Michelle Fareri

From: Breean Stumpf [opra+request-28890-eee916fe@requests.opramachine.com]
Sent: Wednesday, January 19, 2022 1:40 PM
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 13 Ogden Ave, Collingswood, NJ 08108

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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 - 13 Ogden Ave, Collingswood, NJ 08108

Yours respectfully,

Breean Stumpf

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-28890-eee916fe@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_13_ogden

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 #: 397-89
Date Issued: 10/05/89

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRAGHINI PETER
Address: 13 OGDEN AVE

Tel.

Contractor: PRE-CONV CUST PERMIT OPEN
Address:

Tel.
Lic. No. or Bldrs. Reg. No.

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:

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 $ 4,620.00

_____ _____
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 #: 397-89
Issue Date: 10/05/89
Application Id: 89000481
Application Date: 10/05/89

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

Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI PETER
Tel. email:
13 OGDEN AVE
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:

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				

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
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) $ 4,620.00

U.C.C. 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:

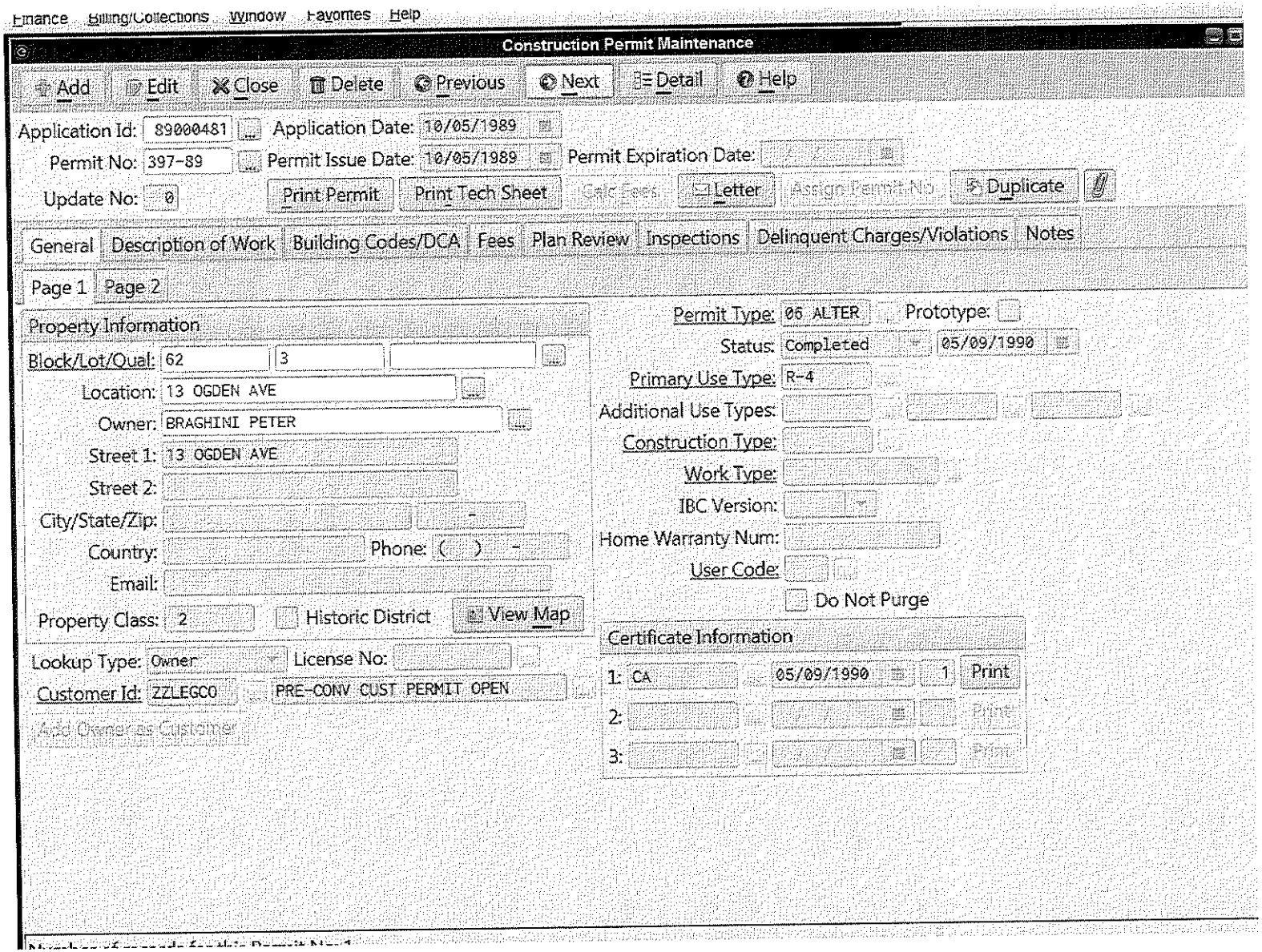
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[X] Rehabilitation	40.00
[ ] 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	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 10.00
TOTAL FEE	$ 50.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 89000481 Application Date: 10/05/1989
Permit No: 397-89 Permit Issue Date: 10/05/1989 Permit Expiration Date:
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: 62 3
Location: 13 OGDEN AVE
Owner: BRAGHINI PETER
Street 1: 13 OGDEN AVE
Street 2:
City/State/Zip:
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 05/09/1990
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 05/09/1990 1 Print
2: Print
3: Print

CONSTRUCTION PERMIT

Permit #: 96-0394
Date Issued: 10/09/96

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRIGANDI PETER
Address: 13 OGDEN 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:

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

DESCRIPTION OF WORK:
REMOVE EXISTING BUCKLED BASEMENT WALL
AND REBUILD..

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 $ 4,600.00

_____ _____
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 #: 96-0394
Issue Date: 10/09/96
Application Id: 10002809
Application Date: 09/27/96

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

Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE

Owner in Fee: BRIGANDI PETER
Tel. [redacted] email:
13 OGDEN AVE COLLINGSWOOD NJ 08108
Contractor: BRINDISI BUILDERS Tel. (609)985-6219
53 SOUTH MAPLE AVE email:
MARLTON, NJ 08053
Contractor License No. or Builder Registration No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-227825 FAX:

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

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
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) $ 4,600.00

U.C.C. 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:

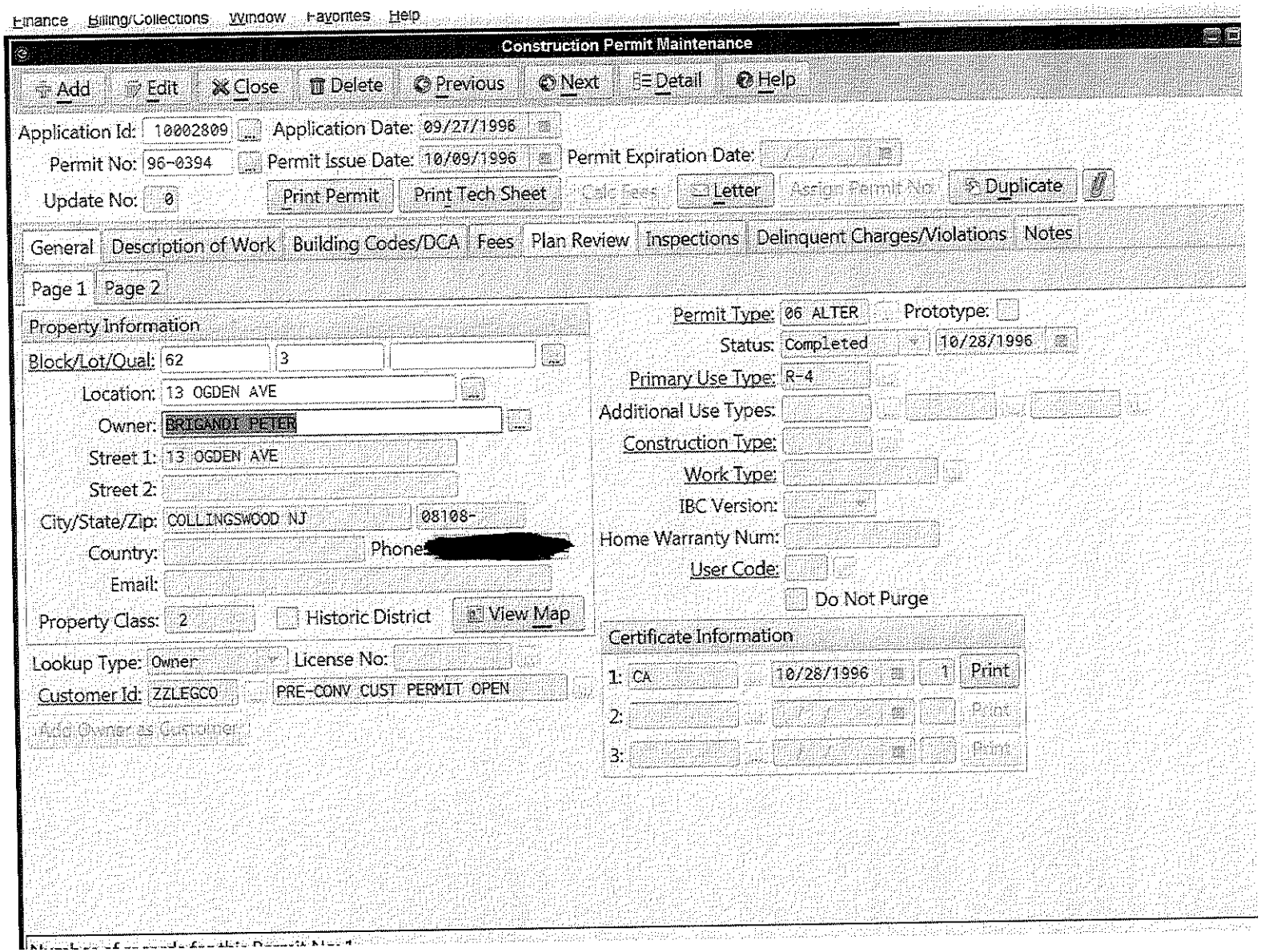
D. TECHNICAL SITE DATA

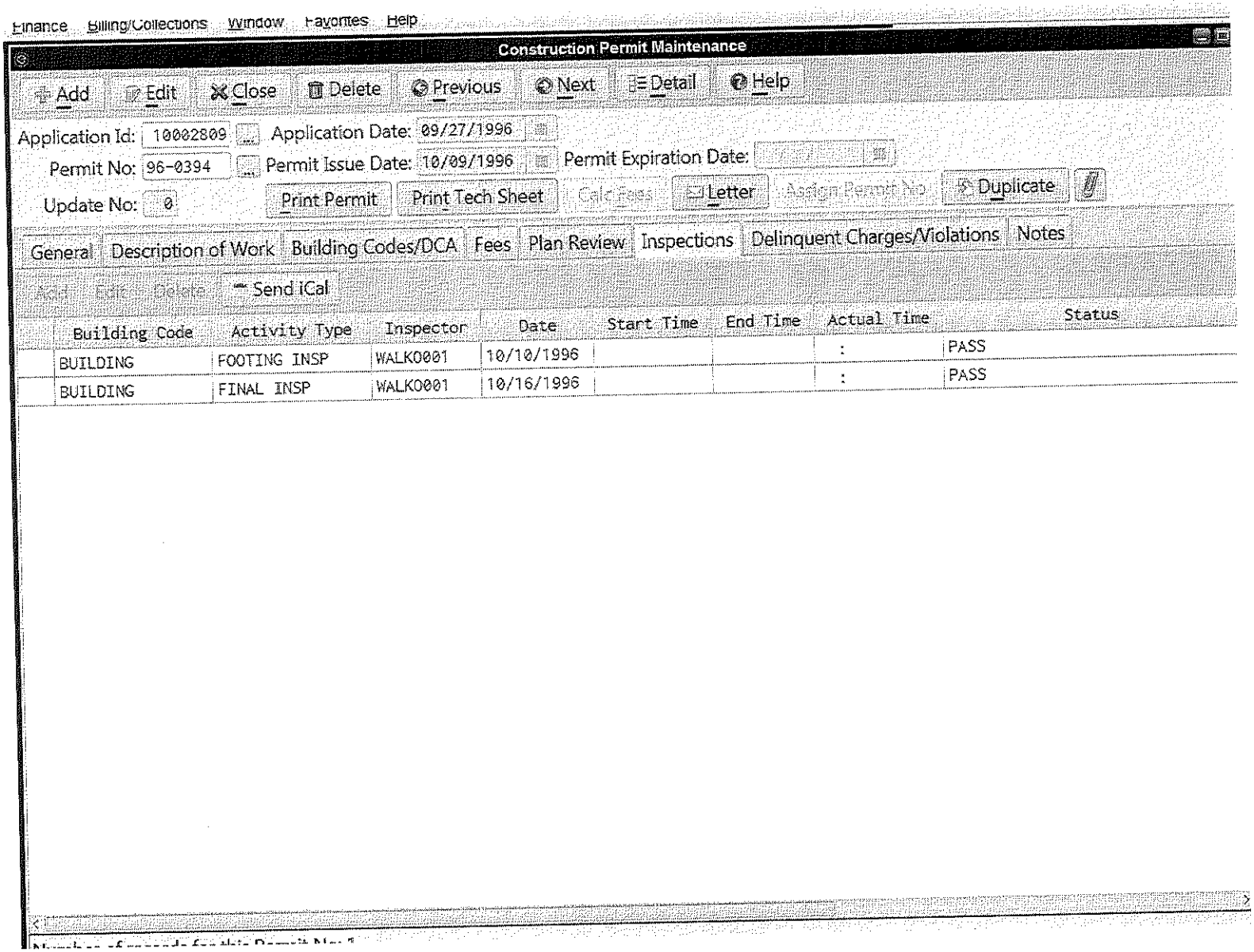
DESCRIPTION OF WORK
REMOVE EXISTING BUCKLED BASEMENT WALL
AND REBUILD..

