403-2023

Christine Ciallella

From:	Breean Stumpf <opra+request-43358-650c68dc@requests.opramachine.com> on behalf of Breean Stumpf
Sent:	Friday, May 19, 2023 5:24 PM
To:	OPRA requests at Washington Township (Gloucester)
Subject:	OPRA request - OPRA/OPEN & CLOSE PERMITS - 13 Pony Run, Sewell, NJ 08080

Dear Washington Township (Gloucester),

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 Pony Run, Sewell, NJ 08080

17.03/2

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-43358-650c68dc@requests.opramachine.com

Is cciallella@twp.washington.nj.us the wrong address for OPRA requests to Washington Township (Gloucester)? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=washington_township_gloucester
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_pony_r

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.

5/13/23

Permit #2009-0368 - Remodel Kitchen - open in current construction program

- pulled all permits from vault for requested address. -VS

ONSTRUCTION CODE OFFICE
ASHINGTON TWP.

CONSTRUCTION PERMIT

PERMIT NO. 89-906
DATE ISSUED 6-7
Block 17.03 Lot 2
Subdivision

A. IDENTIFICATION

Owner ANNA MORRISON
Address 13 PONY RUN
SEWELL NJ 08080
Tel.

Agent R.E. MARSHALL ELECTRIC CO.
Address P.O. BOX A 2512 EGG HARBOR RD
LINDENWOLD, N.J. 08021
Tel. (609) 627-5100

Work Site Address 13 PONY RUN
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 30 -
Fees Remitted $ 30
☐ Check No. 48
☐ Cash ☐ Other
Collected By: D
Date: 6/7

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of Work:

INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR ATLANTIC ELECTRIC'S SUMMER SAVERS CLUB ONLY

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

Estimated Cost of Work: $ 108.00

CONSTRUCTION OFFICIAL

U.C.C. FORM F-170 REVISED FOR AE (3-89) Light Green = Office Copy White = Applicant Copy Yellow = Tax Assessor Copy

6-9-09

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856)256-0234 FAX *(856)218-1473*

Permit No. **20090368**
Parcel(Block/Lot)**17.03/2.**
Date

Construction Permit

Work Site Location 13 PONY RUN

Owner in Fee..... MORRISON, JAMES & ANNA PASCOE
Address..... 13 PONY RUN
SEWELL, NJ, 08080
Phone.....

Contractor..... SEARS HOME IMPROVEMENT
Address..... 51 HIGHWAY 1
NEW BRUNSWICK, NJ 08901
Phone..... (800)495-2748
Lic No..... None
Fed Emp No. .....

Permission is hereby granted to do the following work:

- ☐ BUILDING
- ☒ ELECTRIC
- ☐ ELEVATOR
- ☒ PLUMBING
- ☐ FIRE
- ☐ ASBESTOS ABATEMENT
- ☐ LEAD HAZARD ABATEMENT
- ☐ DEMOLITION
- ☐ OTHER
- ☐ Mechanical

Description of Work:

REMODEL KITCHEN;

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

Estimated Cost of Work: $1,200

Construction Official — Date 4/21/09

PAYMENTS (Office Use Only)

Building	$0
Electrical	84
Plumbing	45
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	2
Certificate of Occupancy	0
Other	0
Total	$131

Check#/Cash 4344
Paid
Collected By MS

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

Municipality Copy/Applicant Copy

U.C.C. F190 (Rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 09 368

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

Block 17.03 Lot 2 Qualification Code

Work Site Location 13 Pony Run
Sewell NJ 08080

Owner in Fee: Morrison

Tel. ( ) e-mail

Address Washington Twp
street municipality zip code

Contractor: Sears Home Imp. Tel. (908) 229-6986

Address 411 Jersey Ave. New Brunswick NJ 08901

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

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

Federal Emp. ID No. FAX: (908) 755-0273

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace cabinets
- same location

Replace countertop
- same location
- same dimensions

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS 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
- [R] 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 $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
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) $ 7442.—

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1116 Lot 3 Qualification Code

Work Site Location 15 Kenilworth
Sewell NJ 08080

Owner in Fee: Morrison

Tel. ___ e-mail

Address Washington Twp.
street municipality zip code

Contractor: Fabian Electric Tel. (732) 305 1944

Address 4 Winfield Dr e-mail
Manalapan NJ 07726

Contractor License No. Exp. Date 3/12

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

Federal Emp. ID No. FAX: (908) 755 0313

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 600.00

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 45-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	13-
1		HP Garbage Disposal	13-
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Hurricane (electrical)	13-

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 5-
TOTAL FEE $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 1.03 Lot 2 Qualification Code

Work Site Location 13 Pony Run
Sewell NJ 08081

Owner in Fee Morrison

Address
Washington Twp.

Tel ( )

Contractor Mainline

Address 39 Durham Loop
Berlin NJ 08009

Tel (856) 767-0003 FAX (908) 755-0313

Contractor License No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 550.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 1-15-04

Approved by:

SUBCODE APPROVAL

[ ] 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				
Oil Tank				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	13-
1	Dishwasher	13-
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Oil Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks disposal	13-
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 45-

U.C.C. F130 (rev. 07/03)

n Anna

ID

160-822-106

NOT AN ELECTRICIANS OR PLUMBERS LICENSE

[illegible] AUTHENTICITY

State Of New Jersey

New Jersey Office of the Attorney General

Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Division of Consumer Affairs

HAS REGISTERED

Mainline Plumbing Heating & Air
Claude E Layman 3rd
29 Dunham Loop
Berlin NJ 08009

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/12/2008 TO 12/31/2009
VALID

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey

New Jersey Office of the Attorney General

Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Master Plumbers

HAS LICENSED

Claude E. Layman III
T/A MAINLINE P&H & AIR COND LLC
29 Dunham Loop
Berlin NJ 08009

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/14/2007 TO 06/30/2009
VALID

LICENSE/REGISTRATION/CERTIFICATION #

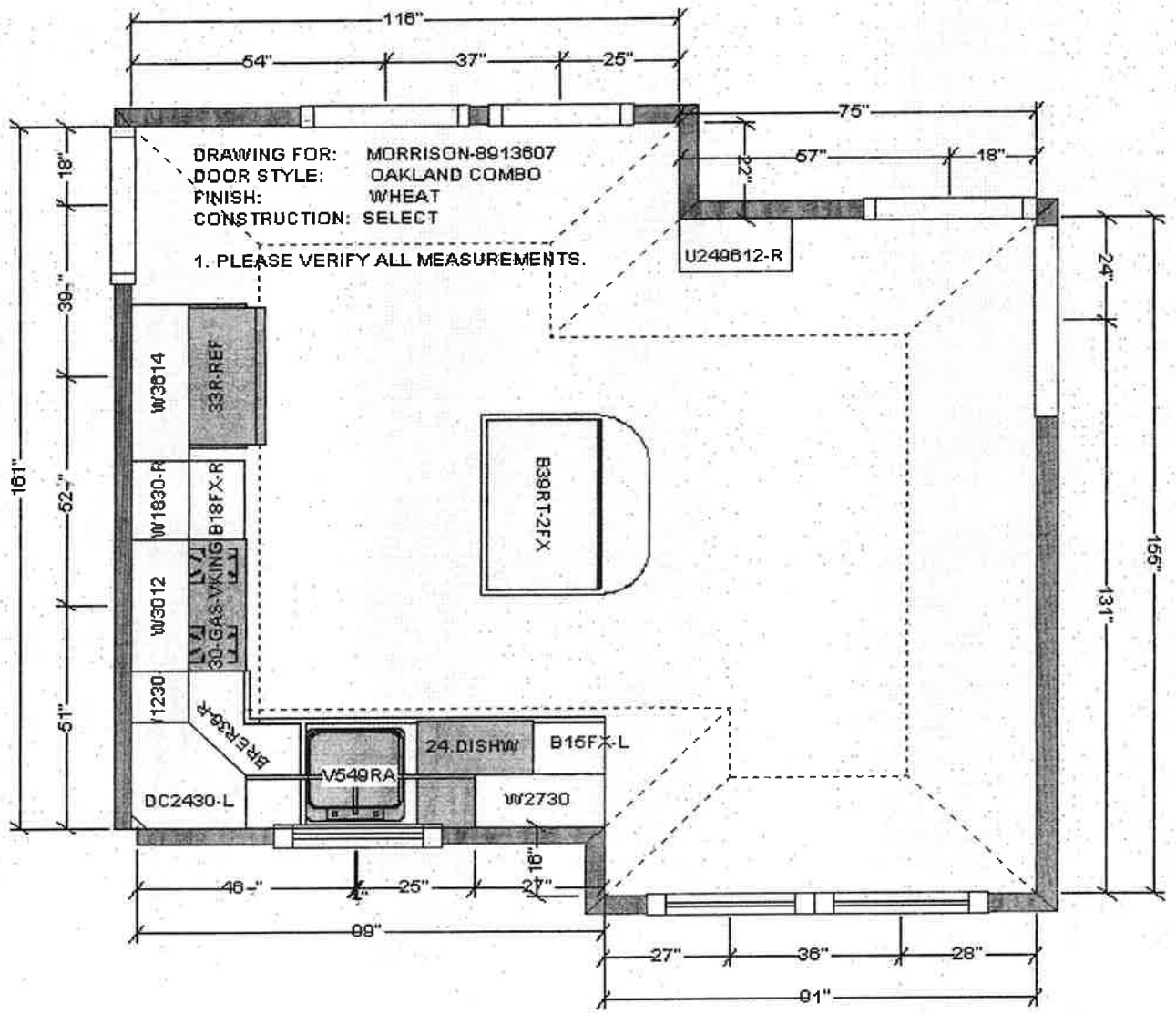
Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

