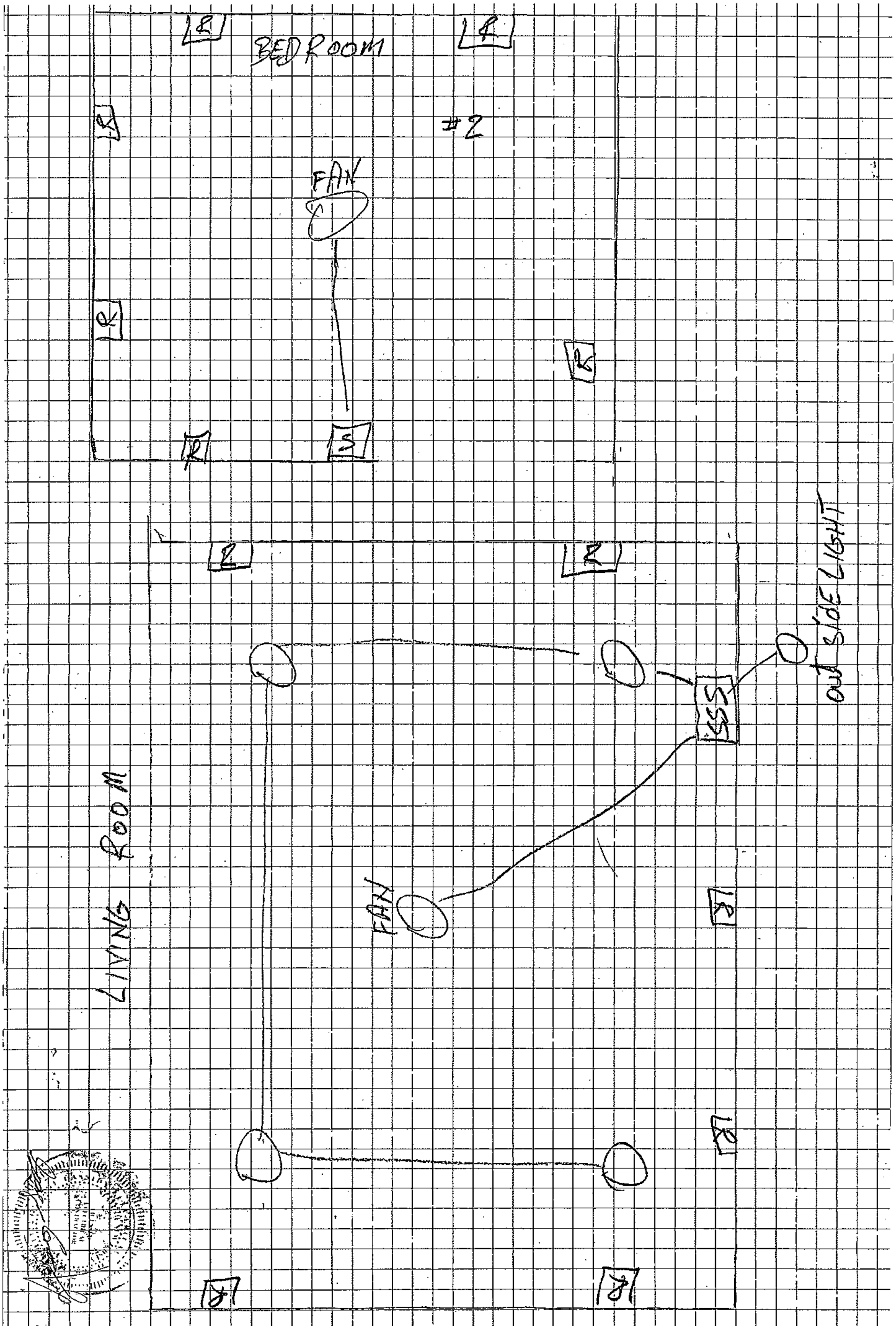
Invoice: I2000247
Permit No: 20-00189

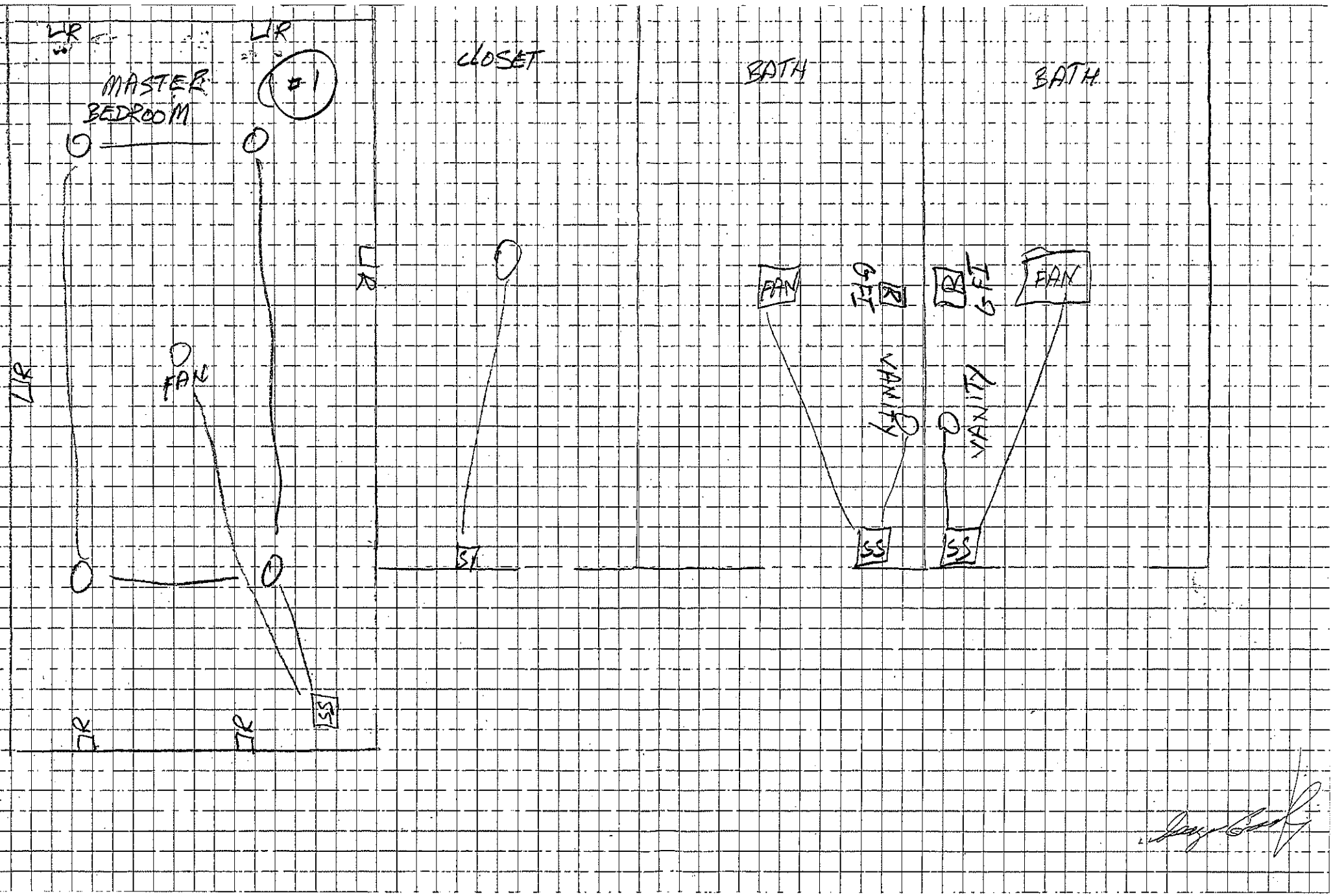
Item 26	1.00
DCA Minimum Fee	
Item 27	15.00
Gas Piping	
Item 28	50.00
Plumbing Sub Code Min Fee	
	66.00

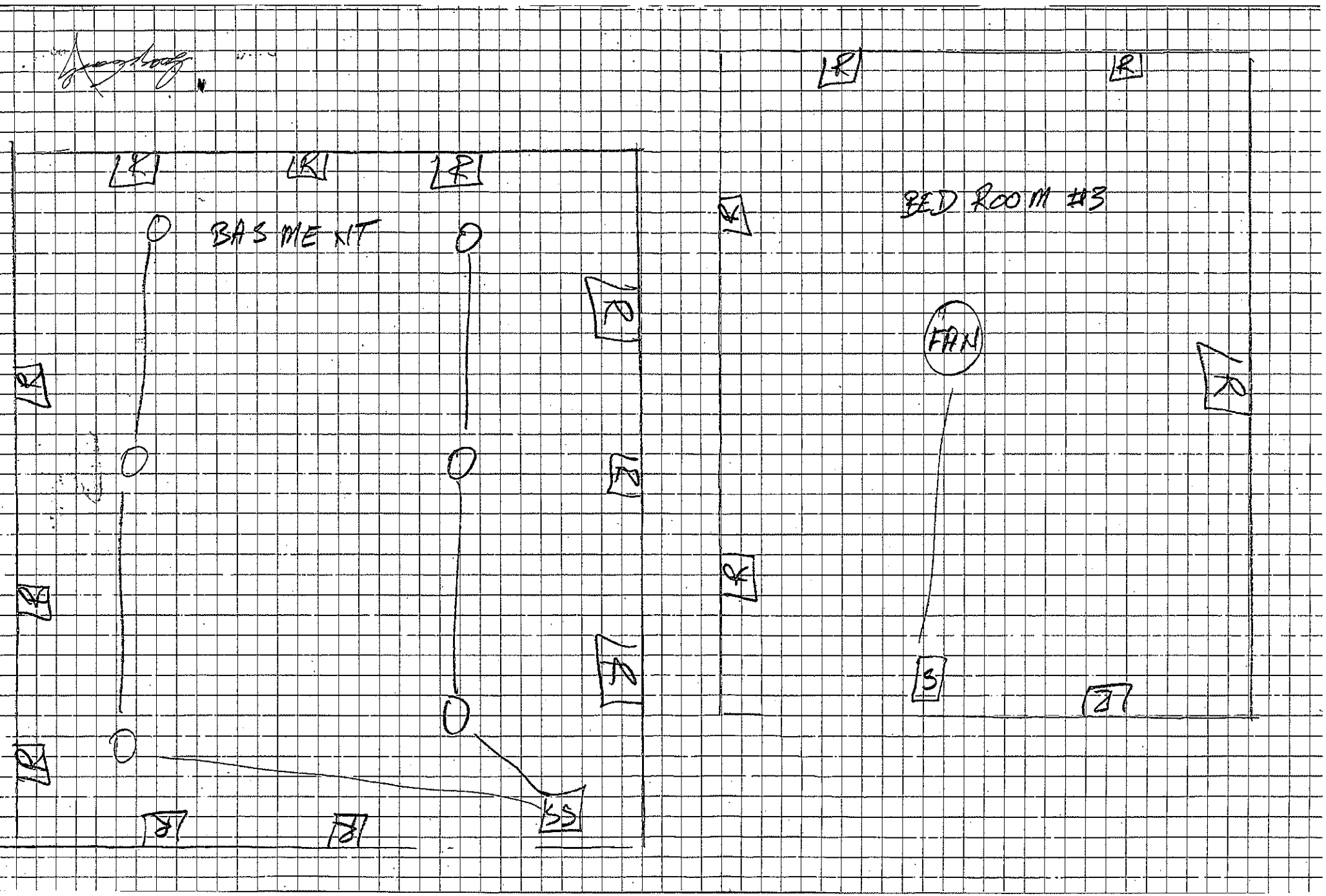
Batch Id: COUNTER1
Ref Num: 19643 Seq: 33 to 35

