

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.



UNIVERSITY OF CALIFORNIA 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
Contractor: PRE-CONV CUST PERMIT OPEN
Address:
Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:

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

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



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

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

Tel.

email:

Exp Date:

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

FAX:

TYPE OF WORK:		FEE (Office Use Only)	
☐	New Building	\$	
☐	Addition		
☒	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

B. BUILDING CHARACTERISTICS

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

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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Journal of Management Education 34(1) 1-10

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The American people are entitled to know the truth about the activities of the CIA. The CIA is a powerful and secretive organization that has been involved in numerous covert operations around the world. It is important that the public be informed of these activities so that they can make informed decisions about the role of the CIA in our society.

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05/05/2005

and the other two are the same as in the first case.

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1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

(continued)

$$\begin{aligned}
\mathcal{L}(\mathbf{y}|\mathbf{X}) &= \prod_{i=1}^n \frac{1}{\sigma_i} \exp\left(-\frac{1}{2\sigma_i^2}(\mathbf{y}_i - \mathbf{X}_i^T \boldsymbol{\beta})^2\right) \\
&= \frac{1}{\prod_{i=1}^n \sigma_i} \exp\left(-\frac{1}{2} \mathbf{y}^T \mathbf{D}^{-1} \mathbf{y} + \mathbf{y}^T \mathbf{D}^{-1} \mathbf{X} \boldsymbol{\beta} - \frac{1}{2} \boldsymbol{\beta}^T \mathbf{X}^T \mathbf{D}^{-1} \mathbf{X} \boldsymbol{\beta}\right)
\end{aligned}$$



UNIVERSITY 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.

Tel.

Lic. No. or Bldrs. Reg. No.

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:

REMOVE EXISTING BUCKLED BASEMENT WALL
AND REBUILD..

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

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

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



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

62. 3.

3 OGDEN AVE

BRIGANDI PETER

email:

COLLINGSWOOD NJ 08108

Tel. (609)985-6219

BRINDISI BUILDERS

email:

53 SOUTH MAPLE AVE.

MARLTON, NJ 08053

Exp Date:

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

FAX:

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

BUILDING CHARACTERISTICS

Use Group	Present	R-4	Proposed	R-4	Proposed	Constr. Class	Present	Proposed
No. of Stories			0.00			If Industrialized Building:		
Height of Structure			ft.			State Approved	HUD	
Area — Largest Floor			sq. ft.			Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			0 sq. ft.			1. New Bldg.	\$	
Volume of New Structure			0 cu. ft.			2. Rehabilitation	\$	
Max. Live Load						3. Total (1 + 2)	\$	4,600.00
Max. Occupancy Load								

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.

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

Permit #: 96-0394

Issue Date: 10/09/96

Application Id: 10002809

Application Date: 09/27/96

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..

FEE (Office Use Only)

3

110.00

1

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Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

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: 10/28/1996
Update No: 0 Print Permit Print Tech Sheet Calc Fees 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

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

Add Owner as Customer

Construction Permit Maintenance

Application Id: 1002809 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

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



NEW JERSEY 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.

Tel.

Lic. No. or Bldrs. Reg. No.

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE WATER AND DRAINAGE PIPING TO 3
FIXTURES.

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

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Date

(see reverse side)

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



PLUMBING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 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 WITTMAYER 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

Building Sewer Size _____ Proposed R-3

Water Service Size _____ Public Sewer [] Private Septic []

Est. Cost of Plumbing Work \$ 1,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Partial - Underslab Utilities Approved	Slab				
Date: _____	Approved by: _____				
Plumbing Plans Approved	Rough				
Date: _____	Approved by: _____				
Joint Plan Review Required:	Water				
[] Bldg. [] Elec. [] Fire. [] Elev.	Sewer				
	Fixtures				
	Gas Equipment				
	Gas Piping				
	LPG Gas Tank				
	Fuel Oil Piping				
	Solar				
	TCO				
	Final				
	Approved by: _____				

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.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
REPLACE WATER AND DRAINAGE PIPING TO 3 FIXTURES.	1	Water Closet	\$ 10.00
	1	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	
		LPG Gas 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

