**From:** Danielle Gyenge
**To:** Danielle Gyenge
**Subject:** FW: OPRA request - OPRA/OPEN & CLOSE PERMITS - 125 Iron Master Rd, Cherry Hill, NJ 08034
**Date:** Friday, September 10, 2021 4:14:27 PM

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-----Original Message-----
From: Breean Stumpf <xxxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxm>
Sent: Friday, September 10, 2021 3:42 PM
To: Nancy L. Saffos, RMC <xxxxxxx@xxxxxxxxxx.xxx>
Subject: OPRA request - OPRA/OPEN & CLOSE PERMITS - 125 Iron Master Rd, Cherry Hill, NJ 08034

Dear Cherry Hill Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: OPRA/OPEN & CLOSE PERMITS - 125 Iron Master Rd, Cherry Hill, NJ 08034

Yours respectfully,

Breean Stumpf

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Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Is xxxxxxx@xxxxxxxxx.xxx the wrong address for OPRA requests to Cherry Hill Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dcherry_hill_township&c=E,1,E3jFlYPeCHPfWCnBh25Za8vZbGZKJw5a1QOU-iSQdkYy1iLl8_qgRo_62czdr5qe8b1s9cTLT5zg18j7ufJT_zUWaoO9s9gd6QrcBtsVAHupukPN&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,x-vZutSFqzBN_tXS1kdXEwXrtuKHk92dcEIf9dcxzkxpRT-oCUicCKcBhcuCkOebIuO7SDt0y3O6Kox3JqVkokdCdC6gZ_eInNsKpvMTjeWU&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fopraopen_close_permits_125_iron&c=E,1,voYi7oo5f_HYYfndlzbj_cHlfJAMl0v1ulmUMgsEUmkreg5n80JHzzjD7WQ2Gjmlp5odr7UT3HZpdGwOa17Uu4zXzoDJaGzjD0oxELta&typo=1

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.

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Cherry Hill Township provides a secure environment for all information concerning our residents and all other business concerns. The information contained in this email is intended only for the individual(s) addressed in the message and may contain privileged and/or confidential information that is exempt from disclosure under applicable law.

# CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

# PERMIT WITHOUT A JACKET

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08032
PH: (609) 488-7855

# CERTIFICATE

Issue Date: 05/16/97
Control Number: 1-9942
Permit Number: 97-0568
Date Permit Issued: 03/19/97

## IDENTIFICATION

Work Site Location: 125 IRONMASTER ROAD
CHERRY HILL
Block: 404.18 Lot: 12
Unit Number:

Owner in Fee: GALLAGHER, JOSEPH
Address: 125 IRONMASTER ROAD
CHERRY HILL, NJ
Telephone: [redacted]

Agent: WATER WITCH/WHITES PLUMBING
Address: 351 KRESSON ROAD
CHERRY HILL, NJ 08034
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No.:
Federal Emp. No.: [redacted]

Home Warranty No.:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-3
Maximum Live Load: 0 PSF Construction Classification: Maximum Occupancy Load:
DESCRIPTION OF WORK: Alteration
Plumbing Only - Lawn Sprinkler System

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

[ ] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time-period (____yrs); see file

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

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

Construction Official

Fee: N/A
Check Number: N/A
Collected By: N/A

U.C.C. F260 (rev. 3/96) 1 White=Receipt 2 Yellow=Inspector 3 Pink=Office 4 Blue=Office 5 Green=Applicant

left Borton Mill 3rd Rt
left Kittyhawk

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-19-97
Control #
Permit # 97 0568

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

Block 404.18 Lot 12
Work Site Location 125 Iron Master Road
Cherry Hill NJ 08088
Owner in Fee Joseph Gallagher
Address 125 Iron Master Road
Cherry Hill NJ 08088
Tele. [redacted]
Contractor WHITE'S Plumbing & Heating
Address 16 CRAGMOOR DR
Sharonville NJ 08088
Tele [redacted]
Lic. No. 7144
Federal Emp. No. _____ or Social Security No. [redacted]

**B. PLUMBING CHARACTERISTICS**

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
**Estimated Cost of Plumbing Work $** 300 for connection
2165.25 sprinkler system

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-17-97
Approved by: Russ Peterson

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CO
Approved By: Russ Peterson
Date: 6-16-97

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| | | | | |
| | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

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

Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA** (List all fixtures.)

