CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 10/16/2023

Tracking Number: OPRA-Req-23-1672

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Breean Stumpf

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: 1517 BEVERLY TERR

☐ Includes Common Law Request

Records requested: OPRA/OPEN & CLOSE PERMITS - 1517 Beverly Ter, Cherry Hill, NJ 08003

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

CHERRY HILL TOWNSHIP
820 Mercer Street
Cherry Hill , NJ 08002
(856) 488-7870

Date Issued:	4/5/2017
Application Number:	ZA-17-00212
Application Date:	3/2/2017
Project Number:	
Permit Number:	ZP-16-01264
Fee:	$20.00

Zoning Permit

Worksite **1517 BERLIN RD**
Location: **Cherry Hill Township, NJ**

Block:	**527.02**
Lot:	**49**
Qualifier:	
Zone:	**R2**

Owner: **CAKIR, HIKMET**
Address: **1517 BERLIN RD**
CHERRY HILL, NJ 08003

Applicant: **CAKIR, HIKMET**
Address: **1517 BERLIN RD**
CHERRY HILL, NJ 08003

Application Approved Date: 4/5/2017

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Residential - Old Woodcrest
Nonconforming Use is:

Work Description:
Driveway (Expansion), Service Walkway, Patio (Expansion) -

APPROVED, as shown on the attached "Grading Plan/ Plot Plan" by Joseph A. Mancini, PE revised to March 27, 2017 and the applicant's exhibit for lot coverage calculations dated March 2, 2017 for a 10' x 57' expansion of a concrete patio without a roof cover in the rear yard that meets applicable setbacks, per §431.H. of the Zoning Ordinance.

ALSO APPROVED: as shown on the above-referenced plan is a new 5' x 44' service walkway and a 286 sf. driveway expansion (without the apron) to the southeasterly side of the property. Proposed driveway conforms to §505 (±3' from property line, ±30' from intersection, & <40% of the front yard)of the Zoning Ordinance. Driveway cannot be located in an easement.The driveway may not be striped as a parking lot, so as to maintain the residential character of the lot. In keeping with the home occupation zoning approval (ZP-15-00106), only one (1) employee, plus the homeowner, and one (1) customer is permitted at a time.

Any work in the Right-of-Way, including the sidewalk and/or apron, requires a ROW permit from Camden County as Berlin Road (CR. 561) is a County Road.

Building permits from the Construction Department are required that meet all UCC and requirements,

Cost: $20.00 residential fee.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

4/7/2017

Susan Brandt Jacob Ruhm 4/7/17

, Zoning Officer/Administrative Official Date

APPLICANT/OWNER SIGNATURE DATE 03/20/18

This Zoning Permit is based on the information presented by the applicant, including the application and attached plans. It allows for the application of Building Permits or Certificate of Occupancy (CO) from the Division of Code Enforcement. Additional permits may be required.

Cherry Hill Township
820 Mercer Street

Cherry Hill , NJ 08002
(856) 488-7870

Date Issued: 8/4/2015
Application Number:
Application Date: 7/29/2015
Project Number:
Permit Number: ZP-15-00106
Fee: $50

Zoning Permit

Worksite Location: **1517 BERLIN RD**
Cherry Hill Township, NJ

Block: **527.02**
Lot: **49**
Qualifier:
Zone: **R2**

Owner: **CAKIR, HIKMET**
Address: **1517 BERLIN RD**
CHERRY HILL, NJ 08003

Applicant: **CAKIR, HIKMET**
Address: **1517 BERLIN RD**
CHERRY HILL, NJ 08003

Application Approved Date: 8/4/2015

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Residential - Downs Farm

Nonconforming Use is:

Work Description:

Addition - APPROVED, as shown on the attached excerpt of a survey, plot plan, summary, and as shown on the attached unsealed floor plans & elevations prepared by Hikmet Cakir, dated 7/28/15, for the following improvements:

1) For a 34'-6" x 30'-10" x 18' (1,063 SF total - applicant incorrectly states addition is 985 SF) side first floor home occupation related addition to the existing single-family dwelling. Proposed addition meets setbacks and lot requirements for the R2 zone, per §405.D of the Zoning Ordinance. Building permits from the Construction Department are required that meet all UCC requirements.

2) For a home occupation for a home design office and showroom called, "Modern Design Center, Inc.", as submitted, per §431.B.1 of the Zoning Ordinance, which states, "A home occupation is a permitted accessory use in all residential zones and shall not alter the residential character of the dwelling." The use must comply with the terms and conditions outlined in §431.B.1 of the 'Home Occupation' section of the Ordinance (see below).

Failure to comply with the Ordinance will result in the rescinding of this permit.

Cost: $50.00 non-residential fee.

1. Permitted Home Occupation. A home occupation shall meet the criteria within this subsection, as follows:
a. The residential character of the lot and building shall not be changed.
b. The use shall be conducted entirely within the primary dwelling or accessory building associated with it.
c. No more than twenty-five (25%) percent of the gross floor area, including any garage space, of the dwelling unit may be used for the home occupation.
d. No sounds emanating from the home occupation use shall be audible outside the residence. (NOTE: THE APPLICANTS TOTAL SQUARE FOOTAGE OF THE HOME WITH THE PROPOSED ADDITION IS EQUAL TO 5,003 SF WITH THE HOME OCCUPATION PORTION OF THE HOME ACCOUNTING FOR 1,063 SF, OR ONLY APPROXIMATELY 21% OF THE OVERALL FLOOR AREA).
e. No equipment shall be used which will cause interference with radio and television reception in neighboring dwellings nor create other nuisances by its operation.
f. No display of products shall be visible from the street, nor shall any article be sold or offered for sale on the premises.
g. No more than one client, patron, or customer may be on the premises for business or professional

purposes at any one time.
h. The home occupation may only employ one person not resident on the premises in the performance of the occupation.
i. No sign identifying or advertising the minor home occupation shall be permitted.
j. Deliveries shall be limited to commercial package services or utilization of the owner's passenger vehicle, and conform to §431.D.
k. Additional off-street parking to accommodate the home occupation shall be allowed but may only occupy 40% of the area of the front yard.
l. The home occupation shall not be open for customers, clients or patrons before 8:00am on weekdays and 9:00am on weekends nor after 8:30pm every day.

Upon review it was determined that the Zoning Permit:

- ☐ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Zoning Officer/Administrative Official — 8/4/2015 Date

APPLICANT/OWNER SIGNATURE — 10/20/2015 **DATE**

This Zoning Permit is based on the information presented by the applicant, including the application and attached plans. It allows for the application of Building Permits or Certificate of Occupancy (CO) from the Division of Code Enforcement. Additional permits may be required.

CHERRY HILL TOWNSHIP
820 Mercer Street
Cherry Hill, NJ 08002
(856) 432-8702

Date Issued:	2/14/2019
Application Number:	ZA-19-00089
Application Date:	2/1/2019
Project Number:	
Permit Number:	ZP-19-00104
Fee:	$50.00

Zoning Permit

Worksite **1517 BERLIN RD**
Location: **CHERRY HILL TOWNSHIP, NJ 08003**

Owner: **CAKIR, HIKMET**
Address: **1517 BERLIN RD**
CHERRY HILL, NJ 08003

Applicant: **CAKIR, HIKMET**
Address: **1517 BERLIN RD**
CHERRY HILL, NJ 08003

Block: **527.02** Lot: **49** Qualifier: _____ Zone: **R2**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Home Occupation**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Home Occupation -Euroform LLC**

Work Description:

Change of Occupancy - APPROVED, for a change of occupancy only for "Euroform, LLC," as a home design office and showroom where an approved home occupation per §431.B is an approved use in the Residential (R2) Zone, per §405 of the Zoning Ordinance. The use must comply with the terms and conditions outlined in §431.B.1 of the 'Home Occupation' section of the Ordinance (see below). Interior renovations require building permits from the Construction Department which are required that meet all UCC requirements. Failure to comply with the Ordinance will result in the rescinding of this permit.
Cost: $50.00 non-residential fee.

The following conditions were established from original home occupation approval, ZP-15-00106, and are still applicable and must be maintained:

1. Permitted Home Occupation. A home occupation shall meet the criteria within this subsection, as follows:
a. The residential character of the lot and building shall not be changed.
b. The use shall be conducted entirely within the primary dwelling or accessory building associated with it.
c. No more than twenty-five (25%) percent of the gross floor area, including any garage space, of the dwelling unit may be used for the home occupation. (THE HOME OCCUPATION IS WITHIN A 34'-6" X 30'-10" X 18' FIRST FLOOR ADDITION OF THE EXISTING SINGLE-FAMILY DWELLING).
d. No sounds emanating from the home occupation use shall be audible outside the residence.
e. No equipment shall be used which will cause interference with radio and television reception in neighboring dwellings nor create other nuisances by its operation.
f. No display of products shall be visible from the street, nor shall any article be sold or offered for sale on the premises.
g. No more than one client, patron, or customer may be on the premises for business or professional purposes at any one time.
h. The home occupation may only employ one person not resident on the premises in the performance of the occupation.
i. No sign identifying or advertising the minor home occupation shall be permitted.
j. Deliveries shall be limited to commercial package services or utilization of the owner's passenger vehicle, and conform to §431.D.
k. Additional off-street parking to accommodate the home occupation shall be allowed but may only occupy 40% of the area of the front yard.
l. The home occupation shall not be open for customers, clients or patrons before 8:00am on weekdays and 9:00am on weekends nor after 8:30pm every day.

Application Approved Date: 2/14/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance 405 and 431.B

☐ Permitted by Variance approved on: _____

☐ Approved with Conditions

☐ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment ☐ Zoning Officer

Katherine Malgieri

Katherine Malgieri, Zoning Officer

2/14/2019

Date

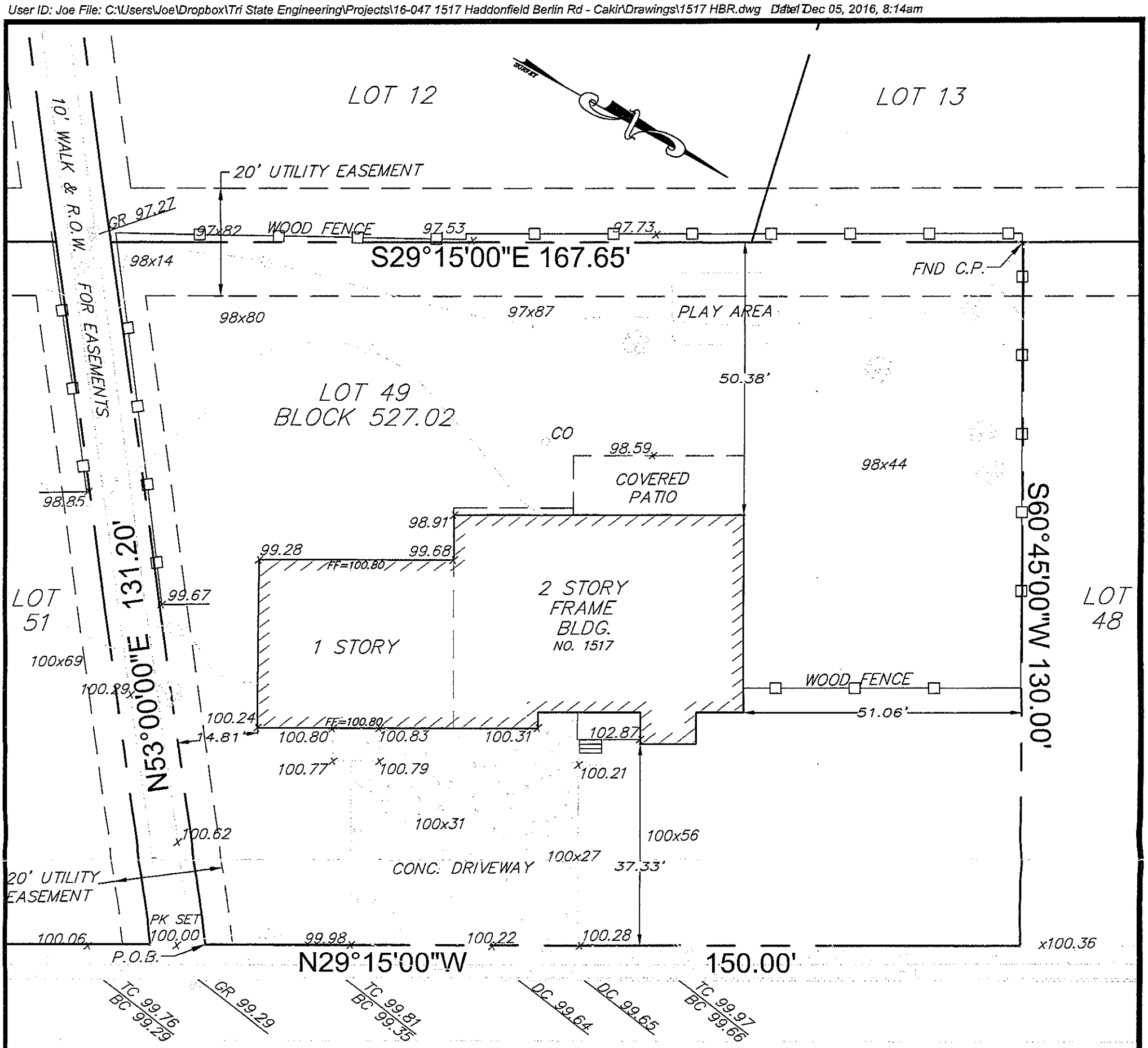
APPLICANT/OWNER SIGNATURE

02/15/2019

DATE

This Zoning Permit is based on the information presented by the applicant, including the application and attached plans. It allows for the application of Building Permits or Certificate of Occupancy (CO) from the Division of Code Enforcement. Additional permits may be required.

User ID: Joe File: C:\Users\Joe\Dropbox\Tri State Engineering\Projects\16-047 1517 Haddonfield Berlin Rd - Cakir\Drawings\1517 HBR.dwg Date: Dec 05, 2016, 8:14am



HADDONFIELD-BERLIN ROAD (C.R. 561)

(60' WIDE)

NOTES:

1. TRACT KNOWN AS LOT 49 BLOCK 527.02 AS SHOWN ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF CHERRY HILL. TOTAL AREA IS 0.473 ACRES ±.
2. BLOCK AND LOT NUMBERS TAKEN FROM THE OFFICIAL TAX MAPS OF THE TOWNSHIP OF CHERRY HILL.
3. PLANIMETRIC & TOPOGRAPHIC FEATURES SHOWN BASED ON ACTUAL FIELD SURVEY BY TRI-STATE ENGINEERING & LAND SURVEYING, PC IN NOVEMBER 2016. ELEVATIONS ON ASSUMED DATUM.
4. IT IS BEYOND THE SCOPE OF THIS SURVEY TO SET PROPERTY CORNERS.
5. SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.
6. SURVEYOR RESERVES THE RIGHT TO REVISE THIS SURVEY AT ANYTIME IF ADDITIONAL INFORMATION IS RECEIVED.
7. REFERENCES:

   DEED BOOK 8558 PAGE 1739

SURVEY OF PROPERTY

1517 HADDONFIELD-BERLIN ROAD
BLOCK 527.02, LOT 49
CHERRY HILL TOWNSHIP
CAMDEN COUNTY, NEW JERSEY

PROJECT No:			DATE	SCALE
16-047			11/2/16	1"=20'
FIELD:	DWN BY:	CHECKED:	SHEET No:	
JAM	DM	ADR	1 OF 1	

TRISTATE ENGINEERING & SURVEYING

TRISTATE ENGINEERING AND SURVEYING, PC
P.O. BOX 1304 BLACKWOOD, NJ 08012
OFFICE: (856) 677-8742 FAX: (856) 879-2024
www.tristatecivil.com

ANTHONY F. CIROSA
NEW JERSEY PROFESSIONAL ENGINEER & SURVEYOR LICENSE NO. 24GB042570

DATE

CHERRY HILL township

Zoning Permit

PERMIT APPLICATION No.	PERMIT APPLICATION DATE
11303	4/13/2015

PROPERTY INFORMATION

BLOCK(S)	LOT(S)	CONST CO. #	ZONE
527.02	49		R2

ADDRESS No.	ST. DIRECTION	STREET
1517		Berlin Rd.