Page 1 Page 2

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☐ Do Not Purge

2. *Chlorophyll a* and *Chlorophyll b* content were determined using a spectrophotometer (Shimadzu UV-1601) at 663 nm and 646 nm, respectively. The total chlorophyll content was calculated using the following formula: $\text{Total Chlorophyll} = \frac{20.13 \times \text{Chlorophyll } a + 10.4 \times \text{Chlorophyll } b}{1000}$. The carotenoid content was determined using a spectrophotometer at 480 nm. The total carotenoid content was calculated using the following formula: $\text{Total Carotenoid} = \frac{1000 \times \text{Carotenoid}}{2290}$.

[illegible]

Construction Permit Maintenance									
Add	Edit	Close	Delete	Previous	Next	Detail	Help		
Application Id: 10004544		Application Date: 11/30/1999		Permit Expiration Date: 11/30/1999		Assign Permit No.		Duplicate	
Permit No: 99-0431		Permit Issue Date: 11/30/1999		Permit Expiration Date: 11/30/1999		Letter			
Update No: 0		Print Permit		Print Tech Sheet		Print Fees			
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	BUCHH001	02/03/2000				PASS		
PLUMBING	ROUGH INSP	BUCHH001	02/03/2000				PASS		



NEW JERSEY ENFORCED CONSTRUCTION CDD 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
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

INSTALL GAS HEATING AND A/C SYSTEM.

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

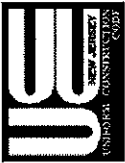
Construction Official _____ Date _____

U.C.C. F170 (rev. 01/94)
1 WHITE—INSPECTOR
2 CANARY—OFFICE
3 PINK—TAX ASSESSOR
4 GOLD—APPLICANT

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

(see reverse side)





ELECTRICAL SUBCODE TECHNICAL SECTION



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

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

Owner in Fee: BRAGHANI PETER DEBRA

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

Permit #: 00-0055
Issue Date: 02/25/00
Application Id: 10004647
Application Date:

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 ☐ Certifd Landscape Irrigation Contr'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	
		KW Central A/C Unit	5.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4-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



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHANI PETER DEBRA

email:

13 OGDEN AVE

COLLINGSWOOD NJ 08108

Contractor: HARRY C WITTMAYER INC

email:

215 EAST HOMESTEAD AVE

Tel. (856)858-1965

COLLINGSWOOD, NJ 08108

Exp Date: 06/30/23

Fire Alarm Contractor No.: 36B100620400

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

FAX: (856)858-1972

Federal Emp. ID No. 261960657

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

Const. Class: Present

Heating System: [] New or [] Modification to Existing

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

[] Other

Location:

Est. Cost of Fire Protection Work \$ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial -Under-slab 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)

Initial

Type:

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Combust Tanks

Fireplace Venting

Final

Other

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

D. TECHNICAL SITE DATA

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

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

[] System [] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (smoke, heat, pull, water/flow)

Supervisory Devices (i.e., tamper, 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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other

NUMBER

\$

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

51.00

Permit #: 00-0055

Issue Date: 02/25/00

Application Id: 10004647

Application Date:



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHANI PETER DEBRA

email:

13 OGDEN AVE

COLLINGSWOOD NJ 08108

Contractor: SCHOOLEY ELECTRIC

Tel. (856)424-7900

email: NSCHOOLEY@SCHOOLEYELECTRIC.COM

PO BOX 3125

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 - Underlab 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:

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

Dates (Month/Day)

Failure

Approval

Initial

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

INSTALL GAS HEATING AND A/C SYSTEM.

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$ 35.00

State Permit Surcharge Fee \$ 5.00

TOTAL FEE \$ 45.00



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHANI PETER DEBRA

13 OGDEN AVE

Contractor: HARRY C WITTMAYER INC

215 EAST HOMESTEAD AVE

COLLINGSWOOD, NJ 08108

Fire Alarm Contractor No.: 368100620400

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

Federal Emp. ID No. 261960657

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

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:

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.