TYPE OF WORK:	FEE (Office Use Only)
	$
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	110.00
[ ] 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	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 10.00
TOTAL FEE $ 120.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10002809 Application Date: 09/27/1996
Permit No: 96-0394 Permit Issue Date: 10/09/1996 Permit Expiration Date:
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: 62 3
Location: 13 OGDEN AVE
Owner: BRIGANDI PETER
Street 1: 13 OGDEN 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 10/28/1996
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 10/28/1996 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10002809 Application Date: 09/27/1996
Permit No: 96-0394 Permit Issue Date: 10/09/1996 Permit Expiration Date:
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
BUILDING FOOTING INSP WALK0001 10/10/1996 : PASS
BUILDING FINAL INSP WALK0001 10/16/1996 : PASS

CONSTRUCTION PERMIT

Permit #: 99-0431
Date Issued: 11/30/99

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRAGHANI PETER
Address: 13 OGDEN 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 [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
REPLACE WATER AND DRAINAGE PIPING TO 3 FIXTURES.

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 $ 1,500.00

_____ _____
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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 99-0431
Issue Date: 11/30/99
Application Id: 10004544
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: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHANI PETER

Tel.[redacted] email:

13 OGDEN AVE COLLINGSWOOD NJ 08108

Contractor: HARRY C WITTMAIER INC Tel. (856)858-1965

215 EAST HOMESTEAD AVE email:

COLLINGSWOOD, NJ 08108

Contractor License No.: 36BI00620400 Exp Date: 06/30/23

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

Federal Emp. ID No. 261960657 FAX: (856)858-1972

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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

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

Est. Cost of Plumbing Work $ 1,500.00

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

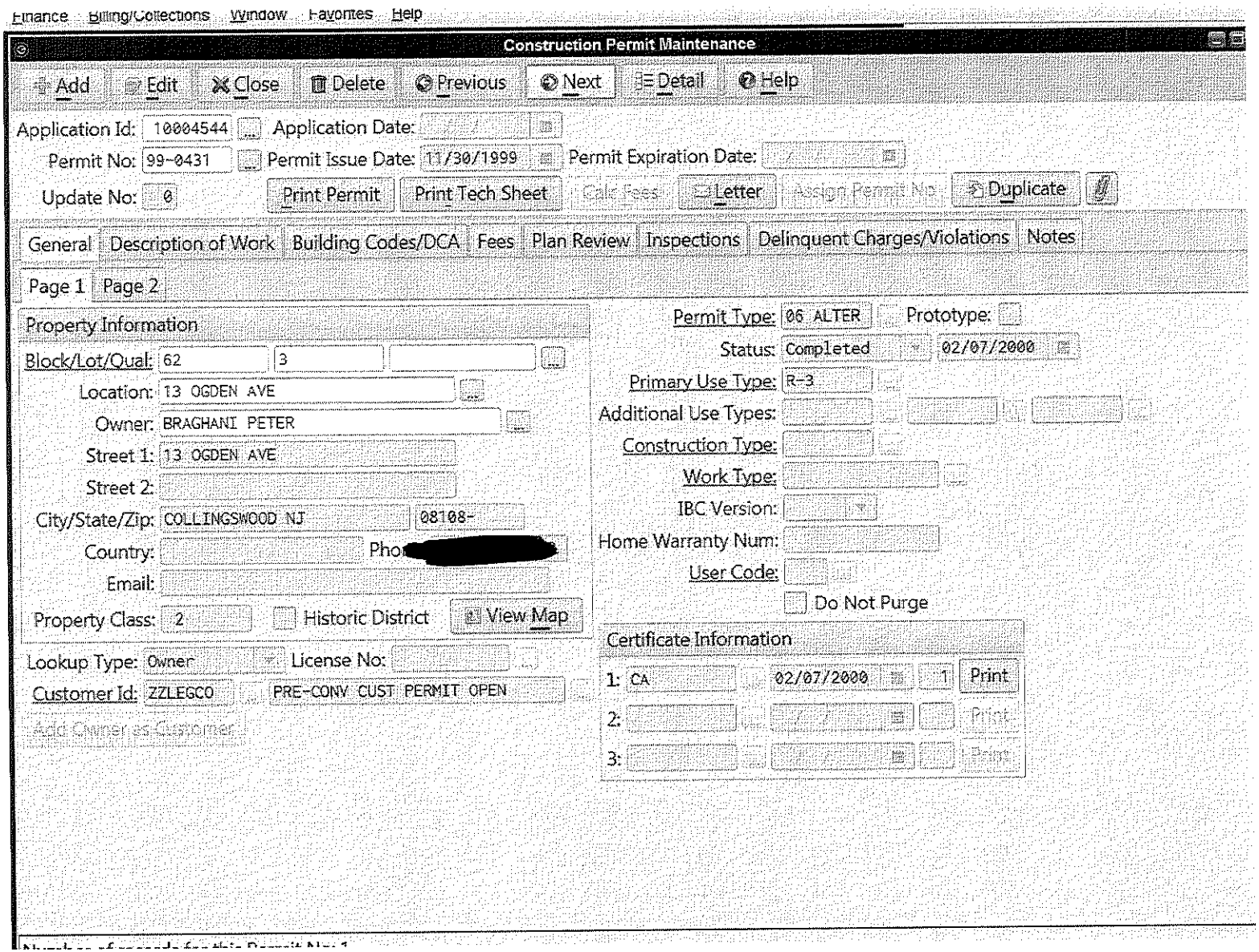
D. TECHNICAL SITE DATA

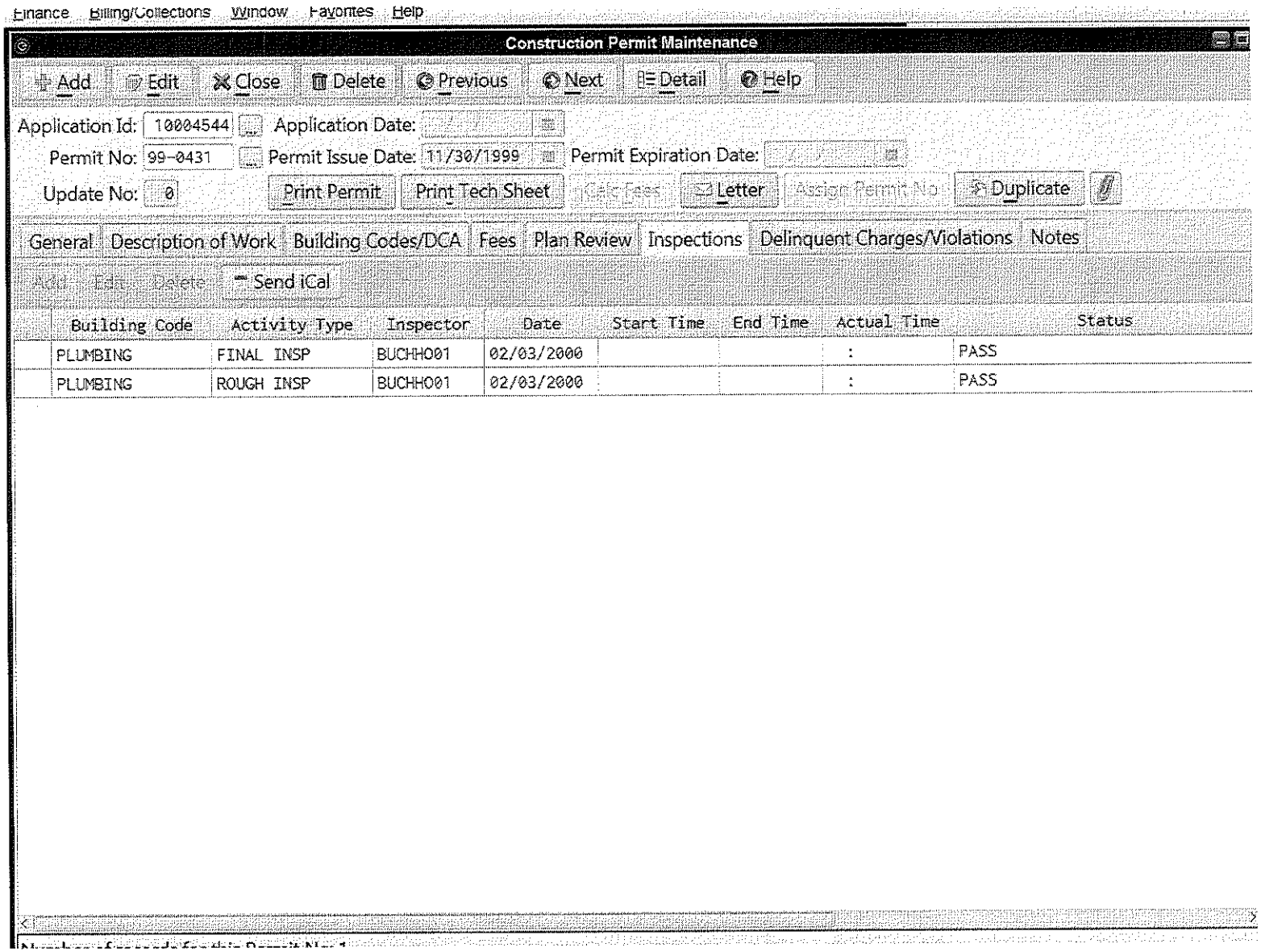
DESCRIPTION OF WORK
REPLACE WATER AND DRAINAGE PIPING TO 3 FIXTURES.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 10.00
	Urinal/Bidet	
1	Bath Tub	10.00
1	Lavatory	10.00
	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 _____	
	Other _____	

Administrative Surcharge	$
Minimum Fee	$ 10.00
State Permit Surcharge Fee	$ 3.00
TOTAL FEE	$ 43.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10004544 Application Date:
Permit No: 99-0431 Permit Issue Date: 11/30/1999 Permit Expiration Date:
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: 62 3
Location: 13 OGDEN AVE
Owner: BRAGHANI PETER
Street 1: 13 OGDEN AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country: Phor
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 02/07/2000
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 02/07/2000 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10004544 Application Date:
Permit No: 99-0431 Permit Issue Date: 11/30/1999 Permit Expiration Date:
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
PLUMBING FINAL INSP BUCHHO01 02/03/2000 : PASS
PLUMBING ROUGH INSP BUCHHO01 02/03/2000 : PASS

CONSTRUCTION PERMIT

Permit #: 00-0055
Date Issued: 02/25/00

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRAGHANI PETER DEBRA
Address: 13 OGDEN 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
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
INSTALL GAS HEATING AND A/C SYSTEM.