Cash Amount:	0.00
Check Amount:	66.00
Credit Amount:	0.00
Total:	66.00




BEDROOM
#2
FAN
R
S
LIVING ROOM
FAN
SS
OUTSIDE LIGHT


LR
LR
MASTER BEDROOM
#1
CLOSET
BATH
BATH
LR
LR
FAN
FAN
GFI
GFI
VANITY
VANITY
ST
SS
SS
SS
LR
LR


BASEMENT
BED ROOM #3
FAN
SS

BLOCK 9 LOT 11 QUALIFICATION CODE ADDRESS (SITE) 11 East Summerfield Avenue, Collingswood, NJ, 08108 PERMIT NO. 21-007706

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 11 East Summerfield Avenue, Collingswood, NJ, 08108
2. Name of Owner in Fee: Paul O'Donnell
   Tel. [redacted] e-mail permits@publicservicesolar.com
   Address 11 East Summerfield Avenue (street) Collingswood, NJ (municipality) 08108 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Public Service Solar Tel. (609) 524-0131
   Address 1631 South Olden Ave e-mail permits@publicservicesolar.com
   Trenton, NJ, 08610
   License No. OR, if new home, Builder Reg. No. 13VH10538000 Exp. Date 03/31/2022
   Home Improvement Contractor Registration No. or Exemption Reason ____
   Federal Emp. ID No. [redacted] FAX: ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun Michael Emmons
   Tel. (609) 524-0131 FAX: ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	90	126
2. Electrical		135	12.15
3. Plumbing			
4. Fire Protection		25	308
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		1	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	350	

Jessica

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 ____

RECEIVED NOV 23 2021 BY

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	2,873								
☒ Electrical	6,113								
☐ Plumbing									
☒ Fire Protection	1				11/24/21	RD			
☐ Elevator									
TOTAL COST	$8,986								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)* 12-5

1. State Specific Use: ____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: ____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

D. Construct. Classification: Present ____ Proposed 1B

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

U.C.C. F100-1 (rev. 3/08)

4291 00146_052183 337 SF *0002SP19*

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name Anthony Lostracco

Address 1631 South Olden Ave
Trenton, NJ, 08610

Telephone (609) 524-0131

Signature Anthony Lostracco

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.

CERTIFICATE

Permit #: 21-00706
Date Issued: 12/17/21
Certificate Issued Date: 02/04/22

IDENTIFICATION

Work Site Location: 11 E SUMMERFIELD AVE
Block/Lot/Qual: 9. 11.
Owner in Fee: O'DONNELL PAUL & KELLY GRACE
Address: 11 E SUMMERFIELD AVENUE
COLLINGSWOOD NJ 08108

Contractor: PUBLIC SVC SOLAR
Address: 1631 SOUTH OLDEN AVENUE
TRENTON, NJ 08610

Tel.: (609)524-0131
Fax:
Lic. No. or Bldrs. Reg. No: 13VH10538000
Federal Employer No: 824520267

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: INSTALLATION OF SAFE AND CODE COMPLIANT GRID TIE PV SOLAR SYS.

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.

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

☐ If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate.

CERTIFICATE OF 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 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 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 immediate 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 .

W Jenkins 2/9/22

Construction Official Date

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 21-00706
Issue Date: DEC 17 2021
Application Id: 90007581
Application Date: 12/02/21

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: O'DONNELL PAUL & KELLY GRACE

Tel. [redacted] email:

11 E SUMMERFIELD AVENUE COLLINGSWOOD NJ 08108

Contractor: PUBLIC SVC SOLAR Tel. (609)524-0131

1631 SOUTH OLDEN AVENUE email: PERMITS@PUBLICSERVICESOLAR.COM

TRENTON, NJ 08610

Contractor License No. or Builder Registration No.: 13VH10538000 Exp Date: 03/31/22

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

Federal Emp. ID No. [redacted] 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
INSTALLATION OF SAFE AND CODE COMPLIANT
GRID TIE PV SOLAR SYS.

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: 2/3/22
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			2-3-22	AWH
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)
$ _____
96.00

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	5.00
TOTAL FEE	$	101.00

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	$	2,873.00
3. Total (1+ 2)	$	2,873.00

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 #: 21-00706
Issue Date: DEC 17 2021
Application Id: 90007581
Application Date: 12/02/21

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

Block/Lot/Qual: 9. 11.
Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: O'DONNELL PAUL & KELLY GRACE
Tel: [redacted] email:
11 E SUMMERFIELD AVENUE COLLINGSWOOD NJ 08108
Contractor: PUBLIC SVC SOLAR/ELEC Tel. (609)524-0131
1631 SOUTH OLDEN AVENUE email:
HAMILTON, NJ 08610
Contractor License No.: 34EB01490600 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 $ 6,113.00

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 [X] CA
Date: 2/3/22
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/3/22	
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: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INSTALLATION OF SAFE AND CODE COMPLIANT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
15		Alarm Devices/F.A.C. Panel	
		PV MODULES	
15		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	
1	100A	AMP Service	65.00
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	15.00

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	12.00
TOTAL FEE	$	142.00

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Permit #: 21-00706
Issue Date DEC 17 2021
Application Id: 90007581
Application Date: 12/02/21

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: O'DONNELL PAUL & KELLY GRACE
Tel. [redacted] email:
11 E SUMMERFIELD AVENUE COLLINGSWOOD NJ 08108
Contractor: PUBLIC SVC SOLAR Tel. (609)524-0131
1631 SOUTH OLDEN AVENUE email: PERMITS@PUBLICSERVICESOLAR.COM
TRENTON, NJ 08610
Fire Alarm Contractor No.: 13VH10538000 Exp Date: 03/31/22
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID N[redacted] FAX:
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed _____
Constr. Class: Present Proposed _____
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Location: _____
Est. Cost of Fire Protection Work $ 1.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____
[ ] Fire Protection Plans Approved
Date:_____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] 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
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA [ ] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK: INSTALLATION OF SAFE AND CODE COMPLIANT
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System [ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (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		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other SOLAR	1.0000	15.00
Administrative Surcharge		$
Minimum Fee		$ 50.00
State Permit Surcharge Fee		$ 0.00
TOTAL FEE		$ 65.00

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

CONSTRUCTION PERMIT

Permit #: 21-00706
Date Issued: DEC 17 2021

IDENTIFICATION Block/Lot/Qual: 9. 11.
Work Site Location: 11 E SUMMERFIELD AVE
Owner in Fee: O'DONNELL PAUL & KELLY GRACE
Address: 11 E SUMMERFIELD AVENUE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: PUBLIC SVC SOLAR
Address: 1631 SOUTH OLDEN AVENUE
TRENTON, NJ 08610
Tel. (609)524-0131
Lic. No. or Bldrs. Reg. No. 13VH10538000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALLATION OF SAFE AND CODE COMPLIANT
GRID TIE PV SOLAR SYS.

PAYMENTS (Office Use Only)	
Building	96.00
Electrical	130.00
Plumbing	
Fire Protection	65.00
Elevator Devices	
Other	0.00
DCA State Permit Fee	17.00
Cert. of Occupancy	
Other	
Total	308.00

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 $ 8,987.00

_____ _____
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

BOROUGH OF COLLINGSWOOD

12/17/21 12:57 Invoice Payment

Customer: PUBLIC05
Name: PUBLIC SVC SOLAR

Invoice: I2100949
Permit No: 21-00706

Item 3	0.00
Alarm Devices/F.A.C. Panel	
Item 1	17.00
DCA Alteration Fee	
Item 2	96.00
Rehabilitation/Alterations	
Item 4	50.00
TOTAL ELECTRICAL FIXTURES	
Item 5	65.00
AMP Service 1 to 225 Amps	
Item 6	15.00
Electrical Signs	
Item 7	15.00
Other	
Item 8	50.00
Fire Subcode Min Fee	
	308.00

Batch Id: COUNTER2
Ref Num: 21155 Seq: 20 to 27

Cash Amount:	0.00
Check Amount:	308.00
Credit Amount:	0.00
Total:	308.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I2100949

INVOICE DATE: 12/02/21
DUE DATE: 01/01/22

ACCOUNT ID: PUBLI005

PUBLIC SVC SOLAR
1631 SOUTH OLDEN AVENUE
TRENTON, NJ 08610

PERMIT INFORMATION
PERMIT NO: 21-00706
LOCATION: 11 E SUMMERFIELD AVE
OWNER: O'DONNELL PAUL & KELLY GRACE

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.0000	UCDCAALT	DCA Alteration Fee Permit No: 21-00706	17.000000	17.00
1.0000/$	UCB03A	Rehabilitation/Alterations Permit No: 21-00706	96.000000	96.00
15.0000	UCE09A	Alarm Devices/F.A.C. Panel Permit No: 21-00706	0.000000	0.00
1.0000	UCE11A	TOTAL ELECTRICAL FIXTURES Permit No: 21-00706	50.000000	50.00
1.0000	UCE22D	AMP Service 1 to 225 Amps Permit No: 21-00706	65.000000	65.00
1.0000/EA	UCE28A	Electrical Signs Permit No: 21-00706	15.000000	15.00
1.0000	UCF21A	Other Permit No: 21-00706	15.000000	15.00
1.0000	UCFMINFE	Fire Subcode Min Fee Permit No: 21-00706	50.000000	50.00

TOTAL DUE: $ 308.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 9 Lot 11 Qualification Code

Work Site Location 11 East Summerfield Avenue, Collingswood, NJ, 08108

Owner in Fee: Paul O'Donnell

Tel. [redacted] e-mail permits@publicservicesolar.com

Address 11 East Summerfield Avenue (street) Collingswood, NJ (municipality) 08108 (zip code)

Contractor: Public Service Solar Tel. (609) 524-0131

Address 1631 South Olden Avenue e-mail permits@publicservicesolar.c

Trenton, NJ, 08610

Contractor License No. or Builder Registration No. 13VH10538000 Exp. Date 03/31/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID N[redacted] FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior Solar	5/14	
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed

Constr. Class Present VB Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $ 2,873
2. Rehabilitation $
3. Total (1+ 2) $ 2,873

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: Anthony Lostracco

Print name here: Anthony Lostracco

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of a safe and code compliant, grid tie PV solar system on an existing residential roof.