Permit #: 00-0055

Issue Date: 02/25/00

Application Id: 10004647

Application Date:

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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$ 5.00

TOTAL FEE \$ 51.00

3

Construction Permit Maintenance

Application Id: 1004647 Application Date:

Permit No: 00-0055 Permit Issue Date: 02/25/2000

General	Description of Work	Building Codes/DCA	Fees	Plan Review	Inspections	Delinquent Charges/Violations	Notes
Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
FIRE	FINAL INSP	HALL001	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, NJ 08108-2

Tel.

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:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ 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

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

Date

(see reverse side)

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



**BUILDING SUBCODE
TECHNICAL SECTION**



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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

Te: 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:

Permit #: 10-0049

Issue Date: 02/18/10

Application Id: 10012103

C. CERTIFICATION IN LIEU OF OATH

Application Date:

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.

TYPE OF WORK:

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

FEE (Office Use Only)

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

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3 Constr. Class Present Proposed

No. of Stories 0.00 If Industrialized Building: State Approved HUD

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

Est. Cost of Bldg. Work:

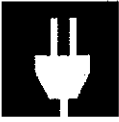
1. New Bldg. \$
2. Rehabilitation \$
3. Total (1+ 2) \$10,000.00

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



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

email:

13 OGDEN AVE COLLINGSWOOD, NJ 08108-2

Contractor: THOMAS IVERSON 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:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: Approved by:

Approved by:

INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Failure	Approval
Rough			Initial
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			

Permit #: 10-0049

Issue Date: 02/18/10

Application Id: 10012103

Application Date:

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 [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

REMOVE EXISTING BASEMENT FLOOR SLAB & 6"

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
1		Receptacles	
		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 1/4 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

Construction Permit Maintenance

Application Id: 10012103 Application Date: 10/13/2016

Permit No: 10-0049 Permit Issue Date: 02/13/2010 Permit Expiration Date: 10/13/2016

Update No: 0

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: PL

Email:

Property Class: 2 ☐ Historic District

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: 1 Print

3: 1 Print

Construction Permit Maintenance

Application Id: 10012103 Application Date: 1/1/2010

Permit No: 10-0049 Permit Issue Date: 02/13/2010

Permit Expiration Date: 1/1/2011

Update No: 0



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

Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
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



UNIFORM CONSTRUCTION CODE
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, NJ 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 ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REMOVE AND REINSTALL HOT WATER HEATER.

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

Est. Cost of Work \$ 500.00

Construction Official

Date

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

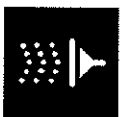
4 GOLD—APPLICANT

(see reverse side)

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



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

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

U.C.C. P130 (rev. 11/09)
Internet version

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

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

REMOVE AND REINSTALL HOT WATER HEATER.

QTY.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK	FEE (Office Use Only)
1	Water Heater	Remove and Reinstall Hot Water Heater	13.00
	Fuel Oil Piping		
	Gas Piping		
	LP Gas Tank		
	Steam Boiler		
	Hot Water Boiler		
	Sewer Pump		
	Interceptor/Separator		
	Backflow Preventer		
	Greasetrapp		
	Sewer Connection		
	Water Service Connection		
	Stacks		
	Other		

Permit #: 10-0049-01

Issue Date: 02/19/10

Application Date: 10012112

Application Date:

Administrative Surcharge \$ 27.00

Minimum Fee \$ 1.00

State Permit Surcharge Fee \$ 41.00

TOTAL FEE \$

Construction Permit Maintenance

Application Id: 10012112 Application Date: 1/1/2010

Permit No: 10-0049 Permit Issue Date: 02/19/2010

Update No: 1 Print Permit Print Tech Sheet

Permit Expiration Date: 1/1/2011

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

Lookup Type: Owner License No:

Customer Id: ZLEGG0 PRE-COM 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: 1/1/2010 2/1/2011

2: 2/1/2011 3/1/2011

3: 3/1/2011 4/1/2011

Construction Permit Maintenance

Application Id: 10012112 Application Date: / /

Permit No: 10-0049 Permit Issue Date: 02/19/2010 Permit Expiration Date: / /

Update No: 1

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:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

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

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 _____

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

PAYMENTS (Office Use Only)	
Building	
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)



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

email: [REDACTED]

13 OGDEN AVE
COLLINGSWOOD, N J 08108-2

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

24 ABFF(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

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

REBUILDING CHARACTERISTICS

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

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.