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 $ 4,500.00

_____ _____
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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 00-0055
Issue Date: 02/25/00
Application Id: 10004647
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: 62. 3.
Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHANI PETER DEBRA
Tel: [redacted] email:
13 OGDEN AVE COLLINGSWOOD NJ 08108
Contractor: SCHOOLEY ELECTRIC Tel. (856)424-7900
PO BOX 3125 email: NSCHOOLEY@SCHOOLEYELECTRIC.COM
CHERRY HILL, NJ 08034
Contractor License No.: 34EB00476900 Exp Date: 03/31/21
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 222009900 FAX: (856)424-0272

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2,500.00

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 [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

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 GAS HEATING AND A/C SYSTEM.

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	
1		KW Central A/C Unit	5.00
		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	$	35.00
State Permit Surcharge Fee	$	5.00
TOTAL FEE	$	45.00

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 #: 00-0055
Issue Date: 02/25/00
Application Id: 10004647
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: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHANI PETER DEBRA

[redacted] email:

13 OGDEN AVE COLLINGSWOOD NJ 08108

Contractor: HARRY C WITTMAIER INC Tel. (856)858-1965

215 EAST HOMESTEAD AVE email:

COLLINGSWOOD, NJ 08108

Fire Alarm Contractor No.: 36BI00620400 Exp Date: 06/30/23

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

Federal Emp. ID No. 261960657 FAX: (856)858-1972

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-3 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 $ 2,000.00

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: INSTALL GAS HEATING AND A/C SYSTEM.

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	1	46.00
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		5.00
TOTAL FEE $		51.00

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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 00-0055
Issue Date: 02/25/00
Application Id: 10004647
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: 62. 3.
Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHANI PETER DEBRA
[redacted] email:
13 OGDEN AVE COLLINGSWOOD NJ 08108
Contractor: SCHOOLEY ELECTRIC Tel. (856)424-7900
PO BOX 3125 email: NSCHOOLEY@SCHOOLEYELECTRIC.COM
CHERRY HILL, NJ 08034
Contractor License No.: 34EB00476900 Exp Date: 03/31/21
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 222009900 FAX: (856)424-0272

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2,500.00

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 [ ] 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 GAS HEATING AND A/C SYSTEM.

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	
1		KW Central A/C Unit	5.00
		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	$	35.00
State Permit Surcharge Fee	$	5.00
TOTAL FEE	$	45.00

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 #: 00-0055
Issue Date: 02/25/00
Application Id: 10004647
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: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHANI PETER DEBRA
[redacted] email:
13 OGDEN AVE COLLINGSWOOD NJ 08108

Contractor: HARRY C WITTMAIER INC Tel. (856)858-1965
215 EAST HOMESTEAD AVE email:
COLLINGSWOOD, NJ 08108

Fire Alarm Contractor No.: 36BI00620400 Exp Date: 06/30/23

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

Federal Emp. ID No. 261960657 FAX: (856)858-1972

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-3 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 $ 2,000.00

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

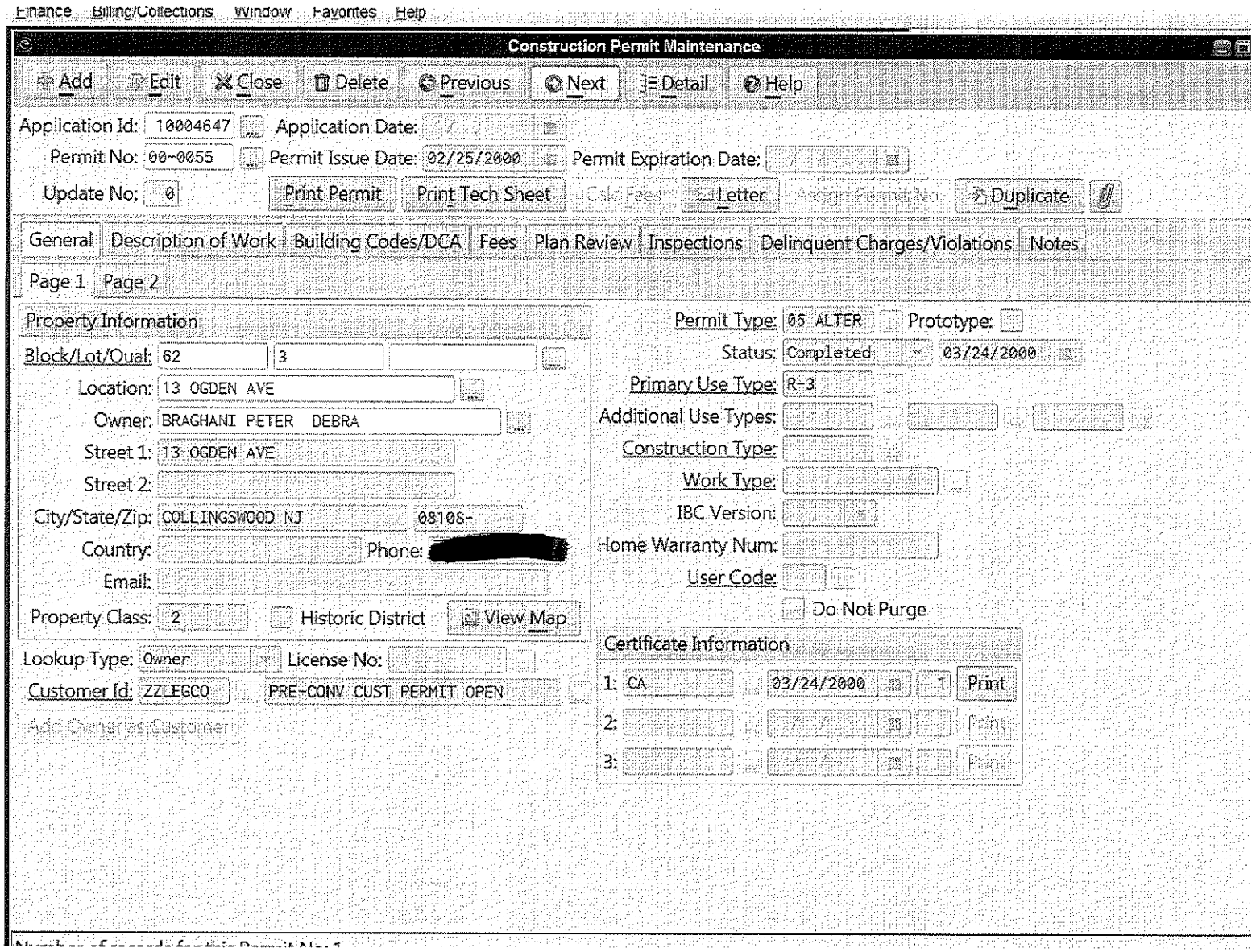
D. TECHNICAL SITE DATA

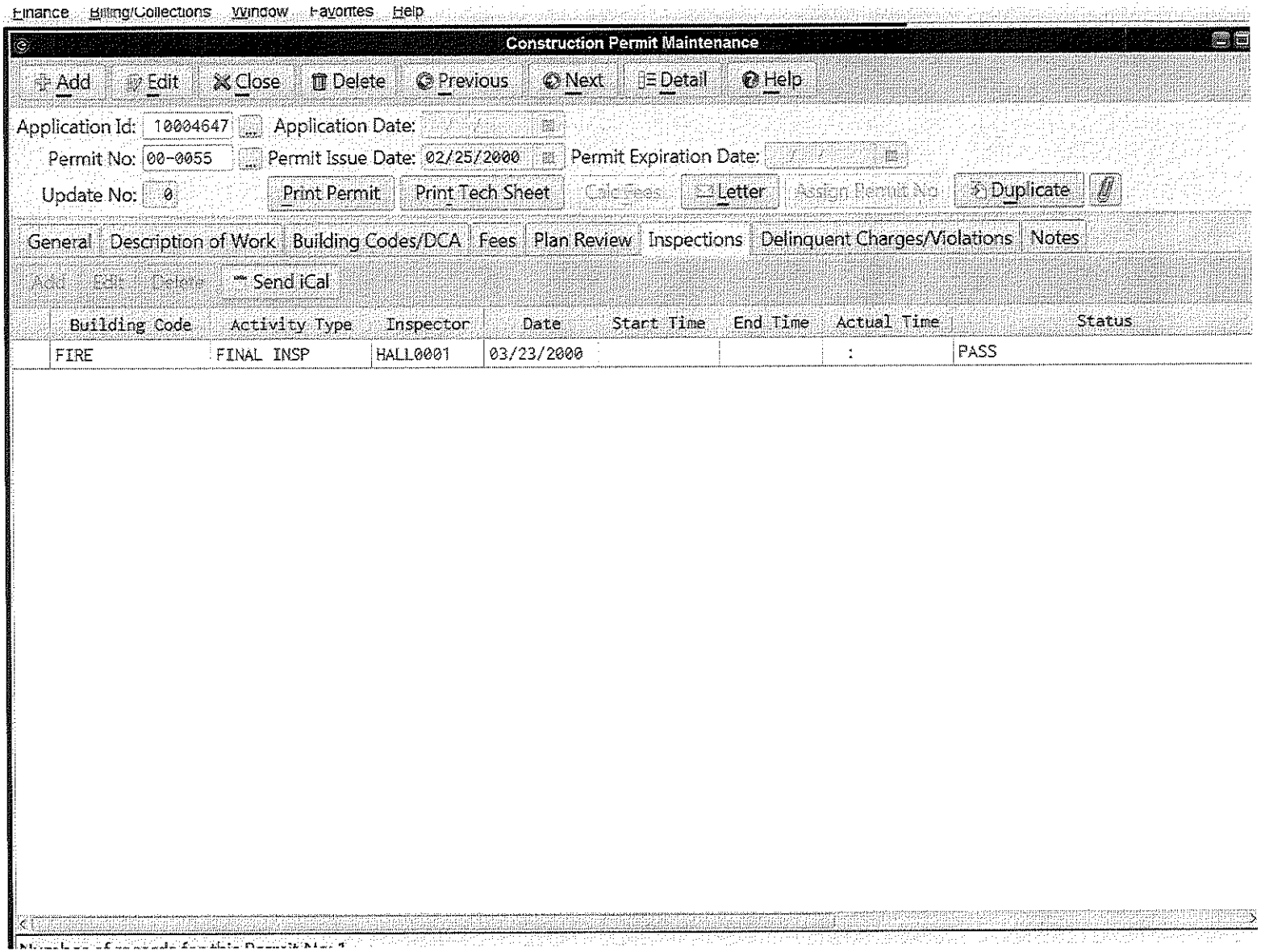
DESCRIPTION OF WORK: INSTALL GAS HEATING AND A/C SYSTEM.
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	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 _____		
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	1	46.00
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	5.00
TOTAL FEE $	51.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10004647 Application Date:
Permit No: 00-0055 Permit Issue Date: 02/25/2000 Permit Expiration Date:
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: 62 3
Location: 13 OGDEN AVE
Owner: BRAGHANI PETER DEBRA
Street 1: 13 OGDEN 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 03/24/2000
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 03/24/2000 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10004647 Application Date:
Permit No: 00-0055 Permit Issue Date: 02/25/2000 Permit Expiration Date:
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
FIRE FINAL INSP HALL0001 03/23/2000 : PASS

CONSTRUCTION PERMIT

Permit #: 10-0049
Date Issued: 02/18/10

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRAGHINI, PETER & DEBRA
Address: 13 OGDEN AVE
COLLINGSWOOD, N J 08108-2
Tel. [redacted]

Contractor: HANDEX CONSULTING/REMEDIATION
Address: 92 N. MAIN STREET BLDG. 20-C
WINDSOR, NJ 08561
Tel. (609)336-2590
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVE EXISTING BASEMENT FLOOR SLAB & 6" OF SOIL UNDER SLAB. INSTALL 6". OF STONE, PVC MEMBRANE, NEW CONCRETE, AND VENT PIPING. REPLACE SUMP BASIN.