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | 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 | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| 1 | Backflow Preventer | 10 |
| | Greasetrap | |
| | Water Cooled A/C or Refrigeration Unit | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Active Solar System | |
| | Other | |

Paid [✓] Check # 5473
Collected by: JC

| | | |
|---|---|---|
| Administrative Surcharge | $ | 2- |
| Minimum Fee | $ | 10- |
| DCA Training Fee | $ | |
| TOTAL | $ | 12- |

3-25-97 not done
4-25 " "
5-21 called contractor

U.C.C. Form F-130B

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

BLOCK 404.1 18 LOT Qual QUALIFICATION CODE _____ ADDRESS (SITE) 125 Iron Master PERMIT NO. 2011 2626

# CONSTRUCTION PERMIT APPLICATION

RECEIVED
SEP 30 2011
BUILDING INSPECTIONS

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

**I. IDENTIFICATION**

1. Proposed Work Site at: 125 Iron Master Bl.
2. Name of Owner in Fee: Donna Kinirey
   Tel. ( ) _____ e-mail _____
   Address 125 Iron Master (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: KDH Tel. [redacted]
   Address 25 N. Woodcrest Ave e-mail _____
   Lower Mt
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

**V. FEE SUMMARY (for office use only)**

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ | | |
| 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 | | | |
| 13. TOTAL | $ | | |

**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 ____

**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 | | | | | | | | | |
| ☐ Electrical | | | | | | | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | 2500 | | | | | | | | |

**VII. DESCRIPTION OF BUILDING USE**

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
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




C3579

**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 E D H

Address 25 N. Woodcrest Ave
Lonsport N.J.

Telephone [redacted]

Signature _____

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

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

**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. _____ | _____ | _____ | | |
| ☐ Lead Abatement Clearance Certificate | No. _____ | _____ | _____ | _____ | _____ |

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

# CERTIFICATE
## IDENTIFICATION

Date Issued: 02/07/2012
Control #: 77727
Permit #: 20112626

Block: 404.~~11~~ Lot : ~~14~~ 62 Qualification Code:

Work Site Location: 124 IRONMASTER RD.
CHERRY HILL

Owner in Fee: DONNA KINIRY

Address: 124 IRONMASTER RD.
CHERRY HILL NJ 08034

Telephone:

Agent/Contractor: KDH BUILDERS

Address: 21 CHRISTIAN LANE
CHERRY HILL NJ 08002

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

NEW ROOF

[ ] **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.

[ X ] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[ X ]Check No.: 2015
Collected by: SD

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill NJ 08002
856-488-7855

# CERTIFICATE
## IDENTIFICATION

Date Issued: 02/07/2012
Control #: 77727
Permit #: 20112626

Block: 404.18 Lot : 12 Qualification Code:

Work Site Location: 124 IRONMASTER RD.
CHERRY HILL

Owner in Fee: DONNA KINIRY

Address: 124 IRONMASTER RD.
CHERRY HILL NJ 08034

Telephone:

Agent/Contractor: KDH BUILDERS

Address: 21 CHRISTIAN LANE
CHERRY HILL NJ 08002

Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

NEW ROOF

[ ] **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.

[ X ] **CERTIFICATE OF APPROVAL**

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Gerald E. Seneski Construction Official

Fees: $0.00
Paid[ X ]Check No.: 2015
Collected by: SD

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20112626
Update Number:
Control Number: 77727
Application Date: 09/30/11
Permit Date: 9/30/2011

# CONSTRUCTION PERMIT

## IDENTIFICATION

**OWNER/PROPERTY DETAILS**

Block : 404.~~11~~ Lot : ~~14~~ Qualifier :

| | | | |
|---|---|---|---|
| Work site Location: | 124 IRONMASTER RD. CHERRY HILL | Contractor: | KDH BUILDERS |
| Owner In Fee: | DONNA KINIRY | Address: | 21 CHRISTIAN LANE |
| Address: | 124 IRONMASTER RD. | | CHERRY HILL NJ 08002 |
| | CHERRY HILL NJ 08034 | Telephone: | [redacted] |
| Telephone: | 0 - | Lic. No. / Bldrs. Reg. No.: | |
| Use Group(s): | R-5 | Federal Emp. No.: | |

is hereby granted permission to perform the following work :