System Size: 6.0 kW DC

Module Count: 15

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 9 Lot 11 Qualification Code

Work Site Location 11 East Summerfield Avenue, Collingswood, NJ, 08108

Owner in Fee: Paul O'Donnell

Tel. [redacted] e-mail permits@publicservicesolar.com

Address 11 East Summerfield Avenue (street) Collingswood, NJ (municipality) 08108 (zip code)

Contractor: Public Service Solar Tel. (609) 524-0131

Address 1631 South Olden Avenue e-mail permits@publicservicesolar.com

Hamilton, NJ 08610

Contractor License No. 34EB01490600 Exp. Date 03/31/2024

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Single Family Utility Co. PSE&G

Est. Cost of Elec. Work $ 6,113

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: Chester H. Pine Jr.

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Installation of a safe and code compliant, grid tie PV solar system on an existing residential roof.

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	
15		PV Modules	
16		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	
15		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	100A	Load Center	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 11/3/22 Approved by: BH

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:	Dates (Month/Day) 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

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.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 9 Lot 11 Qualification Code _____

Work Site Location 11 East Summerfield Avenue, Collingswood, NJ, 08108

Owner in Fee: Paul O'Donnell

Tel. [redacted] e-mail permits@publicservicesolar.com

Address 11 East Summerfield Avenue (street) Collingswood, NJ (municipality) 08108 (zip code)

Contractor: Public Service Solar Tel. (609) 524-0131

Address 1631 South Olden Avenue e-mail permits@publicservicesolar.com

Trenton, NJ, 08610

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason 13VH10538000

Federal Emp. ID No. [redacted] FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 1.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11/24/21
Approved by: MD

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here: Anthony Lostracco

Print name here: Anthony Lostracco

D. TECHNICAL SITE DATA ☒ Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Roof mounted solar system
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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	0	
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		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other PV setbacks		
		Administrative Surcharge $
		Minimum Fee $
		State Permit Surcharge Fee $
		TOTAL FEE $

U.C.C. F140 (rev. 02/11) Internet version

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

PERMITS FOR SOLAR PANELS
2021

ADDRESS	PERMIT NUMBER	COPY SENT TO FD	PERMIT VOID
29 E STILES AVENUE	21-00010	☑	
650 SPRING AVENUE	21-00021	☑	
315 HARVARD AVENUE	21-00053	☑	
315 COMLY AVENUE	21-00065	☑	
722 GRANT AVENUE	21-00066	☑	
562 GRANT AVENUE	21-00182	☑	VOID
245 E MADISON AVENUE	21-00215	☑	VOID
744 BELMONT AVENUE	21-00212	☑	
5 CENTER STREET	21-00229	☑	
311 SLOAN AVENUE	21-00246	☑	
742 MAPLE TERRACE	21-00248	☑	
213 RICHEY AVENUE	21-00245	☑	
816 MERRICK AVENUE	21-00268	☑	
157 NEW JERSEY AVENUE	21-00293	☑	
113 LAWNSIDE AVENUE	21-00296	☑	
800 VENTNOR AVENUE	21-00308	☑	REM/REPLACE
132 E PALMER AVENUE	21-00304	☑	
247 W FRANKLIN AVENUE	21-00335	☑	
719 CENTER STREET	21-00334	☑	
37 HILLCREST AVENUE	21-00372	☑	VOID
124 E COULTER AVENUE	21-00373	☑	
241 WOODLAWN AVENUE	21-00386	☑	
838 LINWOOD AVENUE	21-00382	☑	
739 MAPLE TERRACE	21-00397	☑	
211 E COULTER AVENUE	21-00412	☑	
417 LEES AVENUE	21-00437	☑	
212 E COULTER AVENUE	21-00445	☑	
20 RICHEY AVENUE	21-00463	☑	
20 RICHEY AVENUE	21-00464	☑	
524 LINCOLN AVENUE	21-00489	☑	
233 HADDON AVENUE	21-00505	☑	
916 COLLINGS AVENUE	21-00510	☑	
737 MAPLE AVENUE	21-00509	☑	
109 LAWNSIDE AVENUE	21-00502	☑	
546 GRANT AVENUE	21-00538	☑	
255 W FRANKLIN AVENUE	21-00594	☑	

PERMITS FOR SOLAR PANELS
2021

ADDRESS	PERMIT NUMBER	COPY SENT TO FD	PERMIT VOID
311 RICHEY AVENUE	21-00595	☑	
361 SOUTH PARK DRIVE	21-00613	☑	
706 CENTER STREET	21-00609	☑	
409 CATTELL AVENUE	21-00657	☑	
911 PARK AVENUE	21-00682	☑	
259 WOODLAWN TER	21-00707	☑	
11 E SUMMERFIELD AVE	21-00706	☑	

VECTOR ENGINEERS

VSE Project Number: U3285.0440.211

November 16, 2021

Public Service Solar
1137 Hamilton Ave. #33245
Trenton, NJ 08629

REFERENCE: Paul O'Donnell Residence: 11 Summerfield Avenue, Collingswood, NJ 08108
Solar Array Installation

To Whom It May Concern:

Per your request, we have reviewed the existing structure at the above referenced site. The purpose of our review was to determine the adequacy of the existing structure to support the proposed installation of solar panels on the roof as shown on the panel layout plan.

Based upon our review, we conclude that the existing structure is adequate to support the proposed solar panel installation.

Design Parameters

Code: International Building Code, 2018 New Jersey Edition
Risk Category: II
Design wind speed, Vult: 113 mph (3-sec gust)
Wind exposure category: C
Ground snow load, Pg: 25 psf

Existing Roof Structure

Roof structure: 2x4 manufactured trusses @ 24" o.c.
Roofing material: composite shingles
Roof 1: roof slope of 19°
Roof 2: roof slope of 18°

Connection to Roof

Mounting connection: (1) 5/16" lag screw w/ min. 2.5" threaded embedment into framing at max. 48" o.c. along rails
(2) rails per row of panels, evenly spaced; panel length perpendicular to the rails not to exceed 72 in. Rail cantilever shall not exceed 50% of connection spacing.
At flat hip framing, if occurs, reduce connection spacing listed above by 50% or see attached detail for blocking option.

Conclusions

Based upon our review, we conclude that the existing structure is adequate to support the proposed solar panel installation. In the area of the solar array, other live loads will not be present or will be greatly reduced (2018 IBC, Section 1607.13.5). The glass surface of the solar panels allows for a lower slope factor per ASCE 7, resulting in reduced design snow load on the panels. The gravity loads, and thus the stresses of the structural elements, in the area of the solar array are either decreased or increased by no more than 5%. Stress decreases or increases of no more than 5% are considered acceptable. Therefore, the structure is permitted to remain unaltered.

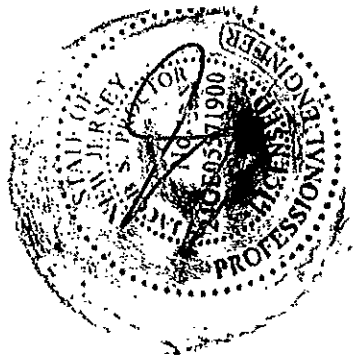
VSE Project Number: U3285.0440.211
Paul O'Donnell Residence
11/16/2021

The solar array will be flush-mounted (no more than 10" above the roof surface) and parallel to the roof surface. Thus, we conclude that any additional wind loading on the structure related to the addition of the proposed solar array is negligible. The attached calculations verify the capacity of the connections of the solar array to the existing roof against wind (uplift), the governing load case. Increases in lateral forces less than 10% are considered acceptable. Thus the existing lateral force resisting system is permitted to remain unaltered.

Limitations

Installation of the solar panels must be performed in accordance with manufacturer recommendations. All work performed must be in accordance with accepted industry-wide methods and applicable safety standards. The contractor must notify Vector Structural Engineering, LLC should any damage, deterioration or discrepancies between the as-built condition of the structure and the condition described in this letter be found. Connections to existing roof framing must be staggered, except at array ends, so as not to overload any existing structural member. The use of solar panel support span tables provided by others is allowed only where the building type, site conditions, site-specific design parameters, and solar panel configuration match the description of the span tables. The design of the solar panel racking (mounts, rails, etc.) and electrical engineering is the responsibility of others. Waterproofing around the roof penetrations is the responsibility of others. Vector Structural Engineering assumes no responsibility for improper installation of the solar array.

VECTOR STRUCTURAL ENGINEERING, LLC
NJ Firm License: COA - 24 GA 28120600



11/16/2021

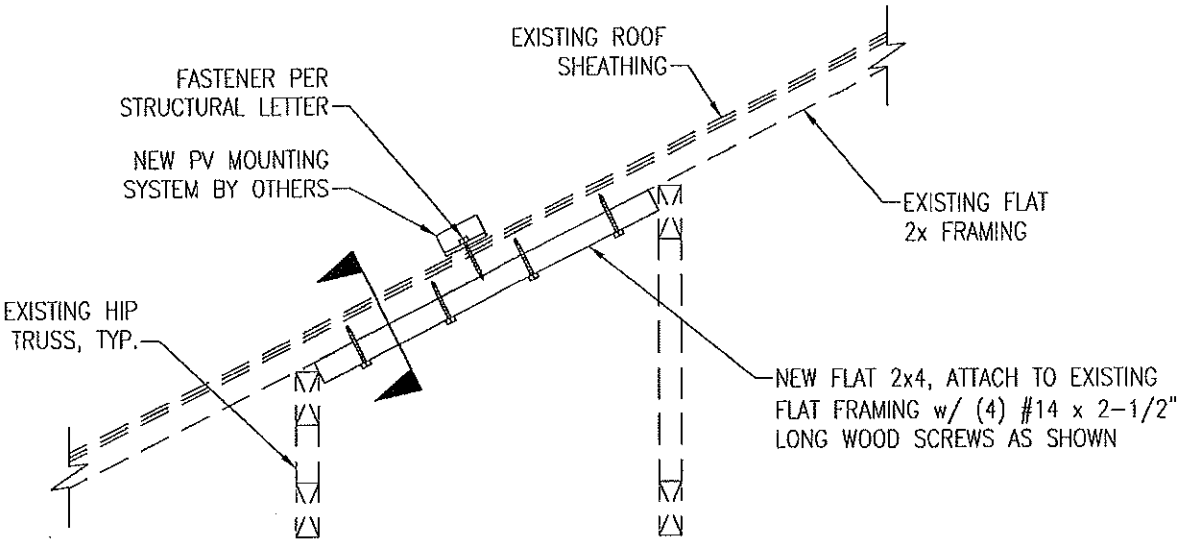
Jacob Proctor, P.E.
NJ License: 24GE05571900 - Expires: 04/30/2022
Project Engineer

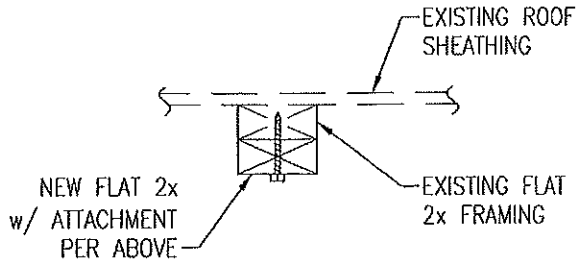
Enclosures

JSP/ima

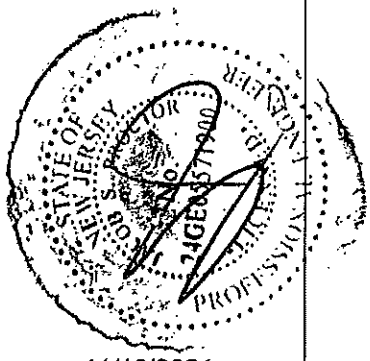
VECTOR
ENGINEERS
DRAPER, UTAH
(801) 990-1775
WWW.VECTORSOLAR.COM

SUBJECT CONNECTION @ MANUFACTURED HIP TRUSS





SECTION



11/16/2021

NOTES:
1. GRADE OF NEW DIMENSIONAL LUMBER SHALL BE SPF OR BETTER
2. THIS DETAIL IS PROVIDED AS AN OPTION IF FLAT TRUSS FRAMING OCCURS AS PART OF THE HIP PACKAGE. IF FLAT FRAMING DOES NOT OCCUR, OF IF THE PANELS DO NOT OCCUR OVER THE FLAT FRAMING, THIS DETAIL IS NOT APPLICALBE AND NOT REQUIRED. ALTERNATIVE TO THIS DETAIL, SPACING MAY BE REDUCED BY 50% FOR CONNECTION TO FLAT TRUSS FRAMING.