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 $ 14,000.00

_____ _____
Construction Official Date

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)

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 #: 10-0049
Issue Date: 02/18/10
Application Id: 10012103
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: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

Te[redacted] email:

13 OGDEN AVE COLLINGSWOOD, N J 08108-2

Contractor: HANDEX CONSULTING REMEDIATIO Tel. (609)409-6999

24 ABEEL RD email:

MONROE, NJ 08831

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

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

Federal Emp. ID No. 20-390824 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
REMOVE EXISTING BASEMENT FLOOR SLAB & 6" OF SOIL UNDER SLAB. INSTALL 6". OF STONE, PVC MEMBRANE, NEW CONCRETE, AND VENT PIPING. REPLACE SUMP BASIN. INSTALL RADON BLOWER, 100 AMP SERVICE, RECEPTACLE, SWITCH, MOTOR.

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	Dates (Month/Day) 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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____
300.00

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 19.00
TOTAL FEE $ 319.00

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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) $ 10,000.00

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 #: 10-0049
Issue Date: 02/18/10
Application Id: 10012103
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: 62. 3.
Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA
[redacted] email:
13 OGDEN AVE COLLINGSWOOD, N J 08108-2
Contractor: THOMAS IFVERSON ELECT. CONTR. Tel. (609)409-6999
24 ABEEL RD email:
MONROE, NJ 08831
Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-280602 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 4,000.00

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

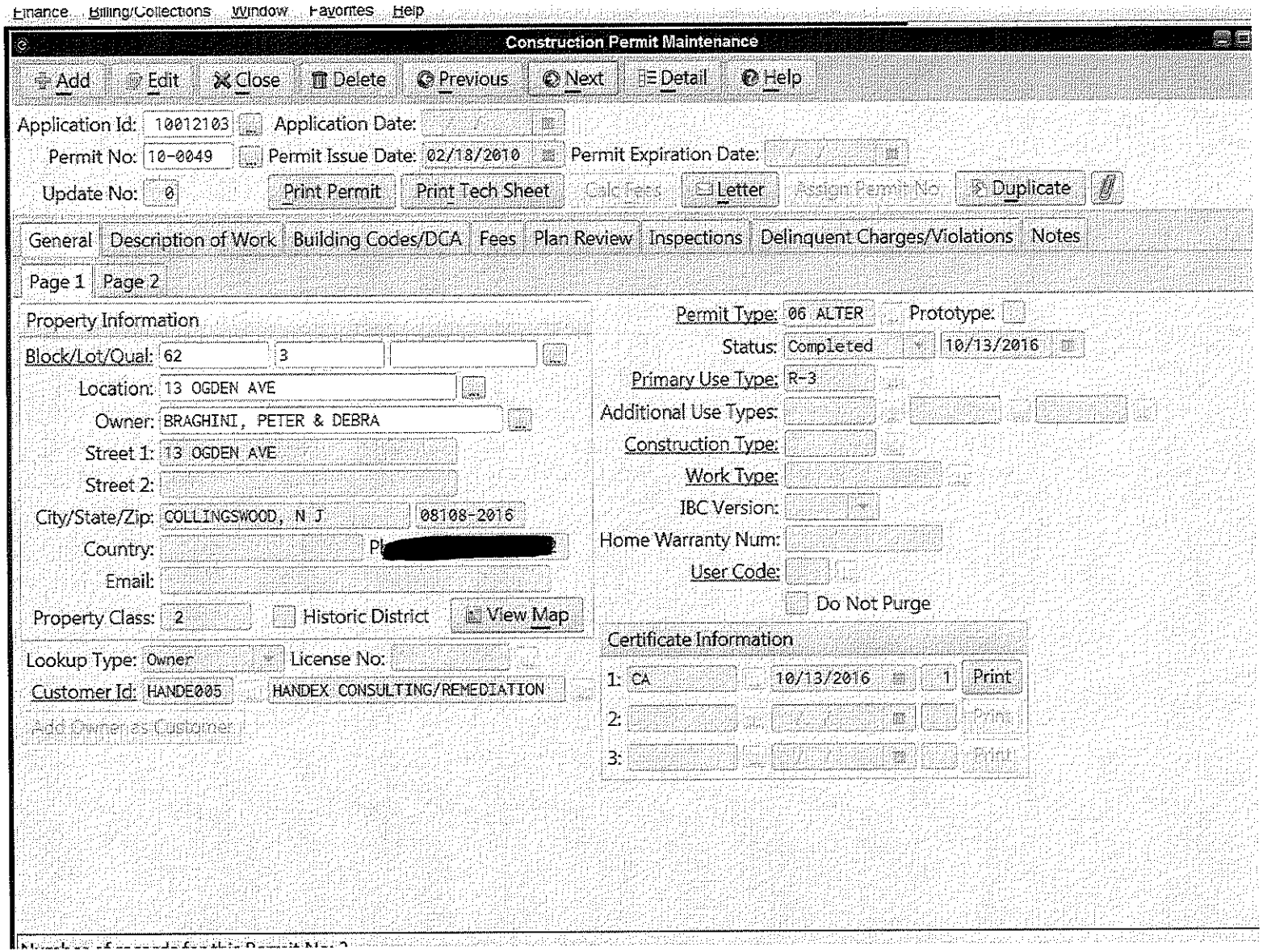
DESCRIPTION OF WORK:
REMOVE EXISTING BASEMENT FLOOR SLAB & 6"

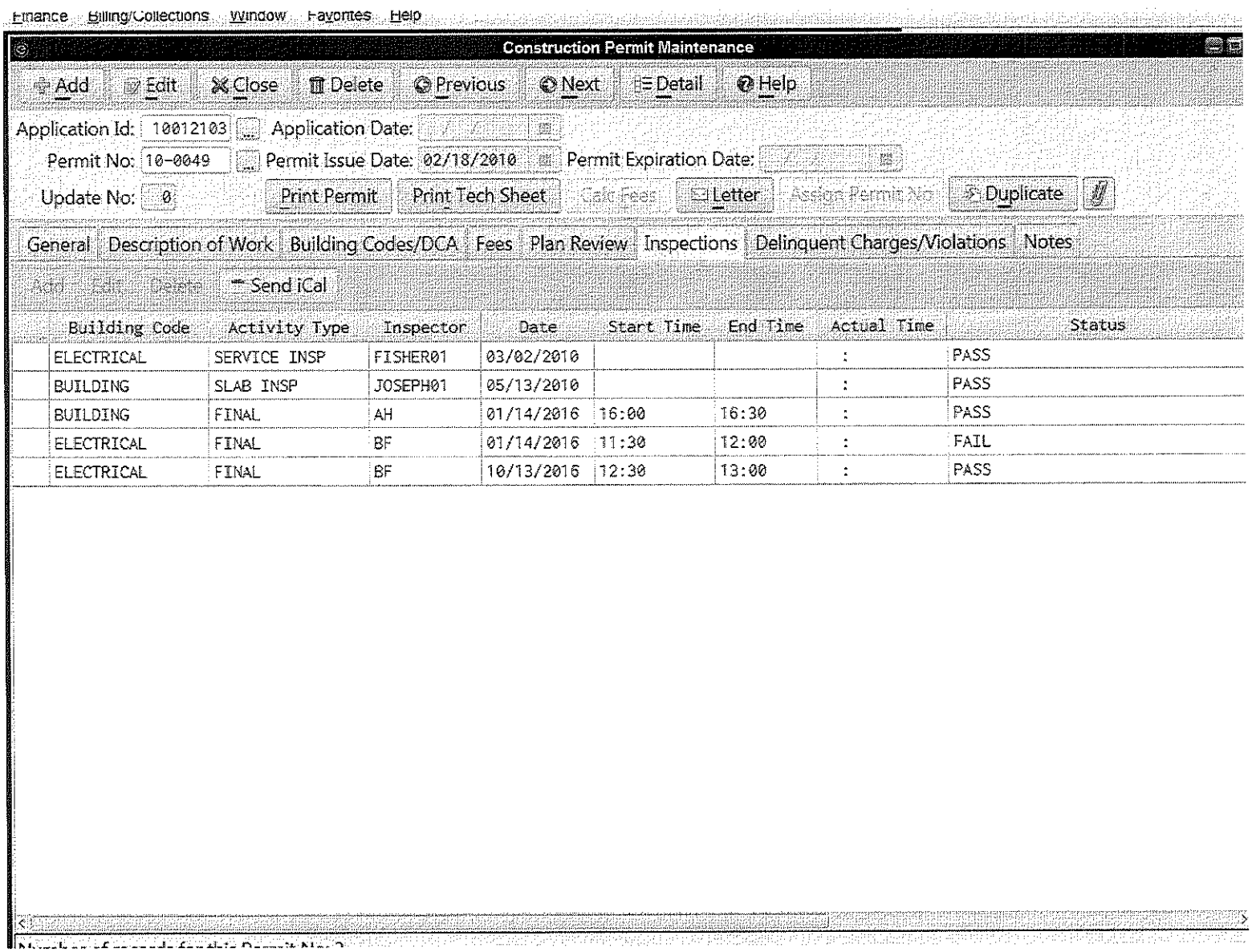
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	$ 45.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		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		AMP Service	58.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	11.00
TOTAL FEE	$	114.00

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.


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10012103 Application Date:
Permit No: 10-0049 Permit Issue Date: 02/18/2010 Permit Expiration Date:
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: 62 3
Location: 13 OGDEN AVE
Owner: BRAGHINI, PETER & DEBRA
Street 1: 13 OGDEN AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-2016
Country:
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: HANDE005 HANDEX CONSULTING/REMEDIATION
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 10/13/2016
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 10/13/2016 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10012103 Application Date:
Permit No: 10-0049 Permit Issue Date: 02/18/2010 Permit Expiration Date:
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 SERVICE INSP FISHER01 03/02/2010 : PASS
BUILDING SLAB INSP JOSEPH01 05/13/2010 : PASS
BUILDING FINAL AH 01/14/2016 16:00 16:30 : PASS
ELECTRICAL FINAL BF 01/14/2016 11:30 12:00 : FAIL
ELECTRICAL FINAL BF 10/13/2016 12:30 13:00 : PASS

CONSTRUCTION PERMIT

Permit #: 10-0049 -01
Date Issued: 02/19/10

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRAGHINI, PETER & DEBRA
Address: 13 OGDEN AVE
COLLINGSWOOD, N J 08108-2
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 [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
REMOVE AND REINSTALL HOT WATER HEATER.