Sears
Home Improvement Products

Customer approval of layout and design X_____

- All dimensions size designations given are subject to verification on job site and adjustments to fit job conditions.



no walls are being added, removed or disturbed.

State of New Jersey
Department of Community Affairs
Office of Local Code Enforcement
Central Regional Office
P.O. Box 821
Trenton, New Jersey 08625-0821

CERTIFICATION FOR ONE & TWO FAMILY DWELLING SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE

Dwelling Location: Block 17.03 Lot 2

(not mailing address) Street 13 Pony Run

Municipality _____ County Gloucester

Property Owner Name Anna P Morrison

Pursuant to N.J.A.C. 5:23-3.20, 6.4, 6.5, 6.6, 6.7, 6.21A, 6.25A, 6.26A, 6.27, & 6.31. An inspection shall be conducted by the owner or authorized representative of the owner. The carbon monoxide alarms are required when dwellings contain any fuel burning appliances or dwelling has an attached garage and shall be installed per NFPA 720. Required carbon monoxide alarms are to be outside each separate sleeping area. The smoke detectors required shall be located in accordance with NFPA 72. Required smoke detectors are to be on each level of the dwelling, including basements and outside each separate sleeping area. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. NOTE: AC powered and/or interconnected smoke detectors and alarms installed in homes constructed or altered after January, 1977 shall be maintained in working order.

I do hereby certify that the detectors and alarms are installed as stated above and in working order. I am the (agent of) owner of record and am authorized to make this statement. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

x Anna P. Morrison 3-25-09
Applicant Signature Date

Anna P Morrison
Printed Name

make other adjustments.

<<+13:45A-17.3 Registration required+>>

[illegible] business exempt under N.J.A.C. 13:45A-17.4;+>>

<<+(a) No contractor shall engage in the business of making or selling home improvements in this State unless registered with the Division in accordance with this subchapter; and+>>

[illegible] No person shall advertise indicating that the person is a contractor in this State unless the person is registered with the Division in accordance with this subchapter.+>>

[illegible] business exempt under N.J.A.C. 13:45A-17.4, contractors hired by other contractors to make or sell any home improvements shall register with the Division in accordance with this subchapter.+>>

<<+(c) Officers and employees of a registered home improvement contractor shall not be required to register separately from the registered business entity provided that the officers and employees sell or make home improvements solely within their respective scopes of performance for that registered business entity.+>>

[illegible] Officers and employees of a home improvement contractor that is exempt under N.J.A.C. 13:45A-17.4 shall not be required to register provided that the officers and employees sell or make home improvements solely within their respective scopes of performance for that exempt business entity.+>>

<< NJ ADC 13:45A-17.4 >>

<<+13:45A-17.4 Exemptions+>>

[illegible] The following persons are exempt from the registration requirements of this subchapter:+>>

[illegible] Any person registered pursuant to "the New Home Warranty and Builders' Registration Act, P.L. 1977, c.467 (N.J.S.A. 46:3B-1 et seq.), but only in conjunction with the building of a new home as defined in N.J.A.C. 5:25-1.2[illegible]

<<+2. Any person performing a home improvement upon a residential or non-commercial property owned by that person, or by the person's family;+>>

[illegible] Any person performing a home improvement upon a residential or non-commercial property owned by a bona fide [illegible] other non-profit organization;+>>

[illegible] Any person regulated by the State as an architect, professional engineer, landscape architect, land surveyor, [illegible] contractor, master plumber, locksmith, burglar alarm business, fire alarm business, or any other person in any other related profession requiring registration, certification, or licensure by the State, who is acting within the scope of practice of that profession.+>>

[illegible] Any person employed by a community association or cooperative corporation who is making home improvements [illegible] the person's scope of employment at the residential or non-commercial property that is owned or leased by the [illegible] association or cooperative corporation;+>>

[illegible] Any public utility as defined under N.J.S.A. 48:2-13;+>>

<<+7. Any person licensed as a home financing agency, a home repair contractor or a home repair salesman pursuant to N.J.S.A. 17:16C-77, provided that the person is acting within the scope of such license; and+>>

[illegible] Any home improvement retailer with a net worth of more than $50,000,000 or any employee of such home improvement retailer who is making or selling such home improvements within the person's scope of employment of the home improvement retailer.+>>

<< NJ ADC 13:45A-17.5 >>

<<+13:45A-17.5 Initial and renewal applications+>>

[illegible] Each home improvement contractor required to be registered under this subchapter shall initially register with the Division by submitting the following on forms provided by the Director:+>>

[illegible] The name and street address of each place of business of the home improvement contractor and any fictitious or

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam of Electrical Contractors
HAS LICENSED
Gregory A Rodman
Electrical Contractor

02/18/2009 TO 03/31/2012 Gregory A Rodman
VALID SIGNATURE

34
License/Registration/Certificate # DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam of Electrical Contractors
HAS LICENSED
Rodman Electrical LLC
Electrical Business Permit

02/18/2009 TO 03/31/2012 Gregory Rodman
VALID SIGNATURE

License/Registration/Certificate # DIRECTOR

PERMIT UPDATE

Date Update Issued 6.24.92

Control #

Permit # 90-1214-001

Date Permit Issued

IDENTIFICATION Block 17-3 Lot 2

Work Site Location 13 PONY RUN
SEWELL, N.J. 08080

Owner in Fee JAMES MORRISON

Address 13 PONY RUN
SEWELL, N.J.. 08080

Tele. ( )

Contractor HOMEOWNER

Address SAME

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

kxkBUILDING [ ] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

ALT RES DECK 14 x 28

Estimated Cost of Work $ 1100.00

Wm. Dembrosky
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	30 —
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	25—
Other	
Total	55 —
Check No.	257
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PRO 111

Cult Neck

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-24-92
Date Issued
Control #
Permit # 92-1214-001

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

Block 17-3 Lot 2
Work Site Location ~~BACK OF HOUSE~~ 13 PONY RUN SEWELL NJ 08080
Owner in Fee JAMES MORRISON
Address 13 PONY RUN
SEWELL N.J. 08080
Tele.
Contractor
Address SAME AS ABOVE
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No

C. CERTIFICATION IN LIEU OF OATH

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

Signature James Morrison

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK BOILD 14'X28'
P.T. DECK ON BACK OF HOUSE
18" ABOUE GROUND.
Approved W/ PRINT Changes

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Fire	6-16-92	JR
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 1-18-93		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			6-23-92	
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			1-18-93	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[X] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other DECK

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # 237 Minimum Fee $
Collected by: TOTAL FEE $ 30.-

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 2
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 1100.00
3. Total (1+2) $ 1100.00

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

PRO 102

APPLICATION FOR CERTIFICATE

Date Permit Issued

Control #

Permit #

Date Issued

IDENTIFICATION

Block 17-3 Lot 2

Work Site Location BACK OF LOT 13 Pony Run Contractor - SAME -

Hewitt NJ 07850 Address

Owner in Fee JAMES MORROW

Address 13 PONY RUN Tele. ( )

SAME - NJ 07850 Lic. No.