VECTOR ENGINEERS

JOB NO.: U3285.0440.211
SUBJECT: WIND PRESSURE

PROJECT: Paul O'Donnell Residence

Components and Cladding Wind Calculations

Label: Solar Panel Array

Note: Calculations per ASCE 7-16

SITE-SPECIFIC WIND PARAMETERS:

Basic Wind Speed [mph]:	113
Exposure Category:	C
Risk Category:	II

Notes:

ADDITIONAL INPUT & CALCULATIONS:

Height of Roof, h [ft]:	15 (Approximate)				
Comp/Cladding Location:	Hip Roofs 7° < θ ≤ 20°				
Enclosure Classification:	Enclosed Buildings				
Zone 1 GCp:	1.80	Figure 30.3-2E (negative coeff.)	Zone 1 γ_a:	0.77	Fig. 29.4-8
Zone 2r GCp:	2.33		Zone 2r γ_a:	0.77	
Zone 2e, 3 GCp:	2.53		Zone 2e, 3 γ_a:	0.77	

α:	9.5	Table 26.11-1
z_g [ft]:	900	Table 26.11-1
K_h:	0.85	Table 26.10-1
K_e:	1.00	Table 26.9-1
K_{zt}:	1	Equation 26.8-1
K_d:	0.85	Table 26.6-1
Velocity Pressure, q_h [psf]:	23.6	Equation 26.10-1
γ_E:	1.50	Section 29.4.4

WIND PRESSURES:

Equation 29.4-7 $p = q_h (GC_p)(\gamma_E)(\gamma_a)$

Zone 1, p [psf]:	48.8	psf (1.0 W)
Zone 2r, p [psf]:	63.3	psf (1.0 W)
Zone 2e, 3, p [psf]:	68.6	psf (1.0 W)

(a = 3 ft)

VECTOR ENGINEERS

JOB NO.: U3285.0440.211
SUBJECT: CONNECTION

PROJECT: Paul O'Donnell Residence

Calculate Uplift Forces on Connection

	Pressure (0.6 Dead -0.6 Wind) (psf)	Max Trib. Width[1] (ft)	Max Trib. Area[2] (ft^2)	Max Uplift Force (lbs)
Zone 1	27.5	4.0	12.0	330
Zone 2r	36.2	4.0	12.0	434
Zone 2e, 3	39.3	4.0	12.0	472

Calculate Connection Capacity

Lag Screw Size [in]:	5/16	
C_d:	1.6	NDS Table 2.3.2
Embedment[3] [in]:	2.5	
Grade:	SPF (G = 0.42)	
Nominal Capacity [lbs/in]:	205	NDS Table 12.2A
Number of Screws:	1	
Prying Coefficient:	1.4	
Total Capacity [lbs]:	586	

Determine Result

Maximum Demand [lbs]:	472
Lag Screw Capacity [lbs]:	586

Result: **Capacity > Demand, Connection is adequate.**

Notes

1. 'Max Trib. Width' is the width along the rails tributary to the connection.
2. 'Max Trib Area' is the product of the 'Max. Trib Width' and 1/2 the panel width/height perpendicular to the rails. (2) rails per row of panels. Length of panels perpendicular to the rails shall not exceed 72".
3. Embedment is measured from the top of the framing member to the beginning of the tapered tip of the lag screw. Embedment in sheathing or other material is not effective. The length of the tapered tip is not part of the embedment length.

VECTOR ENGINEERS

JOB NO.: U3285.0440.211
SUBJECT: GRAVITY LOADS

PROJECT: Paul O'Donnell Residence

GRAVITY LOADS

Roof Pitch: 3.9 :12

ROOF DEAD LOAD (D)	Design material weight [psf]	Increase due to pitch	Material weight [psf]
Composite Shingles	2.1	1.05	2.0
1/2" Plywood	1.1	1.05	1.0
Framing	3.0		3.0
Insulation	0.5		0.5
1/2" Gypsum Clg.	2.1	1.05	2.0
M, E & Misc	1.5		1.5
Total Existing Roof DL	10.3		
PV Array DL	3.2	1.05	3

ROOF LIVE LOAD (Lr)

Existing Design Roof Live Load [psf]	20	ASCE 7-16 Table 4.3-1
Roof Live Load With PV Array [psf]	0	2018 IBC, Section 1607.13.5

SNOW LOAD (S):	Existing	w/ Solar Array	
Roof Slope [x:12]:	3.9	3.9	
Roof Slope [°]:	18	18	
Ground Snow Load, p_g [psf]:	25	25	ASCE 7-16, Section 7.2
Terrain Category:	C	C	ASCE 7-16, Table 7.3-1
Exposure of Roof:	Fully Exposed	Fully Exposed	ASCE 7-16, Table 7.3-1
Exposure Factor, C_e:	0.9	0.9	ASCE 7-16, Table 7.3-1
Thermal Factor, C_t:	1.1	1.1	ASCE 7-16, Table 7.3-2
Risk Category:	II	II	ASCE 7-16, Table 1.5-1
Importance Factor, I_s:	1.0	1.0	ASCE 7-16, Table 1.5-2
Flat Roof Snow Load, p_f [psf]:	17	17	ASCE 7-16, Equation 7.3-1
Minimum Roof Snow Load, p_m [psf]:	0	0	ASCE 7-16, Section 7.3.4
Unobstructed Slippery Surface?	No	Yes	ASCE 7-16, Section 7.4
Slope Factor Figure:	Figure 7-2b	Figure 7-2b	ASCE 7-16, Section 7.4
Roof Slope Factor, C_s:	1.00	0.87	ASCE 7-16, Figure 7.4-1
Sloped Roof Snow Load, p_s [psf]:	17	15	ASCE 7-16, Equation 7.4-1
Design Snow Load, S [psf]:	17	15	

VECTOR ENGINEERS

JOB NO.: U3285.0440.211
SUBJECT: LOAD COMPARISON

PROJECT: Paul O'Donnell Residence

Summary of Loads

	Existing	With PV Array
D [psf]	10	13
Lr [psf]	20	0
S [psf]	17	15

Maximum Gravity Loads:

	Existing	With PV Array	
(D + Lr) / Cd [psf]	24	15	ASCE 7-16, Section 2.4.1
(D + S) / Cd [psf]	24	25	ASCE 7-16, Section 2.4.1

(Cd = Load Duration Factor = 0.9 for D, 1.15 for S, and 1.25 for Lr)

Maximum Gravity Load [psf]:	24	25

Ratio Proposed Loading to Current Loading: **102%** **OK**

The gravity loads, and thus the stresses of the structural elements, in the area of the solar array are either decreased or increased by no more than 5%. Stress decreases or increases of no more than 5% are considered acceptable. Therefore, the structure is permitted to remain unaltered.

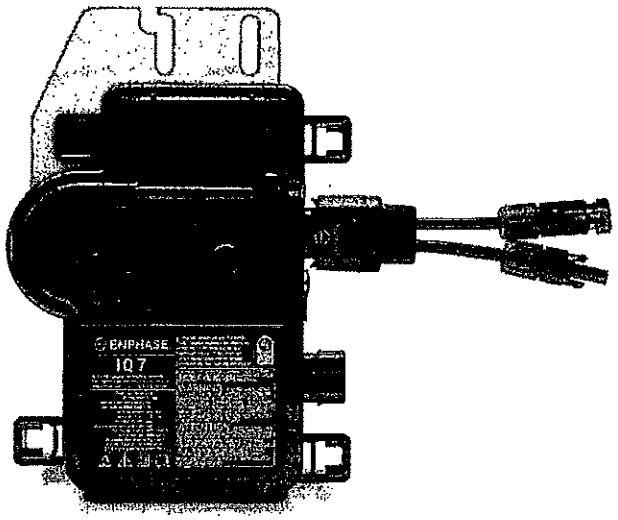
Data Sheet
Enphase Microinverters
Region: AMERICAS

Enphase IQ 7 and IQ 7+ Microinverters

The high-powered smart grid-ready **Enphase IQ 7 Micro™** and **Enphase IQ 7+ Micro™** dramatically simplify the installation process while achieving the highest system efficiency.

Part of the Enphase IQ System, the IQ 7 and IQ 7+ Microinverters integrate with the Enphase IQ Envoy™, Enphase IQ Battery™, and the Enphase Enlighten™ monitoring and analysis software.

IQ Series Microinverters extend the reliability standards set forth by previous generations and undergo over a million hours of power-on testing, enabling Enphase to provide an industry-leading warranty of up to 25 years.



Easy to Install

- Lightweight and simple
- Faster installation with improved, lighter two-wire cabling
- Built-in rapid shutdown compliant (NEC 2014 & 2017)

Productive and Reliable

- Optimized for high powered 60-cell/120 half-cell and 72-cell/144 half-cell* modules
- More than a million hours of testing
- Class II double-insulated enclosure
- UL listed

Smart Grid Ready

- Complies with advanced grid support, voltage and frequency ride-through requirements
- Remotely updates to respond to changing grid requirements
- Configurable for varying grid profiles
- Meets CA Rule 21 (UL 1741-SA)

* The IQ 7+ Micro is required to support 72-cell/144 half-cell modules.

To learn more about Enphase offerings, visit **enphase.com**

ENPHASE.