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 $ 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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 10-0049 -01
Issue Date: 02/19/10
Application Id: 10012112
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: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

[redacted] email:

13 OGDEN AVE COLLINGSWOOD, N J 08108-2

Contractor: MARVIN E. RULE Tel. (609)838-7824

28 FALCON CT email:

HAMILTON, NJ 08690

Contractor License No.: Exp Date:

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

Federal Emp. ID No. 15-234754 FAX: (609)647-5068

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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

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

Est. Cost of Plumbing Work $ 500.00

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

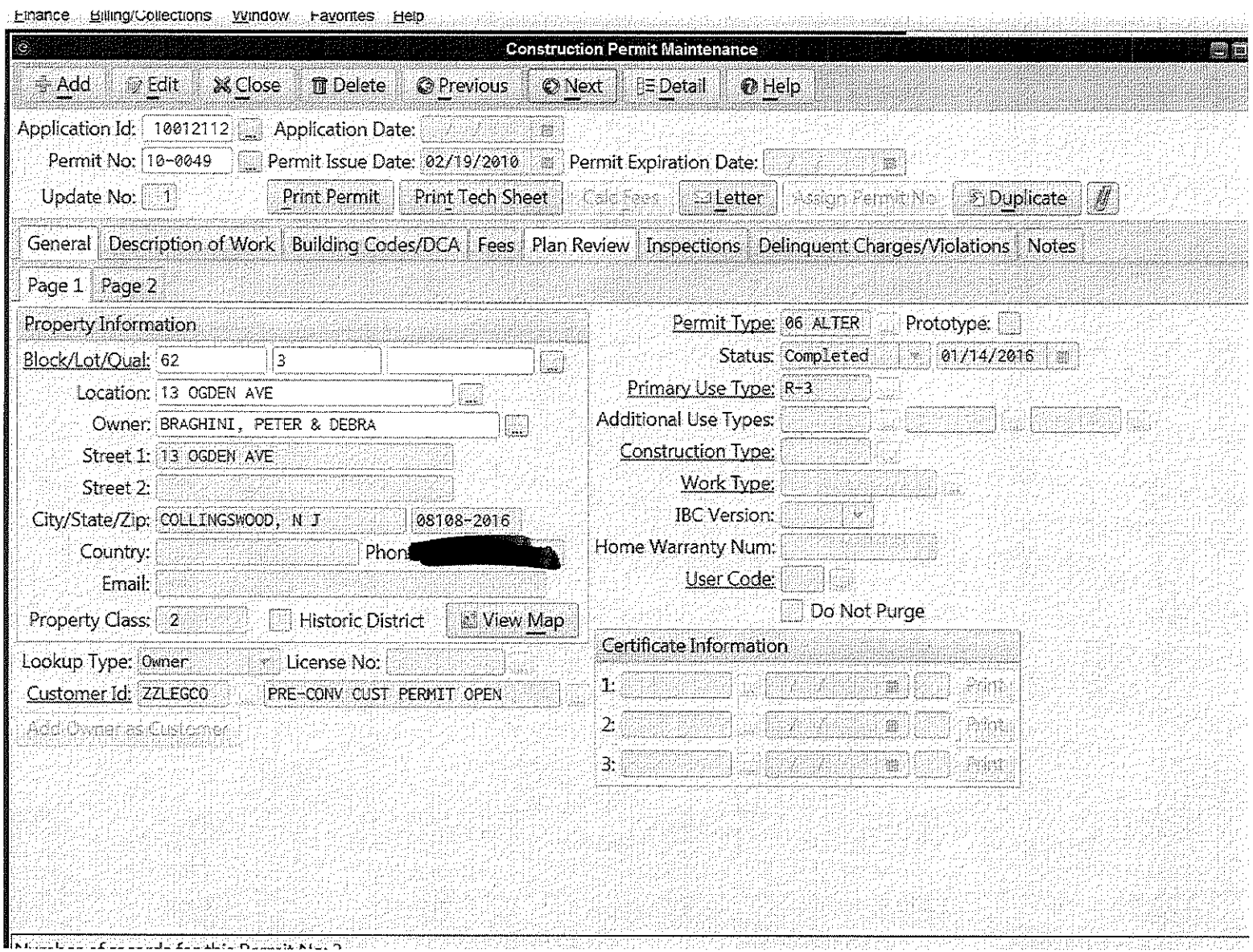
D. TECHNICAL SITE DATA

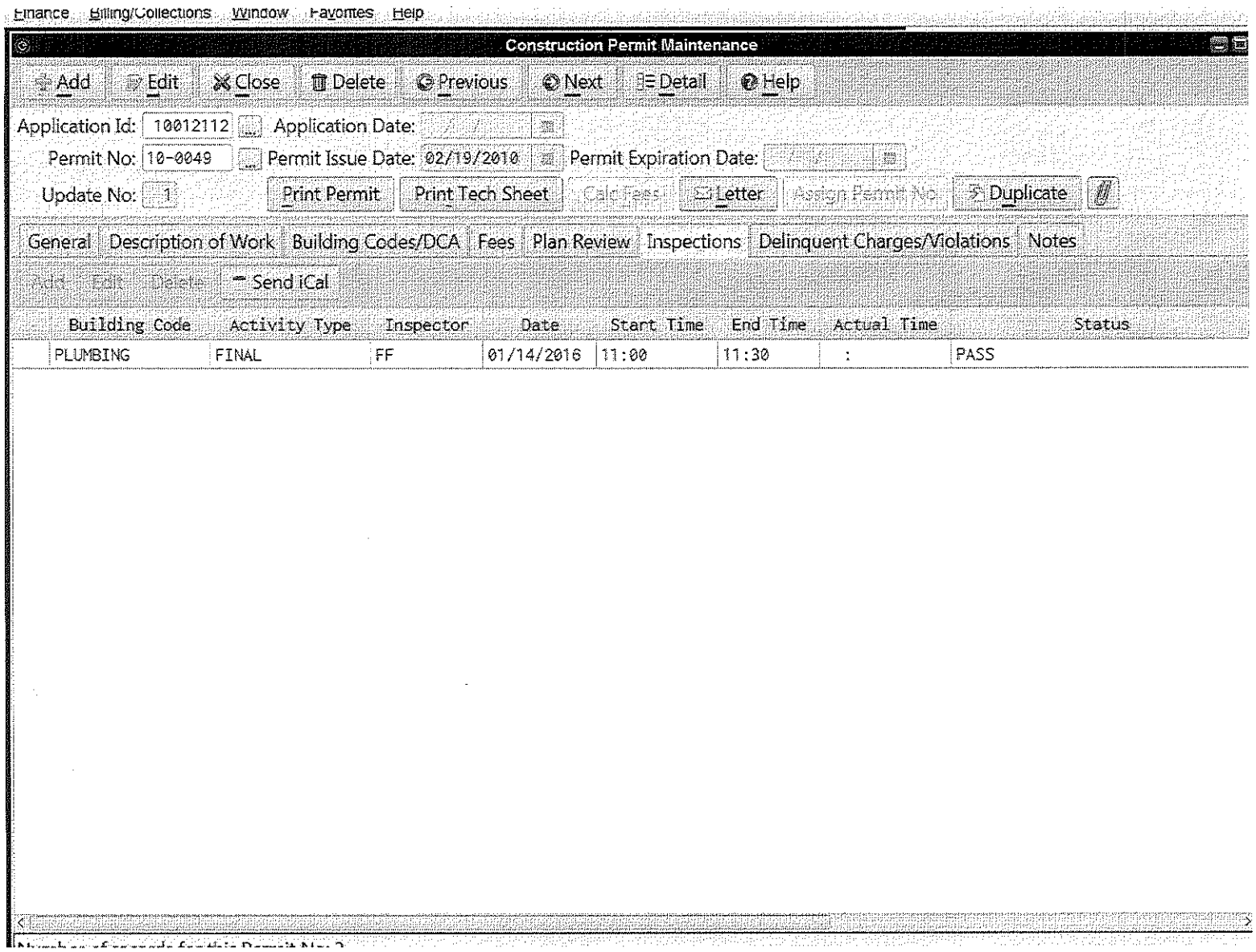
DESCRIPTION OF WORK
REMOVE AND REINSTALL HOT WATER HEATER.

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	
1	Water Heater	13.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	27.00
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	41.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10012112 Application Date:
Permit No: 10-0049 Permit Issue Date: 02/19/2010 Permit Expiration Date:
Update No: 1 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: 62 3
Location: 13 OGDEN AVE
Owner: BRAGHINI, PETER & DEBRA
Street 1: 13 OGDEN AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-2016
Country: Phon
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 01/14/2016
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: Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10012112 Application Date:
Permit No: 10-0049 Permit Issue Date: 02/19/2010 Permit Expiration Date:
Update No: 1 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
PLUMBING FINAL FF 01/14/2016 11:00 11:30 : PASS

CONSTRUCTION PERMIT

Permit #: 10-0049 -02
Date Issued: 04/08/10

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRAGHINI, PETER & DEBRA
Address: 13 OGDEN AVE
COLLINGSWOOD, N J 08108-2
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:

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

DESCRIPTION OF WORK:
REMOVAL AND REPLACEMENT OF EXISTING
SUPPORT COLUMNS AND FOOTINGS.

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 $ 1,000.00

_____ _____
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 #: 10-0049-02
Issue Date: 04/08/10
Application Id: 10012213
Application Date: 04/08/10

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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

[redacted] email:

13 OGDEN AVE COLLINGSWOOD, N J 08108-2

Contractor: HANDEX CONSULTING REMEDIATIO Tel. (609)409-6999

24 ABEEL RD email:

MONROE, NJ 08831

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

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

Federal Emp. ID No. 20-390824 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
REMOVAL AND REPLACEMENT OF EXISTING
SUPPORT COLUMNS AND FOOTINGS.

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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

	$
	30.00

Administrative Surcharge	$
Minimum Fee	$ 10.00
State Permit Surcharge Fee	$ 2.00
TOTAL FEE	$ 42.00

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	

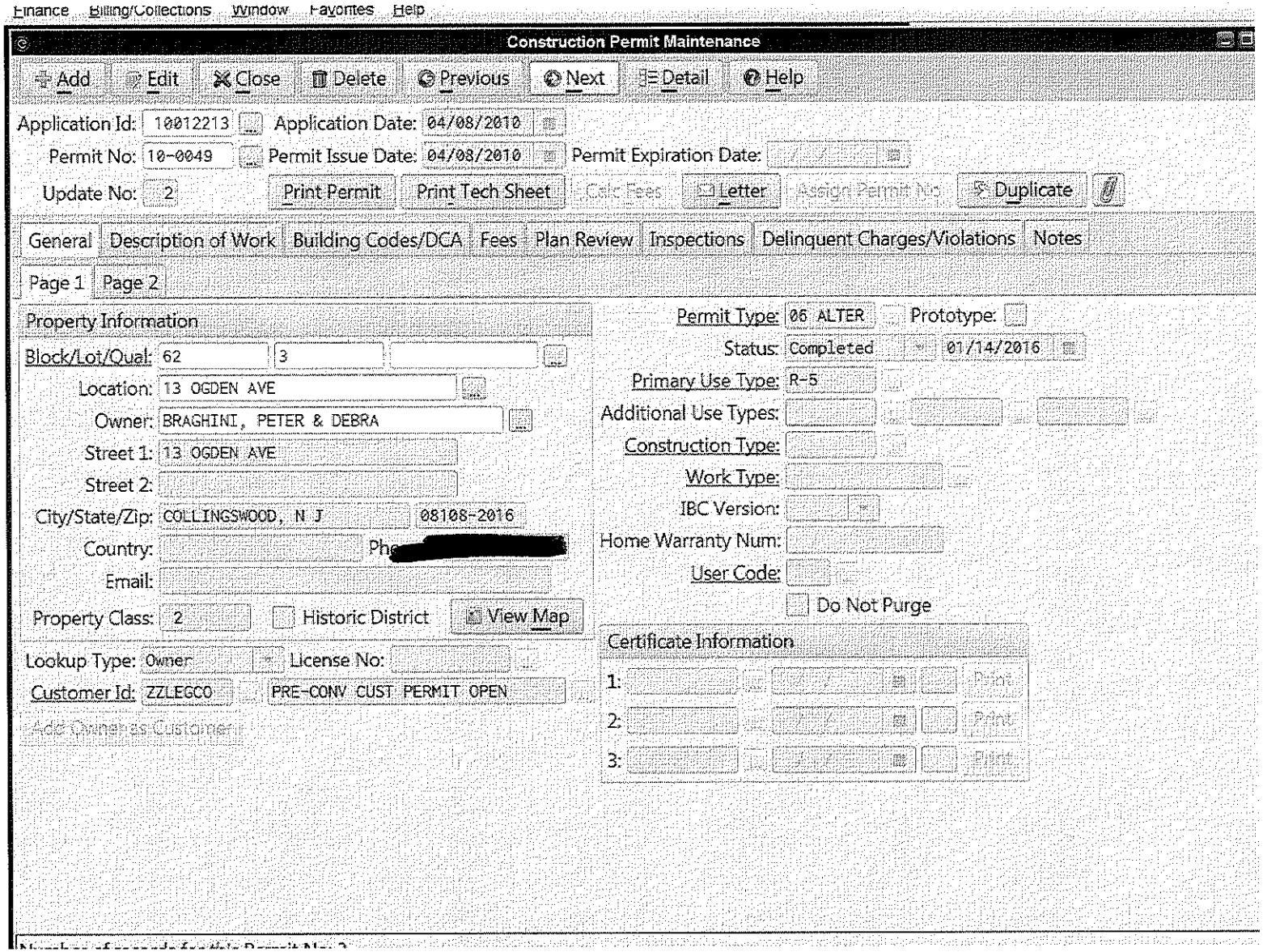
If Industrialized Building:
State Approved _____ HUD _____