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

Issue Date: 04/08/10

Application Id: 10012213

Application Date: 04/08/10

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.**

FEE (Office Use Only)

10

30.00

00000000

Administrative Surcharge \$

Minimum Fee \$	10.00
----------------	-------

State Permit Surcharge Fee \$

TOTAL FEE \$ 42.00

0.0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 0.9 1.0 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 2.0 2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8 2.9 3.0 3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8 3.9 4.0 4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.9 5.0 5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 6.0 6.1 6.2 6.3 6.4 6.5 6.6 6.7 6.8 6.9 7.0 7.1 7.2 7.3 7.4 7.5 7.6 7.7 7.8 7.9 8.0 8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8 8.9 9.0 9.1 9.2 9.3 9.4 9.5 9.6 9.7 9.8 9.9 10.0 10.1 10.2 10.3 10.4 10.5 10.6 10.7 10.8 10.9 11.0 11.1 11.2 11.3 11.4 11.5 11.6 11.7 11.8 11.9 12.0 12.1 12.2 12.3 12.4 12.5 12.6 12.7 12.8 12.9 13.0 13.1 13.2 13.3 13.4 13.5 13.6 13.7 13.8 13.9 14.0 14.1 14.2 14.3 14.4 14.5 14.6 14.7 14.8 14.9 15.0 15.1 15.2 15.3 15.4 15.5 15.6 15.7 15.8 15.9 16.0 16.1 16.2 16.3 16.4 16.5 16.6 16.7 16.8 16.9 17.0 17.1 17.2 17.3 17.4 17.5 17.6 17.7 17.8 17.9 18.0 18.1 18.2 18.3 18.4 18.5 18.6 18.7 18.8 18.9 19.0 19.1 19.2 19.3 19.4 19.5 19.6 19.7 19.8 19.9 20.0 20.1 20.2 20.3 20.4 20.5 20.6 20.7 20.8 20.9 21.0 21.1 21.2 21.3 21.4 21.5 21.6 21.7 21.8 21.9 22.0 22.1 22.2 22.3 22.4 22.5 22.6 22.7 22.8 22.9 23.0 23.1 23.2 23.3 23.4 23.5 23.6 23.7 23.8 23.9 24.0 24.1 24.2 24.3 24.4 24.5 24.6 24.7 24.8 24.9 25.0 25.1 25.2 25.3 25.4 25.5 25.6 25.7 25.8 25.9 26.0 26.1 26.2 26.3 26.4 26.5 26.6 26.7 26.8 26.9 27.0 27.1 27.2 27.3 27.4 27.5 27.6 27.7 27.8 27.9 28.0 28.1 28.2 28.3 28.4 28.5 28.6 28.7 28.8 28.9 29.0 29.1 29.2 29.3 29.4 29.5 29.6 29.7 29.8 29.9 30.0 30.1 30.2 30.3 30.4 30.5 30.6 30.7 30.8 30.9 31.0 31.1 31.2 31.3 31.4 31.5 31.6 31.7 31.8 31.9 32.0 32.1 32.2 32.3 32.4 32.5 32.6 32.7 32.8 32.9 33.0 33.1 33.2 33.3 33.4 33.5 33.6 33.7 33.8 33.9 34.0 34.1 34.2 34.3 34.4 34.5 34.6 34.7 34.8 34.9 35.0 35.1 35.2 35.3 35.4 35.5 35.6 35.7 35.8 35.9 36.0 36.1 36.2 36.3 36.4 36.5 36.6 36.7 36.8 36.9 37.0 37.1 37.2 37.3 37.4 37.5 37.6 37.7 