NEIGHBORHOOD	SUBDIVISION
Cherry Hill	Downs Farm

IMPROVEMENT INFORMATION

EXISTING USE	PROPOSED USE
SFD	Addition

BOARD APPROVAL?	PB/ZB	APPLICATION No.	APPROVAL (RESOLUTION) DATE
No			

SAME AS OWNER? Yes

APPLICANT INFORMATION

FIRST NAME	LAST NAME	PHONE
Hikmet	Cakir	

ADDRESS	CITY	STATE	ZIP CODE	EMAIL
1517 Berlin Rd.	Cherry Hill	NJ	08003	

OWNER INFORMATION

FIRST NAME	LAST NAME	PHONE

ADDRESS	CITY	STATE	ZIP CODE	EMAIL

APPLICANT/OWNER SIGNATURE *DATE*

APPROVED. The above-described use, structure, or development proposed, as presented and certified by the applicant for:

APPROVED, as shown on the attached survey and building plans, for a 16' x 22.5' x 25' rear first floor addition to existing single-family dwelling. Proposed addition meets setbacks and lot requirements for R2 zone, per §405.D of the Zoning Ordinance. Building permits from the Construction Department are required that meet all UCC requirements. Cost: $20.00 residential fee.

SURVEY WAIVER?	CORNER LOT?	PERMIT APPROVAL DATE	ZONING PERMIT No.	DENIAL No.
No	No	4/17/2015	0	0

This Zoning Permit approval is based on the information presented by the applicant, including the application and attached plans. It allows for the application of Building Permits or Certificate of Occupancy (C.O) from the Code Enforcement Department. Additional permits may be required.

ZONING OFFICER / ADMINISTRATIVE OFFICIAL SIGNATURE *DATE* 21 April 2015

CHERRY HILL Township

Zoning Permit

PERMIT APPLICATION No.	PERMIT APPLICATION DATE
11303	4/13/2015

PROPERTY INFORMATION

BLOCK(S)	LOT(S)	CONST CO. #	ZONE
527.02	49		R2

ADDRESS No.	ST. DIRECTION	STREET
1517		Berlin Rd.

NEIGHBORHOOD	SUBDIVISION
Cherry Hill	Downs Farm

IMPROVEMENT INFORMATION

EXISTING USE	PROPOSED USE
SFD	Two-Story Addition

BOARD APPROVAL?	PB/ZB	APPLICATION No.	APPROVAL (RESOLUTION) DATE
No			

APPLICANT INFORMATION — SAME AS OWNER? Yes

FIRST NAME	LAST NAME	PHONE
Hikmet	Cakir	

ADDRESS	CITY	STATE	ZIP CODE	EMAIL
1517 Berlin Rd.	Cherry Hill	NJ	08003	

OWNER INFORMATION

FIRST NAME	LAST NAME	PHONE

ADDRESS	CITY	STATE	ZIP CODE	EMAIL

APPLICANT/OWNER SIGNATURE — *DATE* 07/10/2015

APPROVED. The above-described use, structure, or development proposed, as presented and certified by the applicant for:

APPROVED, as shown on the attached survey and building plans, for a 16' x 22.5' x 25' rear two-story addition to existing single-family dwelling. Proposed addition meets setbacks and lot requirements for R2 zone, per §405.D of the Zoning Ordinance. Building permits from the Construction Department are required that meet all UCC requirements. Cost: $20.00 residential fee. REVISED ON 6/3/15 TO NOTE THAT THE PERMIT IS FOR A TWO-STORY ADDITION AS OPPOSED TO A ONE-STORY ADDITION.

SURVEY WAIVER?	CORNER LOT?	PERMIT APPROVAL DATE	ZONING PERMIT No.	DENIAL No.
No	No	6/3/2015	0	0

This Zoning Permit approval is based on the information presented by the applicant, including the application and attached plans. It allows for the application of Building Permits or Certificate of Occupancy (C.O) from the Code Enforcement Department. Additional permits may be required.

ZONING OFFICER / ADMINISTRATIVE OFFICIAL SIGNATURE — *DATE* 02 July 2015

Township of Cherry Hill

820 Mercer Street

P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	DATE	Block	Lot	Existing Use	Proposed Use
3557	7/6/2007	527.02	49	SFR	Showcase Design Center - Home Occupation

ConstControl:	PropStrNo:	Street Direction:	Property Street Name:
	1517		Berlin Rd

Neighborhood	Subdivision	Zone
Cherry Hill	N/A	R2

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

AppOwner	BrdApp	PB/ZB	App#	ApprDate
Yes	No			

Application First Name	Application Last Name	Telephone
Hikmet	Gakr	

Address	City	State	Zip
1517 Berlin Rd	Cherry Hill	NJ	08003

Owner Last Name	Owner First Name

Address	City	State	Zip

Signature

Date 07/12/07

Improve

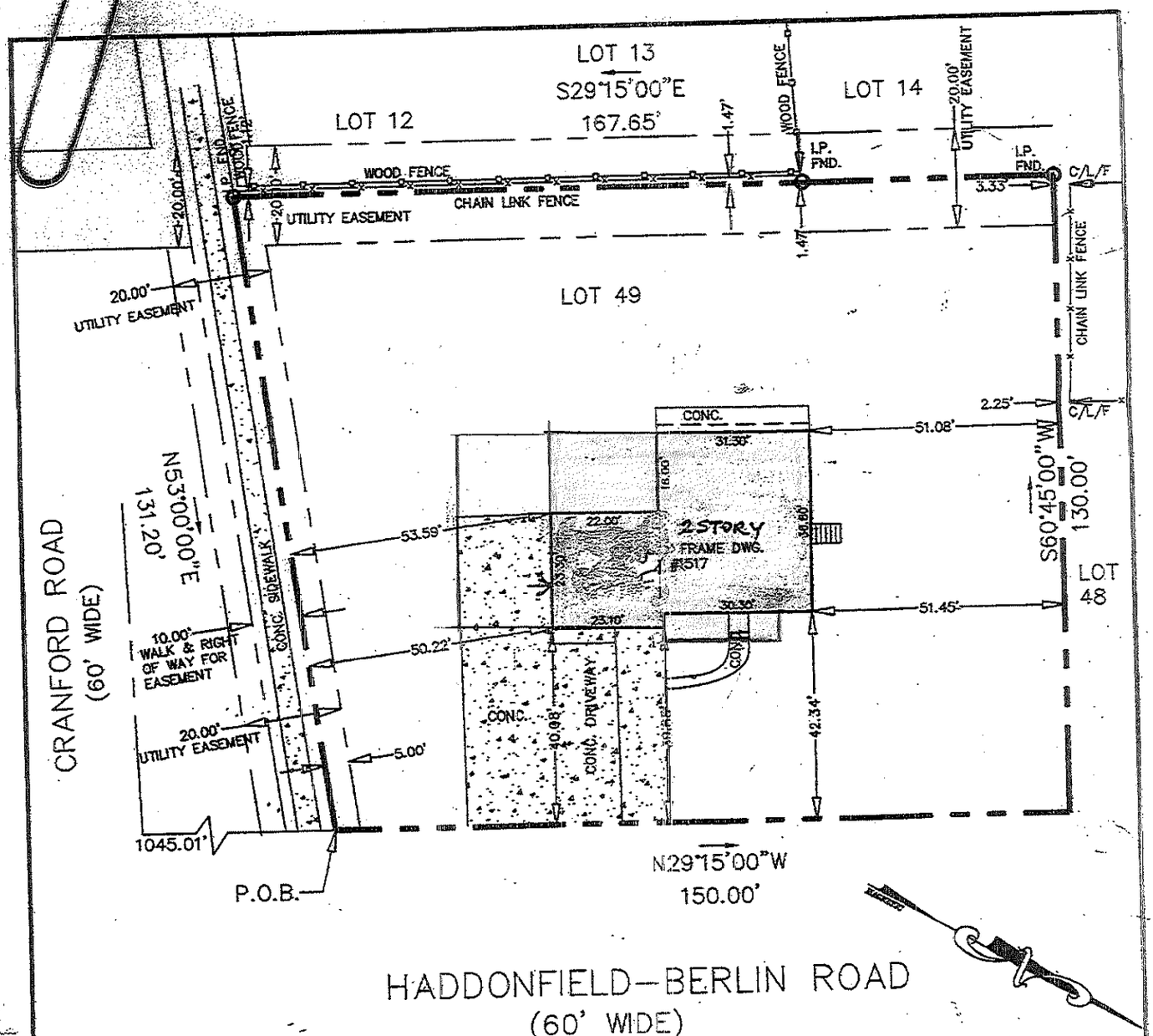
APPROVED for home occupation for office "Showcase Design Center LLC", as submitted, per Section 802.7 of the Zoning Ordinance, which states: A home occupation is a permitted accessory use in all residential zones and shall not alter the residential character of the dwelling. The use must comply with the terms and conditions outlined in Section 802.7 of the 'Home Occupation' section of the Ordinance to verify that they understand & agree to all requirements as set forth. Failure to comply with the Ordinance will result in the rescinding of this permit. Cost: $25.00 non-residential fee.

Is a Survey Waiver Required?	Is this a corner lot?
No	No

Zoning Per. App. Review Date:	Zoning Permit No.	Zoning Permit Denial No.:
7/6/2007	0	0

Signature:

Date: 7-12-07



To:
HIKMET CAKIR
EXECUTIVE TITLE & ABSTRACT, INC.
FIRST AMERICAN TITLE INSURANCE COMPANY
WASHINGTON MUTUAL BANK, FA;
its successors and/or assigns, ATIMA

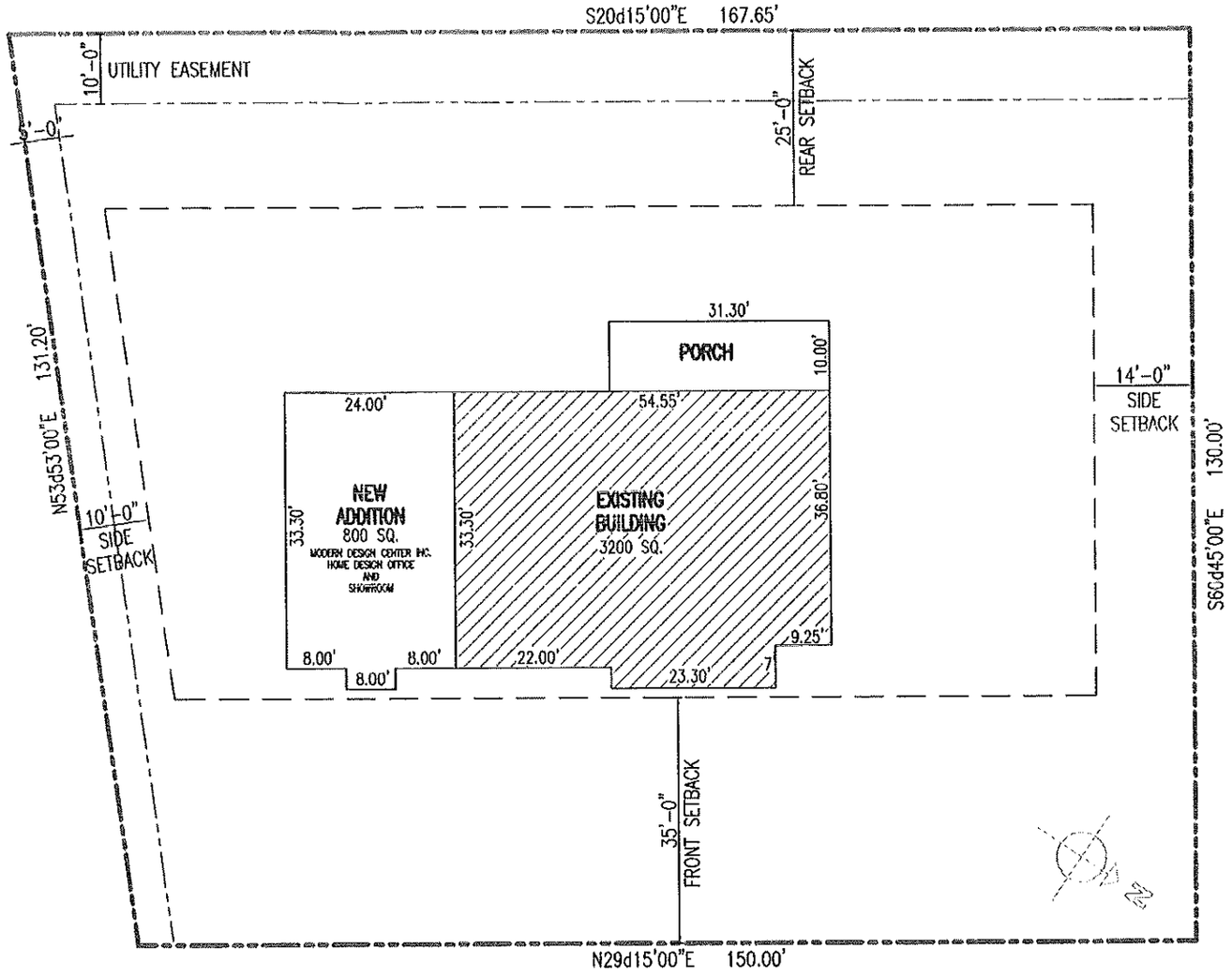
TO ALL PERSONS AND PARTIES OF INTEREST:
I HEREBY DECLARE THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN.

THIS SURVEY WAS PREPARED ONLY FOR THE ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE FOR HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED HEREIN, EITHER DIRECTLY OR INDIRECTLY. SURVEY MAY NOT BE USED FOR CONSTRUCTION OR SUBDIVISION PURPOSES WITHOUT WRITTEN CONSENT OF

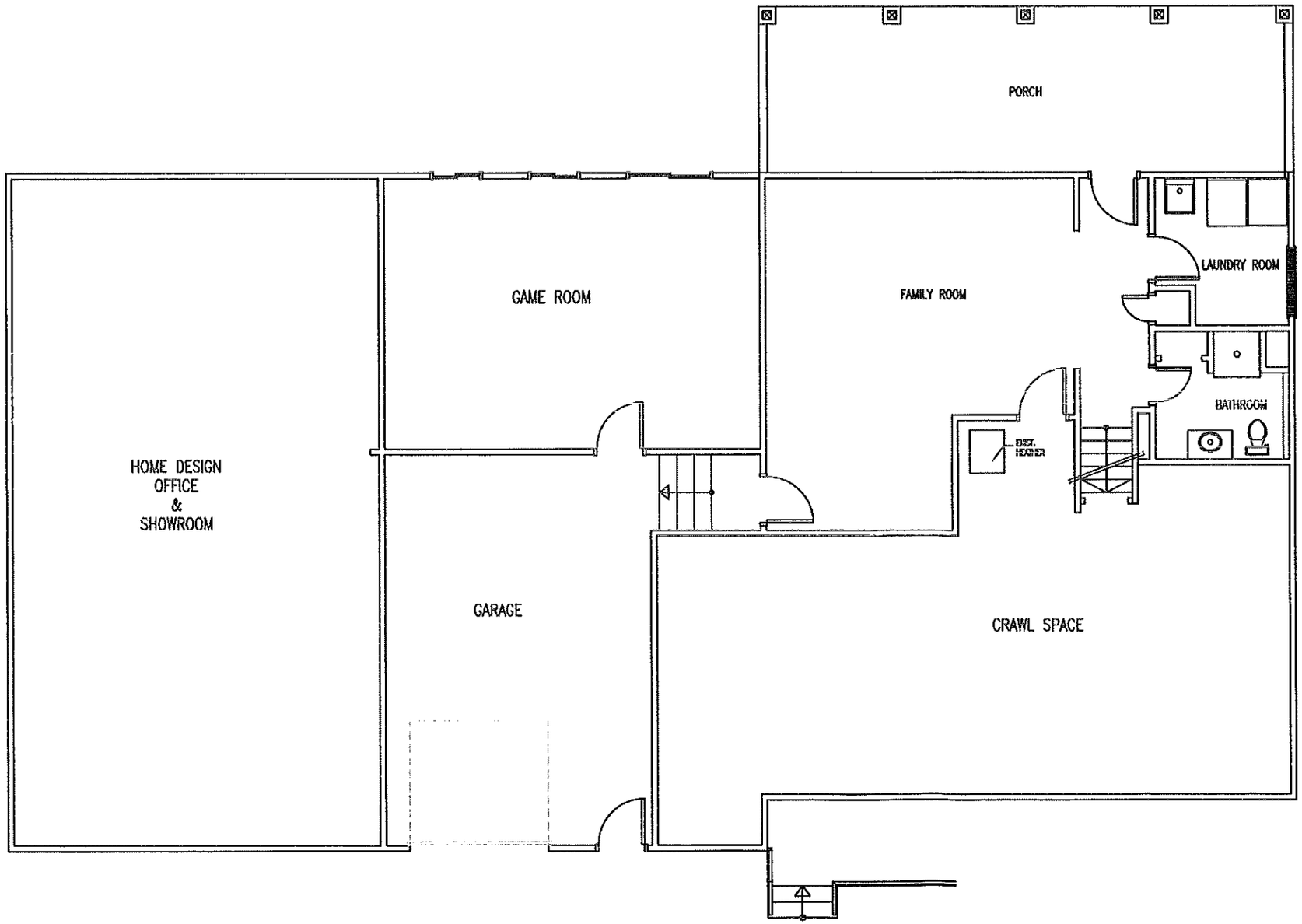
THIS SURVEY PLAN, FLAGS AND/OR PINS SET ARE NOT VALID UNTIL FEE IS PAID IN FULL. IF FEE NOT PAID, THIS SURVEY IS INVALID. ANY OTHER USE OF THIS PLAN OR A COPY OR ALTERATION OF IT NOT SIGNED AND SEALED BY THE SURVEYOR WHO PREPARED THIS PLAN IS NOT THE RESPONSIBILITY OF THE UNDERSIGNED.

