

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

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Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: OPRA/OPEN & CLOSE PERMITS - 1009 Collings Ave Collingswood NJ 08107

Yours respectfully,

Breean Stumpf

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-28352-49fdf466@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_1009_coll

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.



NEW JERSEY UNIFORM CONSTRUCTION PERMIT CONSTRUCTION PERMIT

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

IDENTIFICATION Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE
Owner in Fee: SMITH JOHN
Address: 1009 COLLINGS AVE
COLLINGSWOOD NJ 08107
Tel. [REDACTED]
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bids. Reg. No.

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)
- DESCRIPTION OF WORK:
REMOVE ONE ROOF, INSTALL 25 YEAR
TIMBERLINE DIMENSIONAL SHINGLES.

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Est. Cost of Work \$ 3,175.00

Construction Official _____ Date _____

U.C.C. F170 (rev. 07/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

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 _____	

(see reverse side)





BUILDING SUBCODE TECHNICAL SECTION



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

Block/lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: SMITH JOHN

Tel: [REDACTED]

1009 COLLINGS AVE

Contractor:

email:

COLLINGSWOOD NJ 08107

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required				Footings					
☐ All				Footings Bonding					
☐ Footings/Foundations				Foundation					
☐ Structural/Framework				Slab					
☐ Exterior				Frame					
☐ Interior				Truss Sys./Bracing					
Joint Plan Review Required:				Barrier-Free					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation					
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer					
Date:				Finishes -Final					
Approved by:				Energy					
SUBCODE APPROVAL for CERTIFICATE				Mechanical					
☐ CO ☐ CCO ☐ CA				TCO					
Date:				Other					
Approved by:				Final					
				Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	R-3	Proposed	R-3	Constr. Class	Present	Proposed
No. of Stories			0.00		If Industrialized Building:		
Height of Structure			ft.		State Approved		HUD
Area — Largest Floor			sq. ft.		Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			0 sq. ft.		1. New Bldg.		\$
Volume of New Structure			0 cu. ft.		2. Rehabilitation		\$
Max. Live Load					3. Total (1+2)		\$ 3,175.00
Max. Occupancy Load							

UCC F110 (rev. 11/09)
Internet version

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

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

Permit #: 00-0480

Issue Date: 12/04/00

Application Id: 10005138

Application Date: 12/04/00

TYPE OF WORK:

☐ New Building			
☐ Addition			
☒ Rehabilitation			
☒ Roofing			0.00
☐ Siding			46.00
☐ 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	\$	7.00
State Permit Surcharge Fee	\$	
TOTAL FEE	\$	53.00

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: 10005138 Application Date: 12/04/2000

Permit No: 00-0480 Permit Issue Date: 12/04/2000

Update No: 0 Print Permit Print Tech Sheet

Permit Expiration Date: 07/09/2001

Calc Fees Letter Assign Permit No Duplicate

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

Page 1 Page 2

Property Information

Block/Lot/Qual: 162 14

Location: 1009 COLLINGS AVE

Owner: SMITH, JOHN

Street 1: 1009 COLLINGS AVE

Street 2:

City/State/Zip: COLLINGSWOOD NJ 08107-

Country: Phone: [REDACTED]

Email:

Property Class: 2 Historic District View Map

Lookup Type: Owner License No:

Customer Id: ZZLEGO PRE-CONV CUST PERMIT OPEN

Add Owner As Customer

Permit Type 06 ALTER Prototype

Status Completed 07/09/2001

Primary Use Type R-3

Additional Use Types:

Construction Type:

Work Type:

IBC Version:

Home Warranty Num:

User Code:

Do Not Purge

Certificate Information

1 CA 07/09/2001 1 Print

2 07/09/2001 1 Print

3 07/09/2001 1 Print

Construction Permit Maintenance

Application Id: 10005138 Application Date: 12/04/2000

Permit No: 00-0480 Permit Issue Date: 12/04/2000

Permit Expiration Date: 12/04/2000

Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
BUILDING	FINAL INSP	JOSEPH01	07/09/2001				PASS