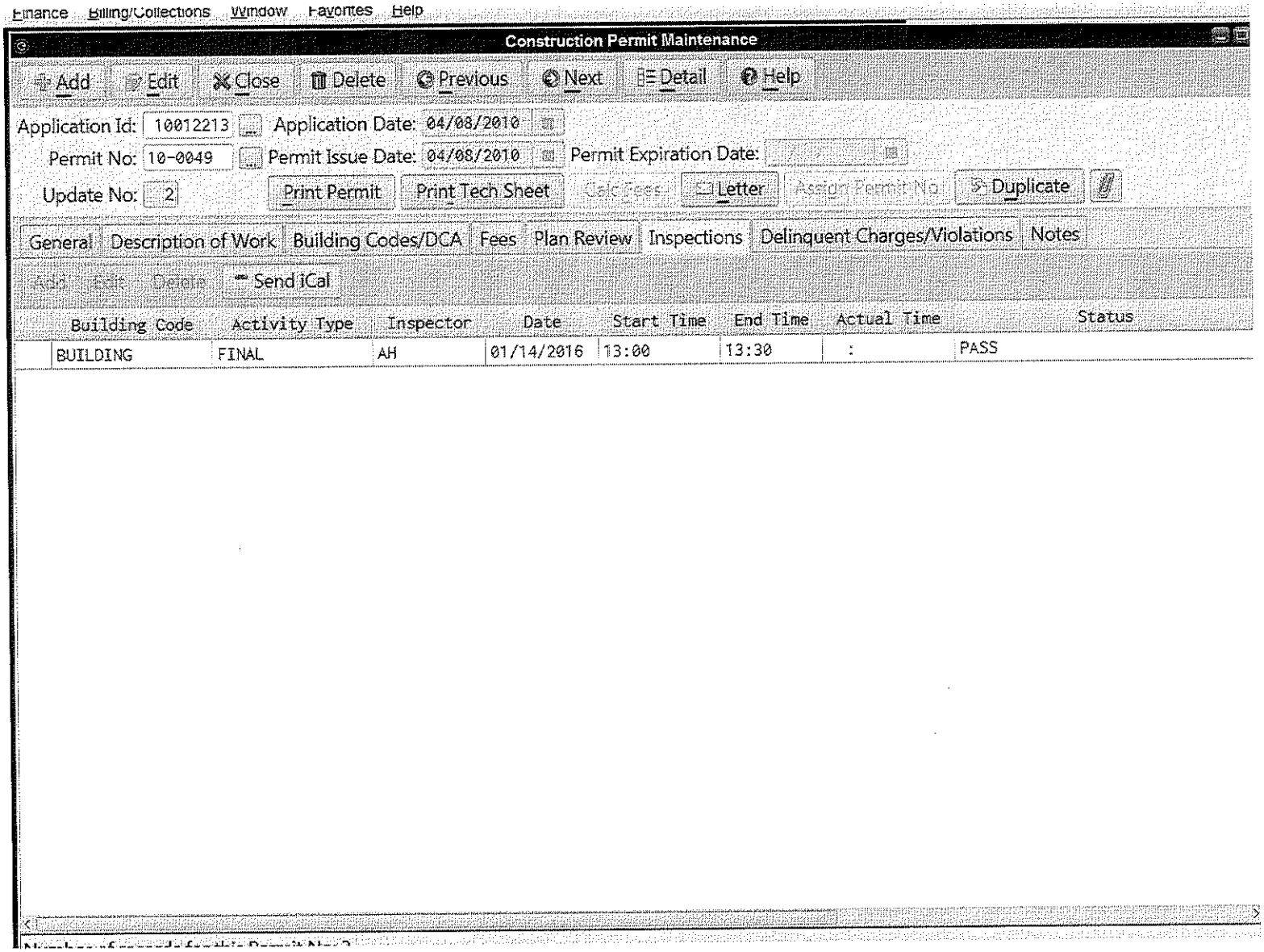
Est. Cost of Bldg. Work:

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

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.


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10012213 Application Date: 04/08/2010
Permit No: 10-0049 Permit Issue Date: 04/08/2010 Permit Expiration Date:
Update No: 2 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: 62 3
Location: 13 OGDEN AVE
Owner: BRAGHINI, PETER & DEBRA
Street 1: 13 OGDEN AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-2016
Country: Ph
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 01/14/2016
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10012213 Application Date: 04/08/2010
Permit No: 10-0049 Permit Issue Date: 04/08/2010 Permit Expiration Date:
Update No: 2 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
BUILDING FINAL AH 01/14/2016 13:00 13:30 : PASS

CONSTRUCTION PERMIT

Permit #: 10-0384
Date Issued: 09/17/10

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRAGHINI, PETER & DEBRA
Address: 13 OGDEN AVE
COLLINGSWOOD, N J 08108-2
Tel. [redacted]

Contractor: BRAGHINI, PETER & DEBRA
Address: 13 OGDEN AVE
COLLINGSWOOD, N 08108-2016
Tel. (856)858-6342
Lic. No. or Bldrs. Reg. No.

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:
REPLACE GARAGE 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 $ 1,000.00

_____ _____
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 #: 10-0384
Issue Date: 09/17/10
Application Id: 10012527
Application Date: 09/20/10

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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

[redacted] email:

13 OGDEN AVE COLLINGSWOOD, N J 08108-2

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
REPLACE GARAGE 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:	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 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 $ _____
3. Total (1+ 2) $ 1,000.00

TYPE OF WORK:

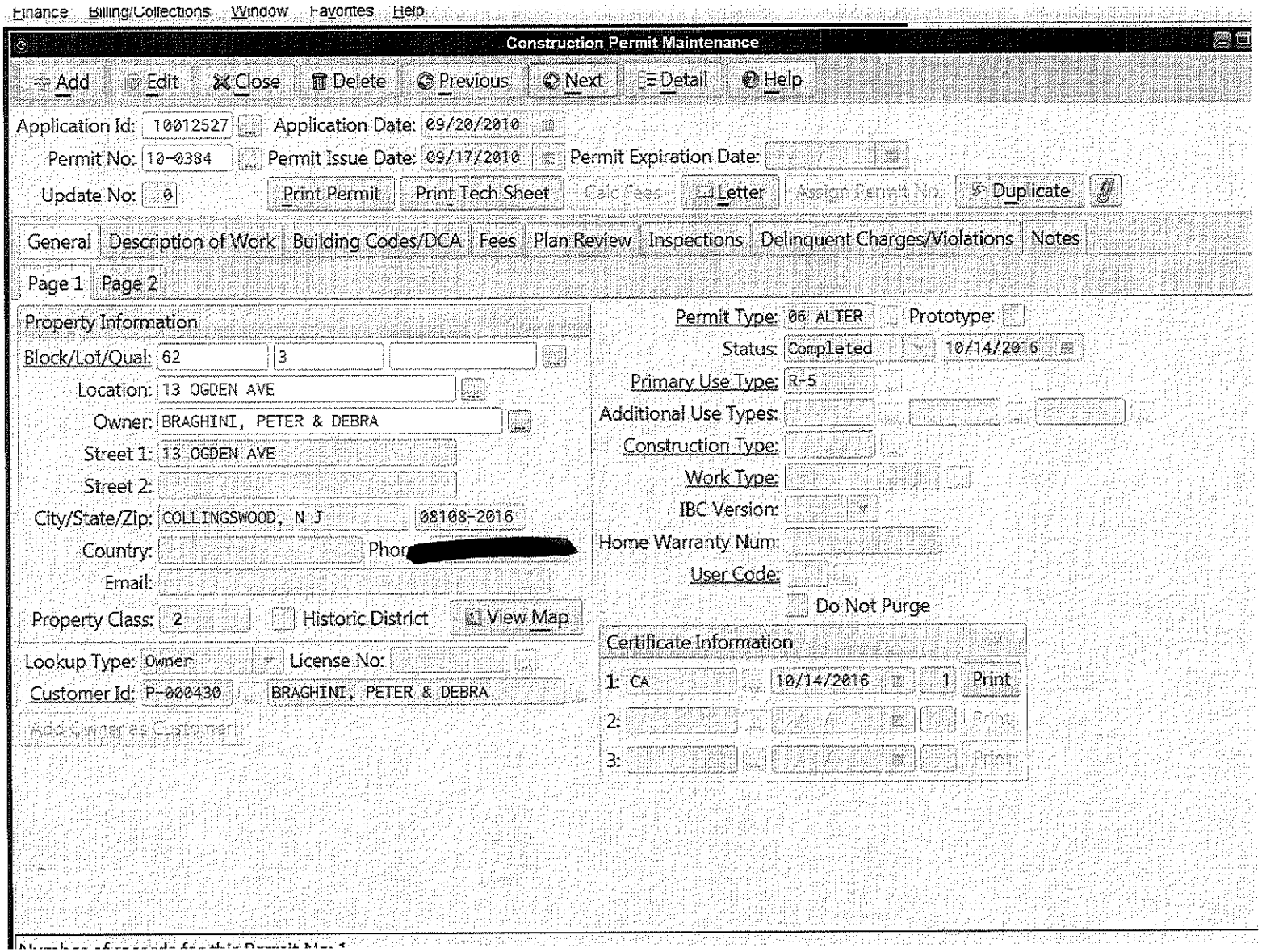
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other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

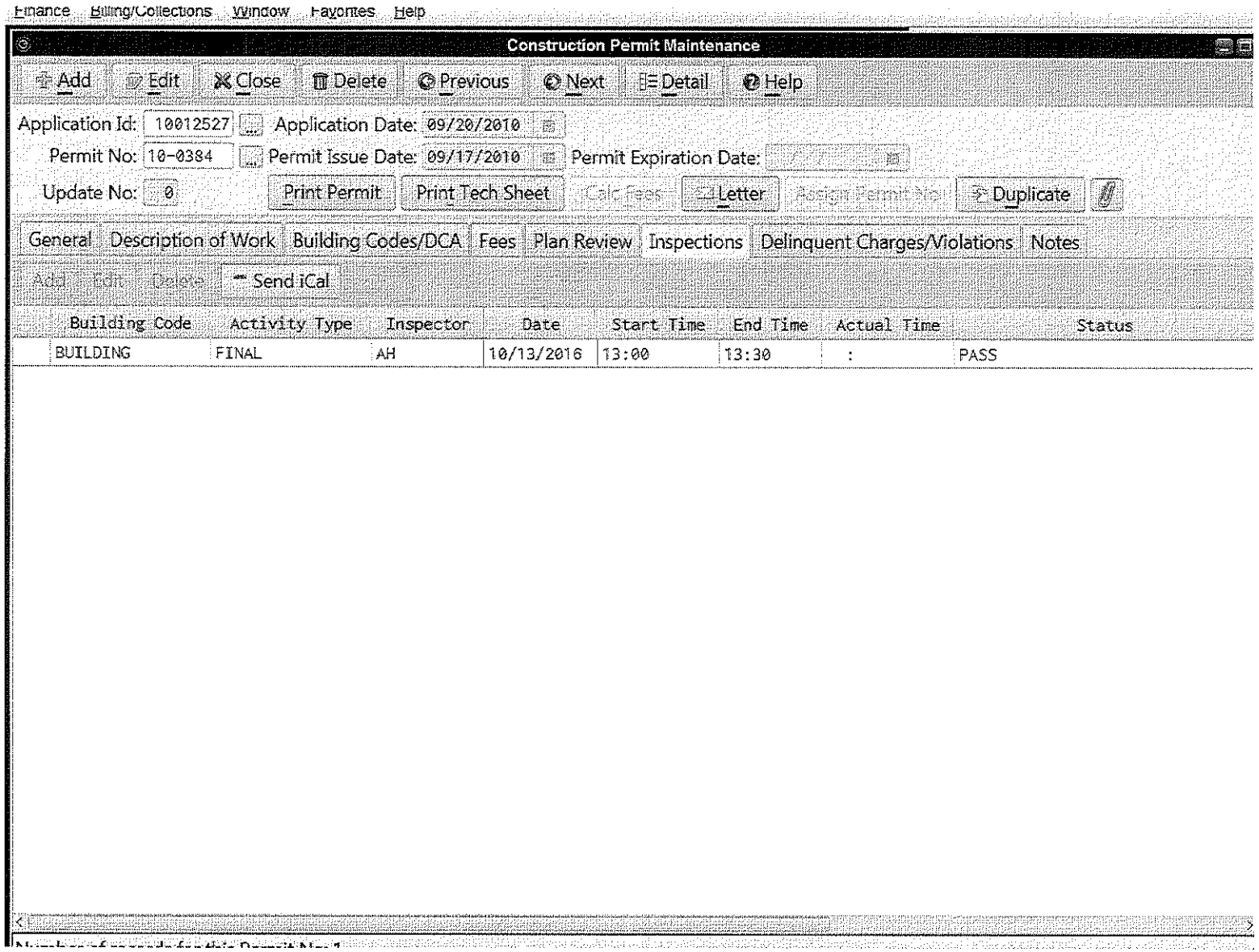
FEE (Office Use Only)

	$ _____
	0.00
	58.00
Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ 2.00
TOTAL FEE	$ 60.00

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.