Enphase IQ 7 and IQ 7+ Microinverters

INPUT DATA (DC)	IQ7-60-2-US		IQ7PLUS-72-2-US	
Commonly used module pairings[1]	235 W - 350 W +		235 W - 440 W +	
Module compatibility	60-cell/120 half-cell PV modules only		60-cell/120 half-cell and 72-cell/144 half-cell PV modules	
Maximum input DC voltage	48 V		60 V	
Peak power tracking voltage	27 V - 37 V		27 V - 45 V	
Operating range	16 V - 48 V		16 V - 60 V	
Min/Max start voltage	22 V / 48 V		22 V / 60 V	
Max DC short circuit current (module Isc)	15 A		15 A	
Overvoltage class DC port	II		II	
DC port backfeed current	0 A		0 A	
PV array configuration	1 x 1 ungrounded array; No additional DC side protection required; AC side protection requires max 20A per branch circuit			

OUTPUT DATA (AC)	IQ 7 Microinverter		IQ 7+ Microinverter	
Peak output power	250 VA		295 VA	
Maximum continuous output power	240 VA		290 VA	
Nominal (L-L) voltage/range[2]	240 V / 211-264 V	208 V / 183-229 V	240 V / 211-264 V	208 V / 183-229 V
Maximum continuous output current	1.0 A (240 V)	1.15 A (208 V)	1.21 A (240 V)	1.39 A (208 V)
Nominal frequency	60 Hz		60 Hz	
Extended frequency range	47 - 68 Hz		47 - 68 Hz	
AC short circuit fault current over 3 cycles	5.8 Arms		5.8 Arms	
Maximum units per 20 A (L-L) branch circuit[3]	16 (240 VAC)	13 (208 VAC)	13 (240 VAC)	11 (208 VAC)
Overvoltage class AC port	III		III	
AC port backfeed current	18 mA		18 mA	
Power factor setting	1.0		1.0	
Power factor (adjustable)	0.85 leading ... 0.85 lagging		0.85 leading ... 0.85 lagging	

EFFICIENCY	@240 V	@208 V	@240 V	@208 V
Peak efficiency	97.6 %	97.6 %	97.5 %	97.3 %
CEC weighted efficiency	97.0 %	97.0 %	97.0 %	97.0 %

MECHANICAL DATA	
Ambient temperature range	-40°C to +65°C
Relative humidity range	4% to 100% (condensing)
Connector type	MC4 (or Amphenol H4 UTX with additional Q-DCC-5 adapter)
Dimensions (HxWxD)	212 mm x 175 mm x 30.2 mm (without bracket)
Weight	1.08 kg (2.38 lbs)
Cooling	Natural convection - No fans
Approved for wet locations	Yes
Pollution degree	PD3
Enclosure	Class II double-insulated, corrosion resistant polymeric enclosure
Environmental category / UV exposure rating	NEMA Type 6 / outdoor

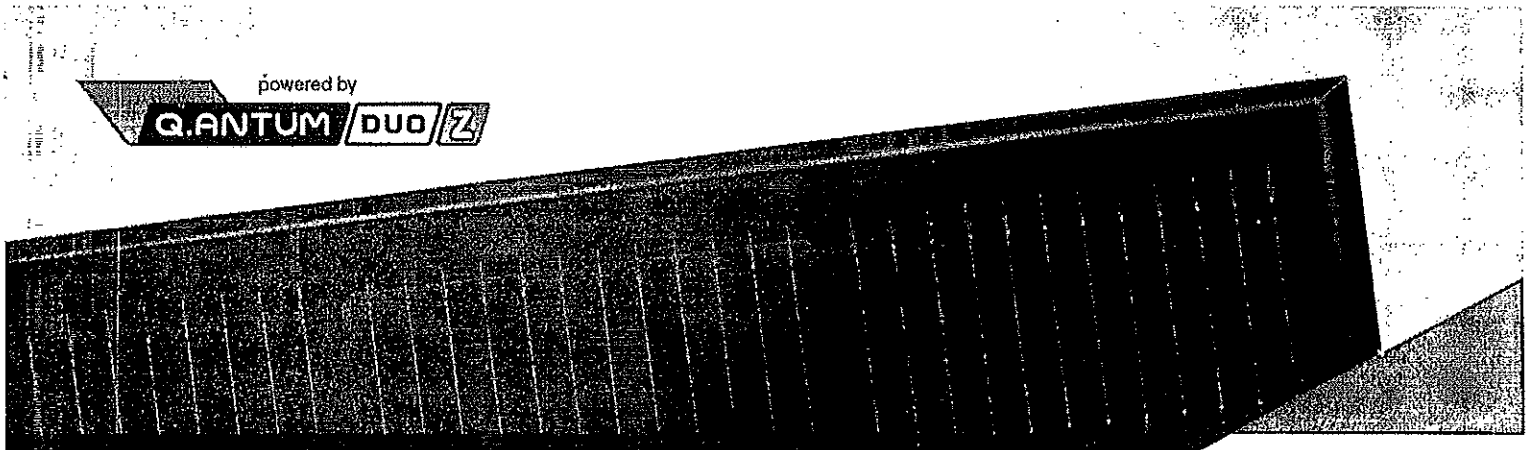
FEATURES	
Communication	Power Line Communication (PLC)
Monitoring	Enlighten Manager and MyEnlighten monitoring options. Both options require installation of an Enphase IQ Envoy.
Disconnecting means	The AC and DC connectors have been evaluated and approved by UL for use as the load-break disconnect required by NEC 690.
Compliance	CA Rule 21 (UL 1741-SA) UL 62109-1, UL1741/IEEE1547, FCC Part 15 Class B, ICES-0003 Class B, CAN/CSA-C22.2 NO. 107.1-01 This product is UL Listed as PV Rapid Shut Down Equipment and conforms with NEC 2014, NEC 2017, and NEC 2020 section 690.12 and C22.1-2015 Rule 64-218 Rapid Shutdown of PV Systems, for AC and DC conductors, when installed according manufacturer's instructions.

1. No enforced DC/AC ratio. See the compatibility calculator at https://enphase.com/en-us/support/module-compatibility.
2. Nominal voltage range can be extended beyond nominal if required by the utility.
3. Limits may vary. Refer to local requirements to define the number of microinverters per branch in your area.

To learn more about Enphase offerings, visit **enphase.com**

ENPHASE.

powered by Q.ANTUM DUO Z



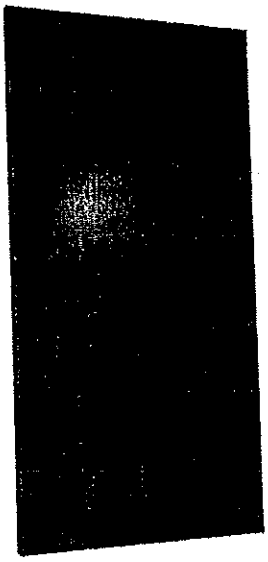
Q.PEAK DUO BLK ML-G10+
385-405

ENDURING HIGH PERFORMANCE

25 YR Warranty
Product & Performance

EUPD RESEARCH TOP BRAND PV MODULES EUROPE 2021

Q CELLS Yield Security



BREAKING THE 20% EFFICIENCY BARRIER
Q.ANTUM DUO Z Technology with zero gap cell layout boosts module efficiency up to 20.9%.

THE MOST THOROUGH TESTING PROGRAMME IN THE INDUSTRY
Q CELLS is the first solar module manufacturer to pass the most comprehensive quality programme in the industry: The new "Quality Controlled PV" of the independent certification institute TÜV Rheinland.

INNOVATIVE ALL-WEATHER TECHNOLOGY
Optimal yields, whatever the weather with excellent low-light and temperature behavior.

ENDURING HIGH PERFORMANCE
Long-term yield security with Anti LID Technology, Anti PID Technology[1], Hot-Spot Protect and Traceable Quality Tra.Q™.

EXTREME WEATHER RATING
High-tech aluminium alloy frame, certified for high snow (5400 Pa) and wind loads (4000 Pa).

A RELIABLE INVESTMENT
Inclusive 25-year product warranty and 25-year linear performance warranty[2].

[1] APT test conditions according to IEC/TS 62804-1:2015, method A (-1500V, 96h)
[2] See data sheet on rear for further information.

THE IDEAL SOLUTION FOR:

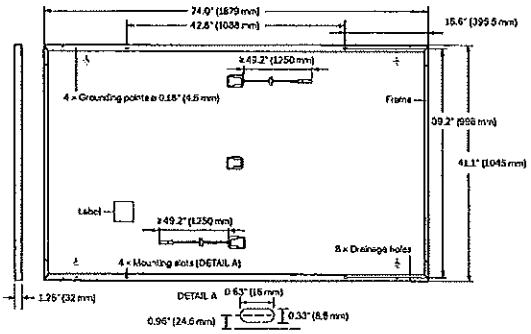
Rooftop arrays on residential buildings

Engineered in Germany

Q CELLS

MECHANICAL SPECIFICATION

Format	74.0in × 41.1in × 1.26in (including frame) (1879mm × 1045mm × 32mm)
Weight	48.5lbs (22.0kg)
Front Cover	0.13in (3.2mm) thermally pre-stressed glass with anti-reflection technology
Back Cover	Composite film
Frame	Black anodized aluminum
Cell	6 × 22 monocrystalline Q.ANTUM solar half cells
Junction Box	2.09-3.98in × 1.26-2.36in × 0.59-0.71in (53-101mm × 32-60mm × 15-18mm), IP67, with bypass diodes
Cable	4mm² Solar cable; (+) ≥49.2in (1250mm), (−) ≥49.2in (1250mm)
Connector	Stäubli MC4; IP68

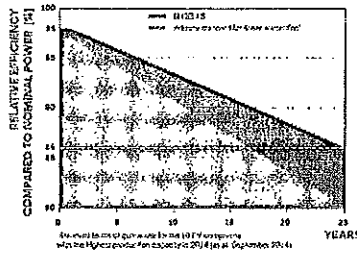


ELECTRICAL CHARACTERISTICS

POWER CLASS				385	390	395	400	405
MINIMUM PERFORMANCE AT STANDARD TEST CONDITIONS, STC[1] (POWER TOLERANCE +5W/−0W)								
Minimum	Power at MPP[1]	P_{MPP}	[W]	385	390	395	400	405
	Short Circuit Current[2]	I_{SC}	[A]	11.04	11.07	11.10	11.14	11.17
	Open Circuit Voltage[2]	V_{OC}	[V]	45.19	45.23	45.27	45.30	45.34
	Current at MPP	I_{MPP}	[A]	10.59	10.65	10.71	10.77	10.83
	Voltage at MPP	V_{MPP}	[V]	36.36	36.62	36.88	37.13	37.39
	Efficiency[1]	η	[%]	≥19.6	≥19.9	≥20.1	≥20.4	≥20.6
MINIMUM PERFORMANCE AT NORMAL OPERATING CONDITIONS, NMOT[2]								
Minimum	Power at MPP	P_{MPP}	[W]	288.8	292.6	296.3	300.1	303.8
	Short Circuit Current	I_{SC}	[A]	8.90	8.92	8.95	8.97	9.00
	Open Circuit Voltage	V_{OC}	[V]	42.62	42.65	42.69	42.72	42.76
	Current at MPP	I_{MPP}	[A]	8.35	8.41	8.46	8.51	8.57
	Voltage at MPP	V_{MPP}	[V]	34.59	34.81	35.03	35.25	35.46

[1]Measurement tolerances P_{MPP} ±3%; I_{SC}; V_{OC} ±5% at STC: 1000W/m², 25±2°C, AM 1.5 according to IEC 60904-3 • [2]800W/m², NMOT, spectrum AM 1.5

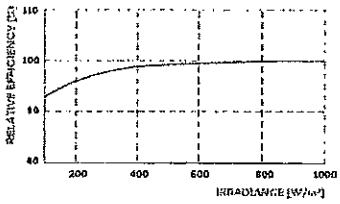
Q CELLS PERFORMANCE WARRANTY



At least 98% of nominal power during first year. Thereafter max. 0.5% degradation per year. At least 93.5% of nominal power up to 10 years. At least 86% of nominal power up to 25 years.