Tele. Federal Emp. No.

or Social Security No.

ACTION

☐ CERTIFICATE OF OCCUPANCY ☑ CERTIFICATE OF APPROVAL

☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

DESCRIPTION OF WORK/USE:

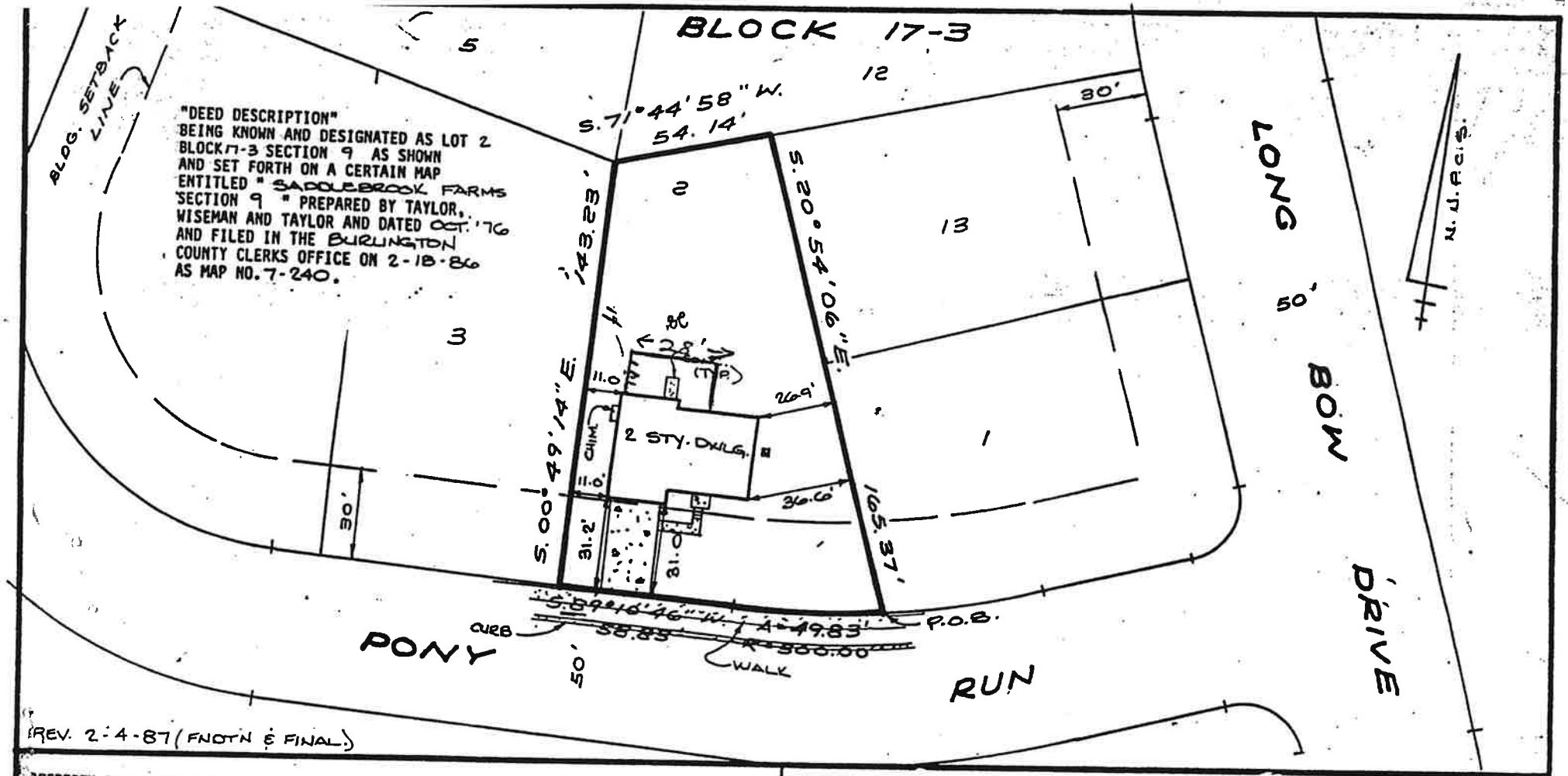
I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: James J Morrow

OWNER/AGENT

☐ Owner

☐ Agent



REV. 2-4-87 (FNDTN & FINAL)

PROPERTY CORNERS NOT SET AS PER WRITTEN CONTRACTUAL AGREEMENT WITH CLIENT

IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN THEREON.

John T. Butler

N. J. LAND SURVEYOR LICENSE NO. 23938

BLDG. TIES TO FNDTN. JOHN T. BUTLER

SADDLEBROOK FARMS

SURVEY OF LOT 2 BLOCK 17-3 SECTION 9

WASHINGTON TOWNSHIP

GLOUCESTER COUNTY, NEW JERSEY

TAYLOR • WISEMAN & TAYLOR

CONSULTING ENGINEERS • SURVEYORS
PLANNERS • LANDSCAPE ARCHITECTS

306 FELLOWSHIP ROAD. MOUNT LAUREL. N.J. 08057

DATE:	SCALE:	DRAWING NO.
JUNE 8, 1986	1" = 50'	15245

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856)256-0234 FAX *(856)218-1473*

Permit No. **20100070**
Control No. **32945**
Parcel(Block/Lot) **17.03/2.**
Date 2/26/10

Construction Permit

Work Site Location 13 PONY RUN
Owner in Fee..... MORRISON, JAMES & ANNA PASCOE
Address..... 13 PONY RUN
SEWELL, NJ 08080
Phone..... ( )

Contractor.... BETTER HOMES
Address..... 341 HARDING HIGHWAY
PITTSGROVE, N. J. 08378
Phone.....(856)786-5701
Lic No..... None
Fed Emp No.

Permission is hereby granted to do the following work:

- ☒ BUILDING
- ☐ ELECTRIC
- ☐ ELEVATOR
- ☐ PLUMBING
- ☐ FIRE
- ☐ ASBESTOS ABATEMENT
- ☐ LEAD HAZARD ABATEMENT
- ☐ DEMOLITION
- ☐ OTHER
- ☐ Mechanical

Description of Work:

SIDING 20 SQS

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

Estimated Cost of Work: $14,800

Construction Official 1/27/10 Date

PAYMENTS * (Office Use Only)

Building	$58
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	25
Certificate of Occupancy	0
Other	0
Total	$83

Check#/Cash 1582
Paid .....
Collected By DNH

* (Includes Admin Fee of $0)

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

Municipality Copy/Applicant Copy

U.C.C. F190 (Rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 2/26/10

Date Issued Permit # 20100070

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

Block 17.03 Lot 2 Qualification Code

Work Site Location 13 Pony Run Sewell, NJ

Owner in Fee: Anna + James Morrison

Tel. ( ) e-mail

Address 13 Pony Run (street) Sewell (municipality) NJ 08080 (zip code)

Contractor: Better Homes Tel. (856) 786-5701

Address 341 Harding Hwy Pittsgrove e-mail

Contractor License No. or Builder Registration No. Exp. Date 12-31-2010

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

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Signature Joseph Criscfi

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Tear off existing aluminum siding. Install new insulated Prodigy vinyl siding over #15 felt paper. Dispose of waste. Dumpster on site: C+H Disposal

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	1-27-10	TC
[ ] 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: 5/24/12
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/24/12	ATO
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories 2