37.8 37.9 38.0 38.1 38.2 38.3 38.4 38.5 38.6 38.7 38.8 38.9 39.0 39.1 39.2 39.3 39.4 39.5 39.6 39.7 39.8 39.9 40.0 40.1 40.2 40.3 40.4 40.5 40.6 40.7 40.8 40.9 41.0 41.1 41.2 41.3 41.4 41.5 41.6 41.7 41.8 41.9 42.0 42.1 42.2 42.3 42.4 42.5 42.6 42.7 42.8 42.9 43.0 43.1 43.2 43.3 43.4 43.5 43.6 43.7 43.8 43.9 44.0 44.1 44.2 44.3 44.4 44.5 44.6 44.7 44.8 44.9 45.0 45.1 45.2 45.3 45.4 45.5 45.6 45.7 45.8 45.9 46.0 46.1 46.2 46.3 46.4 46.5 46.6 46.7 46.8 46.9 47.0 47.1 47.2 47.3 47.4 47.5 47.6 47.7 47.8 47.9 48.0 48.1 48.2 48.3 48.4 48.5 48.6 48.7 48.8 48.9 49.0 49.1 49.2 49.3 49.4 49.5 49.6 49.7 49.8 49.9 50.0 50.1 50.2 50.3 50.4 50.5 50.6 50.7 50.8 50.9 51.0 51.1 51.2 51.3 51.4 51.5 51.6 51.7 51.8 51.9 52.0 52.1 52.2 52.3 52.4 52.5 52.6 52.7 52.8 52.9 53.0 53.1 53.2 53.3 53.4 53.5 53.6 53.7 53.8 53.9 54.0 54.1 54.2 54.3 54.4 54.5 54.6 54.7 54.8 54.9 55.0 55.1 55.2 55.3 55.4 55.5 55.6 55.7 55.8 55.9 56.0 56.1 56.2 56.3 56.4 56.5 56.6 56.7 56.8 56.9 57.0 57.1 57.2 57.3 57.4 57.5 57.6 57.7 57.8 57.9 58.0 58.1 58.2 58.3 58.4 58.5 58.6 58.7 58.8 58.9 59.0 59.1 59.2 59.3 59.4 59.5 59.6 59.7 59.8 59.9 60.0 60.1 60.2 60.3 60.4 60.5 60.6 60.7 60.8 60.9 61.0 61.1 61.2 61.3 61.4 61.5 61.6 61.7 61.8 61.9 62.0 62.1 62.2 62.3 62.4 62.5 62.6 62.7 62.8 62.9 63.0 63.1 63.2 63.3 63.4 63.5 63.6 63.7 63.8 63.9 64.0 64.1 64.2 64.3 64.4 64.5 64.6 64.7 64.8 64.9 65.0 65.1 65.2 65.3 65.4 65.5 65.6 65.7 65.8 65.9 66.0 66.1 66.2 66.3 66.4 66.5 66.6 66.7 66.8 66.9 67.0 67.1 67.2 67.3 67.4 67.5 67.6 67.7 67.8 67.9 68.0 68.1 68.2 68.3 68.4 68.5 68.6 68.7 68.8 68.9 69.0 69.1 69.2 69.3 69.4 69.5 69.6 69.7 69.8 69.9 70.0 70.1 70.2 70.3 70.4 70.5 70.6 70.7 70.8 70.9 71.0 71.1 71.2 71.3 71.4 71.5 71.6 71.7 71.8 71.9 72.0 72.1 72.2 72.3 72.4 72.5 72.6 72.7 72.8 72.9 73.0 73.1 73.2 73.3 73.4 73.5 73.6 73.7 73.8 73.9 74.0 74.1 74.2 74.3 74.4 74.5 74.6 74.7 74.8 74.9 75.0 75.1 75.2 75.3 75.4 75.5 75.6 75.7 75.8 75.9 76.0 76.1 76.2 76.3 76.4 76.5 76.6 76.7 76.8 76.9 77.0 77.1 77.2 77.3 77.4 77.5 77.6 77.7 77.8 77.9 78.0 78.1 78.2 78.3 78.4 78.5 78.6 78.7 78.8 78.9 79.0 79.1 79.2 79.3 79.4 79.5 79.6 79.7 79.8 79.9 80.0 80.1 80.2 80.3 80.4 80.5 80.6 80.7 80.8 80.9 81.0 81.1 81.2 81.3 81.4 81.5 81.6 81.7 81.8 81.9 82.0 82.1 82.2 82.3 82.4 82.5 82.6 82.7 82.8 82.9 83.0 83.1 83.2 83.3 83.4 83.5 83.6 83.7 83.8