All data within measurement tolerances. Full warranties in accordance with the warranty terms of the Q CELLS sales organisation of your respective country.

PERFORMANCE AT LOW IRRADIANCE



Typical module performance under low irradiance conditions in comparison to STC conditions (25°C, 1000W/m²)

TEMPERATURE COEFFICIENTS							
Temperature Coefficient of I_{SC}	α	[%/K]	+0.04	Temperature Coefficient of V_{OC}	β	[%/K]	−0.27
Temperature Coefficient of P_{MPP}	γ	[%/K]	−0.34	Nominal Module Operating Temperature	NMOT	[°F]	109±5.4 (43±3°C)

PROPERTIES FOR SYSTEM DESIGN

Maximum System Voltage V_{SYS}	[V]	1000 (IEC)/1000 (UL)	PV module classification	Class II
Maximum Series Fuse Rating	[A DC]	20	Fire Rating based on ANSI/UL 61730	TYPE 2
Max. Design Load, Push/Pull[3]	[lbs/ft²]	75 (3600Pa)/55 (2660Pa)	Permitted Module Temperature on Continuous Duty	−40°F up to +185°F (−40°C up to +85°C)
Max. Test Load, Push/Pull[3]	[lbs/ft²]	113 (5400Pa)/84 (4000Pa)		

[3]See Installation Manual

QUALIFICATIONS AND CERTIFICATES

UL 61730, CE-compliant,
Quality Controlled PV - TÜV Rheinland,
IEC 61215:2016, IEC 61730:2016,
U.S. Patent No. 9,893,215 (solar cells),
QCPV Certification ongoing.

PACKAGING INFORMATION

Horizontal packaging	76.4in 1940mm	43.3in 1100mm	48.0in 1220mm	1656lbs 751kg	24 pallets	24 pallets	32 modules

Note: Installation instructions must be followed. See the installation and operating manual or contact our technical service department for further information on approved installation and use of this product.

Hanwha Q CELLS America Inc.
400 Spectrum Center Drive, Suite 1400, Irvine, CA 92618, USA | TEL +1 949 748 59 96 | EMAIL inquiry@us.q-cells.com | WEB www.q-cells.us

PUBLICSERVICE SOLAR

PUBLIC SERVICE SOLAR
1631 SOUTH OLDEN AVENUE
TRENTON, NJ 08610
(609) 425-6318
NJ 13VH10538000
PA LICENSE #148404

COVER PAGE

SITE INFORMATION

Paul O'Donnell
11 Summerfield Avenue
Collingswood NJ
08108
609-425-6318

EQUIPMENT INFORMATION

SYSTEM SIZE (DC):	6 KW
PANEL TYPE:	15 Q.PEAK DUO BLK ML-G10+ 400
INVERTER TYPE:	ENPHASE IQ7PLUS-72-2-US
DESIGNER:	SF
DATE:	11/15/2021

PV-1

PAGE INDEX	
PV-1	COVER PAGE
PV-2	SITE PLAN
PV-3	ELECTRICAL

GENERAL NOTES:

1. INSTALLATION OF SOLAR PHOTOVOLTAIC SYSTEM SHALL BE IN ACCORDANCE WITH NEC ARTICLE 690, AND ALL OTHER APPLICABLE NEC CODES WHERE NOTED OR EXISTING.
2. PROPER ACCESS AND WORKING CLEARANCE AROUND EXISTING AND PROPOSED ELECTRICAL EQUIPMENT WILL COMPLY WITH NEC ARTICLE 110.
3. ALL WIRES, INCLUDING THE GROUNDING ELECTRODE CONDUCTOR SHALL BE PROTECTED FROM PHYSICAL DAMAGE IN ACCORDANCE WITH NEC ARTICLE 250
4. THE PV MODULES ARE CONSIDERED NON-COMBUSTIBLE; THIS SYSTEM IS UTILITY INTERACTIVE PER UL 1741 AND DOES NOT INCLUDE STORAGE BATTERIES OR OTHER ALTERNATIVE STORAGE SOURCES.
5. ALL DC WIRES SHALL BE SIZED ACCORDING TO [NEC 690.8]
6. DC CONDUCTORS SHALL BE WITHIN PROTECTED RACEWAYS IN ACCORDANCE WITH [NEC 690.31]
7. ALL SIGNAGE TO BE PLACED IN ACCORDANCE WITH LOCAL JURISDICTIONAL BUILDING CODE.

APPLICABLE GOVERNING CODE:

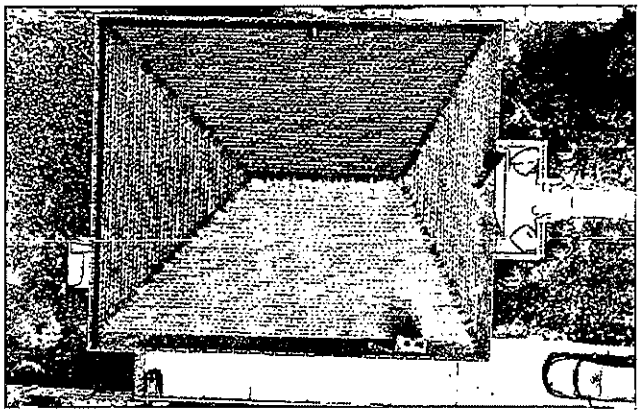
2017 NATIONAL ELECTRIC CODE (NEC)
2018 INTERNATIONAL BUILDING CODE (IBC)
2018 INTERNATIONAL RESIDENTIAL CODE (IRC)
2018 INTERNATIONAL FIRE CODE (IFC)
2018 NJ REHABILITATION CODE

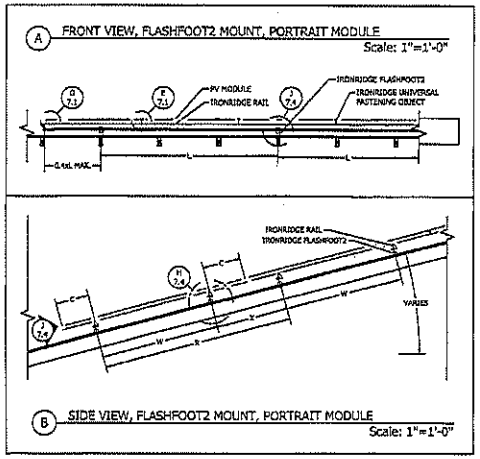
SITE SPECIFICS:

OCCUPANCY: R-3
ZONING: RESIDENTIAL
EXPOSURE CATEGORY: C

RACKING TYPE UNIRAC SUNFRAME MICRORAIL	
NUMBER OF ROOF ATTACHMENTS	36
NUMBER OF PV MODULES	15
INDIVIDUAL PANEL AREA	18.4 FT^2
TOTAL ARRAY AREA	276FT
ARRAY WEIGHT	612 LBS
POINT LOAD	2.22 FT^2
FRAMING TYPE TRUSS	Truss
RAFTER SIZE	2x4 Inch
RAFTER SPACING	24 Inches
ATTACHMENT SPACING	48 in

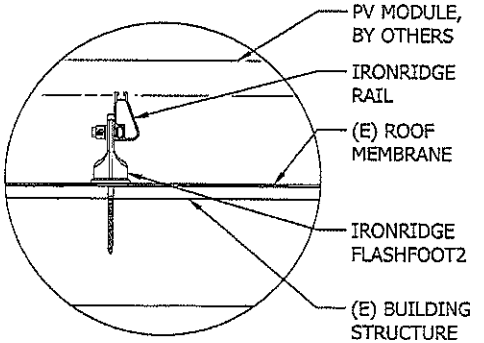
SATELLITE IMAGE

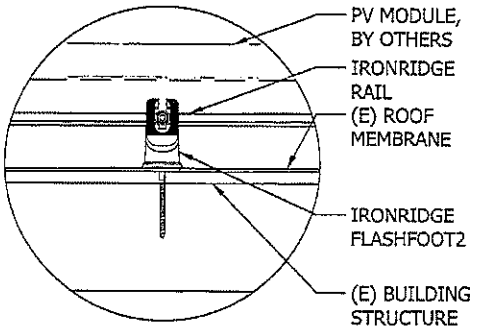




VECTOR ENGINEERS
651 W. GALENA PARK BLVD, STE. 101 DRAPER, UTAH 84020 PHONE (801) 990-1775 WWW.VECTORSE.COM
Jacob S. Proctor, P.E.
NJ License No. - 24 GE 05571900
Firm License: COA - 24 GA 28120600
VSE Project Number: U3285.0440.24

Vector Structural Engineering has reviewed the existing structure with loading from the solar array and screw connections to the existing framing. The design of the racking system, racking connections, and all other structural is by others. Mechanical, architectural, and all other nonstructural aspects of the design are by others. Electrical is by others, unless stamped by Dean Levorsen.





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SITE PLAN

SITE INFORMATION

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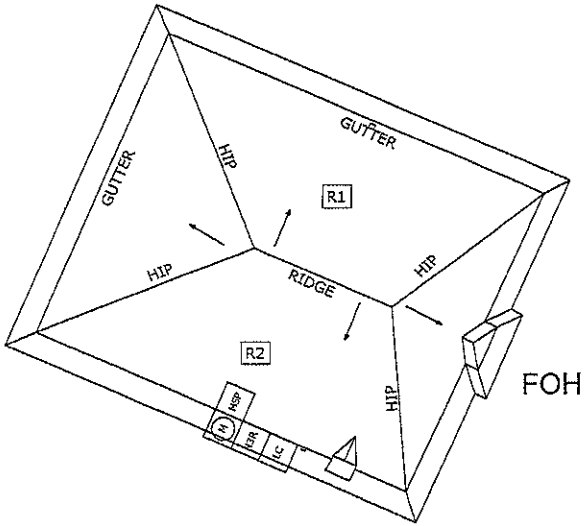
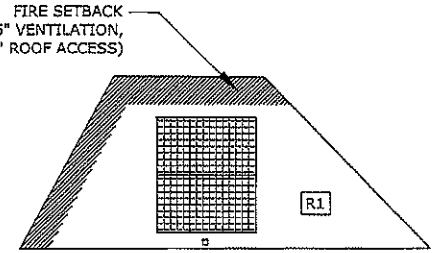
INVERTER TYPE:	ENPHASE IQ7PLUS-72-2-US
DESIGNER:	SF
DATE:	11/15/2021