Height of Structure 20 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. $ 0
2. Rehabilitation $ 14,800
3. Total (1+ 2) $ 14,800

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	$ 58
Minimum Fee	$ 25
State Permit Surcharge Fee	$ 83
TOTAL FEE	$ 83 -

U.C.C. F110 (rev. 12/07)

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

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Better Homes Building Products Corp
Gilbert B Warren
341 Harding Hwy
Pittsgrove NJ 08318

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Better Homes Building Products Corp
Home Improvement Contractor
NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
12/10/2009 TO 12/31/2010
VALID
SIGNATURE
DIRECTOR
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

12/10/2009 TO 12/31/2010
VALID

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

Better Homes Building Products Corp
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 05166800** EXPIRATION DATE **2010**. PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

P. O. Box 630, Woodbury, N. J. 08096

GCUA
THE GLOUCESTER COUNTY UTILITIES AUTHORITY

CONSTRUCTION EXPANSION FEE

Municipal Participant: [illegible] Project Name: Stackhouse Park

NJDEP Construction Permit: SC [illegible] Date Issued: 12/13/77

GCUA Resolution Allocating Capacity No. [illegible] Dated [illegible] No. Units/GPD: [illegible]
(Not applicable on NJDEP Contruction Permits issued prior to 7/20/77)

Location:	Tax Block	Lot	Street Address
	17-3	2	13 Pony [illegible]

Type of Dwelling (GCUA Code_____)

Residential X Commercial_____ Other_____

Fee Paid $[illegible] Check # 6025 Date 6/2/80

Payor Urbanite Corporation

Approved: [illegible] Date 12/30/80
GCUA General Manager

White—GCUA Copy - Canary—Municipal Participant Copy - Pink—Building Inspector Copy - Goldenrod—Applicant Copy

HOME OWNERS WARRANTY CORPORATION
of NEW JERSEY

101 Morgan Lane, Suite 330
Plainsboro, N.J. 08536
1-800-982-5538

HOW Corp.
of New Jersey

CERTIFICATION FORM

(Used to obtain Certificate of Occupancy)

DEC 15 1986

HOW Builder Approval No. 439P
(obtained by NJ HOW)

BUILDING FIRM NAME FPA CORP.

BUILDING FIRM ADDRESS 2507 Philmont Avenue
Huntingdon Valley, Pa. 19006

HOW CORP. OF N.J.

MUNICIPALITY Washington Twp.

LOT NO. 2 BLOCK NO. 17.3

HOW BUILDER NO. 3100 – 88221

ADDRESS 13 Pony Run
Sewell, N.J. 08080

NJ DCA BUILDER REGISTRATION NO. 04136

ENROLLMENT # OR
NOTIFICATION OF STARTS# NOS#4 4424

This is to certify that the above referenced premises has been enrolled for warranty/insurance coverage under the Home Owners Warranty (HOW) program.

TO BE VALID, FORM MUST BE STAMPED AND DATED BY THE HOW CORP. OF NEW JERSEY NOT MORE THAN (45) FORTY-FIVE DAYS BEFORE C. OF O. IS ISSUED.

NOTE: BUILDERS WHO FAIL TO ENROLL HOMES WITH HOW ONCE THIS FORM IS VALIDATED, C. OF O. IS OBTAINED, AND CLOSING/SETTLEMENT OCCURS, FACE TERMINATION FROM THE HOW PROGRAM AND SUSPENSION OF THEIR NJ STATE BUILDER REGISTRATION BY THE DEPARTMENT OF COMMUNITY AFFAIRS (N.J.A.C. 5:25-2.5)

MUNICIPALITY COPY 3033562-4

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2895
DATE ISSUED 6-17-86
Block 17-3 Lot 2
Subdivision SADDLEBROOK

A. IDENTIFICATION

Owner FPA Corporation Agent Orleans Corp.
Address 2507 Philmont Ave. Address
Huntington Valley, Pa. Same
Tel. (215 947-8900 Tel. (
Work Site Address 13 Pony Run Lic. No. 04136
Federal Emp. No.

PAYMENTS

Permit Fee $ 444.29
Fees Remitted $ 444.29
☒ Check No. 9120
☐ Cash
☐ Other
Collected By:
Date:

is hereby granted permission to perform the following work:

☑ BUILDING ☑ ELECTRICAL
☑ PLUMBING ☑ FIRE PROTECTION
☐ OTHER

Description of work:

Westminster \$ 70.

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

Estimated Cost of Work: $ 45,000.00

Rosine Andrews/cp
CONSTRUCTION OFFICIAL

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 8875
DATE ISSUED 6-17-86
REVISION DATE
Block 17-3 Lot 2
Subdivision SADDLEBROOK

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner FDA Corp.
Address 2507 Piedmont Ave. Huntington Valley Pa.
Tel.
Work Site Address 13 Pony Run

Contractor Ortrans Corp.
Address SAME
Tel.
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Westminster

☐ See Plans

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

35,498 cu. Ft.

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: ____ Present R3a Proposed

No. of Stories 2 — Total Building Area—All Floors ____ Sq. Ft.

Height of Structure 28 Ft. — Volume of Structure 35,498 Cu. Ft.

Area—Largest Floor ____ Sq. Ft. — Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ 45,000.00

D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
11/7/86	Frame Approved RPS.
2/19/87	Final approval must have Hand rails on exterior steps in 10 days EJS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 2/19/87

Inspected By: EJS

INSPECTIONS

Type	Failure Dates	Approval Date
☐ Footing/Foundation		
☐ Slab		
☑ Frame		11/7/86
☐ Architectural		
☐ Insulation		
☐ Finishes		
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other		

U.C.C. Form F-110 (8/83)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2895
DATE ISSUED 6-17-86
REVISION DATE
Block 17.03 Lot 2
Subdivision SADDLE BROOK

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner FPA Corp.
Address 2507 Piedmont Ave Huntington Valley Pa.
Tel. (215) 947-8900
Work Site Address 13 Pony Run

Contractor Marshall Electric
Address 2512 Egg Harbor Rd. Lindenwold N.J.
Tel. (609) 627-5100
Lic.No./Bus. Permit.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
25	Switching Outlets	$	1	H.V.A.C. Equipment	$ 15.00
16	Lighting Outlets	19.00		Switching Devices	
38	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
1	Dryer, Electric	15.00			
	Water Heater, Electric		1	AC	8.00
	Heating, Electric		1	Disposal	2.00
25	Switches		1	Other Hood	2.00
16	Lighting Fixtures	15.00		Other	
38	Receptacles			Other	
	Bonding, Pool/Vault			Other	
1	Service/Feeders	15.00			
	COLUMN 1	$ 64.00		COLUMN 2	$ 27.00

Fee	
COLUMN 1	$ 64.00
COLUMN 2	27.00
SUBTOTAL	$
Minimum Electrical Fee (if applicable)	$
Total Electrical Fee (Greater of Minimum or Subtotal)	$ 91.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: Present R3a Proposed
Service: 150 Amps 1 Phase System Type
3 Wire 110/220 Volts Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 1950.00

D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 2-20-87

Inspected By: [signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Rough				11-14-86
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card	11-14-86	

U.C.C. Form F-120 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO.
DATE ISSUED
REVISION DATE

Block 17-3 Lot 2
Subdivision SADDLEBROOK

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner FPA Corporation
Address 2507 Plymouth Atc Huntington Valley Pa.
Tel. (215) 947-8900
Work Site Address 13 Pony Run

Contractor Marshall Electric
Address 2512 Egg Harbor Rd. Lindenwold N.J.
Tel. (609) 627-5100
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised — Method:
Water Supply — Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:

Estimated Cost of Work: $

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $

FEE

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

B5. OTHER

3 Smoke Detectors

Subtotal

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $10.00

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present R3 Proposed 3 Smoke Detectors
Heating Systems — Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank — Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $ 200

D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2895
DATE ISSUED 6-17-86
REVISION DATE
Block 17-3 Lot 2
Subdivision SADDLEBROOK

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner FPA Corp.
Address 2507 Piltmont Ave. Huntingdon Valley Pa.
Tel. (215) 947-8900
Work Site Address 13 Pony Run

Contractor Bob Foster
Address Box 535 Malaga N.J.
Tel. (609) 694-3318
Lic.No./Bus. Permit
Federal Emp. No..