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10012527 Application Date: 09/20/2010
Permit No: 10-0384 Permit Issue Date: 09/17/2010 Permit Expiration Date:
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: 62 3
Location: 13 OGDEN AVE
Owner: BRAGHINI, PETER & DEBRA
Street 1: 13 OGDEN AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-2016
Country: Phor
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: P-000430 BRAGHINI, PETER & DEBRA
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 10/14/2016
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 10/14/2016 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10012527 Application Date: 09/20/2010
Permit No: 10-0384 Permit Issue Date: 09/17/2010 Permit Expiration Date:
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
BUILDING FINAL AH 10/13/2016 13:00 13:30 : PASS

CONSTRUCTION PERMIT

Permit #: 16-00420
Date Issued: 08/04/16

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRAGHINI, PETER & DEBRA
Address: 13 OGDEN AVE
COLLINGSWOOD, N J 08108-2
Tel. [redacted]

Contractor: HUTCHINSON PLUMB, HEAT, COOL.
Address: 621 CHAPEL AVE
CHERRY HILL, NJ 08034
Tel. (856)429-5807
Lic. No. or Bldrs. Reg. No. 19HC00022700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE GAS FURNACE, AC AND HWH

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	65.00
Fire Protection	65.00
Elevator Devices	
Other	0.00
DCA State Permit Fee	32.00
Cert. of Occupancy	
Other	
Total	227.00

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 $ 16,807.00

_____ _____
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 #: 16-00420
Issue Date: 08/04/16
Application Id: 90002975
Application Date: 08/03/16

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

Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA
Tel. (856)858-6342 email:
13 OGDEN AVE COLLINGSWOOD, N J 08108-2
Contractor: MORE POWER ELECTRIC INC [redacted]
205 NORTH WHITE HORSE PIKE email:
MAGNOLIA, NJ 08049
Contractor License No.: 34EB01325500 Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 223376267 FAX: (856)782-9890

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
[ ] 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:
REPLACE GAS FURNACE, AC AND HWH

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	
1		KW Central A/C Unit	15.00
		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	$	
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.

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 16-00420
Issue Date: 08/04/16
Application Id: 90002975
Application Date: 08/03/16

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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

[redacted] email:

13 OGDEN AVE COLLINGSWOOD, N J 08108-2

Contractor: HUTCHINSON PLUMB, HEAT, COOL. Tel. (856)429-5807

621 CHAPEL AVE email: CARLCANFIELD@HUTCHBIZ.COM

CHERRY HILL, NJ 08034

Contractor License No.: 19HC00022700 Exp Date: 06/30/22

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

Federal Emp. ID No. 223766253 FAX: (856)429-4995

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 $ 200.00

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
REPLACE GAS FURNACE, AC AND HWH

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	
1	Water Heater	15.00
	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 _____	15.00

Administrative Surcharge	$
Minimum Fee	$ 35.00
State Permit Surcharge Fee	$ 0.00
TOTAL FEE	$ 65.00

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 #: 16-00420
Issue Date: 08/04/16
Application Id: 90002975
Application Date: 08/03/16

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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

Tel: [redacted] email:

13 OGDEN AVE COLLINGSWOOD, N J 08108-2

Contractor: HUTCHINSON PLUMB, HEAT, COOL. Tel. (856)429-5807

621 CHAPEL AVE email: CARLCANFIELD@HUTCHBIZ.COM

CHERRY HILL, NJ 08034

Fire Alarm Contractor No.: 19HC00022700 Exp Date: 06/30/22

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

Federal Emp. ID No. 223766253 FAX: (856)429-4995

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 $ 16,407.00

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: _____ [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE GAS FURNACE, AC AND HWH

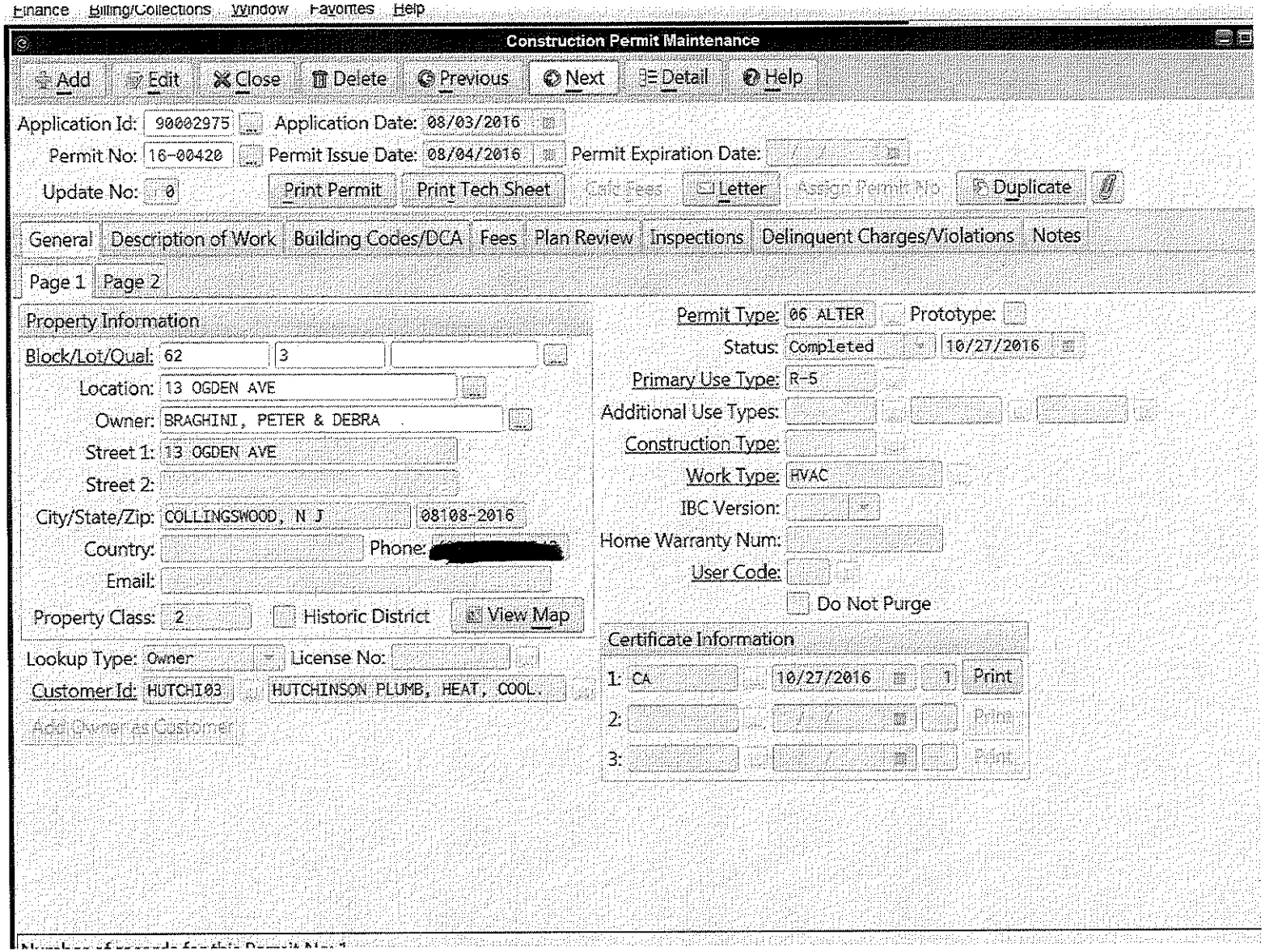
Water Supply Source _____

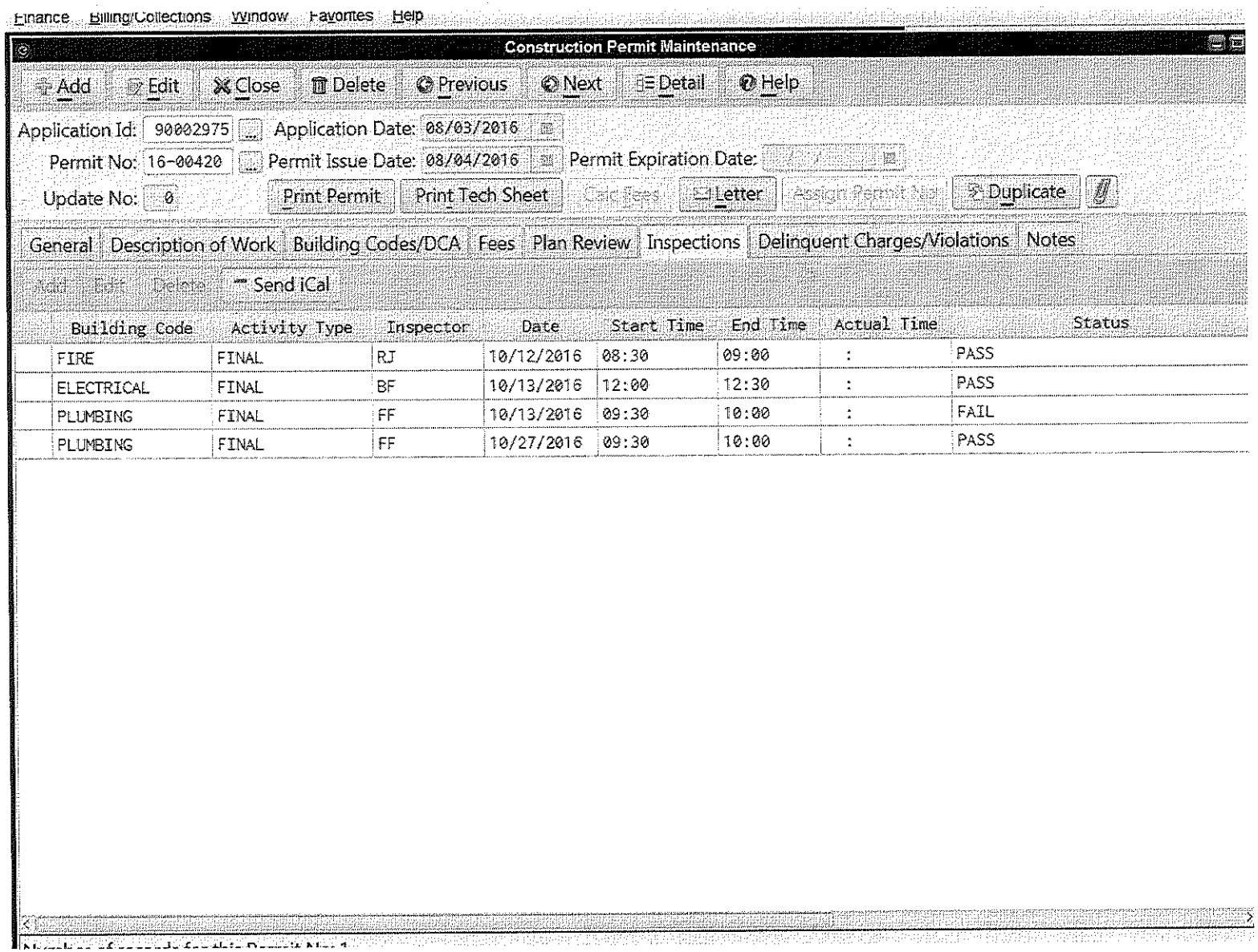
Method of Alarm/Suppression System Supervision _____