SURVEYOR RESERVES THE RIGHT TO REVISE THIS SURVEY AT ANY TIME AFTER SUBMISSION IF ADDITIONAL PERTINENT INFORMATION IS RECEIVED.

THIS PLAN OF SURVEY IS NOT AN ALTA SURVEY.

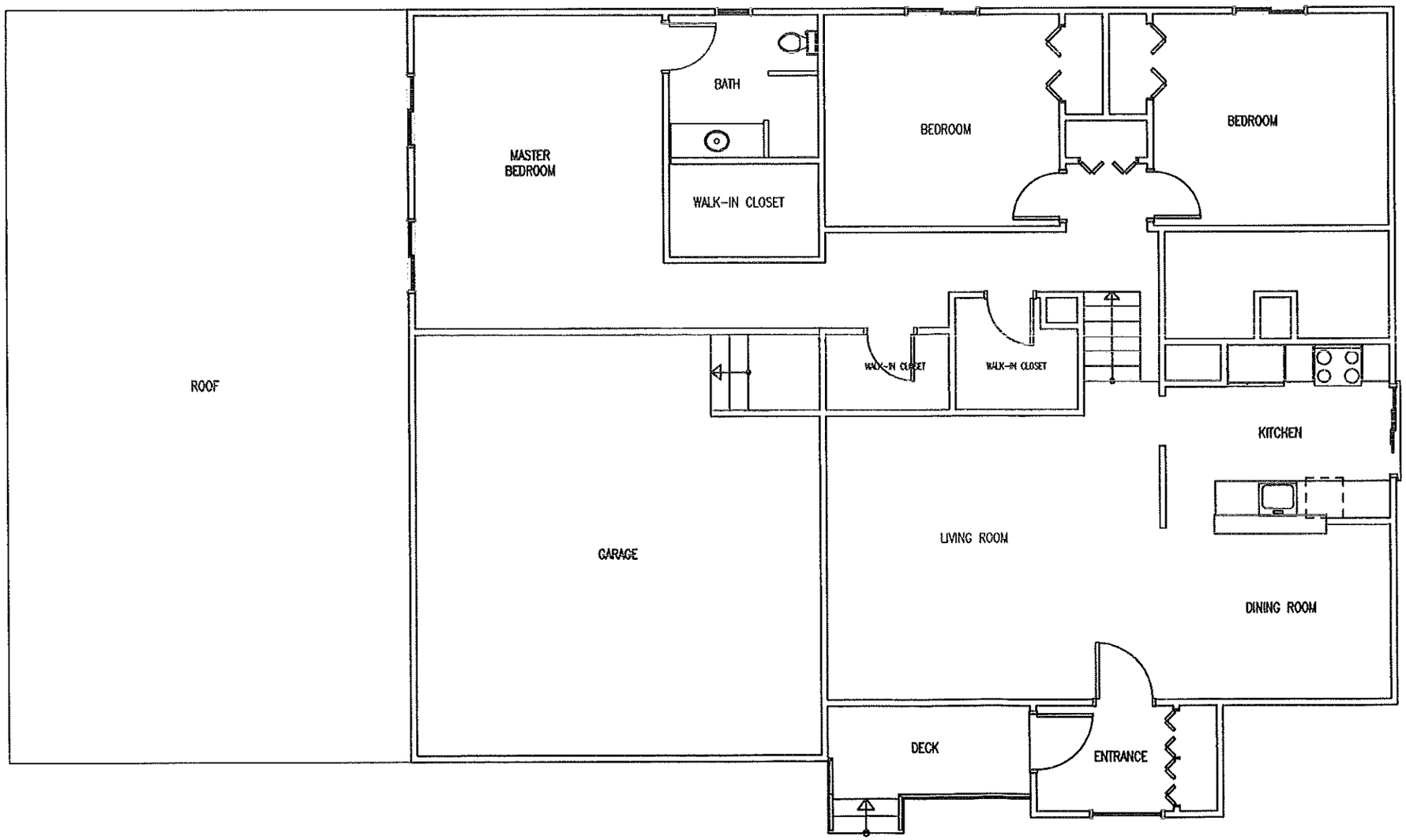


HADDONFIELD-BERLIN ROAD
(60' WIDE)



LOWER FLOOR PLAN

SCALE: 1/4"-1'-0"



MAIN FLOOR PLAN

SCALE: 1/4"-1'-0"

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	DATE	Block	Lot	Existing Use	Proposed Use
3557	7/6/2007	527.02	49	SFR	Showcase Design Center - Home Occupation

ConstControl:	PropStrNo:	Street Direction:	Property Street Name:
	1517		Berlin Rd

Neighborhood	Subdivision	Zone
Cherry Hill	N/A	R2

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

AppOwner	BrdApp	PB/ZB	App#	ApprDate
Yes	No			

Application First Name	Application Last Name	Telephone
Hikmet	Gakir	

Address	City	State	Zip
1517 Berlin Rd	Cherry Hill	NJ	08003

Owner Last Name	Owner First Name

Address	City	State	Zip

Signature

Date 07/12/07

Improve

APPROVED for home occupation for office "Showcase Design Center LLC", as submitted, per Section 802.7 of the Zoning Ordinance, which states: A home occupation is a permitted accessory use in all residential zones and shall not alter the residential character of the dwelling. The use must comply with the terms and conditions outlined in Section 802.7 of the 'Home Occupation' section of the Ordinance to verify that they understand & agree to all requirements as set forth. Failure to comply with the Ordinance will result in the rescinding of this permit. Cost: $25.00 non-residential fee.

Is a Survey Waiver Required?	Is this a corner lot?
No	No

Zoning Per. App. Review Date:	Zoning Permit No.	Zoning Permit Denial No.:
7/6/2007	0	0

Signature:

Date: 7-12-07

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	*DATE*	*Block*	*Lot*	*Existing Use*	*Proposed Use*
3393	5/31/2007	527.02	49	sfr	change concrete slope

ConstControl:	*PropStrNo:*	*Street Direction:*	*Property Street Name:*
	1517		Berlin Rd.

Neighborhood	*Subdivision*	*Zone*
Cherry Hill	N/A	R2

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

AppOwner	*BrdApp*	*PB/ZB*	*App#*	*ApprDate*
Yes	No			

Application First Name	*Application Last Name*	*Telephone*
Hikmet	Cakir	

Address	*City*	*State*	*Zip*
1517 Berlin Rd.	Cherry Hill	NJ	08003

Signature

Date 06.04.07

Owner Last Name	*Owner First Name*

Address	*City*	*State*	*Zip*

Improve

APPROVED, as shown on attached plan, for a 17' x 4' and a 10' x 31' replacement of a concrete slab in the front and rear yard that meets applicable setbacks, per Section 529.1.B of the Zoning Ordinance. Cost: $10.00 residential fee.

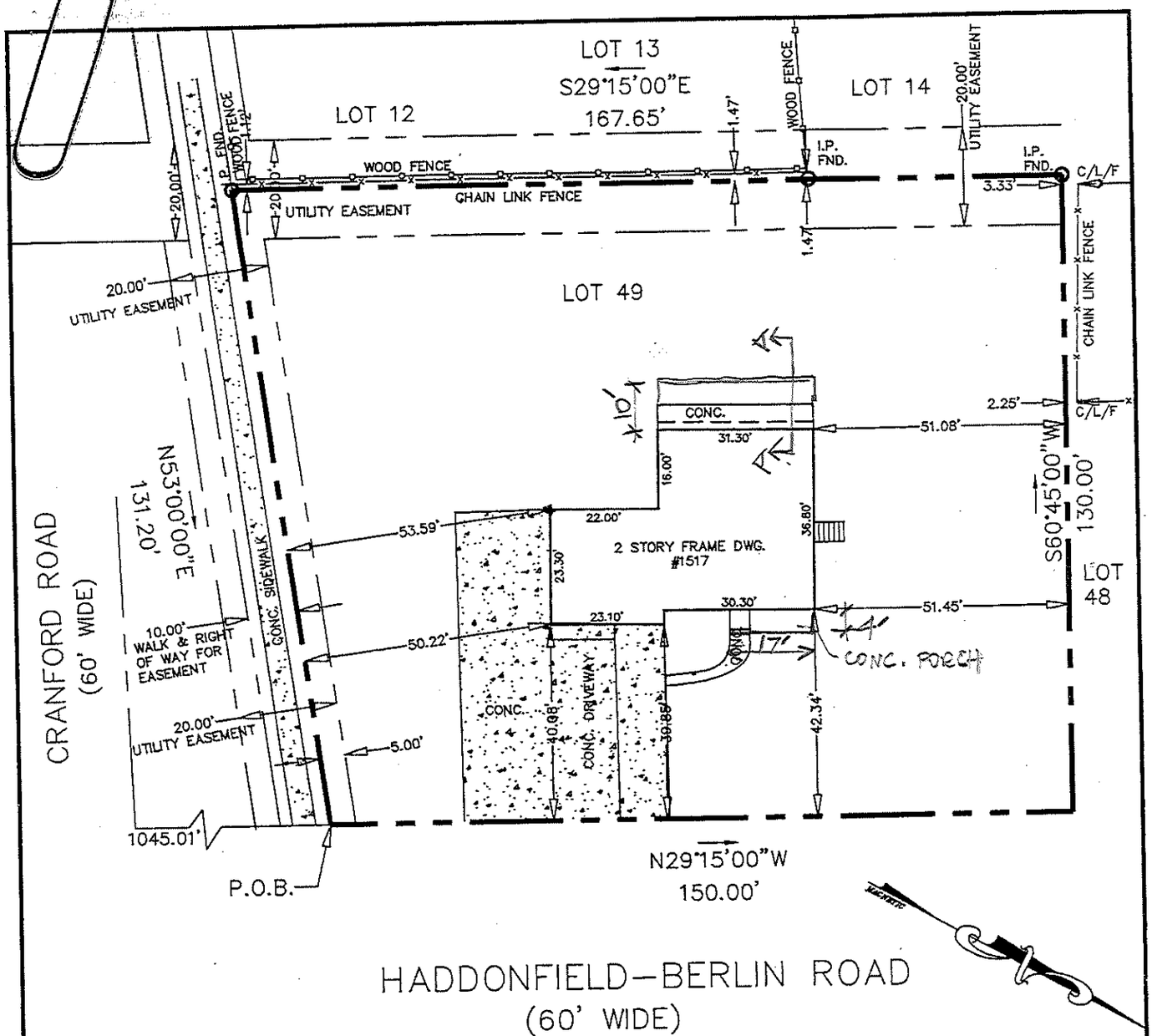
Is a Survey Waiver Required?	No

Is this a corner lot?	No

Zoning Per. App. Review Date:	*Zoning Permit No.*	*Zoning Permit Denial No.:*
5/31/2007	0	0

Signature:

Date: 6-1-07



To:
HIKMET CAKIR
EXECUTIVE TITLE & ABSTRACT, INC.
FIRST AMERICAN TITLE INSURANCE COMPANY
WASHINGTON MUTUAL BANK, FA;
its successors and/or assigns, ATIMA

TO ALL PERSONS AND PARTIES OF INTEREST:
I HEREBY DECLARE THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN.

THIS SURVEY WAS PREPARED ONLY FOR THE ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE FOR HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED HEREIN, EITHER DIRECTLY OR INDIRECTLY. SURVEY MAY NOT BE USED FOR CONSTRUCTION OR SUBDIVISION PURPOSES WITHOUT WRITTEN CONSENT OF

THIS SURVEY PLAN, FLAGS AND/OR PINS SET ARE NOT VALID UNTIL FEE IS PAID IN FULL. IF FEE NOT PAID, THIS SURVEY IS INVALID. ANY OTHER USE OF THIS PLAN OR A COPY OR ALTERATION OF IT NOT SIGNED AND SEALED BY THE SURVEYOR WHO PREPARED THIS PLAN IS NOT THE RESPONSIBILITY OF THE UNDERSIGNED.

SURVEYOR RESERVES THE RIGHT TO REVISE THIS SURVEY AT ANY TIME AFTER SUBMISSION IF ADDITIONAL PERTINENT INFORMATION IS RECEIVED.

THIS PLAN OF SURVEY IS NOT AN ALTA SURVEY.

Township of Cherry Hill

820 Mercer Street
P.O. Box 5002, Cherry Hill, NJ 08034

Zoning Approval

Permit Number:	DATE	Block	Lot	Existing Use	Proposed Use
3332	5/18/2007	527.02	49	sfr	fence

ConstControl:	PropStrNo:	Street Direction:	Property Street Name:
	1517		Berlin Rd.

Neighborhood	Subdivision	Zone
Cherry Hill	N/A	R2

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

AppOwner	BrdApp	PB/ZB	App#	ApprDate
Yes	No			

Application First Name	Application Last Name	Telephone
Hikmet	Cakir	

Address	City	State	Zip
1517 Berlin Rd.	Cherry Hill	NJ	08003

Signature

Date 05/25/07

Owner Last Name	Owner First Name

Address	City	State	Zip

Improve

APPROVED, as shown on attached survey, for the installation of a 6' foot wood fence per Section 512 of the Zoning Ordinance. ANY HORIZONTAL SUPPORT BARS MUST FACE INWARD TOWARD THE PROPERTY OWNER. Cost: $10.00 residential fee.

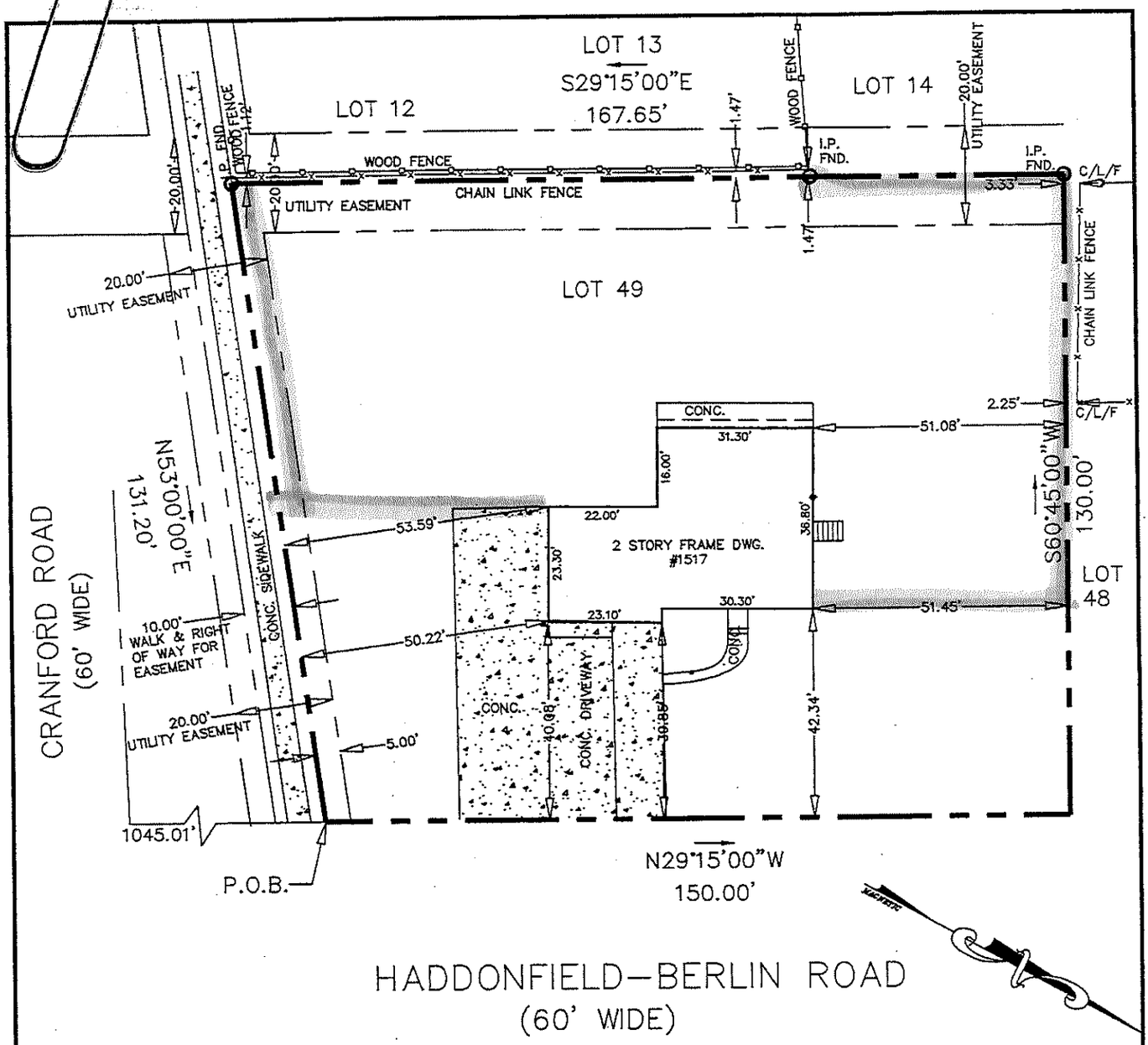
Is a Survey Waiver Required?	No

Is this a corner lot?	No

Zoning Per. App. Review Date:	Zoning Permit No.	Zoning Permit Denial No.:
5/18/2007	0	0

Signature:

Date: 5-22-07



To:
HIKMET CAKIR
EXECUTIVE TITLE & ABSTRACT, INC.
FIRST AMERICAN TITLE INSURANCE COMPANY
WASHINGTON MUTUAL BANK, FA;
its successors and/or assigns, ATIMA

TO ALL PERSONS AND PARTIES OF INTEREST:
I HEREBY DECLARE THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN.