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
3	Water Closet/Bidet/Urinal	$ 15.00	1	Garbage Disposal	$ 5.00
1	Bathtub	5.00	1	Air Conditioner Unit	5.00
4	Lavatory/Sink	20.00		Indirect Connection	
1	Shower/Floor Drain	5.00		Sewer Ejector	
1	Washing Machine	5.00		Grease Trap	
1	Dishwasher	5.00		Interceptor	
	Commercial Dishwasher		2	Backflow Device	10.00
1	Water Heater	5.00		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		5	Vent Stack	25.00
	Steam Boiler			Solar System	
1	Water Util. Connection	5.00		Other	
1	Sewer Util. Connection	5.00		Other	
2	Hose Bibb	10.00		Other	
	Water Cooler			Other	
	COLUMN 1	$ 80.00		COLUMN 2	$ 45.00

Fee	
COLUMN 1	$ 80.00
COLUMN 2	$ 45.00
SUBTOTAL	$
Minimum Plumbing Fee (if applicable)	$
Total Plumbing Fee (Greater of Minimum or Subtotal)	$ 125.00

C. PLUMBING CHARACTERISTICS

USE GROUP: Present R3A Proposed

Drainage —	Material	ABS	Size	1 1/2 - 3
Building Sewer—	Material	ABS	Size	4
Water Service—	Material	Copper	Size	1/2, 3/4 - 1"
Venting —	Material	ABS	Size	1 1/2 - 3

Estimated Cost of Plumbing Work: $ 2650.00

D. COMMENTS

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION -- PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 2-4

Inspected By: MP

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☑ Rough				8-23
☑ Water				8-20
☑ Sewer				8-20
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

CERTIFICATE

CERT. NO. 2-20-87
DATE ISSUED 2-20-87
Block 17213 Lot 2
Subdivision

IDENTIFICATION

Owner F.P.A Corp
Address 2507 Philmont Ave
Huntingdon Valley Pa 19006
Tel. (215) 947-8900
Work Site Address 13 Pony Ron
Sewell NJ 08080

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK: S.F.D. Westminster

USE GROUP R3a
FIRE GRADING
MAXIMUM LIVE LOAD
MAXIMUM OCCUPANCY LOAD
SPECIFIC USE Residence

FINAL COST OF CONSTRUCTION: $ 52,990

Edward J. Sampsel
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

17.32

APPLICATION FOR CERTIFICATE

PERMIT NO. 2895
DATE ISSUED 11
Block 17 Lot
Subdivision SADDLEBROOK
Notice No.

IDENTIFICATION

OWNER:

Name FPA Corp
Address 2507 - Philmont Ave
Town/State/Zip Huntingdon Valley PA 19006

CONSTRUCTION LOCATION:

Address 13 Pony Run
Sewell N.J. 08080
Tel. (215) 947-8900

ACTION

☑ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 52,990
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

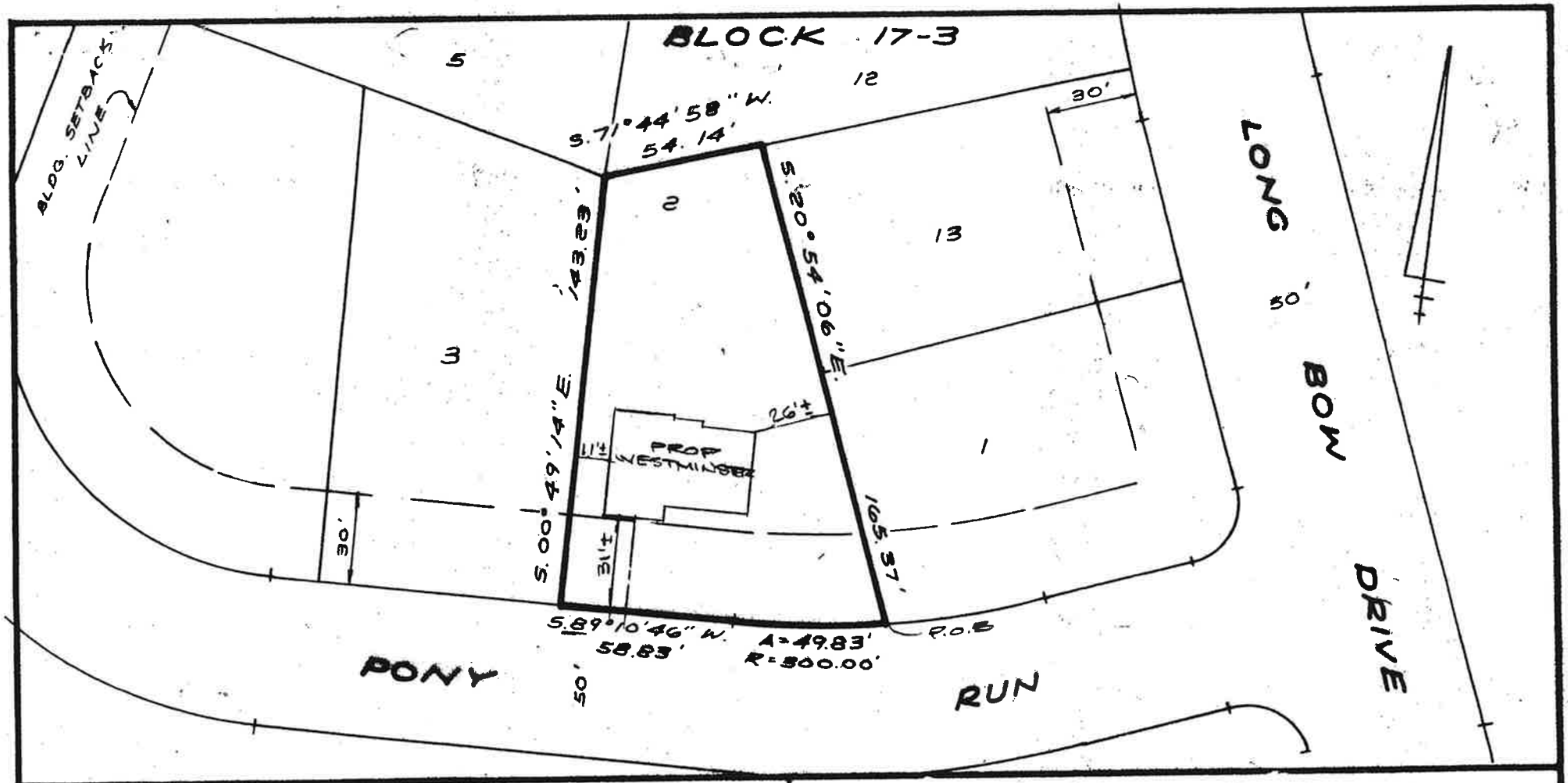
If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Joseph D. Kosnosky Asst. Supt.
OWNER/AGENT

☐ Owner
☑ Agent

U.C.C. Form F-270 (8/83)



IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN THEREON.

Thomas Muir

N. J. LAND SURVEYOR LICENSE NO. 21218

THOMAS MUIR

BLDG. TIES TO FNDTN.

SADDLEBROOK FARMS

SURVEY OF LOT 2 BLOCK 17-3 SECTION 9

WASHINGTON TOWNSHIP

GLOUCESTER COUNTY, NEW JERSEY

TAYLOR • WISEMAN & TAYLOR

CONSULTING ENGINEERS • SURVEYORS
PLANNERS • LANDSCAPE ARCHITECTS

306 FELLOWSHIP ROAD. MOUNT LAUREL. N.J. 08057

DATE:	SCALE:	DRAWING NO.
JUNE 8, 1986	1" = 50'	15245

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856)256-0234 FAX *(856)218-1473*

Permit No. **20121594**
Control No. **39399**
Parcel(Block/Lot) **17.03/2**
Date 2-13-13

Construction Permit

Work Site Location 13 PONY RUN

Owner in Fee..... MORRISON, JAMES & ANNA PASCOE
Address..... 13 PONY RUN
SEWELL, NJ 08080
Phone.....