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

**DESCRIPTION OF WORK:**

NEW ROOF

**ESTIMATED COST OF WORK:**

| | |
|---|---|
| Cost of Construction: | $0.00 |
| Cost of Alteration: | $2,500.00 |
| Cost of Demolition: | $0.00 |
| Total Cost: | $2,500.00 |

**PAYMENTS** (Office Use Only)

| | | |
|---|---|---|
| [70-43] | Building | $58.00 |
| [70-48] | Electrical | |
| [70-36] | Plumbing | |
| [70-37] | Fire Protection | |
| [70-61] | Elevator Devices | |
| [70-38] | Mechanical | |
| [70-91] | VolFee (DCA) | |
| [70-91] | AltFee (DCA) | $5.00 |
| [70-91] | DCA Minimum Fee | $0.00 |
| [70-50] | CO Fee | |
| [70-50] | CCO Fee | |
| [70-45] | Engineering | |
| [71-78] | Sewer | |
| [70-62] | Document Imaging | |
| [70-67] | Zoning | |
| [73-83] | Street Open. Escrow | |
| | **Total :** | **$ 63.00** |

All Fees Waived No

**Amount to be Paid: $ 63.00**

Check Number: 201
Check amount: $63.0

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

Gerald E. Seneski 9 30 11
Gerald E. Seneski SD Date
Contruction Official

*:: Failure to obtain all required inspections may result in administrative action.*
*:: Final inspections are required before final payment is to be made to contractor.*
*:: An approved set of plans must be kept at the worksite at all times.*

RECEIVED
SEP 30 2011
TAX COLLECTOR

Collected by: SI
Total Cash Amount:
Total Check Amount: $63.0
Total CC Amount:
Grand Total: $63.0

Note:

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control # 9-30-11

Date Issued
Permit # 2011-2626

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

Block 404.18 Lot 4.02 Qualification Code _____

Work Site Location 25 Iron Master Cherry Hill

Owner in Fee: Doris Lisiny

Tel. (____) _____ e-mail _____

Address 125 Iron Master Cherry Hill
street municipality zip code

Contractor: KDH Tel. (____) _____

Address 25 N. Woodbury Rd e-mail _____
Longport NJ

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

Home Improvement Contractor Registration 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: DAN Hurley

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

1. Remove roof
2. Install new roof
3. CAF Tinish

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [X] No Plans Required | 9.30-11 | SD |
| [ ] 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: | 2.7.12 | |
| Approved by: | JCES | |

| 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 | | | 2/7/12 | SD |
| Barrier-Free | | | | |

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

FEE (Office Use Only)

| | |
|---|---|
| $ | 58 |
| Administrative Surcharge $ | 3 |
| Minimum Fee $ | |
| State Permit Surcharge Fee $ | 03 |
| TOTAL FEE $ | 63 |

**B. BUILDING CHARACTERISTICS**

Use Group Present _____ Proposed R5

Constr. Class Present 5B 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. $ 2500
2. Rehabilitation $ _____
3. Total (1+ 2) $ 2500

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.

BLOCK 4104.18 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 125 Iron Master Rd PERMIT NO. 2015 3020

RECEIVED
SEP 24 2015
BUILDING INSPECTIONS

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 125 Iron Master Rd Cherry Hill NJ 08034
2. Name of Owner in Fee: Donna Kinsey
   Tel. [redacted] e-mail [redacted]
   Address 125 Iron Master Rd (street) Cherry Hill (municipality) NJ 08034 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: GE Smith Electric Inc Tel. [redacted]
   Address 9 Washington Ave e-ma[redacted]
   Mullica Hill, NJ 08062 .net
   License No. OR, if new home, Builder Reg. No. 14300 Exp. Date 03/30/2018
   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 Gary Smith
   Tel. ( [redacted] FAX: ( ) _____

E 9.28.15

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ | | |
| (2) Electrical | | 65 | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ | | |
| 8. Subtotal | $ | | |
| (9) State Permit Surcharge Fee | | 4 | |
| 10. Subtotal | $ | | |
| ~~11. Cert. of~~ Occupancy | | | |
| 12. Other | | | |
| (13) TOTAL | $ | 69 | |

## 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 ____

00029_016553 SF 20153020 446

## 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 | | | | | | | | | |
| ☒ Electrical | 2,030 | | | | 9/25/15 | JW (NOTING) | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | | | | | | | | | |

200 AMP SVC

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
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

**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 G F Smith Electric Inc

Address a washington Ave

Mt Laurel, NJ 08062

Telephone ( [redacted]

Signature Ryan Mi

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

Cherry Hill Township
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

# Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 10/12/2015
Control Number 96254
Permit Number 20153020
Permit Issue Date 9/28/2015
Certificate Number 20153020

## Identification

Block: 404.18 Lot: 12 Qual:

Work Site Location: 125 IRON MASTER RD CHERRY HILL, NJ 08034

Owner in Fee: DONNA KINIRY

Owner Address: 125 IRON MASTER RD CHERRY HILL NJ 08034

Telephone: [redacted]

Contractor: GE SMITH ELECTRIC INC

Address: 9 WASHINGTON AVE MULLICA HILL NJ 08062

Telephone: [redacted] Fax:

License Number or Builders Registration Number: 34EI01430000

Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: Use Group: R-5

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
SERVICE 200 AMP SERVICE

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period ( years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period ( years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

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

Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $0.00

Check Number:

Collected By:

*DatePrinted*

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued 9-28-15
Permit # 2015-3020

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

Block 404.18 Lot 12 Qualification Code

Work Site Location 125 IRON MASTER RD
CHERRY HILL NJ 08034

Owner in Fee: Donna Kiniry

Tel. [redacted] e-mail [redacted]

Address 125 IRON MASTER RD (street) CHERRY HILL NJ (municipality) 08034 (zip code)

Contractor: GE Smith Electric Inc. Te [redacted]

Address 9 Washington Ave e-mail [redacted]
Mullica Hill, NJ 08062

Contractor License No. 14300 Exp. Date 03/30/2018

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

Federal Emp. ID No. [redacted] FAX:

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,030

**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: Gary E Smith, President

Print name here: Gary Smith

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:
Emergency 200 Amp Service Replacment

| 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 | |
| | | | |
| 0 | | 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 | 200 | AMP Service | 65.00 |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |

G.E. SMITH ELECTRIC INC. NEW JERSEY LICENSED ELECTRICAL CONTRACTOR 14300

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[X] No Plans Required 9/25/15 MN
[ ] 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: 9/25/15
Approved by: (ROUTING)
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10/2/15
Approved by: (ROUTING)

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Barrier-Free | | | | |
| Trench | | | | |
| Temp. Serv. | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | 10/12/15 | MN |
| Final | | | 10/12/15 | MN |
| Barrier-Free | | | | |
| Temp. Cut-in-Card Date Issued | | | | |
| Final Cut-in-Card Date Issued | | | 10/12/15 | |
| 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.

# CUT-IN-CARD

MUNICIPALITY CHERRY HILL

LOCATION 123 LEAH MASTER RUN UTILITY CO PSEG

BLK 494 18 LOT 12

OWNER DONNA KILLIAN OCCUPANT

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

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 200 Amp Service

INSTALLED BY CE SMITH ELECTRIC LICENSE NO 14300

DATE 10/12/17 PERMIT # 15-3026 INSPECTOR MBV

LIC. NO: 469

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

Cherry Hill Township
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

(856) 488-7855

Date Applied 9/25/2015
Date Issued 9/28/2015
Control # 96254
Permit # 20153020

# CONSTRUCTION PERMIT

## IDENTIFICATION

**OWNER/PROPERTY DETAILS**

Block: 404.18 Lot: 12 Qualifier _____ Use Group R-5

Work Site Location: 125 IRON MASTER RD CHERRY HILL, NJ 08034
Owner in Fee: DONNA KINIRY
Address: 125 IRON MASTER RD CHERRY HILL NJ 08034
Telephone: [redacted]

Contractor: GE SMITH ELECTRIC INC
Address: 9 WASHINGTON AVE MULLICA HILL NJ 08062
Telephone: [redacted]
Lic. No. or Bldrs. Reg. No. 34EI01430000
Federal Employee. No. _____