NEW JERSEY CONSTRUCTION PERMIT

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

IDENTIFICATION Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE
Owner in Fee: SMITH, PATRICIA T
Address: 1009 COLLINGS AVE
W COLLINGSWOOD, N J 08107
Tel. [REDACTED]
Contractor: P.R. SANDERS INC
Address: 100 PARK DR
VOORHEES, NJ 08043
Tel. (856)429-3086
Lic. No. or Bids. Reg. No. 6726

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)
- DESCRIPTION OF WORK:
POWERVENT HOT WATER HEATER

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Est. Cost of Work \$ 2,199.00

Construction Official _____ Date _____

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

PAYMENTS (Office Use Only)	
Building	65.00
Electrical	65.00
Plumbing	65.00
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	4.00
Cert. of Occupancy	
Other	
Total	134.00
Check No. _____	
Cash _____	
Collected by _____	

(see reverse side)





ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: SMITH, PATRICIA T

Tel: [REDACTED]

email:

1009 COLLINGS AVE

W COLLINGSWOOD, N J 08107

Contractor: P.R. SANDERS INC./ELECTRIC

Tel. (856) 429-3086

100 PARK DRIVE

email: PERMITS@PRSANDERS.COM

VOORHEES, NJ 08043

Contractor License No.: 4701B

Exp Date: 03/31/24

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

Federal Emp. ID No. 222769644

FAX: (856) 429-6043

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5

Proposed R-5

☐ Pole/Pad # [] Temporary [] Other

Building Occupied as

Utility Co.

Est. Cost of Elec. Work \$

200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required	Type: Rough	Failure	Failure
☐ Partial -Underslab Utilities Approved	Barrier-Free		
Date: Approved by:	Trench		
☐ Electric Plans Approved	Temp. Serv.		
Date: Approved by:	Constr. Serv.		
Joint Plan Review Required:	TCO		
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.	Other		
SUBCODE APPROVAL for PERMIT	Service		
Date:	Final		
Approved by:	Barrier-Free		
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued		
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued		
Date:	Annual Pool Inspection		
Approved by:	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 Contr' ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

POWER/VENT HOT WATER HEATER

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
1		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	

TOTAL NUMBERS	\$
2	50.00
Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

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



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: SMITH, PATRICIA T

Tel: [REDACTED]

email:

1009 COLLINGS AVE

W COLLINGSWOOD, N J 08107

Contractor: P.R. SANDERS INC

Tel. (856)429-3086

100 PARK DR

email: PERMITS@PRSANDERS.COM

WOORHEES, NJ 08043

Contractor License No.: 6726

Exp Date:

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

Federal Emp. ID No. 222769644

FAX: (856)429-6043

B. PLUMBING CHARACTERISTICS

Use Group Present R-5

Proposed

Building Sewer Size

Public Sewer [] Private Septic []

Water Service Size

Public Water [] Private Well []

Est. Cost of Plumbing Work \$

1,999.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

INSPECTIONS

Dates (Month/Day)

Initial

[] Partial - Underslab Utilities Approved

Type:

Failure

Failure

Approval

Initial

Date: Approved by:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Joint Plan Review Required:

Fixtures

Gas Equipment

Gas Piping

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

[] Bldg. [] Elec. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date:

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Approved by:

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

SUBCODE APPROVAL FOR CERTIFICATE

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

[] CO [] CCO [] CA

Date:

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

Approved by:

LP Gas Tank

Fuel Oil Piping

Solar

TCO

Final

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.