Contractor.... RUNNEMEDE PLUM, HEAT, COOL,
Address..... 39 N BLACK HORSE PIKE
RUNNEMEDE, NJ 08078
Phone.....(856)939-4299
Lic No.....
Fed Emp Nr

Permission is hereby granted to do the following work:

☐BUILDING	☑PLUMBING	☐DEMOLITION	☐ONGOING -
☑ELECTRIC	☑FIRE	☐ASBESTOS ABATEMENT	☐OTHER
☐ELEVATOR	☐MECHANICAL	☐LEAD HAZARD ABATEMENT	

Description of Work:

REPLACE FURNACE & A/C UNIT

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

Estimated Cost of Work: $3,000

Construction Official 11/14/12 Date

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

PAYMENTS * (Office Use Only)

Building	$0
Electrical	59
Plumbing	55
Fire Protection	59
Elevator Devices	0
Mechanical	0
State Training Fee	5
Certificate of Occupancy	0
Other	0
Total	$178

Check#/Cash 030878
Paid
Collected By MH

Total Administrative Fee: $9

U.C.C. F190 (Rev. 3/96)

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

OCT 24 2012

RECEIVED

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2-13-13
Date Issued
Control #
Permit # 2012-1594

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

Block 17.03 Lot 2
Work Site Location 13 Pony Run Sewell NJ 08080
Owner in Fee/Occupant Anna Morrison
Address 13 Pony Run Sewell NJ 08080
Tele. ( ) —
Contractor Runnemede Htg
Address 39 N. Black Horse Pike Runnemede NJ 08078
Tele. (856) 939-4299 Fax (856) 939-4619
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date Initial
[ ] No Plans Required 10/25 RCH
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2/8/13
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			3/7	RCH
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
0		Lighting Fixtures	
1		Receptacles	
1		Switches	
0		Detectors	
0		Light Poles	
0		Motors—Fract. HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
		.....	
2		TOTAL NUMBERS	$ 43
0		Pool Permit/with UW Lights	
0		Storable Pool/Spa/Hot Tub	
0		KW Elec. Range/Receptacle	
0		KW Oven/Surface Unit	
0		KW Elec. Water Heater	
0		KW Elec. Dryer/Receptacle	
0		KW Dishwasher	
0		HP Garbage Disposal	
1	3.4	KW Central A/C Unit	13
1	3/4	HP/KW Space Heater/Air Handler	
0		KW Baseboard Heat	
0		HP Motors 1/+ HP	
0		KW Transformer/Generator	
0		AMP Service	
0		AMP Subpanels	
0		AMP Motor Control Center	
0		KW Elec. Sign/Outline Light	
0		.....	
0		.....	

Administrative Surcharge $ 3
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 59

U.C.C. F120
(rev. 3/00)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

OCT 24 2012

RECEIVED

Date Received
Control # 2-13-13

Date Issued
Permit # 2012-1694

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

Block 17.03 Lot 2 Qualification Code

Work Site Location Penny Morrison
13 Penny Run Sewell NJ 08080

Owner in Fee: Anna Harrison

Tel. e-mail

Address 13 Penny Run Sewell NJ 08080
street municipality zip code

Contractor: Runnemede Htg Tel. 856 939-4294

Address 39 G. Bth J e-mail
Runnemede NJ 08078

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: 856 939-4019

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

Fuel Type: ~~[X]~~ Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 500

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:

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: Ken Cuy

Print name here: Ken Cuy

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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 (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	56
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		3
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		59

JOB SUMMARY (Office Use Only)

PLAN REVIEW Spec Received
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 10/25/12 Approved by: DF
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/25/2012
Approved by: Glenn Fronzo

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [X] CCO [ ] CA
Date: 3/8/2013
Approved by: Glenn Fronzo

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			3/8/13	DF
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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

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

CONSTRUCTION OFFICE

OCT 2 4 2012

RECEIVED

Date Received 2-13-13
Control #

Date Issued
Permit # 2012-1594

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 17.03 Lot 2 Qualification Code

Work Site Location Anna Morrison
13 Pony Run Sewell NJ 08080

Owner in Fee: Anna Morrison

Tel. e-mail

Address 13 Pony Run Sewell NJ 08080
street municipality zip code

Contractor: Runnemede PHCE Tel. 856 939-4099

Address 39 N. Black e-mail
Runnemede NJ 08078

Contractor License No. 10697 Exp. Date 10/30/13

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

Federal Emp. ID No. FAX: 856 939-4017

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 10/26/12 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 [ ] TCO
Date: 3-8-13
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: Jeffrey D Stanek

Print name here: Jeffrey D Stanek

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Repl Heater HVAC

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	13
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
1	Water ~~Service~~ Connection Line	13
1	~~Stacks~~ Furnace	13
X	Other Cond Pump	13

Administrative Surcharge	$	3
Minimum Fee	$	
State Permit Surcharge Fee	$	55
TOTAL FEE	$	

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.

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

OCT 2 4 2012

RECEIVED

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 13 Pony Run

Owner in Fee Anna Morrison

Verifying Individual Greg Krause Company Runnemede Htg

Address 39 N. 8th Runnemede NJ 08078
Street City State Zip Code

Tel: ( ) Fax: ( )

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[X] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney: **Size** _____

[X] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Heater	Oil / (Gas) / Other:	68000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Kari Cey 9/10/12
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ _____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)

Specifications

	AMVC95 0453BXA	AMVC95 0704CXA	AMVC95 0905CXA	AMVC95 0905DXA	AMVC95 1155DXA	ACVC95 0714CXA	ACVC95 0915DXA
Heating Capacity							
High Fire Input[1]	45,000	68,000	90,000	90,000	113,000	68,000	90,000
High Fire Output[1]	42,800	64,600	85,500	85,500	107,400	64,600	85,500
Low Fire Input[1]	31,500	47,600	63,000	63,000	79,100	47,600	63,000
Low Fire Output[1]	29,900	45,200	59,900	59,900	75,100	45,200	59,900
AFUE[2]	95	95	95	95	95	95	95
Tons AC @ 0.5" ESP	1.5 - 3.0	1.5 - 4.0	2.0 - 5.0	2.0 - 5.0	2.0 - 5.0	1.5 - 4.0	2.0 - 5.0
Temperature Rise Range (°F)	30 - 60	30 - 60	30 - 60	30 - 60	35 - 65	25-55	25-55
Circulator Blower							
Size (D x W)	10" x 8"	10" x 10"	11" x 10"	11" x 10"	11" x 10"	10" x 10"	11" x 10"
Horsepower @ 1050 RPM	½	¾	1	1	1	¾	1
Speed	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Vent Diameter[3]	2"	2"	3"	3"	3"	2"	3"
No. of Burners	2	3	4	4	5	3	4
Disposable Filter (in²)	422	657	844	844	1,079	749	961
Electrical Data							
Min. Circuit Ampacity (amps)[4]	11.3	14.1	14.4	14.4	14.4	11.2	15.0
Max. Overcurrent Protection [5]	15 amps	15 amps	15 amps	15 amps	15 amps	15 amps	15 amps
Ship Weight (lbs)	121	145	160	165	170	139	165

[1] Natural Gas BTU/h

[2] DOE AFUE based upon Isolated Combustion System (ICS)

[3] Installer must supply one or two PVC pipes: one for combustion air (optional) and one for the flue outlet (required). Vent pipe must be either 2" or 3" in diameter, depending upon furnace input, number of elbows, length of run and installation (1 or 2 pipes). The optional Combustion Air Pipe is dependent on installation/code requirements and must be 2" or 3" diameter PVC.

[4] Minimum Circuit Ampacity = (1.25 x Circulator Blower Amps) + ID Blower amps. Wire size should be determined in accordance with National Electrical Codes. Extensive wire runs will require larger wire sizes.