**Is hereby granted permission to perform the following work:**

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

**DESCRIPTION OF WORK:**

SERVICE 200 AMP SERVICE

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

**Estimated Cost of Work** $2,030

Construction Official

9.28.15
Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

**PAYMENTS (Office Use Only)**

| | | |
|---|---|---|
| 035 | Building | |
| 039 | Electrical | $65 |
| 032 | Plumbing | |
| 033 | Fire Protection | |
| 042 | Elevator Devices | |
| 046 | Mechanical | |
| 046 | DCA Training Fee | $4 |
| 040 | CO Fee | |
| 040 | CCO Fee | |
| | Other Cert Fee | |
| | Admin Sucharge | |
| 043 | Other | |
| | Admin Fee | |
| | Plan Review | |
| | COAH Fee | |
| 044 | Zoning | |
| | Open Fence | |
| | Sewer | |
| | Water | |
| 037 | Engineering | |
| | Shade Tree | |
| | Escrow | |
| | Local | |
| 043 | Doc Imaging | |
| | Total | $69 |

| | |
|---|---|
| Check No. | 7253 |
| Check | $69 |
| Cash | $0 |
| Credit | $0 |
| Collected By | Sandi Del Rocini |

RECEIVED
SEP 28 2015
TAX COLLECTOR

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Control #
Date Issued 9-28-15
Permit # 2015-3020

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

Block 4104.18 Lot 12 Qualification Code

Work Site Location 125 IRON MASTER RD
CHERRY HILL NJ 08034

Owner in Fee: Donna Kiniry

Tel. [redacted] e-mail [redacted]

Address 125 IRON MASTER RD (street) CHERRY HILL NJ (municipality) 08034 (zip code)

Contractor: GE Smith Electric Inc. Tel [redacted]

Address 9 Washington Ave e-mail [redacted]
Mullica Hill, NJ 08062

Contractor License No. 14300 Exp. Date 03/30/2018

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

Federal Emp. ID No [redacted] FAX:

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,030

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[X] No Plans Required 9/25/15 TSN
[ ] 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: 9/25/15
Approved by: TSN (faxing)

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: Gary E Smith, President

Print name here: Gary Smith

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:
Emergency 200 Amp Service Replacment

| 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 | |
| | | | |
| 0 | | 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 | 200 | AMP Service | 65.00 |
| | | AMP Subpanels | |
| | | AMP Motor Control Center | |
| | | KW Elec. Sign/Outline Light | |
| | | | |

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

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.

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

**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. | | | | |
| ☑ Lead Abatement Clearance Certificate | No. | | | | |

Reciept # 119165

# TOWNSHIP OF CHERRY HILL

## APPLICATION FOR ZONING APPROVAL

Z.A.# 15488

BLOCK: 404.5

LOT: 12

ZONE: RAPC

BUILDING PERMIT ☒

CERTIFICATE OF OCCUPANCY ☐

PROPERTY OWNER: MR. AND MRS. GALLAGHER.

ADDRESS OF PROPERTY: 125 IRONMASTER RD.

NAME OF DEVELOPMENT: BARCLAY FARMS SECTION NO.

ADDRESS OF OWNER: -SAME- PHONE NO. [redacted]

EXISTING USE: Residential PROPOSED USE: Same

TYPE OF STRUCTURE PROPOSED: DECK - REAR OF RESIDENCE

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

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature

P.O. Box 174
Marlton, N.J. 08053
Address

[redacted]
Telephone

PROPOSED SETBACKS:

FRONT: 80' REAR: 30'

SMALLEST SIDE: 26 AGGREGATE SIDE: 51 FT. (77 FT. TOTAL)

SQ. FT. GROUND FLOOR: 420

HEIGHT: 16" ABOVE GRADE. (ADD 36" RAILING). GROSS FLOOR AREA: 420.

SETBACKS (POOL ONLY):

FRONT: N/A REAR:

SIDE: SIDE:

DISTANCE FROM FOUNDATION WALL:

FOR OFFICE USE ONLY

| | | |
|---|---|---|
| ZONING BOARD ACTION | P.O.A.# | DATE GRANTED: |
| PLANNING BOARD ACTION | P.B.C.# | DATE GRANTED: |

THIS APPROVAL IS BASED ON THE INFORMATION ON THIS FORM AND THE ATTACHED PLAN(S).