THIS SURVEY WAS PREPARED ONLY FOR THE ABOVE NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE FOR HEREIN DELINEATED PROPERTY BY ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED HEREIN, EITHER DIRECTLY OR INDIRECTLY. SURVEY MAY NOT BE USED FOR CONSTRUCTION OR SUBDIVISION PURPOSES WITHOUT WRITTEN CONSENT OF

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THIS PLAN OF SURVEY IS NOT AN ALTA SURVEY.

ZONING APPROVAL APPLICATION

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill, NJ 08002
(856) 488-7870

RECEIVED
FEB 19 2004
Community Development

ZONING APPROVAL **№** 2753

☐ Building Permit ☐ Certificate of Occupancy

Block 527.02 Lot 49 + N/S Zone R2

Property Owner Abdul Minhas & Bushra Saleh

Address of Property 1517 Berlin Road Cherry Hill

Address of Owner Same Phone No.

Existing Use Residential Proposed Use Same

Type of Structure Proposed Repair & expand existing driveway & Parking area

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

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

William Ezekiel — Signature
41 S. Haddon Ave, Haddonfield — Address
856-428-2600 — Telephone

**** DO NOT COMPLETE BELOW THIS LINE ****

SETBACKS: ☐ Corner Lot ☐ Inside Lot

Front _____ Rear _____ Smallest side _____ Aggregate _____ Second front _____

Sq. Ground Floor _____ Height _____ Gross Floor Area _____

For swimming pool only:

Distance of pool from the foundation wall _____ Front _____ Rear _____ Side _____

ZONING BOARD ACTION	P.O.A. _____	Date Granted _____
PLANNING BOARD ACTION	P.B.C. _____	Date Granted _____

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

COMMENTS: If constructing driveway apron/curbs, must get approval from building dept. Must comply w/ UCC regs.

APPROVED

OTHER PAYMENTS AND FEES:

Taxes Paid: _____

Contributions-In-Aid:

Road Improv. $ _____

Sewer Improv. $ _____

Other ZA $ 100.00

Housing Impact Fee:

(a) Estimated equalized value of the improvements $_____

(b) Fee calculation:

1) Residential use - 0.5% of (a) $_____

2) Non-Residential use - 1.0% of (a) $_____

Nicole Hoste — Name
SENIOR PLANNER — Title
2/19/04 — Date

PPCo.

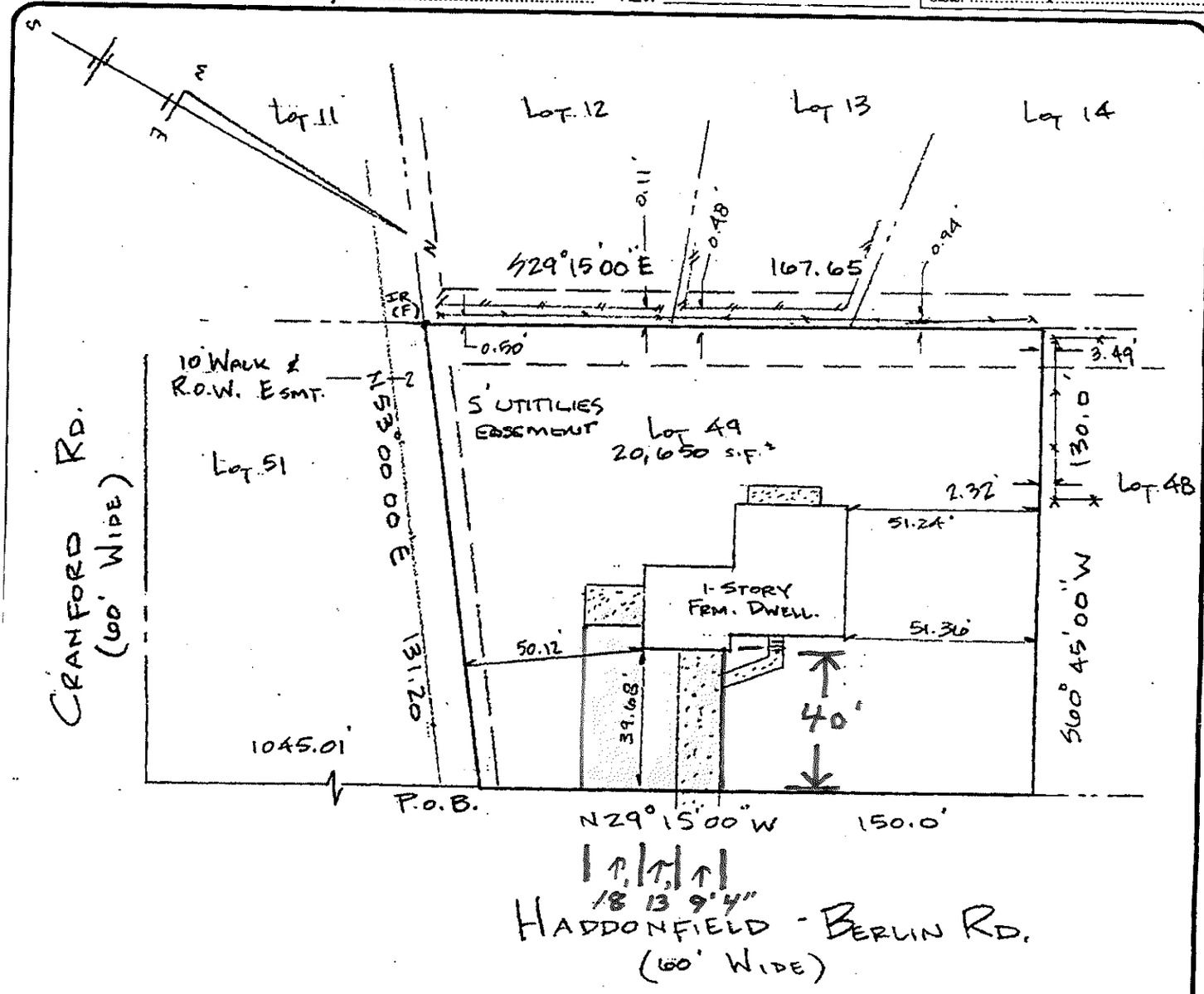
DONOVAN
LAND SURVEYING & PLANNING
Surveyors
19 Hillcrest Rd. • Stratford, NJ 08084
(856) 627-3550
Fax: (856) 627-4347
tincannavyman@comcast.net

SURVEY NO: 0401007
DATE: 01 / 10 / 04
SCALE: 1" = 40'
REV:
REV:
REV:
REV:
REV:

SURVEY OF PREMISES
1517
HADDONFIELD BERLIN RD.

SITUATE IN
Town: CHERRY HILL TWP.
County: CAMDEN
State: NJ

TO: ABDUL MINHAS - BUSHRA SALEH -
TRIDENT LAND TRANSFER CO. OF NJ -
CONSUMER MORTGAGE SERVICES INC.,
ITS SUCCESSORS AND/OR ASSIGNS



- BEING LOTS 49 & 50, BLK. 527.02, PL. 225, TAX MAP.
CORNER MARKERS TO BE SET

Pd

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill, NJ 08002

ZONING APPROVAL № 39457

☑ Building Permit ☐ Certificate of Occupancy

Block 527A ~~527~~ 527.02 Lot 18 Zone

Property Owner Bonnie M. Wideman

Address of Property 1517 Beverly Terr Cherry Hill, NJ 08003

Address of Owner 1517 Beverly Terr CH, NJ Phone No. 856-216-7165

Existing Use Proposed Use

Type of Structure Proposed Fence (wood) across back of property

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

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

B Wide — 1517 Beverly Terr CH, NJ — 856-216-7165
Signature Address Telephone

SETBACKS: ☐ Corner Lot ☒ Inside Lot

Front Rear Smallest side Aggregate Second front

Sq. Ground Floor Height Gross Floor Area

For swimming pool only:

Distance of pool from the foundation wall Front Rear Side

ZONING BOARD ACTION	P.O.A.	Date Granted
PLANNING BOARD ACTION	P.B.C.	Date Granted

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

~~For residential uses, fence construction shall not exceed six (6) feet in height. The setback for a six (6) foot high fence shall be the front-most wall of the dwelling or a minimum of twenty-five (25) feet from any street right-of-way line; whichever is greater. Fence construction within these setback requirements may not exceed three (3) feet in height.~~

~~HORIZONTAL BARS MUST FACE THE INTERIOR OF THE PROPERTY.~~

COMMENTS: Approval is given for fence in rear of property. Fence may not exceed 6' in height. All setback requirements must be met as noted. Resident is responsible for ensuring that all setback requirements are met and that fence is placed on or within the property lines. Resident is responsible to remove/replace fence if access to easement is needed for any reason.

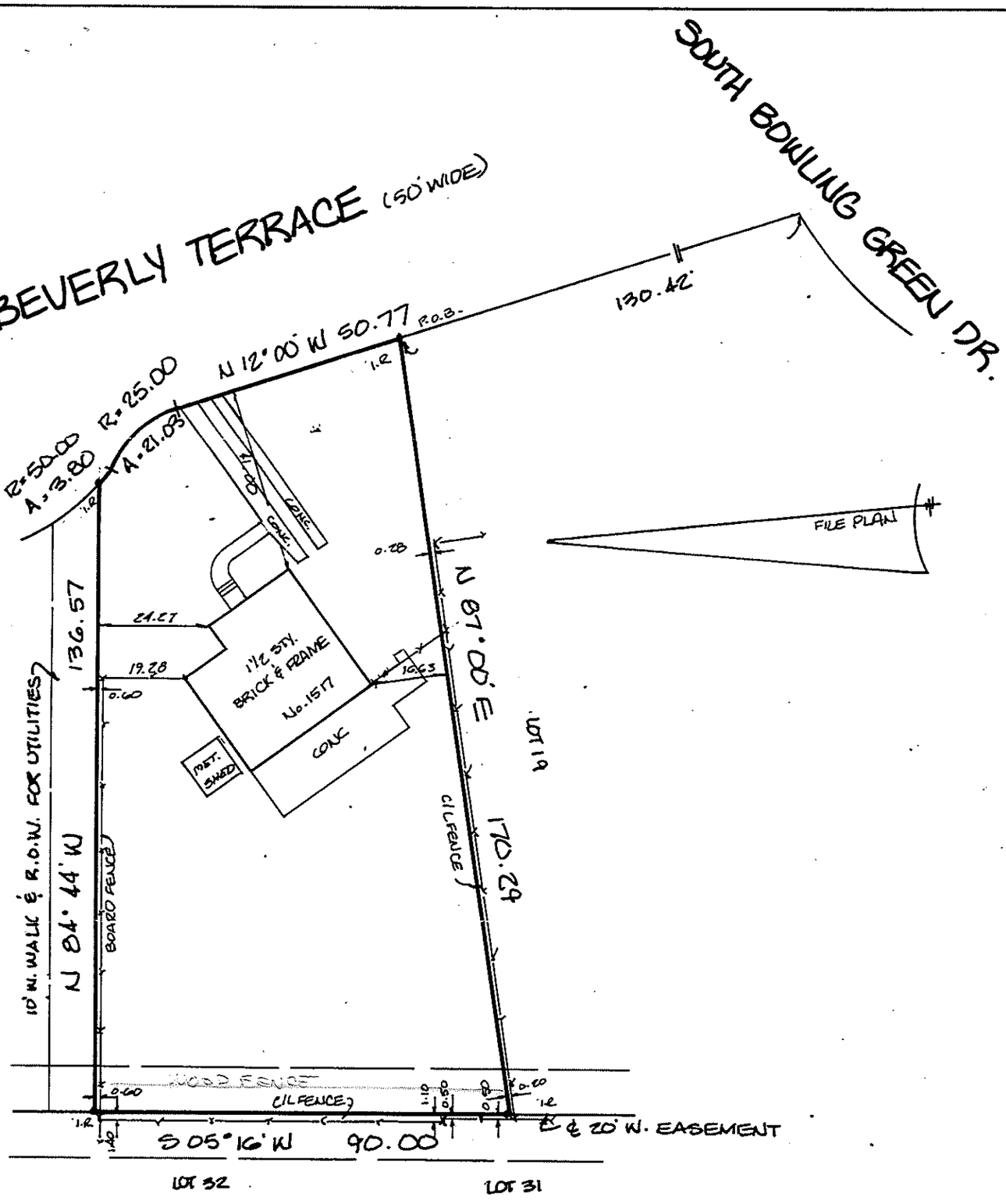
OTHER PAYMENTS AND FEES:
Taxes Paid: ✓ Shade Tree Fee $2.00/LF of street frontage

Contributions-In-Aid:
Road Improv. $
Sewer Improv. $
Other ZA $ 10.00

Housing Impact Fee:
(a) Estimated equalized value of the improvements $
(b) Fee calculation:
1) Residential use - 0.5% of (a) $
2) Non-Residential use - 1.0% of (a) $

Elizabeth Donohue — Zoning Officer — 10/5/06
Name Title Date

PPCo.



BEING LOT 18, BLOCK 527-A, PLAN OF LOTS, WOODCREST, DATED JAN. 3, 1955.
A.K.A. LOT 18, BLOCK 527.02, TAX MAP.
THIS LOT IS NOT WITHIN A FLOOD HAZARD ZONE PER FLOOD INSURANCE RATE MAP, COMMUNITY PANEL No. 340129 0010 B, MAP REVISED MAR. 1, 1984.

CORESTATES NEW JERSEY NATIONAL BANK,
ITS SUCCESSORS AND/OR ASSIGNS
AS THEIR INTEREST MAY APPEAR
INFINITY TITLE AGENCY INC.
BONNIE WIDEMAN

"To: _____ any Insuror of Title relying hereon and any other party in interest:
"In consideration of the fee paid for making this survey, I hereby certify to its accuracy (except such easement, 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."