[5] Maximum Overcurrent Protection Device refers to maximum recommended fuse or circuit breaker size. May use fuses or HACR-type circuit breakers of the same size as noted.

Notes

- All furnaces are manufactured for use on 115 VAC, 60 Hz, single-phase electrical supply.
- Gas Service Connection ½" FPT
- Important: Size fuses and wires properly and make electrical connections in accordance with the National Electrical Code and/or all existing local codes.

Specifications

	ASXC16 0241BB	ASXC16 0241BC	ASXC16 0361BB	ASXC16 0361BC	ASXC16 0481B*	ASXC16 0601B*
Cooling Capacity						
Nominal Cooling (BTU/h)	24,000	24,000	36,000	36,000	48,000	60,000
Decibels	71	71	73	73	74	75
Compressor						
RLA	10.3	11.7	16.7	15.3	21.2	25.6
LRA	52.0	58.0	82.0	83.0	96.0	118.0
Condenser Fan Motor						
Horsepower (RPM)	1/6	1/6	1/6	1/6	1/6	1/6
FLA	1.1	1.1	0.9	0.9	1.0	1.0
Refrigeration System						
Refrigerant Line Size[1]						
Liquid Line Size ("O.D.)	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"
Suction Line Size ("O.D.)	¾"	¾"	⅞"	⅞"	1⅛"	1⅛"
Refrigerant Connection Size						
Liquid Valve Size ("O.D.)	⅜"	⅜"	⅜"	⅜"	⅜"	⅜"
Suction Valve Size ("O.D.)	¾"	¾"	¾"	¾"	⅞"	⅞"
Valve Connection Type	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat
Refrigerant Charge	97	97	107	107	132	197
Electrical Data						
Voltage-Hz	208/230-60	208/230-60	208/230-60	208/230-60	208/230-60	208/230-60
Minimum Circuit Ampacity [2]	14.0	15.7	21.8	20.0	27.5	33.0
Max. Overcurrent Protection [3]	20	20	35	35	45	50
Min / Max Volts	197/253	197/253	197/253	197/253	197/253	197/253
Power Supply	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"	½" or ¾"
Equipment Weight (lbs)	180	180	188	188	260	274
Ship Weight (lbs)	198	198	206	206	282	296

[1] Tested and rated in accordance with AHRI Standard 210/240

[2] Wire size should be determined in accordance with National Electrical Codes; extensive wire runs will require larger wire sizes

[3] Must use time-delay fuses or HACR-type circuit breakers of the same size as noted.

Notes

- Always check the S&R plate for electrical data on the unit being installed.
- Installer will need to supply ⅜" to 1⅛" adapters for suction line connections.
- Unit is charged with refrigerant for 15' of ⅜" liquid line. System charge must be adjusted per Installation Instructions Final Charge Procedure.
- Installation of these units requires the specified TXV Kit to be installed on the indoor coil. THE SPECIFIED TXV IS DETERMINED BY THE OUTDOOR UNIT NOT THE INDOOR COIL.

Township of Washington
523 Egg Harbor Road
Sewell, NJ 08080
(856)256-0234 FAX *(856)218-1473*

Permit No. **20120618**
Control No. **38346**
Parcel(Block/Lot) **17.03/2**
Date 5-23-12

Construction Permit

Work Site Location 13 PONY RUN
Owner in Fee..... MORRISON, JAMES & ANNA PASCOE
Address..... 13 PONY RUN
SEWELL, NJ 08080
Phone .....

Contractor.... AQUATECH IRRIGATION
Address.....80 GRANDVIEW AVE
WILLIAMSTOWN, N. J. 08094
Phone .....(856)262-3109
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

☐ BUILDING	☑ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☑ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

SPRINKLER SYSTEM

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

Estimated Cost of Work: $205

Construction Official 5/a/12 Date

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

PAYMENTS * (Office Use Only)

Building	$0
Electrical	45
Plumbing	82
Fire Protection	0
Elevator Devices	0
Mechanical	0
State Training Fee	1
Certificate of Occupancy	0
Other	0
Total	$128

Check#/Cash 1940
Paid
Collected By MK

Total Administrative Fee: $6

U.C.C. F190 (Rev. 3/96)

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

MAY 0 2 2012

RECEIVED

Date Received 5-23-12
Control #
Date Issued
Permit # 2012-0618

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 1703 Lot 2 Qualification Code

Work Site Location 13 Pony Run Sewell

Owner in Fee: Anna Morrison

Tel. e-mail

Address 13 Pony Run (street) Washington Twp. (municipality) 08080 (zip code)

Contractor: Aquatech Irrigation Tel. (856) 262-3109

Address 80 Grandview Ave e-mail

Williamstown, NJ 08094

Contractor License No. Exp. Date 1/31/13

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 55.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Kenneth Christopher

Print name here: Kenneth Cheistopher

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 5-3-12 Approved by: M.T
[ ] 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: 5/11/12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/12	5/11
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Administrative Surcharge	$ 2
Minimum Fee	$
State Permit Surcharge Fee	$ 45
TOTAL FEE	$

U.C.C. F120 (rev. 11/09)

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

MAY 0 2 2012

RECEIVED

Date Received 5-23-12
Control #

Date Issued
Permit # 2012-0618

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 1703 Lot 2 Qualification Code

Work Site Location 13 Pony Run Sewell

Owner in Fee: Anna Morrison

Tel. e-mail

Address 13 Pony Run (street) Washington Twp. 08080 (zip code)

Contractor: W.C. Fallows Plumbing Tel. ( )
17 Beebetown Rd
Hammonton, NJ 08037
609-685-5809 Fax 609-704-1316

Address e-mail

Contractor Lic. # N.J
Federal Emp.#

Contractor License No.). Date 06/2013

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 150.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: William C Fallows

Print name here: William C Fallows

[x] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	
1	Backflow Preventer IRR'n	78.-
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

JOB SUMMARY (Office Use Only)

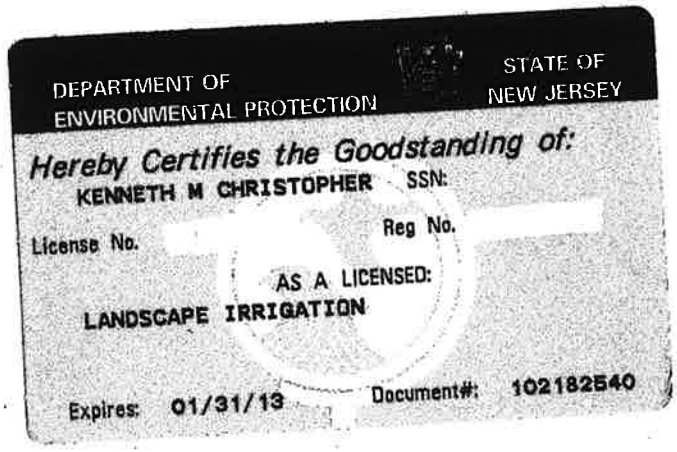
PLAN REVIEW
[ ] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: 5/3/12 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/3/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/14/12
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				

Administrative Surcharge	$	4
Minimum Fee	$	
State Permit Surcharge Fee	$	82
TOTAL FEE	$	



DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF NEW JERSEY

Hereby Certifies the Goodstanding of:

KENNETH M CHRISTOPHER SSN:

License No. Reg No.

AS A LICENSED:

LANDSCAPE IRRIGATION

Expires: 01/31/13 Document#: 102182540

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6-8-90

Control #

Permit # 90-1214

IDENTIFICATION Block 17.3 Lot 2

Work Site Location 13 PONY RUN SEWELL N.J. 08080

Owner in Fee JAMES & ANNA MORRISON

Address 13 PONY RUN SEWELL N.J. 08080

Tele. ( )

Contractor X BUDD'S POOL CO. INC.

Address 950 COOPER ST DEPTFORD, N.J. 08096

Tele. (609) 845-9000

Lic. No. or Bldrs. Reg. No

Federal Emp. No.

or Social Security No.