COMMENTS:

HOUSING IMPACT FEE: ☐ sq. ft. $ ☐ 3% OF CONSTRUCTION COST $

APPROVED BY: ☒ PAID Cash

Willis R. Ward
Signature

Environmental Planner
Title

10/23/90
Date

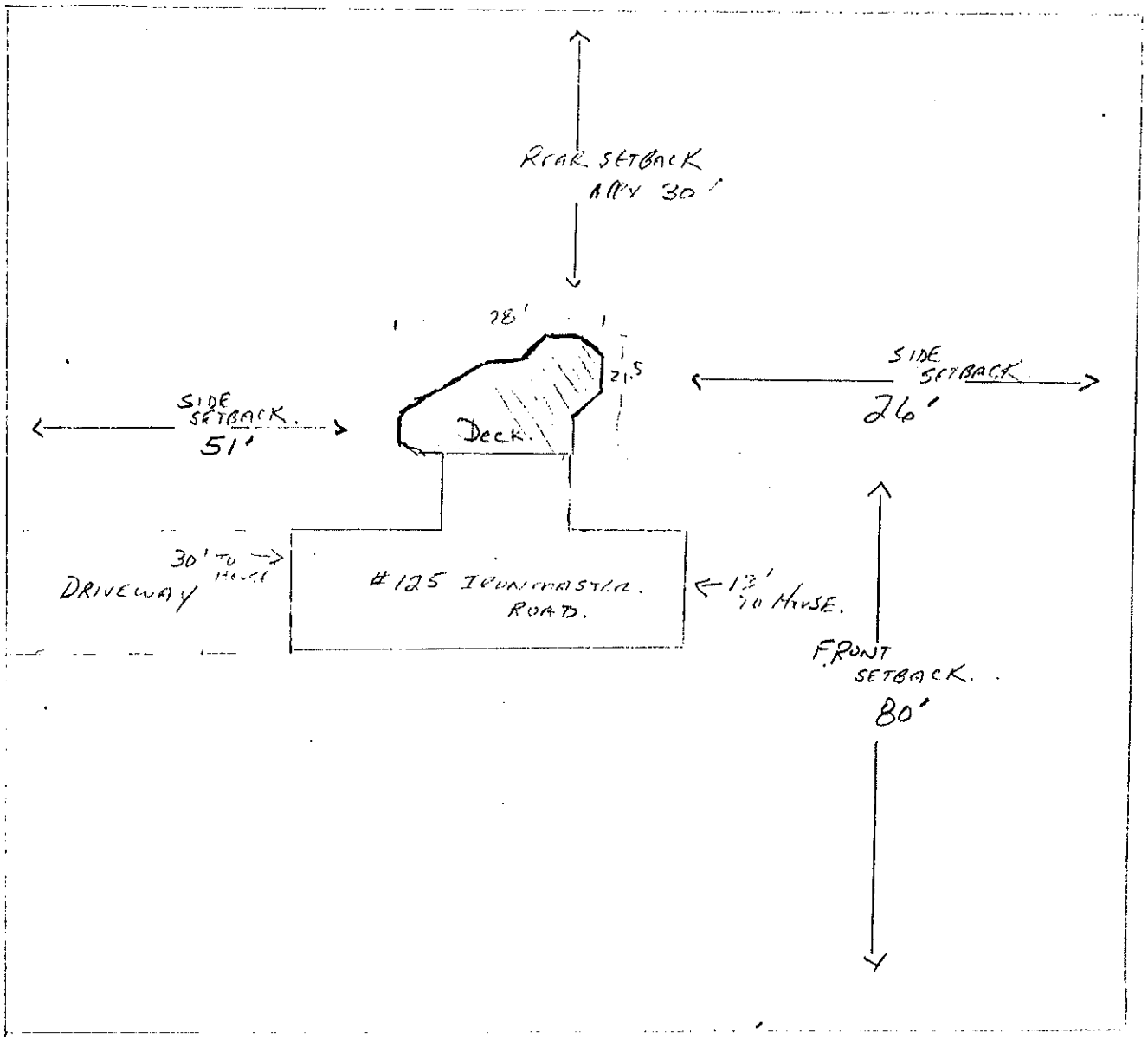
ZONING PERMIT NO.: _____ DATE: 10-22-80

LOCATION: #125 Ironmaster Rd.

OWNER: Mr. James Gallagher BLOCK: 404.5 LOT: 12

Please sketch the outline of your lot and the location of your home in the space below and mark the approximate distances to the front, rear, and side property lines. If your home is on a corner, please show the name and location of both streets. If there is a sidewalk, please note it on the plan. The general location of any easements, streams, or existing fences and pools should be shown as well.

S K E T C H O F L O T




FIELD STONE RD.

IRONMASTER RD.