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

Application Id: 90003830

Application Date: 07/11/17

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

POWERVENT HOT WATER HEATER

QTY.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

1,0000

Other

15.00

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

35.00

4.00

69.00

Construction Permit Maintenance

Application Id: 9003830 Application Date: 07/11/2017

Permit No: 17-00403 Permit Issue Date: 07/21/2017

Update No: 0 Print Permit Print Tech Sheet

Permit Expiration Date: 07/11/2018

Page 1 Page 2

Property Information

Block/Lot/Qual: 162 14

Location: 1009 COLLINGS AVE

Owner: SMITH, PATRICIA T

Street 1: 1009 COLLINGS AVE

Street 2:

City/State/Zip: W COLLINGSWOOD, N J 08107-1737

Country: Phone: [REDACTED]

Email:

Property Class: 2
 ☐ Historic District

Lookup Type: Owner License No:

Customer Id: PRSAND01 P.R. SANDERS INC

Add Owner as Customer

Permit Type: 06 ALTER Prototype: ☐

Status: Completed 04/10/2018

Primary Use Type: R-5

Additional Use Types:

Construction Type:

Work Type: WATER HEATER

IBC Version:

Home Warranty Num:

User Code:

☐ Do Not Purge

Certificate Information

1: CA 04/10/2018 1 Print

2: 1/1/2018 1 Print

3: 1/1/2018 1 Print

Construction Permit Maintenance

Application Id: 90003830 Application Date: 07/11/2017

Permit No: 17-00403 Permit Issue Date: 07/21/2017 Permit Expiration Date: 07/21/2018

Update No: 0

Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
ELECTRICAL	FINAL	BF	04/10/2018	10:00	10:30	:	PASS
PLUMBING	FINAL	FF	04/10/2018	08:30	09:00	:	FAIL
PLUMBING	FINAL	BF	04/10/2018	13:00	13:30	:	PASS



USE CONSTRUCTION PERMIT

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

IDENTIFICATION Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC

Address: 651 ROUTE 73 N #108

MARLTON NJ 08053

Tel.

Contractor: 2P REMODEL LLC

Address: 17 FOREST HILL DRIVE

CHERRY HILL, NJ 08003

Tel. (856)813-6346

Lic. No. or Bldrs. Reg. No. 13VH10949100

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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

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

Est. Cost of Work \$ 8,500.00

Construction Official

Date

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)	
Building	128.00
Electrical	132.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	16.00
Cert. of Occupancy	
Other	
Total	276.00
Check No.	
Cash	
Collected by	



BUILDING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC

Tel. [REDACTED]

email: MASTEWART@ECI-COAL.COM

651 ROUTE 73 N #108

MARLTON NJ 08053

Contractor: 2P REMODEL LLC

Tel. (856)813-6346
email: MIKRIEBER28@GMAIL.COM

17 FOREST HILL DRIVE

CHERRY HILL, NJ 08003

Contractor License No. or Builder Registration No.: 13VH10949100

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

Exp Date: 03/31/22

Federal Emp. ID No. 843512664

FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Footings					
☐ All			Footings Bonding					
☐ Footings/Foundations			Foundation					
☐ Structural/Framework			Slab					
☐ Exterior			Frame					
☐ Interior			Truss Sys./Bracing					
Joint Plan Review Required:			Barrier-Free					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation					
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer					
Date:			Finishes -Final					
Approved by:			Energy					
SUBCODE APPROVAL for CERTIFICATE			Mechanical					
☐ CO ☐ CCO ☐ CA			TCO					
Date:			Other					
Approved by:			Final					
			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	Proposed	R-5	Constr. Class	Present	Proposed
No. of Stories			0.00		If Industrialized Building:		
Height of Structure			ft.		State Approved		HUD
Area — Largest Floor			sq. ft.		Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			0 sq. ft.		1. New Bldg.	\$	
Volume of New Structure			0 cu. ft.		2. Rehabilitation	\$	
Max. Live Load					3. Total (1 + 2)	\$	4,000.00
Max. Occupancy Load							

U.C.C. F10 (rev. 11/09)
Internet version

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

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

Permit #: 21-00169

Issue Date: 04/01/21

Application Id: 90006919

Application Date: 03/31/21

FEE (Office Use Only)