Construction Permit Maintenance

Application Id: 10012213 Application Date: 04/08/2010

Permit No: 10-0049 Permit Issue Date: 04/08/2010 Permit Expiration Date: 01/14/2016

Update No: 2

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

Lookup Type: Owner License No:

Customer Id: ZZLEGC0 PRE-CONV CUST PERMIT OPEN

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:

2:

3:

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

Update No: 2 Print Permit Print Tech Sheet

Permit Expiration Date: 04/08/2010

Assign Permit No: Duplicate

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

Add Edit Detail 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

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

Tel.

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:

REPLACE GARAGE ROOF.

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

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

13 OGDEN AVE

email:

13 OGDEN AVE

COLLINGSWOOD, NJ 08108-2

Contractor:

email:

Tel.

Contractor License No. or Builder Registration No.:

Exp Date:

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

Federal Emp. ID No.

FAX:

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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

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: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE GARAGE ROOF.

TYPE OF WORK:

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

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$ 2.00
TOTAL FEE	\$ 60.00

Construction Permit Maintenance

Application Id: 10012527 Application Date: 09/20/2010

Permit No: 10-0384 Permit Issue Date: 09/17/2010

Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate

Permit Expiration Date: 10/14/2016

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 OSDEN AVE

Owner: BRAGHINI, PETER & DEBRA

Street 1: 13 OSDEN AVE

Street 2:

City/State/Zip: COLLINGSWOOD, N J 08108-2016

County: Phone:

Email:

Property Class: 2 ☐ Historic District

Lookup Type: Owner License No:

Customer Id: P-002430 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: 10/14/2016 1 Print

3: 10/14/2016 1 Print

Construction Permit Maintenance

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 Assign Permit New Duplicate

General	Description of Work	Building Codes/DCA	Fees	Plan Review	Inspections	Delinquent Charges/Violations	Notes
Building Code	Activity Type	Inspector	Date	Start Time	End Time	Actual Time	Status
BUILDING	FINAL	AH	10/13/2016	13:00	13:30	:	PASS

NEW JERSEY
HARBOR CONSTRUCTION
2009

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 Bids. Reg. No. 19HC00022700

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)
- DESCRIPTION OF WORK:
REPLACE GAS FURNACE, AC AND HWH

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 _____

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

PAYMENTS (Office Use Only)	
Building	65.00
Electrical	65.00
Plumbing	65.00
Fire Protection	65.00
Elevator Devices	0.00
Other	32.00
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	227.00
Check No. _____	
Cash _____	
Collected by _____	

(see reverse side)



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot/Qual: 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

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		INSPECTIONS	
Type:	Failure	Dates (Month/Day)	Initial
[] No Plans Required			
[] Partial-Under-slab 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:			

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 [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

REPLACE GAS FURNACE, AC AND HWH

QTY:

SIZE

ITEMS

FEE (Office Use Only)

1

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles

Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

1

TOTAL NUMBERS

\$ 50.00

Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Oven/Surface Unit
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central A/C Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 1/4- HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

1

15.00

Administrative Surcharge

\$

Minimum Fee

\$ 1.00

State Permit Surcharge Fee

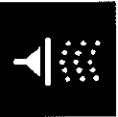
\$ 66.00

TOTAL FEE

\$



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

email:

13 OGDEN AVE

COLLINGSWOOD, NJ 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		Dates (Month/Day)	
Type:	Failure	Failure	Approval
Slab			Initial
Rough			
Water			
Sewer			
Fixtures			
Gas Equipment			
Gas Piping			
LPGas Tank			
Fuel Oil Piping			
Solar			
TCO			
Final			

Permit #: 16-00420

Issue Date: 08/04/16

Application Id: 99002975

Application Date: 08/03/16

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

State Permit Surcharge Fee

TOTAL FEE

\$

\$

\$

\$



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

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

Block/Lot/Qual: 62. 3.