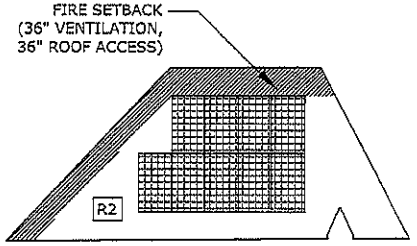
PV-2

ROOF	PANEL COUNT	AZIM UTH	TILT	SHADI NG
R1	6	24°	19°	%
R2	9	204°	18°	%
		°	°	%
		°	°	%
		°	°	%



FOH





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SCALE: Custom

11 Summerfield Avenue

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Firm License: COA - 24 GA 28120600
VSE Project Number: U32850340-21-1

11/16/2021

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EQUIPMENT LEGEND

MSP	MAIN SERVICE PANEL		CHIMNEY
SP	SUB-PANEL		SKYLIGHT
UM	UTILITY METER		VENT
AC	AC DISCONNECT		PITCH/VENT
LC	ENPHASE COMBINER BOX		FAN
UD	UTILITY DISCONNECT		SATELLITE DISH
LC	LOAD CENTER		A/C UNIT
MCB	MCBA OR BOX W/ BRYDY-S		FIRE SETBACKS
JB	JUNCTION BOX		GROUND ACCESS
	PV MODULE		PITCH DIRECTION

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NJ 13VH10536000
PA LICENSE #148404

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ELECTRICAL

SITE INFORMATION

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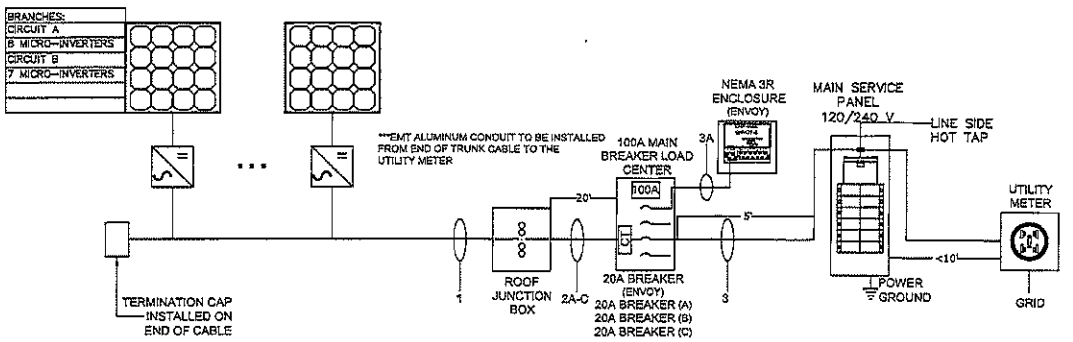
PV-3



SOLAR INSTALLER NOTES:

ELECTRICAL NOTES:

1. DISCONNECTING SWITCHES SHALL BE WIRED SUCH THAT WHEN THE SWITCH IS OPENED THE CONDUCTORS REMAINING LIVE ARE CONNECTED TO THE TERMINALS MARKED "LINE SIDE" (TYPICALLY THE UPPER TERMINALS)
2. AC DISCONNECT MUST BE ACCESSIBLE TO QUALIFIED UTILITY PERSONNEL, BE LOCKABLE, AND BE A VISIBLE-BREAK SWITCH.
3. FUSED AC DISCONNECT TO BE USED
4. SOLAR SYSTEM IS COMPLIANT WITH NEC 609.12 RAPID SHUTDOWN

GROUNDING & GENERAL NOTES:

1. A SECOND FACILITY GROUNDING ELECTRODE IS NOT REQUIRED PER NEC 690.47(C)(3)
2. PV INVERTER IS UNGROUNDED, TRANSFORMER-LESS TYPE
3. AC EGC TO REMAIN UNSPLICED, OR SPLICED TO EXISTING ELECTRODE
4. ANY EXISTING WIRING INVOLVED WITH PV SYSTEM CONNECTION THAT IS FOUND TO BE INADEQUATE PER CODE SHALL BE CORRECTED PRIOR TO FINAL INSPECTION

INTERCONNECTION NOTES:

1. GROUND FAULT PROTECTION IN ACCORDANCE WITH NEC 215.9 & NEC 230.95
2. SUPPLY SIDE INTERCONNECTION ACCORDING TO NEC 705.12(A) WITH SERVICE ENTRANCE CONDUCTORS IN ACCORDANCE WITH NEC 240.21(B)

Wire Tag	Wire Qty	Wire Gauge	Wire Type	Wire Ampacity (A)	Inverter Qty	NOC (A)	NEC Correction	Design Current (A)	Ground Size	Ground Wire Type
1	1	12 AWG	TRUNK CABLE	25	8	1.21	1.25	12.10	12 AWG	TRUNK CABLE
2A	2	10 AWG	THWN-2	35	8	1.21	1.25	12.10	08 AWG	THWN-2
2B	2	10 AWG	THWN-2	35	7	1.21	1.25	10.59	08 AWG	THWN-2
3	3	03 AWG	THWN-2	100	15	1.21	1.25	22.69	08 AWG	THWN-2

CRES (9-2018)

APPLICATION FOR CERTIFICATION OF RENEWABLE ENERGY SYSTEM(S)
Pursuant to P.L. 2008, c.90

County: Camden Municipality Collingswood

Section 1

Owners Name: Paul O'Donnell Email Address permits@publicservicesolar.com
Property Address: 11 East Summerfield Avenue, Collingswood, NJ, 08108 Phone # (314) 416-6648 Fax #
Block 9 Lot 11

Section 2

Installer's Name: Public Service Solar Email Address permits@publicservicesolar.com
Property Address: 1631 S. Olden Ave. Trenton, NJ 08610 Phone # (609) 524-0131 Fax #

Section 3

We, the owner and installer, respectively, of a renewable energy system installed, or to be installed, at the above property, hereby certify as follows:

1. A renewable energy system meeting the requirements set forth in P.L. 2008, c.90 and complying with all applicable subcodes of the State Uniform Construction Code, all applicable testing standards, and all manufacturers' instructions, has been installed, or shall be installed, in accordance with all such subcodes, standards and instructions, at a structure located at the above property.
2. The said renewable energy system produces, or when installed shall produce, renewable energy onsite sufficient to provide all or a portion of the electrical, heating, cooling, or general energy needs of that structure.
3. The source of the renewable energy is designed to be as follows (at least one line must be checked):
   (a) If electrical, the renewable energy system at the above location is designed to produce energy from the following source:
   - ____ Solar technologies (other than photo-voltaic)
   - [X] Photo-voltaic technologies
   - ____ Wind energy
   - ____ Fuel cells
   - ____ Geothermal technologies
   - ____ Wave or tidal action
   - ____ Methane gas from landfills
   - ____ Resource recovery facility (DEP determination attached)
   - ____ Hydropower facility (DEP determination attached)
   - ____ Biomass facility involving biomass cultivated and harvested in a sustainable manner (DEP determination attached)

   (b) If non-electrical, the renewable energy system at the above location is designed to produce energy from the following source:
   - ____ Solar thermal technologies
   - ____ Geothermal technologies
4. If the renewable energy system produces energy from a resource recovery, hydropower or biomass facility, we have attached to this application proof of a determination by the Commissioner of Environmental Protection that the facility meets the highest environmental standards and minimizes any impacts to the environment and local communities.
5. We have attached to this application a list identifying all applicable testing standards and manufacturer's instructions governing the design or installation of the renewable energy system and shall provide copies of any such standards and/or instructions to the enforcing agency if so required. We understand that any such documentation, if required, shall be deemed to be supplemental to this application, and that the application shall not be deemed to be complete unless and until they are submitted to the enforcing agency.
6. The (____ actual)/(X estimated) cost of the renewable energy system is $ 8,986.00 .

Section 4

Date: 11/19/2021 — Paul O'Donnell
Property owner

Date: 11/19/2021 — Anthony Lostracco
Installer, or authorized representative

To the Tax Assessor:
I hereby certify this application has been:
☐ Approved
☐ Disapproved

Date: _____ _____
Construction Official

I have reviewed the application/certification and ☐ accept / ☐ reject this claim for exemption.

Date: _____ _____
Assessor

Definitions – N.J.S.A. 54:4-3.113a

1. As used in this act:

"Renewable energy" means: (1) electric energy produced from solar technologies, photovoltaic technologies, wind energy, fuel cells, geothermal technologies, wave or tidal action, methane gas from landfills, a resource recovery facility, a hydropower facility or a biomass facility, provided that the biomass is cultivated and harvested in a sustainable manner, and provided further that the Commissioner of Environmental Protection has determined that the resource recovery facility, hydropower facility or biomass facility, as appropriate, meets the highest environmental standards and minimizes any impacts to the environment and local communities; and (2) energy produced from solar thermal or geothermal technologies.

"Renewable energy system" means any equipment that is part of, or added to, a residential, commercial, industrial, or mixed use building as an accessory use, and that produces renewable energy onsite to provide all or a portion of the electrical, heating, cooling, or general energy needs of that building.

"Local enforcing agency" means the enforcing agency in any municipality provided for under the "State Uniform Construction Code Act," P.L.1975, c.217 (C.52:27D-119 et seq.) and rules and regulations adopted pursuant thereto.

Calculation - N.J.S.A. 54:4-3.113b

2. Property that has been certified by a local enforcing agency as a renewable energy system shall be exempt from taxation under chapter 4 of Title 54 of the Revised Statutes. The owner of real property which is equipped with a certified renewable energy system may have exempted annually from the assessed valuation of the real property a sum equal to the assessed valuation of the real property with the renewable energy system included, minus the assessed valuation of the real property without the renewable energy system included.

Right to Inspect - N.J.S.A 54:4-3.113c

3. The local enforcing agency may at any time inquire into the right of a claimant to the exemption, and for that purpose the local enforcing agency may require the filing of a new application or the submission of such proof as the local enforcing agency shall deem necessary to determine the right of the claimant to the continuance of the exemption.

Effective Date of Exemption - N.J.S.A 54:4-3.113d

4. The exemption from taxation for the renewable energy system shall become effective for the tax year following the year in which certification has been granted and thereafter during its use primarily for such purposes.