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

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

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

Owner In Fee: ECI DEVELOPMENT LLC

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

651 ROUTE 73 N #108 MARLTON NJ 08053

Contractor: BGY ELECTRIC LLC email: BGYELECTRIC@GMAIL.COM Tel: (856)813-6346

11 NEW ALBANY ROAD

MOORESTOWN, NJ 08057

Contractor License No.: 34EB01740100 Exp Date: 03/31/24

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

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 4,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
[] No Plans Required	Type:	Failure	Approval
[] Partial -Under-slab Utilities Approved	Rough		
Date: Approved by:	Barrier-Free		
[] Electric Plans Approved	Trench		
Date: Approved by:	Temp. Serv.		
Joint Plan Review Required:	Const. Serv.		
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO		
SUBCODE APPROVAL for PERMIT	Other		
Date: Approved by:	Service		
	Final		
	Barrier-Free		
	Temp. Cut-in-Card Date Issued		
SUBCODE APPROVAL for CERTIFICATE	Final Cut-in-Card Date Issued		
[] CO [] CCO [] CA	Annual Pool Inspection		
Date: Approved by:	Date of Grounding and Bonding		
	Certification		

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

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 Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:	QTY.	SIZE	ITEMS	FEE (Office Use Only)
ELECTRICAL UPGRADE AND SHEETROCK WHOLE	35		Lighting Fixtures	
	43		Receptacles	
	14		Switches	
			Detectors	
			Light Poles	
			Motors—Fract. HP	
			Emergency & Exit Lights	
			Communications Points	
			Alarm Devices/F. A.C. Panel	
	92		TOTAL NUMBERS	\$ 67.00
			Pool Permit/with UW Lights	
			Storable Pool/Spa/Hot Tub	
			KW Elec. Range/Receptacle	
			KW Oven/Surface Unit	
			KW Elec. Water Heater	
			KW Elec. Dryer/Receptacle	
			KW Dishwasher	
			HP Garbage Disposal	
			KW Central A/C Unit	
			HP/KW Space Heater/Air Handler	
			KW Baseboard Heat	
			HP Motors 1/4 HP	
			KW Transformer/Generator	
			AMP Service	65.00
	1		AMP Subpanels	
			AMP Motor Control Center	
			KW Elec. Sign/Outline Light	

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

Construction Permit Maintenance

Add Edit Close Delete Previous Next Detail Help

Application Id: 90006919 Application Date: 03/31/2021

Permit No: 21-00169 Permit Issue Date: 04/01/2021

Update No: 0 Print Permit Print Tech Sheet

Permit Expiration Date: 01/05/2022

Assign Permit No: 5 Duplicate

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

Page 1 Page 2

Property Information

Block/Lot/Qual: 162 14

Location: 1009 COLLINGS AVE

Owner: ECI DEVELOPMENT LLC

Street 1: 651 ROUTE 73 N #108

Street 2:

City/State/Zip: MARLTON NJ

Country: Phone: 08053-

Email: MASTEMART@ECI-COAL.COM

Property Class: 2 Historic District View Map

Lookup Type: Owner License No:

Customer Id: 2PREM005 2P REMODEL LLC

Add Customer as Customer

Permit Type: 06 ALTER Prototype:

Status: Completed 01/05/2022

Primary Use Type: R-5

Additional Use Types:

Construction Type:

Work Type: RENOVATION

IBC Version:

Home Warranty Num:

User Code:

Do Not Purge

Certificate Information

1. CO 01/05/2022 1 Print

2. 01/05/2022 1 Print

3. 01/05/2022 1 Print

Construction Permit Maintenance

Application Id: 90006919 Application Date: 03/31/2021

Permit No: 21-00169 Permit Issue Date: 04/01/2021

Permit Expiration Date: 11/15/2021

Update No: 0

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



USE CONSTRUCTION PERMIT

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

IDENTIFICATION Block/Lot/Qual: 162. 14.
Work Site Location: 1009 COLLINGS AVE
Owner in Fee: ECI DEVELOPMENT LLC
Address: 651 ROUTE 73 N #108
MARLTON NJ 08053
Tel. [REDACTED]
Contractor: 2P REMODEL LLC
Address: 17 FOREST HILL DRIVE
CHERRY HILL, NJ 08003
Tel. (856)813-6346
Lic. No. or Bldrs. Reg. No. 13VH10949100