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

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

Proposed

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible

Const. Class: Present

Proposed

Capacity

Heating System: [] New or [] Modification to Existing

Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement

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

Location of Panel: [] New or [] Existing

[] Other

Location:

Location of Main Control Valve:

Est. Cost of Fire Protection Work \$

16,407.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Type:

[] Partial -Under-slab Utilities Approved

Alarm System

Date: Approved by:

Suppression Sys.

[] Fire Protection Plans Approved

Standpipe

Date: Approved by:

Fire Pump

Joint Plan Review Required: [] Bldg. [] Elec. [] Plumb. [] Elev.

Pre-Eng. System

SUBCODE APPROVAL for PERMIT

Mechanical

Date:

Smoke Control

Approved by:

TCO

SUBCODE APPROVAL for CERTIFICATE

Flam/Combust Tanks

[] CO [] CCO [] CA

Fireplace Venting

Date:

Final

Approved by:

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

Flammable/Combustible Tanks

Alarm Systems

[] System [] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (smoke, heat, pull, water/flow)

Supervisory Devices (i.e., tamper, 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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Permit #: 16-00420

Issue Date: 08/04/16

Application Id: 90002975

Application Date: 08/03/16

Construction Permit Maintenance

Application Id: 90002975 Application Date: 08/03/2016

Permit No: 16-00420 Permit Issue Date: 08/04/2016

Permit Expiration Date: 10/27/2016

Update No: 0

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

Lookup Type: Owner License No:

Customer Id: HUTCH103 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: 10/27/2016 Print

3: 10/27/2016 Print

Construction Permit Maintenance

Application Id: Application Date: 08/03/2016

Permit No: Permit Issue Date: 08/04/2016 Permit Expiration Date:

Update No:

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, NJ 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 ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

DESCRIPTION OF WORK:
(Subchapter 8 only)

REPLACE SEWER LINE AND WATER LINE TO CURB

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 _____

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

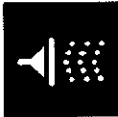
3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	170.00
Fire Protection	
Elevator Devices	0.00
Other	7.00
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	177.00
Check No.	
Cash	
Collected by	





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

Work Site Location: 13 OGDEN AVE

Owner in Fee: BRAGHINI, PETER & DEBRA

13 OGDEN AVE
COLLINGSWOOD, N J 08108-2
Contractor: HUTCHINSON PLUMB, HEAT, COOL.
621 CHAPEL AVE
Tel. (856)429-5807
email: CARL.CANFIELD@HUTCHBIZ.COM

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)29-4995

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	

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

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

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

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

Construction Permit Maintenance									
Add	Edit	Close	Delete	Previous	Next	Detail	Help		
Application Id: 90004336		Application Date: 01/25/2018		Permit Issue Date: 01/30/2018		Permit Expiration Date: 02/06/2018			
Permit No: 18-00057		Print Permit		Print Tech Sheet		Assign Permit No		Duplicate	
Update No: 0		Print Permit		Print Tech Sheet		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		Permit Type: 06 ALTER		Prototype:			
Owner: BRAGHINI, PETER & DEBRA		Street 1: 13 OGDEN AVE		Status: Completed		R-5		02/06/2018	
Street 2:		City/State/Zip: COLLINGSWOOD, N J		Additional Use Types:		Construction Type:			
Country:		Phone:		Work Type: SEWER CONN		IBC Version:			
Email:		Home Warranty Num:		User Code:		Do Not Purge			
Property Class: 2		Historic District		View Map		Certificate Information			
Lookup Type: Owner		License No:		1: CA		02/06/2018		1 Print	
Customer Id: HUTCHI03		HUTCHINSON PLUMB, HEAT, COOL		2:				2 Print	
Add Owner as Customer				3:				3 Print	

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: 1/1/2018
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