Appeal Information - N.J.S.A 54:4-3.113f

5a. Any person aggrieved by any action of the local enforcing agency may seek review before the board of appeals.

b. Any person aggrieved by any action of the assessor may seek a review of such action at the county board of taxation or directly to the State Tax Court where the value in dispute is $750,000 or more annually on or before April 1. The judgment of the county board of taxation may be further appealed to the Tax Court of New Jersey by filing a complaint with the Tax Court Management Office *within 45 days from the date of the service of the judgment (date of mailing).* Contact information for the county tax boards can be found at ***http://www.state.nj.us/treasury/taxation/lpt/cboards.shtml***. The Tax Court of New Jersey is located at the Richard J. Hughes Justice Complex, 25 Market Street, Trenton, New Jersey. *Mailing address: PO Box 972, Trenton, NJ 08625-0972. Telephone number: (609) 815-2922, Press Option 1.*

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

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

HAS LICENSED

PUBLIC SERVICE SOLAR LLC
CHESTER H. PINE, JR
1631 South Olden Avenue
Trenton NJ 08610

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

04/02/2021 TO 03/31/2024
VALID

34EB01490600
LICENSE/REGISTRATION/CERTIFICATION #

Chester H Pine Jr
Signature of Licensee/Registrant/Certificate Holder

Kaja Kaboo
ACTING DIRECTOR

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
Home Improvement Contractors

HAS REGISTERED

PUBLIC SERVICE SOLAR LLC
Anthony Lostracco
1631 South Olden Avenue
Hamilton NJ 08610

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

01/23/2021 TO 03/31/2022
VALID

13VH10538000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
DIRECTOR

CONSTRUCTION PERMIT

Permit #: 22-00611
Date Issued: 11/28/22

IDENTIFICATION Block/Lot/Qual: 9. 11.
Work Site Location: 11 E SUMMERFIELD AVE
Owner in Fee: O'DONNELL PAUL & KELLY GRACE
Address: 11 E SUMMERFIELD AVENUE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: SPOTLIGHT SOLAR LLC
Address: P.O. BOX 425
HADDONFIELD, NJ 08033
Tel. (856)429-3339
Lic. No. or Bldrs. Reg. No. 34EB01551100

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:
INSTALL (1) 60A DEDICATED CIRCUIT FOR EV CHARGER

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	66.00

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 $ 750.00

_____ _____
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 #: 22-00611
Issue Date: 11/28/22
Application Id: 90008375
Application Date: 11/22/22

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

Block/Lot/Qual: 9. 11.

Work Site Location: 11 E SUMMERFIELD AVE

Owner in Fee: O'DONNELL PAUL & KELLY GRACE

Tel. [redacted] email:

11 E SUMMERFIELD AVENUE COLLINGSWOOD NJ 08108

Contractor: SPOTLIGHT SOLAR LLC Tel. (856)429-3339

P.O. BOX 425 email: PERMITS@GOSPOTLIGHT.CO

HADDONFIELD, NJ 08033

Contractor License No.: 34EB01551100 Exp Date: 03/31/24

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

Federal Emp. ID No [redacted] FAX: (856)429-9977

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 $ 750.00

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 — Dates (Month/Day)

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 _____

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

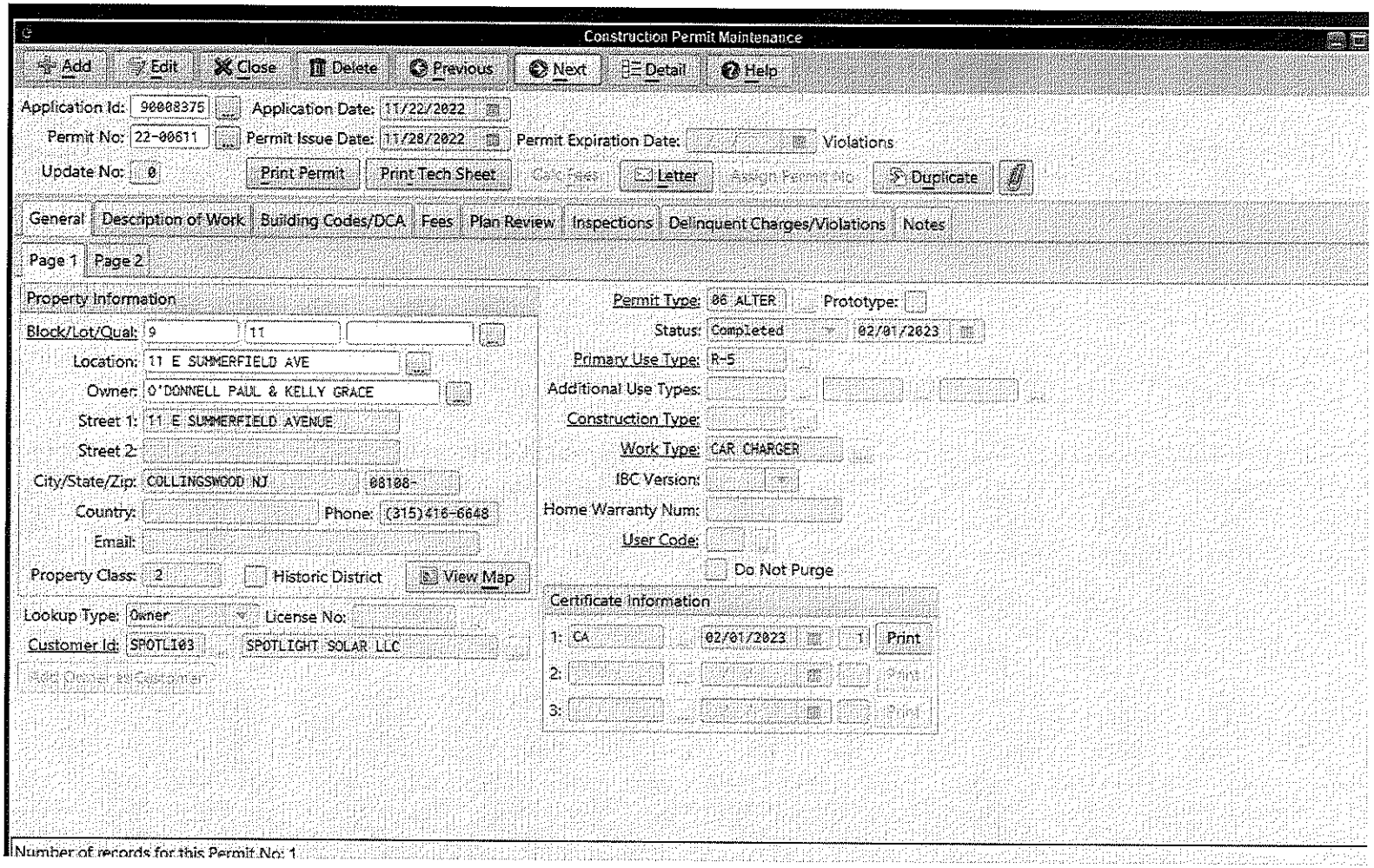
DESCRIPTION OF WORK:
INSTALL (1) 60A DEDICATED CIRCUIT FOR EV

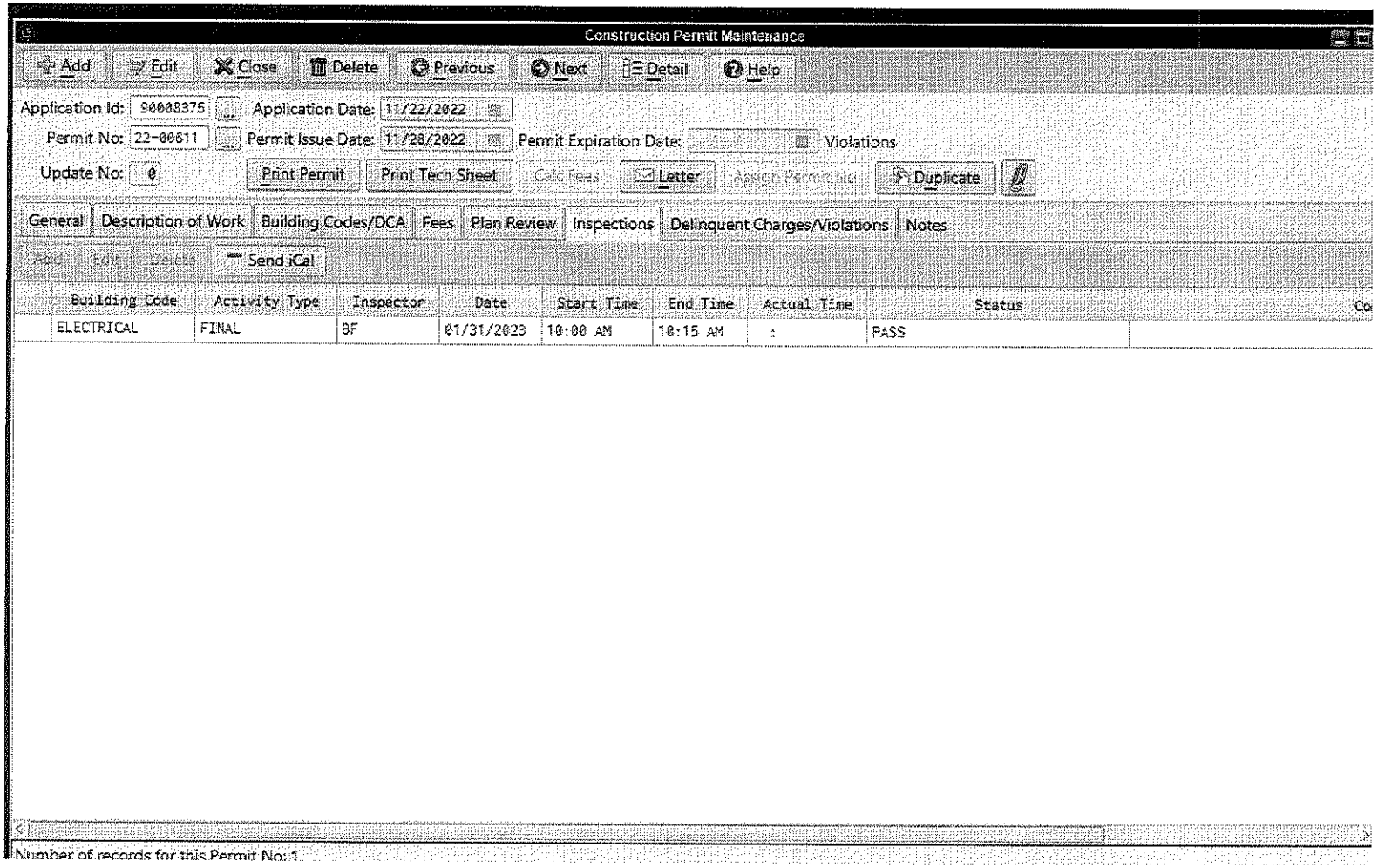
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		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	$	1.00
TOTAL FEE	$	66.00

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.


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90008375
Application Date: 11/22/2022
Permit No: 22-00611
Permit Issue Date: 11/28/2022
Permit Expiration Date:
Violations
Update No: 0
Print Permit
Print Tech Sheet
Letter
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: 9
11
Location: 11 E SUMMERFIELD AVE
Owner: O'DONNELL PAUL & KELLY GRACE
Street 1: 11 E SUMMERFIELD AVENUE
Street 2:
City/State/Zip: COLLINGSWOOD NJ
08108-
Country:
Phone: (315)416-6648
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: SPOTLI03
SPOTLIGHT SOLAR LLC
Permit Type: 06 ALTER
Prototype:
Status: Completed
02/01/2023
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: CAR CHARGER
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
02/01/2023
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
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Detail
Help
Application Id: 90008375
Application Date: 11/22/2022
Permit No: 22-00611
Permit Issue Date: 11/28/2022
Permit Expiration Date:
Violations
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
01/31/2023
10:00 AM
10:15 AM
:
PASS
Number of records for this Permit No: 1