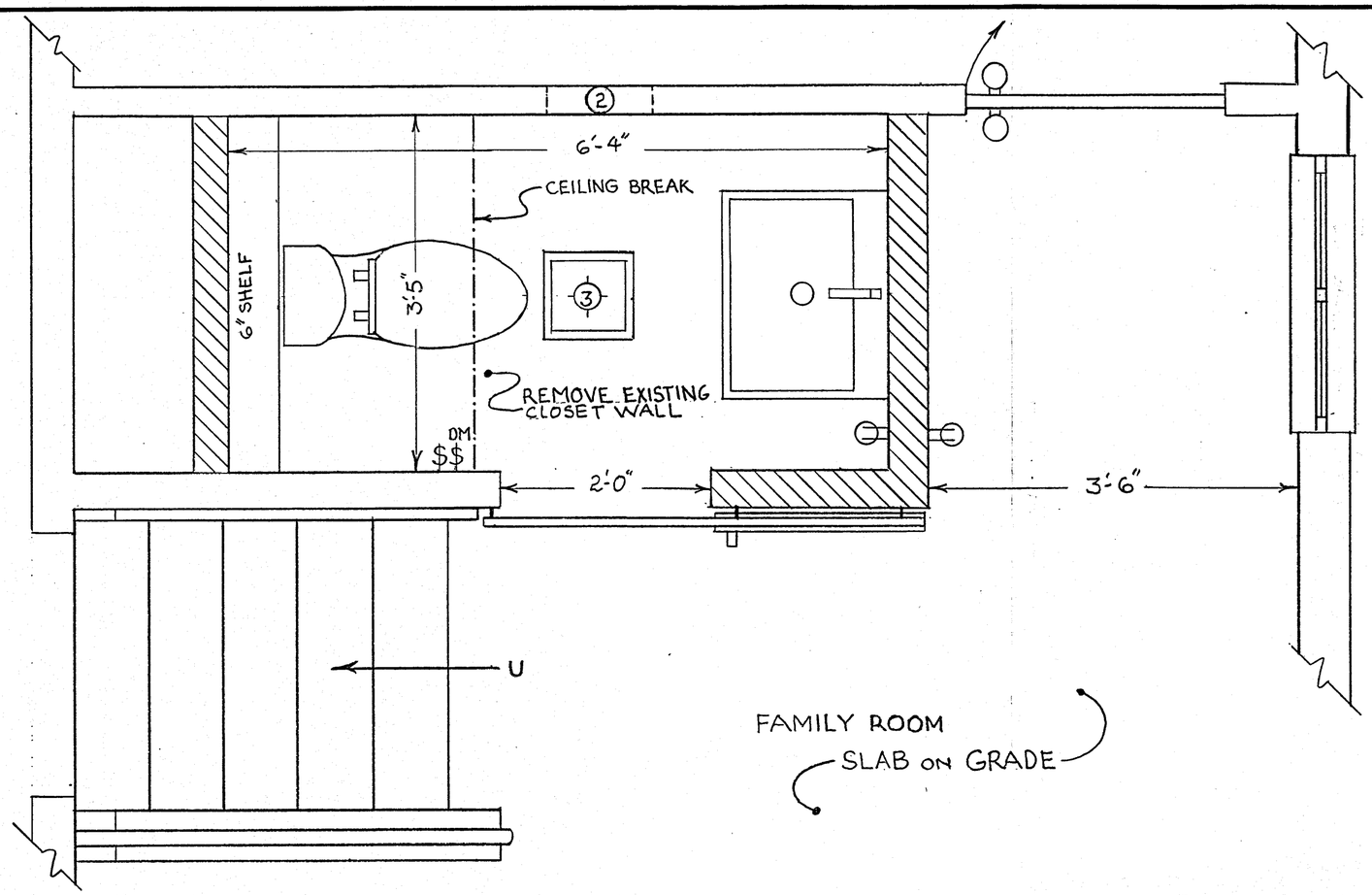
N.J. Land Surveyor License No. 20794
JOHN E. GAUNTT

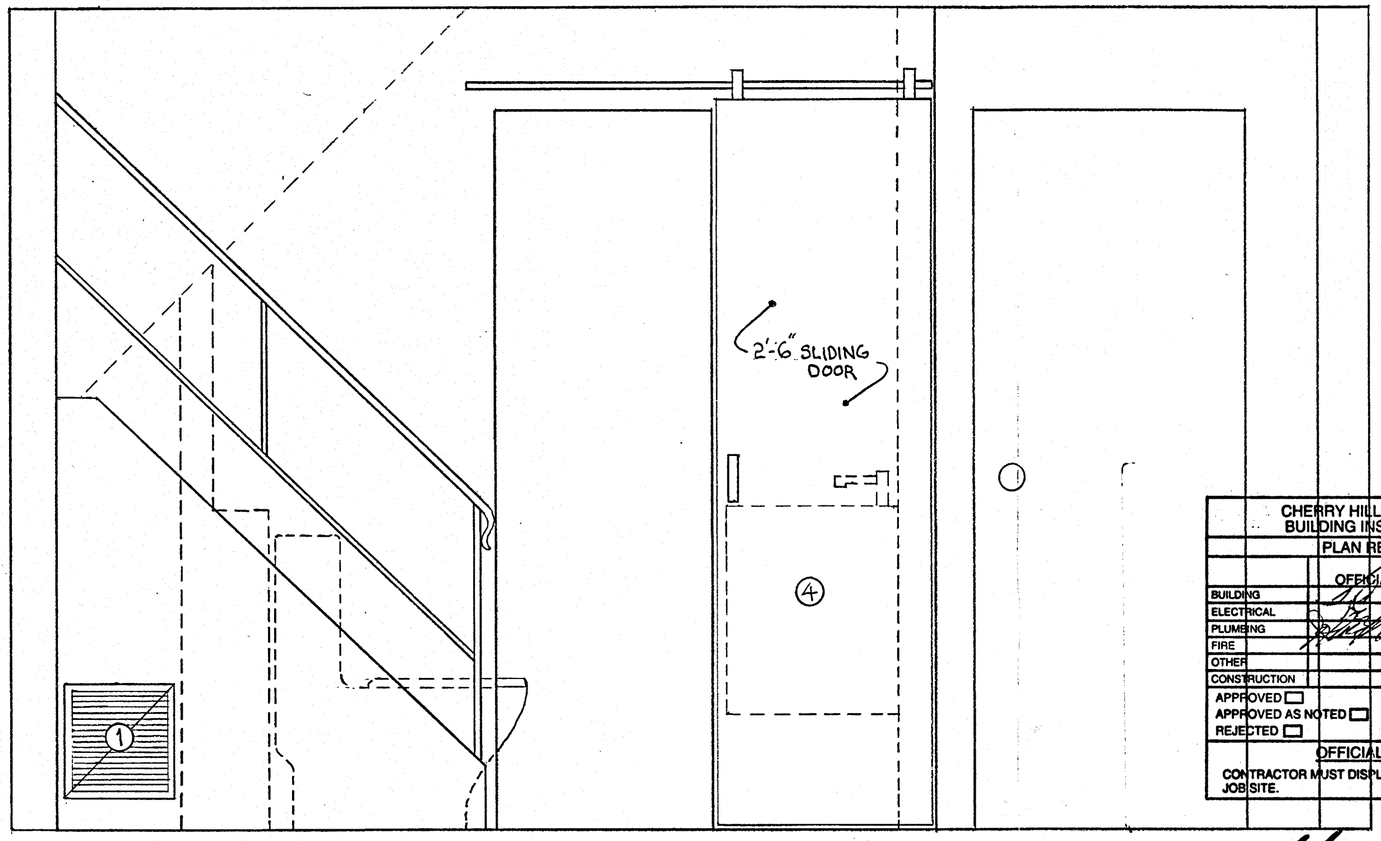
SURVEY AND PLAN OF PREMISES IN
TOWNSHIP OF CHERRY HILL, CO. OF CAMDEN, N.J.

SCALE: 1" = 30'		DRAWN BY: P.A.R.
DATE: JAN. 23, 1989		REVISED: 6-7-97

JOHN E. GAUNTT ASSOCIATES INC.
301 Mill Street
Moorestown, NJ 08057

DRAWING NUMBER
44-125-89-5378





00029_028938 2838
20190092 LF
0000SJRT

Block 527.02 Lot 18 Qual

Permit # 20190092

NOTES:
1. RELOCATE: RETURN AIR INTAKE
2. CLOSE EXISTNG RETURN AIR INTAKE
3. EXHAUST FAN & LIGHT
4. WALL MOUNT 24" VANITY
5. NEW WALL- 2"x4"

CHERRY HILL TOWNSHIP
BUILDING INSPECTIONS
PLAN REVIEW

	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY
CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

RECEIVED
DEC 20 2018
BUILDING INSPECTIONS

OFFICE- Copy

POWDER ROOM ADDITION

SCALE: 1"=1'-0" | APPROVED BY: Bonnie Wideman | DRAWN BY JBC
DATE: 12-9-18 | REVISED

1517 BEVERLY TERRACE
CHERRY HILL, NJ 08003

DRAWING NUMBER 1

BLOCK 527.02 LOT 18 QUALIFICATION CODE ADDRESS (SITE) 1517 Beverly Terrace, CH PERMIT NO. 20190092

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 1517 Beverly Terrace, Cherry Hill, NJ 08003
2. Name of Owner in Fee: Bonnie Wideman
   Tel. _____ e-mail _____
   Address SAME (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Superior Remodeling Sol. LLC Tel. (609) 238-3002
   Address 366 Cross Keys Road, Suite A e-mail Dan@Superior remodeling.com
   Sicklerville, NJ 08081
   License No. OR, if new home, Builder Reg. No. — Exp. Date —
   Home Improvement Contractor Registration No. or Exemption Reason 13VH04899200
   Federal Emp. ID No. 262597387 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Dan Watson
   Tel. (609) 238-3002 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 306		
2. Electrical	65		
3. Plumbing	66		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	24		
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$ 460		

00029_028938 2838 20190092 SF

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

CONTROL # 11357

DEC 20 2018

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☒ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	8300.00				12/31/18	[illegible]			
☒ Electrical	1500.00				12/21/18	[illegible]			
☒ Plumbing	2500.00				12.21.18	[illegible]			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$ 12,300.00								

Bathroom Renovation

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental R-5
   Lost, Sale
   Lost, Rental P-3

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____
D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

STAPLES

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (✓) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 1/4/19

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Dan Watson

Address 366 Cross Keys Road, Suite A
Sicklerville, NJ 08081

Telephone (609) 238-3002

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

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Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Dan Watson

Address 366 Cross Keys Road, Suite A

Sicklerville, NJ 08081

Telephone (609) 238-3002

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

EMAILED 1-2-19
Home owner
must complete
Cert in Lieu
1-2-19
WAITING
for owner T
to sign lieu
of
Da tL
Fred

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 2/13/2019
Control Number 113757
Permit Number 20190092
Permit Issue Date 1/10/2019
Certificate Number 20190092

Identification

Block: 527.02 Lot: 18 Qual:

Work Site Location: 1517 BEVERLY TERRACE CHERRY HILL, NJ 08003

Owner in Fee: WIDEMAN, BONNIE
Owner Address: 1517 BEVERLY TERRACE CHERRY HILL NJ 08003
Telephone:

Contractor: SUPERIOR REMODELING SOLUTIONS LLC
Address: 366 CROSS KEYS ROAD, SUITE A SICKLERVILLE NJ 08081
Telephone: (609) 238-3002 Fax:
License Number or Builders Registration Number: 13VH04899200
Federal Emp. Number: 262597387

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
BATH RENOVATION

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Construction Official

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

Fee: $0.00

Check Number:

Collected By:

Date Printed: 2/13/2019

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 113757 1/10/19

Date Issued
Permit # 20190092

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

Block 527.02 Lot 18 Qualification Code _____

Work Site Location 1517 Beverly Terrace, Cherry Hill, NJ 08003

Owner in Fee: Bonnie Wideman

Tel. _____ e-mail _____

Address Same
street municipality zip code

Contractor: Superior Remodeling Solutions, LLC Tel. (609) 238-3002

Address 366 Cross keys Road, Suite A e-mail Dan@Superiorremodeling.com

Sicklerville, NJ 08081

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

Home Improvement Contractor Registration No. or Exemption Reason 13VH04899200

Federal Emp. ID No. 262597387 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All 12/31/18 SL
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 12/31/18
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 2/12/19
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame ✓				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final ✓			2.12.19	SK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed _____

Constr. Class Present V-B Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 8300
3. Total (1+ 2) $ 8300.00

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: Dan Watson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Powder Room alterations

* Call for inspections
* Provide - field plans -

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)

$ 306.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 113757 1/10/19
Date Issued
Permit # 20190092

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

Block 527.02 Lot 18 Qualification Code _____

Work Site Location 1517 BEVERLY TERRACE

Owner in Fee: WIDEMAN

Tel. ( ) _____ e-mail _____

Address 1517 BEVERLY TERRACE CHERRY HILL 08003
(street / municipality / zip code)

Contractor: PAPP ELECTRIC LLC Tel. (609) 5856608

Address 10 ARBOR LN e-mail nick@pappelectric.com
BORDENTOWN NJ 08505

Contractor License No. 15173A Exp. Date 03/31/21

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

Federal Emp. ID No. 201748356 FAX: ( ) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1500 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

[✓] Electric Plans Approved
Date: 12/21/18 Approved by: MR

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

SUBCODE APPROVAL for PERMIT
Date: 12/21/18
Approved by: MR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2/12/19
Approved by: MR

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough			1/23/19	MR
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/12/19	MR
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: NICHOLAS PAPP

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
MINOR WORK / REHAB - BATHROOM ALTERATION

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 113757 1/10/19

Date Issued
Permit # 20190092

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

Block 527.02 Lot 18 Qualification Code

Work Site Location 1517 BEVERLY TERRACE, CHERRY HILL, NJ 08003

Owner in Fee: BONNIE WIDEMAN

Tel. e-mail

Address SAME AS ABOVE
street municipality

Contractor: GEORGE R. COULTER PLUMBING Tel. (856) 753-9871
zip code

Address 143 RAYMOND AVENUE e-mail mail@irishgeorge.com
MARLTON, NJ 08053

Contractor License No. 9708 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223480201 FAX: (856) 753-9872

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 3/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date 12-21-18 Approved by:
Joint Plan Review Required
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-21-18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			1-23-19	
Rough			1-23-19	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: GEORGE R. COULTER PLUMBING

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installing the rough and final plumbing

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	50
	Hot Water Boiler	65
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks Existing 4"	
1	Other AAV	

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

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

CHERRY HILL TOWNSHIP
820 Mercer Street, Room 205
Cherry Hill, NJ 08002

(856) 488-7855

Date Applied	12/20/2018
Date Issued	1/10/2019
Control #	113757
Permit #	20190092

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 527.02 Lot: 18 Qualifier _____ Use Group R-5

Work Site Location: 1517 BEVERLY TERRACE CHERRY HILL, NJ 08003
Owner in Fee: WIDEMAN, BONNIE
Address: 1517 BEVERLY TERRACE CHERRY HILL NJ 08003
Telephone: _____

Contractor: SUPERIOR REMODELING SOLUTIONS LLC
Address: 366 CROSS KEYS ROAD, SUITE A SICKLERVILLE NJ 08081
Telephone: (609) 238-3002
Lic. No. or Bldrs. Reg. No. 13VH04899200 13VH04899200
Federal Employee. No. 262597387

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

BATH RENOVATION

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

Estimated Cost of Work $12,300

Construction Official _____ Date 1/7/19

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

PAYMENTS (Office Use Only)

035	Building	$306
039	Electrical	$65
032	Plumbing	$65
033	Fire Protection	
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$24
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$460

Check No.	2363
Check	$460
Cash	$0
Credit	$0
Collected By	Sharon Walker

RECEIVED
JAN 10 2019
TAX COLLECTOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 113757 1/10/19

Date Issued
Permit # 20190092

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

Block 527.02 Lot 18 Qualification Code _____

Work Site Location 1517 Beverly Terrace, Cherry Hill, NJ 08003

Owner in Fee: Bonnie Wideman

Tel. _____ e-mail _____

Address Same

Contractor: Superior Remodeling Solutions, LLC (street, municipality) Tel. (609) 238-3002 (zip code)

Address 366 Cross keys Road, Suite A e-mail Dan@Superior remodeling.com

Sicklerville, NJ 08081

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

Home Improvement Contractor Registration No. or Exemption Reason 13VH04899200

Federal Emp. ID No. 262597387 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All 12/31/18 SL
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 12/31/18
Approved by: SL

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

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

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed _____
Constr. Class Present VB Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 8300
3. Total (1+ 2) $ 8300.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Dan Watson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Powder Room alterations

* Call for inspections
* Provide - field Changes -

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)
$ 306.00

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

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

Date Received
Control # 113757 1/10/19
Date Issued
Permit # 20190092

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

Block 527.02 Lot 18 Qualification Code _____

Work Site Location 1517 BEVERLY TERRACE

Owner in Fee: WIDEMAN

Tel. (_____) _____ e-mail _____

Address 1517 BEVERLY TERRACE CHERRY HILL 08003
street municipality zip code

Contractor: PAPP ELECTRIC LLC Tel. (609) 5856608

Address 10 ARBOR LN e-mail nick@pappelectric.com
BORDENTOWN NJ 08505

Contractor License No. 15173A Exp. Date 03/31/21

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

Federal Emp. ID No. 201748356 FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 1500 -

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: NICHOLAS PAPP

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
MINOR WORK/REHAB - BATHROOM ALTERATION

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[✓] Electric Plans Approved
Date: 12/21/18 Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12/21/18
Approved by: [illegible]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 113757 1/10/19

Date Issued / Permit # 20190092

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

Block 527.02 Lot 18 Qualification Code

Work Site Location 1517 BEVERLY TERRACE, CHERRY HILL, NJ 08003

Owner in Fee: BONNIE WIDEMAN

Tel. e-mail

Address SAME AS ABOVE

Contractor: GEORGE R. COULTER PLUMBING (street / municipality) Tel. (856) 753-9871 (zip code)

Address 143 RAYMOND AVENUE e-mail mail@irishgeorge.com

MARLTON, NJ 08053

Contractor License No. 9708 Exp. Date 06/30/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223480201 FAX: (856) 753-9872

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed

Building Sewer Size 4" Public Sewer ✓ Private Septic

Water Service Size 3/4" Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Plumbing Plans Approved

Date 12.21.18 Approved by:

Joint Plan Review Required

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

SUBCODE APPROVAL for PERMIT

Date: 12.21.18

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: GEORGE R. COULTER PLUMBING

[X] Licensed Contractor. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installing the rough and final plumbing

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	50
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
1	Stacks Existing 4"	
1	Other AAV	

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

U.C.C. F130 (rev. 10/17)
Internet version

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

Air Admittance Valve 6-20 DFU

Product Specifications

MAINLINE®

An air admittance valve shall be acceptable as a vent termination for any individual vent, common vent, circuit vent, loop vent and island fixture vent that is provided to prevent siphonage of a fixture trap. An air admittance valve can be used as an alternative to extending a vent through the roof (or sidewall) to the open atmosphere.