Exp. Date

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [✓] OTHER POOL

[✓] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

INSTALLATION OF AN ABOVE GROUND SWIMMING POOL 24'

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

Estimated Cost of Work $ 3400 -

X Wm Dombusky
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	25.00
Plumbing	
Electrical	50.00
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	20.00
Other	
Total	95.00
Check No.	188
Cash	
Collected By	JTT

(see reverse side)

U.C.C. Form F-170A

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PRO 108

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7-9-90
Control #
Permit # 90-1214

IDENTIFICATION

Block 17.3 Lot 2
Work Site Location 13 Pony Run. Jervis Bay 08750
Owner in Fee James Morrison
Address Same
Tele. (____)
Contractor Pinder Pools
Address 950 Cottrell Dr Neptune NJ 07096
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group U
Maximum Live Load
Description of Work/Use:

above ground pool

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY**

☑ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19 ____ or the owner will be subject to a fine or order to vacate:

William E Dunn
CONSTRUCTION OFFICIAL

Fee $ _____
Paid [ ] Check No. _____
Collected by: _____

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

PRO 123

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-8-90
Date Issued
Control #
Permit # 90-1214

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

Block 17-3 Lot 2
Work Site Location 13 PONY RUN SEWELL, N.J. 08080
Owner in Fee JAMES + ANNA MORRISON
Address 13 PONY RUN SEWELL N.J. 08080
Tele.
Contractor + BUDD'S POOL CO. INC.
Address 950 COOPER STREET DEPTFORD, N.J. 08096
Tele. (609) 845-9000
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

X ~~Anna Catherine Morrison~~ Randy Budd
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

X INSTALLATION of AN ABOVE GROUND SWIMMING POOL 24'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	6/15	W
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-9-90
Approved By:

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ X3200-
2. Alteration $ ____
3. Total (1+2) $ 3200-

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [X] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)

	FEE
	$
	25.-
Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$

Paid [ ] Check # 188
Collected by: MT

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

PRO 102

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-8-90
Control #
Permit # 90-1214

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

Block 17-3 Lot 2
Work Site Location 13 PONY RUN
SEWELL N.J. 08080
Owner in Fee JAMES + ANNA MORRISON
Address 13 PONY RUN
SEWELL
Tele.
Contractor SAME
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ X 100 M

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: 6-5-90
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 7/9/90
Approved by: Pyr

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/19/90 Pyr	

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

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.

Anna Lascoe Morrison
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
X		Receptacles (2)	20—
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
X		Whirlpool/spa	15—
X		Pool Bonding	15—
X		Pool Filter Motor	1
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $
Paid [ ] Check # 188 Minimum Fee $
Collected by: TOTAL FEE $ 50—

U.C.C. Form F-120A

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

PRO 103

APPLICATION FOR CERTIFICATE

Date Received

Date Permit Issued

Control #

Permit #

Date Issued

IDENTIFICATION

Block 19.3 Lot 2

Work Site Location 23 Tony Run

Owner in Fee James Morrison

Address [illegible]

Tele. ( ) —

Contractor Buddy Poole

Address 950 Cooper St

Tele. (609) 845-9000

Lic. No. —

Federal Emp. No. —

or Social Security No. —

ACTION

☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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

DESCRIPTION OF WORK/USE:

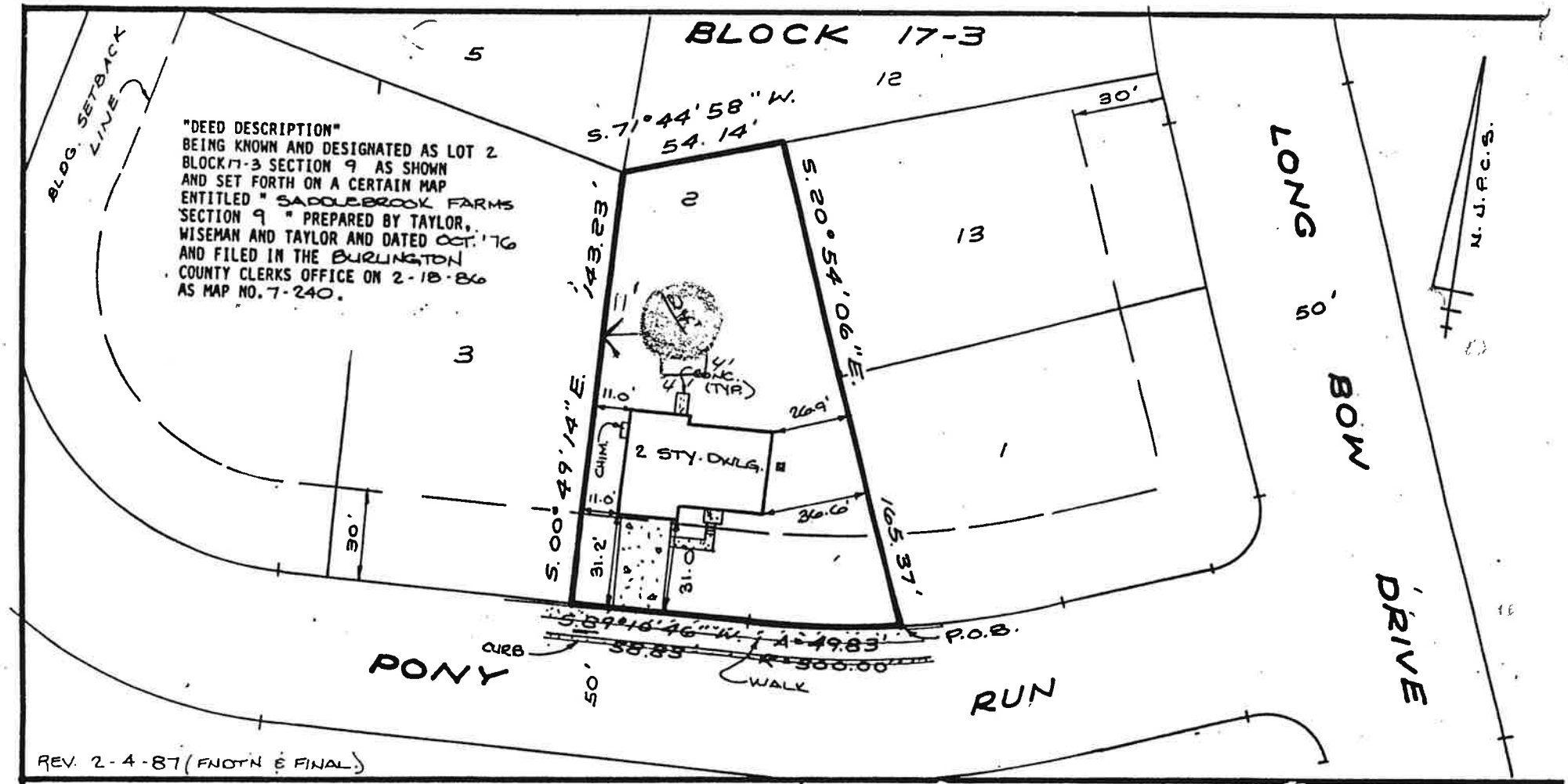
I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

OWNER/AGENT

☐ Owner

☐ Agent



REV. 2-4-87 (FNDTN & FINAL)

PROPERTY CORNERS NOT SET AS PER WRITTEN CONTRACTUAL AGREEMENT WITH CLIENT

IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SHOWN THEREON.

John T. Butler

N. J. LAND SURVEYOR LICENSE NO. 23938

JOHN T. BUTLER

BLDG. TIES TO FNDTN.

SADDLEBROOK FARMS

SURVEY OF LOT 2 BLOCK 17-3 SECTION 9

WASHINGTON TOWNSHIP

GLOUCESTER COUNTY, NEW JERSEY

TAYLOR • WISEMAN & TAYLOR

CONSULTING ENGINEERS • SURVEYORS
PLANNERS • LANDSCAPE ARCHITECTS

306 FELLOWSHIP ROAD. MOUNT LAUREL. N.J. 08057

DATE:	SCALE:	DRAWING NO.
JUNE 8, 1986	1" = 50'	15245