	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	1	62.00
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge	$
Minimum Fee	$ 3.00
State Permit Surcharge Fee	$ 31.00
TOTAL FEE	$ 96.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90002975 Application Date: 08/03/2016
Permit No: 16-00420 Permit Issue Date: 08/04/2016 Permit Expiration Date:
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: 62 3
Location: 13 OGDEN AVE
Owner: BRAGHINI, PETER & DEBRA
Street 1: 13 OGDEN AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-2016
Country: Phone: [redacted]
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: HUTCHI03 HUTCHINSON PLUMB, HEAT, COOL.
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 10/27/2016
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: HVAC
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 10/27/2016 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90002975 Application Date: 08/03/2016
Permit No: 16-00420 Permit Issue Date: 08/04/2016 Permit Expiration Date:
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
FIRE FINAL RJ 10/12/2016 08:30 09:00 : PASS
ELECTRICAL FINAL BF 10/13/2016 12:00 12:30 : PASS
PLUMBING FINAL FF 10/13/2016 09:30 10:00 : FAIL
PLUMBING FINAL FF 10/27/2016 09:30 10:00 : PASS

CONSTRUCTION PERMIT

Permit #: 18-00057
Date Issued: 01/30/18

IDENTIFICATION Block/Lot/Qual: 62. 3.
Work Site Location: 13 OGDEN AVE
Owner in Fee: BRAGHINI, PETER & DEBRA
Address: 13 OGDEN AVE
COLLINGSWOOD, N J 08108-2
Tel. [redacted]

Contractor: HUTCHINSON PLUMB, HEAT, COOL.
Address: 621 CHAPEL AVE
CHERRY HILL, NJ 08034
Tel. (856)429-5807
Lic. No. or Bldrs. Reg. No. 19HC00022700

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:
REPLACE SEWER LINE AND WATER LINE TO CURB

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	170.00
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	7.00
Cert. of Occupancy	
Other	
Total	177.00

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 $ 3,933.00

_____ _____
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

Permit #: 18-00057
Issue Date: 01/30/18
Application Id: 90004336
Application Date: 01/25/18

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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

[redacted] email:

13 OGDEN AVE COLLINGSWOOD, N J 08108-2

Contractor: HUTCHINSON PLUMB, HEAT, COOL. Tel. (856)429-5807

621 CHAPEL AVE email: CARLCANFIELD@HUTCHBIZ.COM

CHERRY HILL, NJ 08034

Contractor License No.: 19HC00022700 Exp Date: 06/30/22

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

Federal Emp. ID No. 223766253 FAX: (856)429-4995

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 $ 3,933.00

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

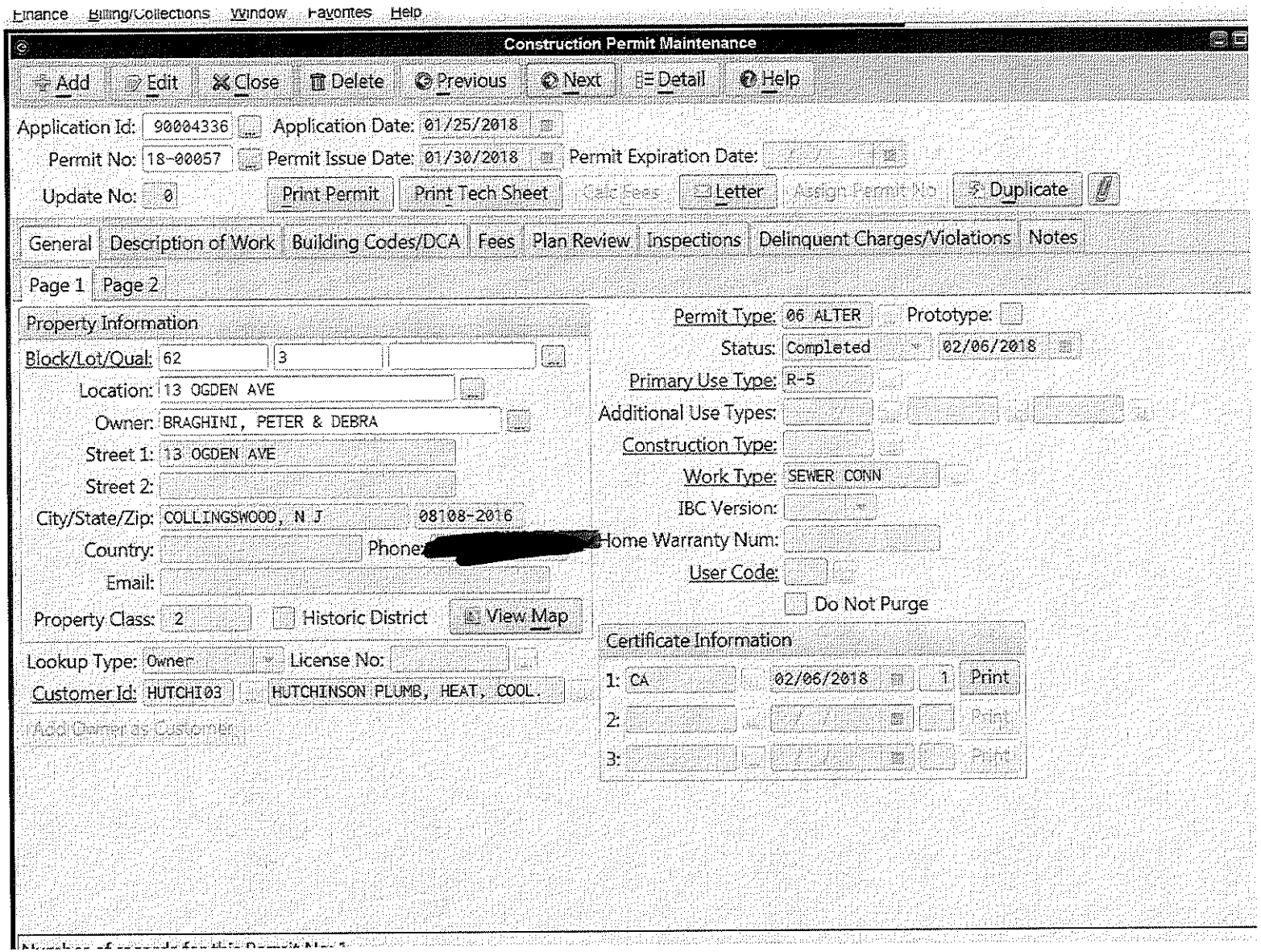
D. TECHNICAL SITE DATA

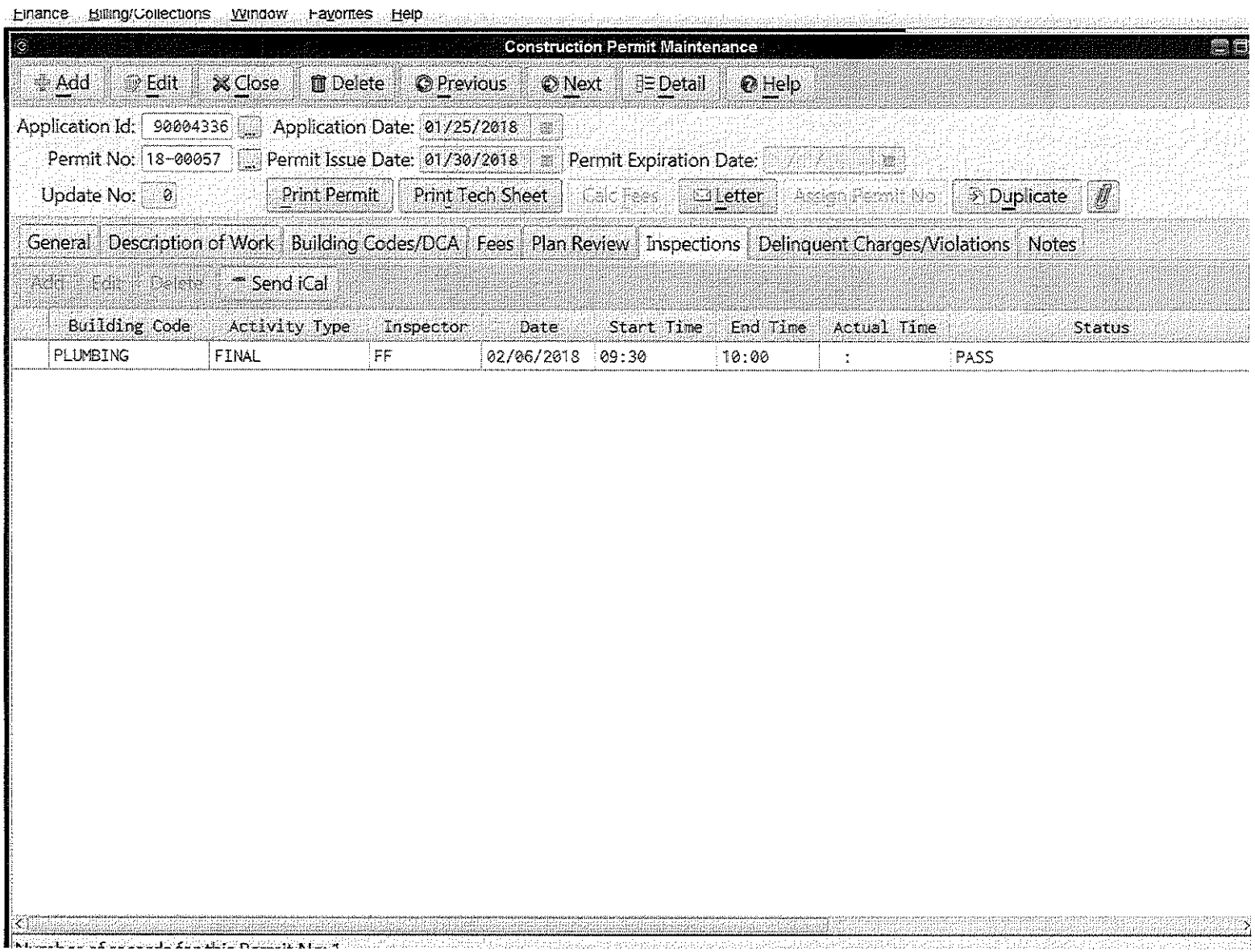
DESCRIPTION OF WORK
REPLACE SEWER LINE AND WATER LINE TO CURB

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	
1	Sewer Connection	85.00
1	Water Service Connection	85.00
	Stacks _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	7.00
TOTAL FEE	$	177.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90004336 Application Date: 01/25/2018
Permit No: 18-00057 Permit Issue Date: 01/30/2018 Permit Expiration Date:
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: 62 3
Location: 13 OGDEN AVE
Owner: BRAGHINI, PETER & DEBRA
Street 1: 13 OGDEN AVE
Street 2:
City/State/Zip: COLLINGSWOOD, N J 08108-2016
Country: Phone:
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: HUTCHI03 HUTCHINSON PLUMB, HEAT, COOL.
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 02/06/2018
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: SEWER CONN
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 02/06/2018 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90004336 Application Date: 01/25/2018
Permit No: 18-00057 Permit Issue Date: 01/30/2018 Permit Expiration Date:
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
PLUMBING FINAL FF 02/06/2018 09:30 10:00 : PASS