Features:

- Screening on the inside and outside of the valve to protect the sealing membrane from insects and debris
- Will vent up to 20 DFUs

Location:

- The vent should be located a mini-mum of 4" above the weir of the fixture trap for single fixture and branch venting
- Each valve should be installed in an accessible location

Installation:

- The valve should be connected to the piping in accordance with the manufacturer's installation instructions
- The valve should be installed in the vertical, upright position after rough-in and pressure testing of the DWV system
- A minimum of one vent shall extend to the open atmosphere for every building drainage system
- The valve should not be installed as a vent terminal for any special (chemical) waste system or in supply and return air plenums
- For installation in areas with temperature range between -40°F and +150°F

Materials:

- ABS (acrylonitrile butadiene styrene) valve with silicone membrane
- ABS or PVC (adaptor)

Code Approvals:

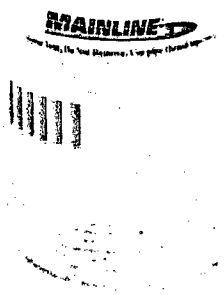
- International Plumbing Code (IPC) 2003 Edition
- Southern Building Code Council International (SBCCI) 1994 Edition
- Building Official Code Administration (BOCA) 1993 Edition
- International Residential Code (IRC) 2003 Edition
- Uniform Plumbing Code (UPC) Section 301.2 Alternative Materials and Methods 2003 Edition

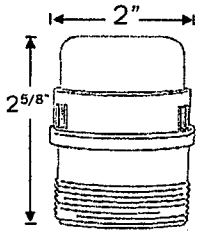
Listings:

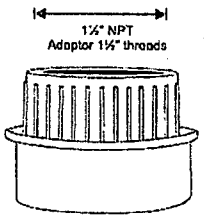
- ASSE Seal of Approval
- NSF International (NSF Standard 14)
- NSF International (ANSI/ASSE Performance Standard 1051)

Performance Standards:

- ANSI/ASSE 1051 (revised 2002) single fixture and Branch type AAVs
- NSF Standard 14 (Plastic Components)







fits 1½" or 2" pipe sizes

✓ To Submit	Part #	Description
	ML10469	6-20 DFU AAV, 1-1/2" MIP with PVC Adapter*
	ML10470	6-20 DFU AAV, 1-1/2" MIP with ABS Adapter*

*Fits 1-1/2" and 2" connections

MADE IN U. S. A.

Warranty

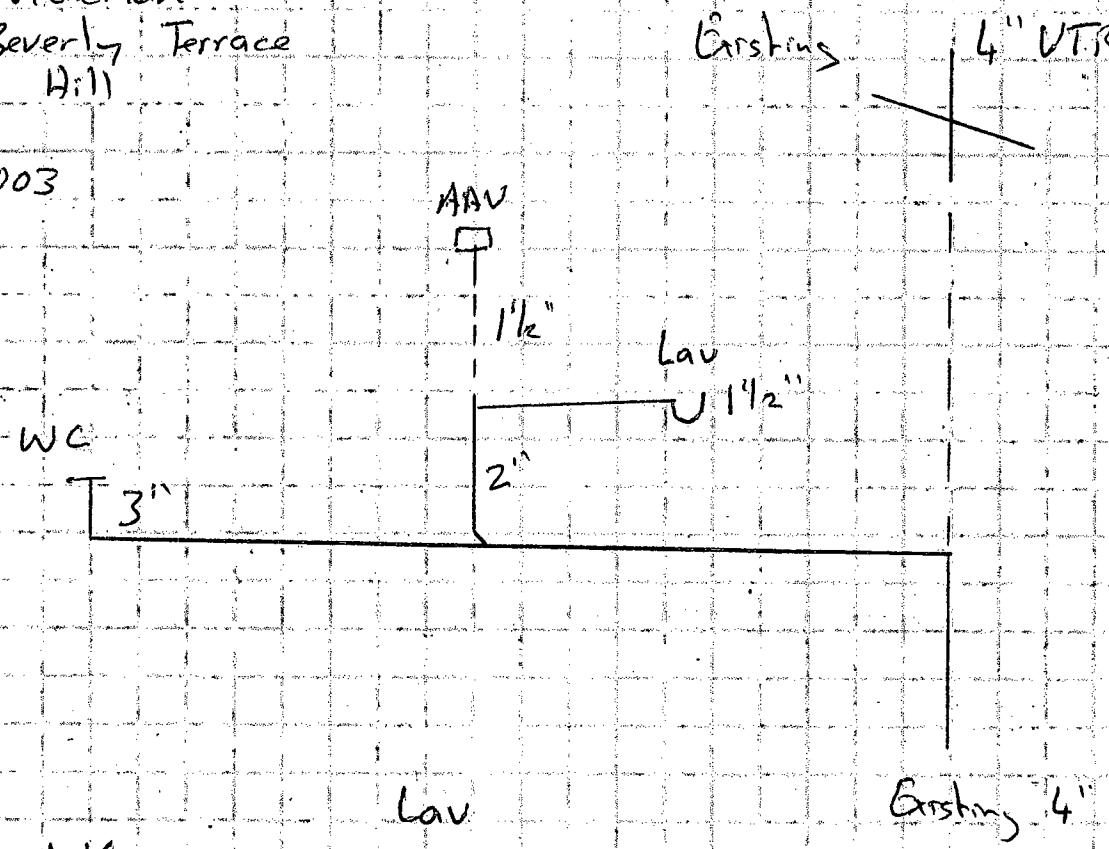
See warranty information for more details.

All dimensions listed are nominal. MAINLINE® reserves the right to make product and material changes at any time without notice.

Contact your sales representative for more information or visit our website at mainlinecollection.com

Revised 9/25/2017

Bonnie Widemon
1517 Beverly Terrace
Cherry Hill
NJ
08003



CHERRY HILL TOWNSHIP
~~BUILDING INSPECTIONS~~

PLAN REVIEW

	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY

CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

Block 527.02 Lot 18 Qual

Permit # 20190092

OFFICE Copy

BUILDING INSPECTIONS
DEC 20 2018

MASTER PLUMBER

CHERRY HILL TOWNSHIP
BUILDING INSPECTIONS

PLAN REVIEW

	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY

CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

Block _____ Lot _____ Qual _____

Permit # _____

Copy

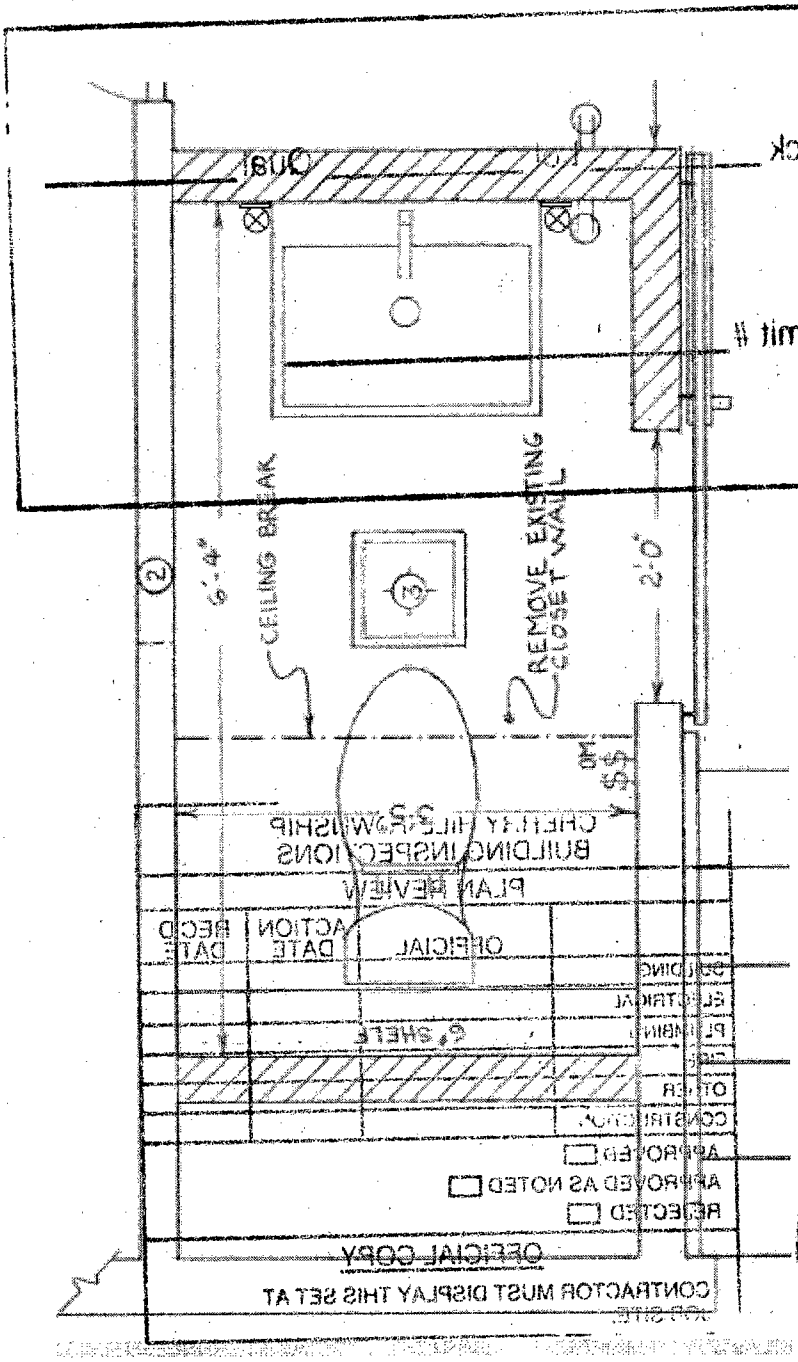
PAPP ELECTRIC LLC

Residential - Commercial

NJLIC # 15173

Phone: (609) 585-6608 Email: nick@pappelectric.com
10 Arbor Ln, Bordentown, NJ 08505 www.pappelectric.com

1517 Beverly Terrace Electric Drawing



Drawn BY:
Nick Papp

OFFICE - Copy

Block 527.02 Lot 18 Qual

Permit # 20190092

CHERRY HILL TOWNSHIP BUILDING INSPECTIONS			
PLAN REVIEW			
	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING		12/21/18	
FIRE			
OTHER			
CONSTRUCTION			

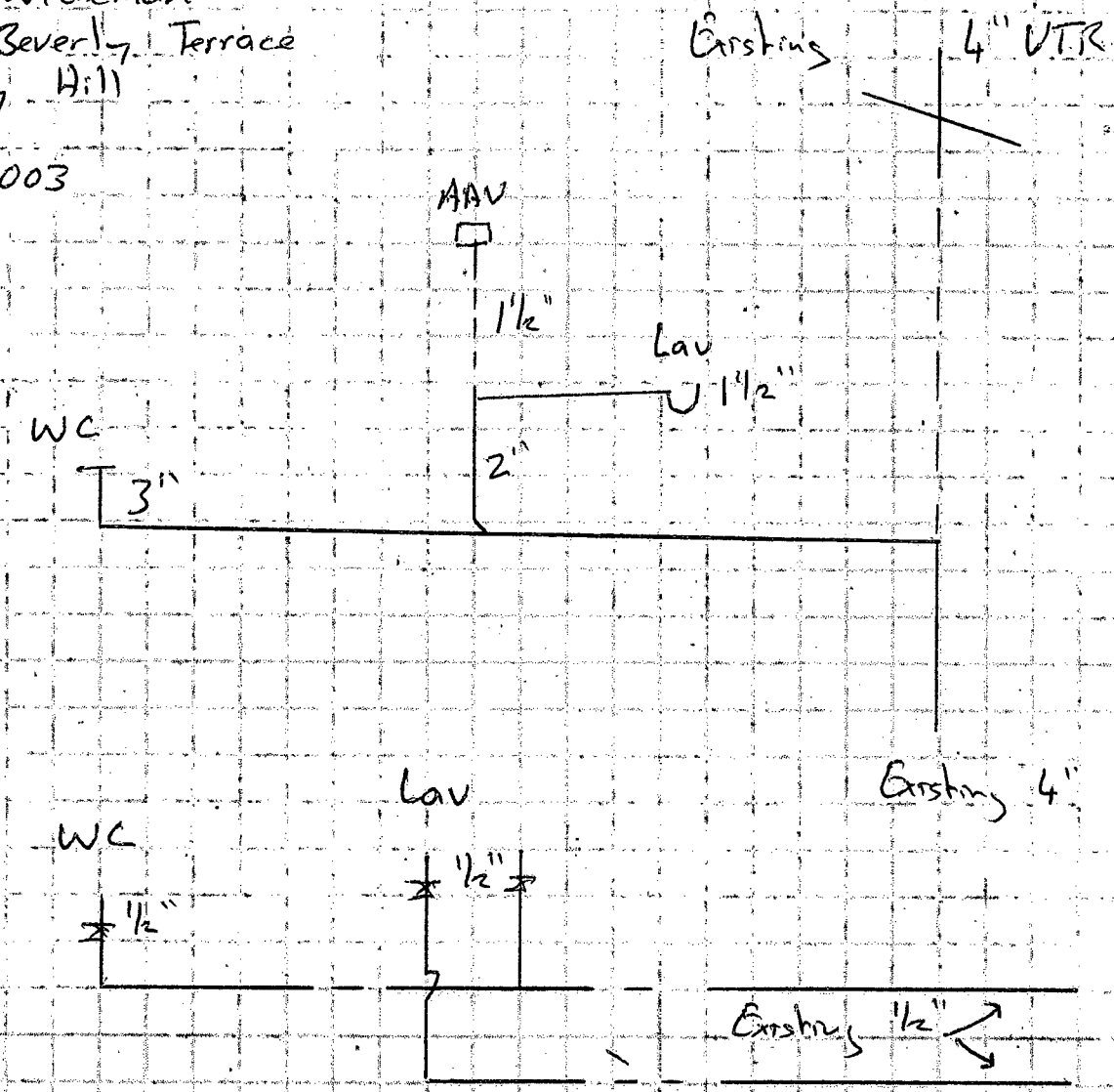
APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY

CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

OFFICE - Copy

Bonnie Wideman
1517 Beverly Terrace
Cherry Hill
NJ
08003



CHERRY HILL TOWNSHIP BUILDING INSPECTIONS			
PLAN REVIEW			
	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY
CONTRACTOR MUST DISPLAY THIS SET AT JOB SITE.