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Est. Cost of Work \$ 12,000.00

Construction Official _____

Date _____

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)	
Building	65.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	107.00
DCA State Permit Fee	23.00
Cert. of Occupancy	
Other	
Total	195.00
Check No. _____	
Cash _____	
Collected by _____	



TOTAL FEE	\$	67.00
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**MECHANICAL INSPECTOR
TECHNICAL SECTION**



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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC

Tel: [REDACTED]

email:

651 ROUTE 73 N #108

MARLTON NJ 08053

Contractor: MARVILLOUS AIR LLC

Tel. (732)371-8152

28 CLOVER ST

email: MARVILLOUSAIR@GMAIL.COM

LAKEWOOD, NJ 08701

Contractor License No. or Builder Registration No.: 19HC00771300

Exp Date: 06/30/22

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

Federal Emp. ID No. 471298151

FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Proposed:

Heating System work: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Est. Cost of Mechanical Work \$ 11,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required					
☐ Mechanical Plans Approved	Gas Piping				
Date: _____	Appliance				
Joint Plan Review Required:	Chimney/Vent				
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.	Oil Piping				
☐ Elev.	Oil Tank				
SUBCODE APPROVAL for PERMIT	LPG Tank				
Date: _____	Hydronic Piping				
Approved by: _____	Fireplace				
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.				
☐ CA ☐ CCO	Other _____				
Date: _____					
Approved by: _____					

Permit #: 21-00169-01
Issue Date: 05/21/21
Application Id: 90007050
Application Date: 05/13/21
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Sign here: _____
Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
3T CONDENSER, 80,000 BTU FURNACE,
DUCTWORK, MODEL#95SC2D080617-16 - CARRIER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	\$ _____
1	Fuel Oil Piping Connections	15.00
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	62.00
	Oil Tank	
	LPG Tank	
	Fireplace	
2,0000	Other	30.00
Administrative Surcharge \$		
Minimum Fee \$		21.00
State Permit Surcharge Fee \$		128.00
TOTAL FEE \$		

[illegible]

Construction Permit Maintenance

Application Id: 90007050 Application Date: 05/13/2021

Permit No: 21-00169 Permit Issue Date: 05/21/2021

Permit Expiration Date: 11/30/2021

Update No: 1

☒

Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
ELECTRICAL	FINAL	BF	11/16/2021	11:15	11:30	:	FAIL
MECHANICAL	FINAL	MD	11/23/2021	11:00	11:15	:	PASS
ELECTRICAL	FINAL	BF	11/30/2021	11:30	11:45	:	PASS



NEW JERSEY UNIFORM CONSTRUCTION CODE **CONSTRUCTION PERMIT**

Permit #: 21-00169-02

Date Issued: 08/04/21

IDENTIFICATION Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC

Address: 651 ROUTE 73 N #108

MARLTON NJ 08053

Tel. [REDACTED]

Contractor: 2P REMODEL LLC

Address: 17 FOREST HILL DRIVE

CHERRY HILL, NJ 08003

Tel. (856)813-6346

Lic. No. or Bids. Reg. No. 13VH10949100

Is hereby granted permission to perform the following work:

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

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

NOTE: If construction does not commence within one (1) year of date of issuance, or if
construction ceases for a period of six (6) months, this permit is void.
Est. Cost of Work \$ 10,300.00

Construction Official _____

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Date _____

(see reverse side)

PAYMENTS (Office Use Only)	
Building	256.00
Electrical	
Plumbing	165.00
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	20.00
Cert. of Occupancy	50.00
Other	
Total	491.00
Check No. _____	
Cash _____	
Collected by _____	



BUILDING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC

Tel: email:

651 ROUTE 73 N #108

MARLTON NJ 08053

Contractor: LIBERTY HOMES

Tel. (873)558-0287

24 GLENWOOD RD

email:

LUMBERTON, NJ 08048

Contractor License No. or Builder Registration No.: 13VH11604800

Exp Date: 03/31/22

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

Federal Emp. ID No.

FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required				Footings					
☐ All				Footings Bonding					
☐ Footings/Foundations				Foundation					
☐ Structural/Framework				Slab					
☐ Exterior				Frame					
☐ Interior				Truss Sys./Bracing					
Joint Plan Review Required:				Barrier-Free					
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation					
SUBCODE APPROVAL FOR PERMIT				Finishes -Base Layer					
Date:				Finishes -Final					
Approved by:				Energy					
SUBCODE APPROVAL FOR CERTIFICATE				Mechanical					
☐ CO ☐ CCO ☐ CA				TCO					
Date:				Other					
Approved by:				Final					
				Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	Proposed	R-5	Constr. Class	Present	Proposed
No. of Stories			0.00		If Industrialized Building:		
Height of Structure			ft.		State Approved		HUD
Area — Largest Floor			sq. ft.				
New Bldg. Area/All Floors			0 sq. ft.		Est. Cost of Bldg. Work:		
Volume of New Structure			0 cu. ft.		1. New Bldg.		
Max. Live Load					2. Rehabilitation		
Max. Occupancy Load					3. Total (1 + 2)		\$ 7,800.00

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

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

Permit #: 21-00169-02

Issue Date: 08/04/21

Application id: 900072270

Application Date: 08/04/21

TYPE OF WORK:

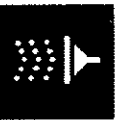
- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 162. 14.

Work Site Location: 1009 COLLINGS AVE

Owner in Fee: ECI DEVELOPMENT LLC

email:

MARLTON NJ 08053

Tel. (609)234-2498

651 ROUTE 73 N #108
Contractor: B. DEAN JOHNSON III

735 HENDERSON ROAD

email:

LUMBERTON, NJ 08048

Contractor License No.: 368101290200

Exp Date: 06/30/23

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

Federal Emp. ID No.

FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5

Proposed

Building Sewer Size

Public Sewer ☐ Private Septic ☐

Water Service Size

Public Water ☐ Private Well ☐

Est. Cost of Plumbing Work \$

2,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	☐ Partial -Under-slab Utilities Approved	Type:	Slab	Failure	Approval
Date:	Approved by:	Rough			
Plumbing Plans Approved		Water			
Date:	Approved by:	Sewer			
Joint Plan Review Required:		Fixtures			
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Equipment			
SUBCODE APPROVAL for PERMIT		Gas Piping			
Date:		LP Gas Tank			
Approved by:		Fuel Oil Piping			
SUBCODE APPROVAL for CERTIFICATE		Solar			
☐ CO ☐ CCO ☐ CA		TCO			
Date:		Final			
Approved by:					

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	QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
REPLACE FRONT DECK, ADD NEW LEDGER AND RIM JOIST, REPLACE BACK DECK, ADD HALF	1	Water Closet	15.00
	1	Urinal/Bidet	
	1	Bath Tub	15.00
	3	Lavatory	45.00
	1	Shower	15.00
		Floor Drain	
	3	Sink	45.00
	1	Dishwasher	15.00
		Drinking Fountain	
		Washing Machine	
		Hose Bibb	
		Water Heater	
		Fuel Oil Piping	
		Gas Piping	
		LP Gas Tank	
		Steam Boiler	
		Hot Water Boiler	
		Sewer Pump	
		Interceptor/Separator	
		Backflow Preventer	
		Greasetrap	
		Sewer Connection	
		Water Service Connection	
	1	Stacks	15.00
		Other	

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

170.00

Certificate Information				
1:				Page
2:				Page
3:				Page

Construction Permit Maintenance

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

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

Permit Expiration Date: 08/04/2021

Update No: 2



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

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