RECEIVED
DEC 20 2018
BUILDING INSPECTIONS

LICENSED MASTER PLUMBER

FIELD / Copy

CLEARHILL TOWNSHIP
BUILDING INSPECTIONS

PLAN REVIEW

	OFFICIAL	ACTION DATE	REC'D DATE
BUILDING			
ELECTRICAL			
PLUMBING			
FIRE			
OTHER			
CONSTRUCTION			

APPROVED ☐
APPROVED AS NOTED ☐
REJECTED ☐

OFFICIAL COPY

CONTRACTOR MUST DISPLAY THIS SET AT SITE

Need Copy

BLOCK 527.02 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO 2012 4076

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

NOV 19 12

BUILDING INSPECTIONS

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

I. IDENTIFICATION

1. Proposed Work Site at: 1517 Beverly Terrace
2. Name of Owner in Fee: Bonnie Widman
   Tel. (856) 216-7105 e-mail _____
   Address same (street) Cherry Hill (municipality) 08003 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: P. R. Sanders, INC. Tel. (856) 429-3086
   Address 100 Park Drive e-mail permits@prsanders.com
   Voorhees, NJ 08043
   License No. OR, if new home, Builder Reg. No. NJ MPL # 6726 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 58		
2. Electrical			
3. Plumbing	58		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	5		
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$ 121		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

(office use only)

3512 00029 039618 20124076 SF *0001HS5Z*

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	1185-				11-13-12	YES			
☐ Electrical									
☒ Plumbing	1199-				11/13/12	JM			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	2384-								

Replace gas water heater + liner

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)* R5

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name **P. R. Sanders, INC.**

Address **100 Park Drive**

Voorhees, NJ 08043

Telephone (**856**) **429-3086**

Signature _____

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

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

CERTIFICATE
IDENTIFICATION

Date Issued: 01/15/2013
Control #: 83110
Permit #: 20124076

Block: 527.02 Lot : 18 Qualification Code:

Work Site Location: 1517 BEVERLY TERR.
CHERRY HILL

Owner in Fee: BONNIE WIDEMAN

Address: 1517 BEVERLY TERR.
CHERRY HILL NJ 08003

Telephone: 856 216-7165

Agent/Contractor: SANDERS ENTERPRISES INC.

Address: 100 PARK DRIVE
VOORHEES NJ 08043

Telephone: 856 429-3086

Lic. No./ Bldrs. Reg.No.: 34EI00470100 Federal Emp. No.: 22-2769644

Social Security No.:

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

Description of Work/Use:

REPLACE GAS WATER HEATER AND LINER

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

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

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

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

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 41798
Collected by: sd

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 12.12.12

Date Issued
Permit # 2012.4076

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

Block 527.02 Lot 18 Qualification Code _____

Work Site Location 1517 Beverly Terrace

Owner in Fee: Bonnie Wideman

Tel. (856) 210-7165 e-mail _____

Address same (street) Cherry Hill (municipality) 08003 (zip code)

Contractor: P. R. SANDERS, INC. Tel. (856) 429-3086

Address 100 PARK DRIVE, VOORHEES, NJ 08043 e-mail _____

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800

Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	11.13.12	SWK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed _____
Constr. Class Present VB Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 1185-
3. Total (1+ 2) $ 1185-

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 Andrew R. Sanders

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Furnish and Install a new 4"x20' lining system into an interior chimney with two kern clay liner.
Heater is a 90% + PVC vent Type
Water Heater 40,000 BTU NAT Draft
The new lining system with a single category I appliance and single wall vent connector can support a total BTU input of 79,500 @ 20' of vent height.
*Call for the inspection

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
[1] Other 4"x20' chimney lining system
[ ] Demolition

FEE (Office Use Only)
$ 58.00

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

58.00 min

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

12/12/12
2012-4076

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

Block 527.02 Lot 18 Qualification Code

Work Site Location 1517 Beverly Terr.

Owner in Fee: Bonnie Wideman

Tel. (856) 216-7165 e-mail

Address same (street) Cherry Hill (municipality) 08003 (zip code)

Contractor: P. R. Sanders, INC. Tel. (856) 429-3086

Address 100 Park Drive e-mail info@prsanders.com

Voorhees, NJ 08043

Contractor License No. NJ MPL # 6726 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800

Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043

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 $ 1100-

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: 12/13/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 1-11-13
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			1-11-13	

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: Peter Sanders

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace gas 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 gas	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 85.00
State Permit Surcharge Fee	$
TOTAL FEE	$

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

Permit Number: 20124076
Control Number: 83110
Application Date: 11/21/12

CONSTRUCTION PERMIT

Permit Date: 12/12/2012

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 527.02 Lot : 18 Qualifier :

Work site Location:	1517 BEVERLY TERR. CHERRY HILL	Contractor:	SANDERS ENTERPRISES INC.
Owner In Fee:	BONNIE WIDEMAN	Address:	100 PARK DRIVE
Address:	1517 BEVERLY TERR.		VOORHEES NJ 08043
	CHERRY HILL NJ 08003	Telephone:	(856) - 429-3086
Telephone:	(856) - 216-7165	Lic. No. / Bldrs. Reg. No.:	34EI00470100
Use Group(s):	R-5	Federal Emp. No.:	22-2769644

is hereby granted permission to perform the following work :

[X] BUILDING	[X] PLUMBING	[035]
[ ] ELECTRICAL	[ ] FIRE PROTECTION	[039]
[ ] ELEVATOR DEVICES	[ ] MECHANICAL	[032]
[ ] LEAD HAZARD ABATEMENT	[ ] DEMOLITION	[033]
[ ] ASBESTOS ABATEMENT	[ ] OTHER	[042]
(Subchapter 8 only)		[034]

DESCRIPTION OF WORK:

REPLACE GAS WATER HEATER AND LINER

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$2,384.00
Cost of Demolition:	$0.00
Total Cost:	$2,384.00

PAYMENTS (Office Use Only)

[046]	Building	$58.00
[039]	Electrical	
[046]	Plumbing	$58.00
[040]	Fire Protection	
[040]	Elevator Devices	
[037]	Mechanical	
[043]	VolFee (DCA)	
[044]	AltFee (DCA)	$5.00
	DCA Minimum Fee	$0.00
	CO Fee	
	CCO Fee	
	Engineering	
	Document Imaging	
	Zoning	
	Total :	**$ 121.00**

All Fees Waived No

Amount to be Paid: $ 121.00

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

Gerald E. Seneski — Date 11/21/12

Gerald E. Seneski

Contruction Official

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

Note:

RECEIVED
DEC 12 2012
TAX COLLECTOR

Check Number: 41798
Check amount: $121.00

Collected by: sd
Total Cash Amount:
Total Check Amount: $121.00
~~Total CC Amount:~~
Grand Total: $121.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12.12.12
Permit # 2012.4076

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

Block 527.02 Lot 18 Qualification Code

Work Site Location 1517 Beverly Terrace

Owner in Fee: Bonnie Wideman

Tel. (856) 210-7105 e-mail

Address same (street) Cherry Hill (municipality) 08003 (zip code)

Contractor: P. R. SANDERS, INC. Tel. (856) 429-3086

Address 100 PARK DRIVE, VOORHEES, NJ 08043 e-mail

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800

Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043

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 Furnish and Install a new 4"x20' lining system into an interior chimney with broken clay liner.
Heater is a 90% + PVC vent type water heater 40,000 BTU NAT Draft
The new lining system with a single category I appliance and single wall vent connector will support a total BTU input of 40,000 @ 20' of vent height.
*Call for final inspection.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11-13-12	SNK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

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
- [1] Other 4"x20' chimney lining system
- [ ] Demolition

FEE (Office Use Only)
$ 58.00

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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 5B Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 1185.-
3. Total (1+ 2) $ 1185.-

58.00 min

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 12.12.12
Permit # 2012-0376

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

Block 527.02 Lot 18 Qualification Code

Work Site Location 1517 Beverly Ter.

Owner in Fee: Bonnie Wideman

Tel. (856) 210-7105 e-mail

Address Same (street) Cherry Hill (municipality) 08003 (zip code)

Contractor: P. R. Sanders, INC. Tel. (856) 429-3086

Address 100 Park Drive e-mail info@prsanders.com

Voorhees, NJ 08043

Contractor License No. NJ MPL # 6726 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800

Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043

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 $ 1100.-

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: 12/12/12
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Peter Sanders

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace gas 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 gas	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 53.00
State Permit Surcharge Fee	$
TOTAL FEE	$

INSTALLATION AND MAINTENANCE INSTRUCTIONS

MODEL MLK & MLKE CHIMNEY LINING AND VENT CONNECTOR SYSTEMS

Listing No. MH 17528
Tested to UL 1777 & ULC 3635
(For Chimney Liners)

Listing No. MH 25730
(For Vent Connectors)

MODEL MLK

Flex Aluminum Chimney Liner Kit

Kit Includes:

- Gas Liner
- Mortar Guard
- Rain Cap
- Factory Attached Couplings
- Flashing
- Pull Bar
- Storm Collar

MODEL MLKE

Flex Aluminum Chimney Liner Kit

Kit Includes:

- Gas Liner
- Mortar Guard
- Rain Cap
- Hardware Package (9ea. Self Tapping Screws)
- Flashing
- Bottom Connector

CAUTION:

Metal-Fab gas vent relining systems have been designed to properly vent Category I gas-burning appliances only. Appliances burning solid or liquid fuels or Category II, III, or IV furnaces are not to be connected to this lining system.

This Metal-Fab lining system is intended for use as a masonry chimney liner, factory-built chimney liner, or Type-B gas vent liner. Metal-Fab liners are intended to be installed in accordance with the standard for chimneys, fireplaces, vents and solid fuel burning appliances, per NFPA 211.

NOTE: When an existing gas, oil, or wood burning appliance is being replaced by a gas burning appliance, the existing chimney can be used as a conduit for a flexible aluminum liner. The inside of the existing system must be of sufficient diameter to allow the liner to pass through and the existing system must have been properly installed (See Manufacturer's instructions for details).

Although this product may be installed in an unenclosed space between the appliance and the masonry chimney, factory-built chimney, or Type-B gas vent, it must not pass through any combustible structure such as a wall, ceiling, floor, attic space, or crawl space. Contact local building or fire officials about restrictions and installations in your area.

Metal Fab gas vent relining systems have been designed to properly vent gas burning appliances. Substituting other parts not identified within these instructions may pose an unsafe installation. Acceptance of the lining system is void if the installation instructions are not followed.

Wall penetration assemblies are not to be located directly behind a heating appliance.

The chimney liner must not be sized less than that specified in the appliance manufacturers instructions. Correct sizing of liner is critical for venting of low temperature flue products in geographical areas experiencing sustained low ambient temperatures.

Prior to installing a liner system in a masonry chimney, the chimney is to be thoroughly cleaned and inspected. Check for cracked, loose or missing bricks, mortar or other materials that could inhibit correct liner installation. Repair chimney as required. Removal of all tar glazed creosote is a must prior to installation of chimney liner. Verify the air space clearances between the masonry chimney exterior and combustible materials is in accordance with applicable building code requirements.

Prior to installing linear system in a factory-built chimney or Type-B gas vent, the chimney is to be thoroughly cleaned and inspected. Check for structural defects that all parts (such as support, radiation shield, firestop, etc.) specified by the chimney or vent manufacturer. Repair chimney or vent as required. Removal of all tar glazed creosote is a must prior to installation of chimney liner. Verify that the airspace clearances between chimney or vent exterior casing and combustible material is in accordance with the installation instructions.

Wear gloves when handling metal parts to avoid personal injury.

The liner should terminate with the lowest discharge opening no closer to the roof than the minimum height shown in the table below. These minimum heights may be used provided the vent is not less than 8 ft. (2.4 m) from any vertical wall.

Roof Pitch	Minimum Height
Flat to 6/12	1.0 foot (305mm)
6/12 to 7/12	1.25 feet (380mm)
Over 7/12 to 8/12	1.5 feet (451mm)
Over 8/12 to 9/12	2.0 feet (610mm)
Over 9/12 to 10/12	2.5 feet (762mm)
Over 10/12 to 11/12	3.25 feet (991mm)
Over 11/12 to 12/12	4.0 feet (1218mm)
Over 12/12 to 14/12	5.0 feet (1524mm)
Over 14/12 to 16/12	6.0 feet (1829mm)
Over 16/12 to 18/12	7.0 feet (2134mm)
Over 18/12 to 20/12	7.5 feet (2286mm)
Over 20/12 to 21/12	8.0 feet (2438mm)

GENERAL:

MLK and MLKE gas vent lining systems are listed by UL & ULC for installation at zero clearance to the inside masonry surface and with zero clearance from the outside surface of the masonry chimney and surrounding combustible material.

Do not place insulation or other materials in required clearance spaces surrounding the liner unless otherwise specified.

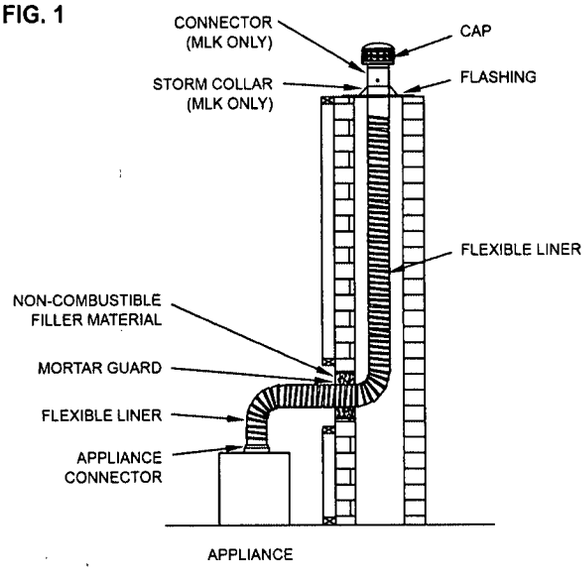
Use only parts referenced in the these instructions when installing a MLK or MLKE liner system. Never substitute liner material.

Rain caps and flashing must be used to prevent moisture from entering the liner and entering the space between liner and chimney. Bird screens on rain caps may be necessary and/or required in some areas but could be susceptible to blockage through freezing moisture. Consult authority having jurisdiction before using bird screen.

Metal-Fab MLK liners may be extended from the outlet (top), to the cap using Type-B gas vent. MLK and MLKE liners may be extended from the inlet (bottom) to the appliance using flexible MLCK connectors (See **FIG. 6 & 8**).

Metal-Fab MLK and MLKE liners may be connected continuously from the appliance to the termination cap, provided that the liner is always in an unenclosed space or is within a masonry chimney, factory built chimney, or Type-B gas vent.

FIG. 1



These liner systems are NOT listed as Type-B gas vent and are not intended to pass through any wall, ceiling, attic, crawl space or other combustible area. A liner that is used as a connector in open and unenclosed space must be installed with minimum clearance to combustibles, in accordance with NFPA 211. The appliance to which the flexible liner is connected shall be listed gas-fired appliance equipped with a draft hood or other appliance listed for use with Type-B Vent.

To size the liner system, follow the Category 1 venting table now contained in the National Fuel Gas Code NFPA 54/ANSI Z223.1 in the USA or CAN CSA-B149.1 in Canada. Be certain to follow the capacity reduction directions for the corrugated metallic chimney liner systems.

While installing flexible liner, consideration should be given to the following: 1) make no unnecessary bends 2) make no bends greater than 90° 3) make bends as smooth as possible, with no dips or sags and 4) install with at least a 1/4" per foot rise.

Before installing liner authorities having jurisdiction (such as Gas Inspection Authority, Municipal Building Department, Fire Department, Fire Prevention Bureau, etc.) should be consulted to determine the need to obtain a permit.

The installer must post the completed date of installation notice at the point where the connection is made to the appliance. This notice shall include date of installation, the manufacturer's name, the model number and class of lining system, and a reminder to homeowners to check the rain cap for icing during low ambient temperatures.

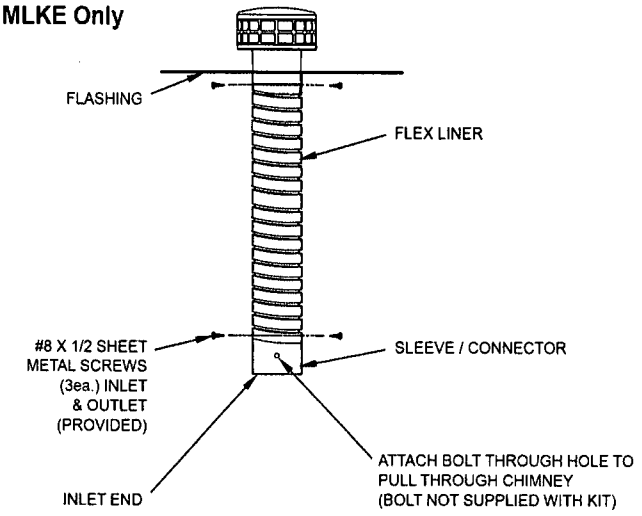
INSTALLATION:

1. MLK/MLKE: Determine the length of the liner needed by dropping a pre-measured length of rope or other measuring device down the chimney. If the liner is to mate directly to an appliance, measure all the way to the appliance. Otherwise, measure to a point that is just outside of the chimney that is being re-lined.
2. MLK/MLKE: If installing the liner into a masonry chimney, determine the location of the point where the flex system will penetrate the masonry sidewall. This opening must be located above the appliance outlet. It is recommended that you install an inspection/cleanout door on the opposite side of the chimney, if conditions permit.
3. MLK/MLKE: To configure the liner to it's proper length, remove the liner from the carton. One person (wearing gloves) is to securely grasp one end of the liner while the second person (also wearing gloves) pulls and stretches the liner from the other end. Both persons should be on level ground when stretching the liner. Pull and stretch to the required length, being careful not to over-stretch the liner.

NOTE: For shipping purposes, the flexible liner has been compressed to approximately 1/3 it's usual length. A 25-foot (7.62 m) length will be approximately 8 feet (2.44 m) in the carton. For taller chimneys two lengths of liner can be joined together (See Flex Extension on Page 4).

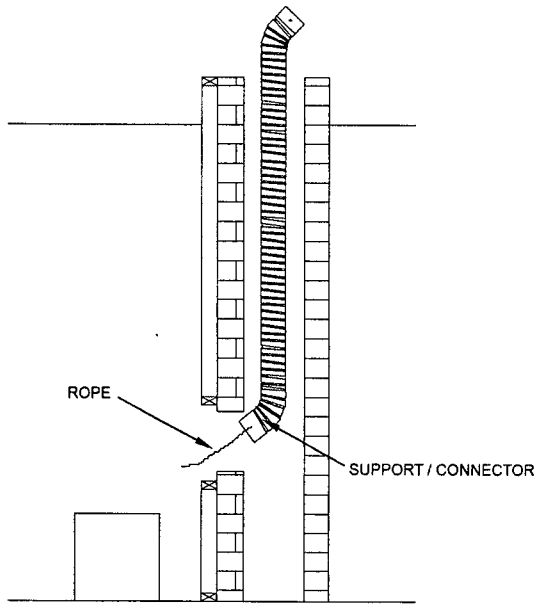
4. MLKE Only: While still on level ground, press a termination into the flashing until the tapered termination collar makes contact with flashing. Attach one end of the flexible liner to the portion of the termination protruding below the flashing (use 3 ea. screws provided). Attach sleeve/connector to the inlet (bottom) end of the flexible liner (use 3 ea. screws provided). Temporarily attach a bolt through the holes that are provided in the sleeve connector to serve as a pull bar. You are now ready to lower the flex into the chimney from the top down (See **FIG. 2**).
5. MLK Only: This liner has a B-Vent style connector pre-attached to the outlet (top) end of the flex and a stainless steel slip connector pre-attached to the inlet (bottom) end. You are now ready to lower the flex into the chimney from the top down.

FIG. 2,
MLKE Only



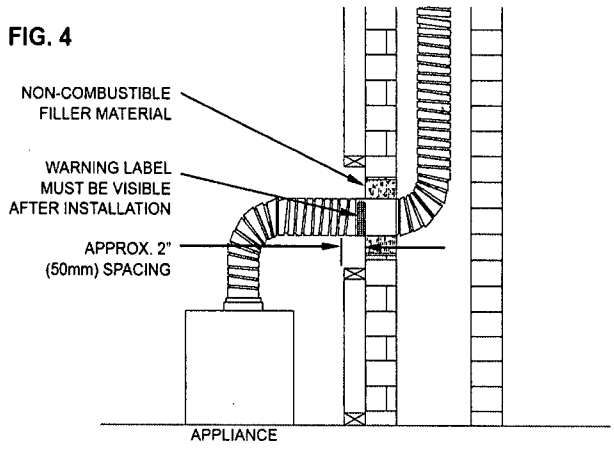
6. MLK and MLKE: Secure a rope to the bolt or pull bar(s) on the inlet (bottom) connector. Drop the other end of the rope down the chimney for an assistant to pull the liner down the chimney (See **FIG. 3**). As the liner is being pulled through the chimney, a person is needed at the top to guide the flexible liner down the chimney.

FIG. 3



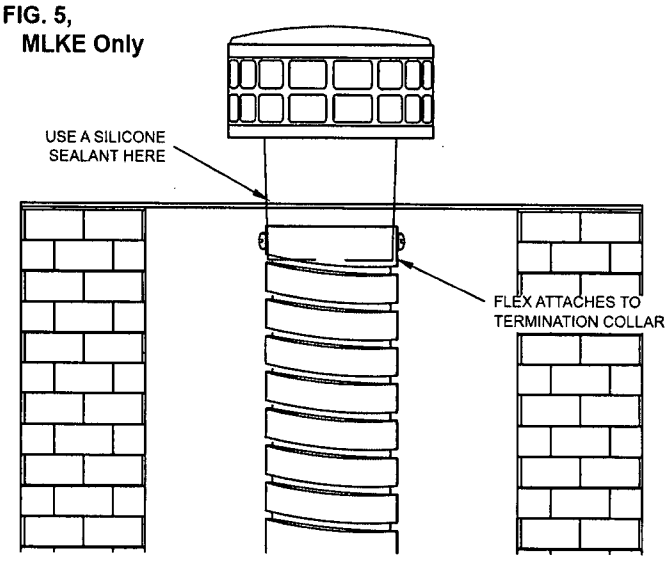
7. MLK and MLKE: If the flex liner is to exit the sidewall of a masonry chimney, it must pass through the mortar guard (See **FIG. 4**). The mortar guard is positioned so that the labeled edge of the mortar guard (and tag, if applicable) extends approximately 2 inches (50 mm) past the exterior surface of the chimney. NFPA211 requires that the warning label on the mortar guard be visible after the installation is completed. The opening in the masonry chimney can be closed and mortared around the mortar guard. When the liner is in position to start at the appliance (or just outside the chimney, at the inlet end) and in position at the termination cap, remove the rope and the connector bolts or pull bar(s). Discard MLK pull bar(s).

FIG. 4



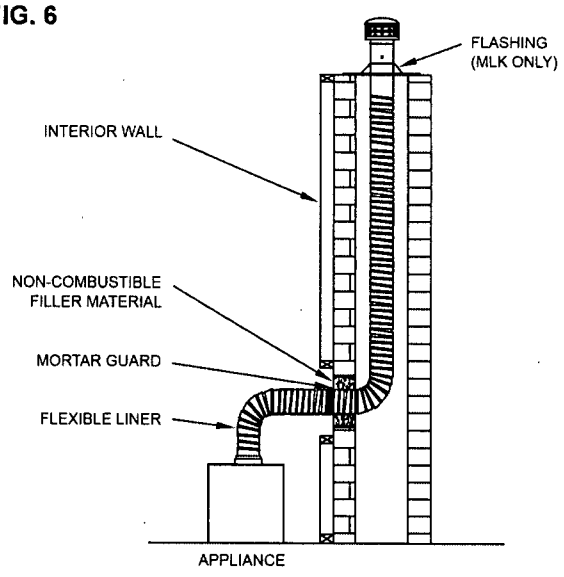
8. MLKE Only: At the outlet end, attach the flashing to the chimney, apply a bead of silicone sealant around termination and flashing (See **FIG. 5**).
9. MLK only: At the outlet end, slide the flashing and storm collar over the outlet fitting. Twist the cap onto the fitting. Attach the flashing to the chimney. Push down on the cap until it rests on the storm collar.

FIG. 5,
MLKE Only



10. MLK and MLKE Inlet Connection Options
    A) Attach the inlet end of the flexible liner to a single gas appliance, using a draft hood connector or other B-Vent style appliance adapter that may be needed for a secure connection. Be careful not to make any abrupt or sharp bends in the flex or create any bends greater than 90 degrees (See **FIG. 6**).

FIG. 6



B) Attach the inlet end of the flexible liner to either single wall pipe or B-Vent pipe that is serving as the connector between a single gas appliance and the flex liner (See **FIG. 7**).

C) Attach the inlet end of the flexible liner to a "Y" or "Tee" which is, in turn, connected to single wall pipe, B-Vent pipe, or flexible MLCK connector that is serving as the connector between two gas appliances (See **FIG. 8**).

FIG. 7

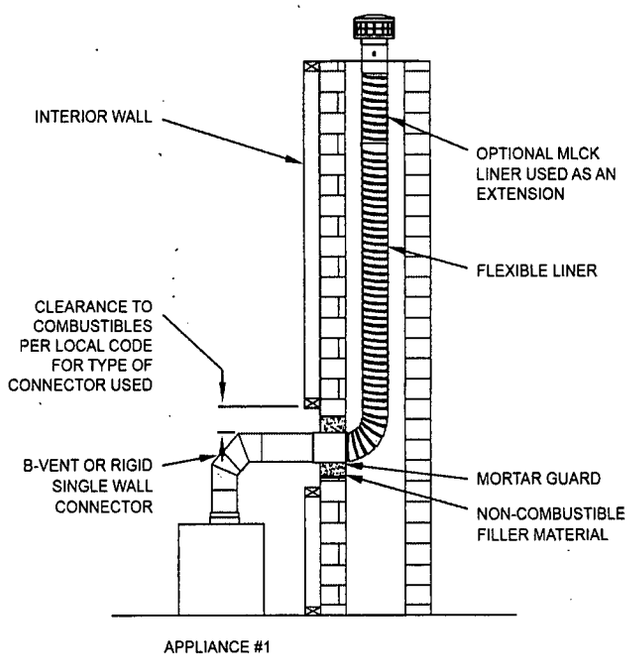
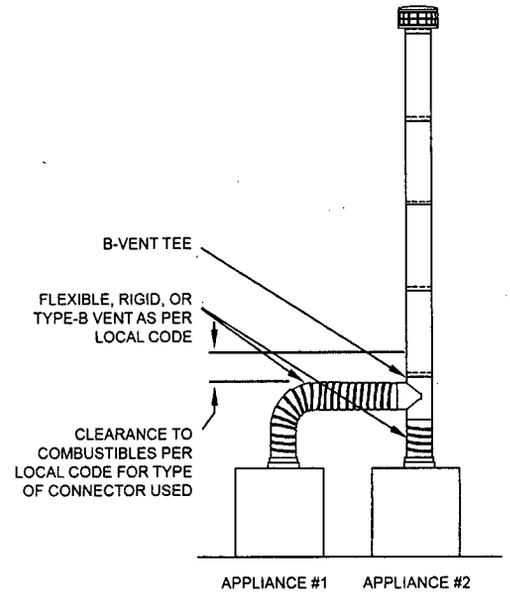


FIG. 8



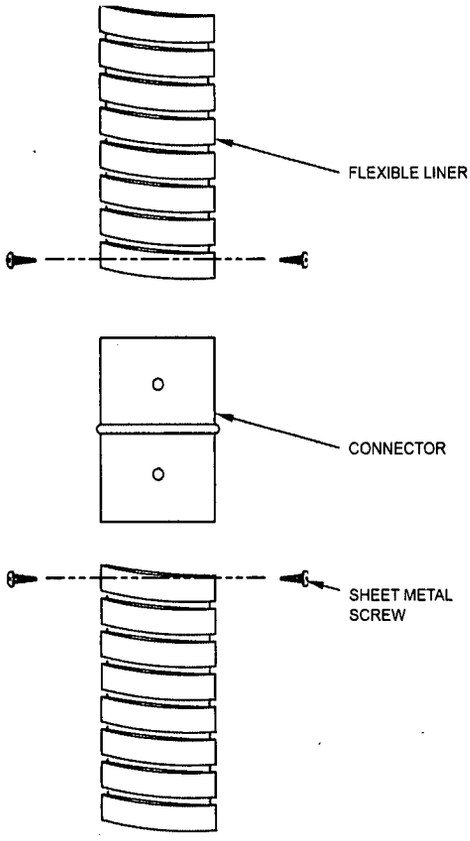
11. After making all connections, check the system for soundness of connections and compliance with clearance to combustibles.

FLEX EXTENSIONS:

MLK/MLKE: For tall chimney installations where more than one length of flex is required, two lengths may be connected together. Additional liner FLX will be required for extending length. Extend liner by inserting flex connector into one end of two liners and secure with three sheet metal screws at each end (See **FIG. 9**).

CAUTION: Size and overall length of extended liner must follow the Category I Venting table in NFPA 54/ANSI Z223.1 (USA) and CAN/CSA-B149.1 (Canada).

FIG. 9



MAINTENANCE INSTRUCTIONS:

The chimney lining system should be checked by a qualified person at least once a year following initial installation. To inspect the liner, remove the Rain Cap via the three securing screws for MLKE and twist lock counter clockwise for MLK. Check appliance manufacturer's instructions to see if any particular precautions should be taken on initial firing of any appliance that is vented through a chimney liner.

METAL-FAB® INC.
P.O. Box 1138 • WICHITA, KANSAS 67201
(316) 943-2351 • FAX (316) 943-2717
info@metal-fabinc.com • www.metal-fabinc.com

 Form No. L1215 10/10
8705

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 527.02 LOT 18 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 1517 Beverly Terr. Cherry Hill N.J 08003

Owner in Fee Bonnie Wideman

Verifying Individual William Straub Company P.R. Sanders Inc.

Address 100 Park Drive (Street) Voorhees (City) NJ (State) 08043 (Zip Code)

Tel: (856) 429-3086 Fax: (856) 429-6043

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 8x8

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [X] Chimney-Interior
- [ ] Chimney-Exterior
- [X] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	HWH	Oil / Gas / Other: Gas	40,000
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: Metal Fab Inc. Model: MLKE 5 UL Listing: 7146

Material of Liner: Stainless Steel _____ Aluminum X

Size of Appliance Vent: 4" Size of Liner: 4" Height of Chimney: 20 ft

Length of Connector: 4 ft. Vent Connector Rise: 18"

How does the appliance vent? [X] 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.

Signature 10-19-12 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 EMRGENCY 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.

Department Of Community Affairs

State of New

Division of Codes & Standards - Office of Regulatory Affairs

SMOKE ALARM & CARBON MONOXIDE ALARM COMPLIANCE

This form **MUST BE** submitted **prior** to **final inspection** of the work being performed. It is not a prerequisite to the issuance of a construction permit.

Smoke Alarm:

The permit for which you have applied requires that smoke alarms be installed in your dwelling unit (see N.J.A.C. 5:23-6.4(f), 6.5(f) or 6.6(f), as applicable.)

Smoke alarms shall be installed on each level of the dwelling, including the basement, outside of each separate sleeping area in the immediate vicinity of the bedroom. Smoke alarms should be placed on or near the ceiling.

Smoke alarms **are permitted** to be battery operated.

The installation of battery operated smoke alarms does not require a permit, nor an inspection. **It is your responsibility as** the homeowner / agent to **ensure** that these provisions have been met.

Carbon Monoxide Alarms:

The permit for which you have applied also requires that carbon monoxide alarm(s) be installed in your dwelling unit, (see N.J.A.C. 5:23-6.4(g), 6.5(g) or 6.6(g), as applicable.)

N.J.A.C. 5:23-3.20(c) requires that carbon monoxide alarms be installed and maintained in full operating condition in the immediate vicinity of each sleeping area when the building contains a fuel burning appliance or has an attached garage.

Carbon monoxide alarms **are permitted** to be battery operated, hard-wired **OR** the plug in type.

The installation of battery operated or plug in type carbon monoxide alarms does not require a permit, nor an inspection. It is your responsibility as the homeowner/agent to ensure that these provisions have been met.

PERMIT NUMBER: _____

BLOCK: 527.02 LOT: 18 QUALIFICATION CODE: _____

NAME OF OWNER / AGENT: Bonnie Wideman

JOB ADDRESS: 1517 (No) Beverly Terr. (Street) Cherry Hill (TOWN) N.J. (State) 08003 (zip)

PHONE NUMBER: 856-214-7165 Cell _____

I do hereby certify that alarms are installed as stated above in working order and that the information provided on this form is correct. I am the X owner **or** _____ authorized agent of the owner.

SIGNED: (X) B Wid (OWNER / AGENT) DATE 10-19-12

Received from State 5/19/2010

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____