

Borough Of Pine Hill

Municipal Building

Pine Hill, NJ 08021

(856)783-7400

FAX

Permit No. **20160046**Control No. **92008370**Block/Lot **1/9//C1604**Date **4/13/16**

Certificate of Approval

IDENTIFICATION

Block/Lot 1/9//C1604
Work Site Location 1604 TALL PINES, Unit 1604-6
Owner in Fee/Occupant Tall Pines Condo Assoc.
Address 4 OAKVIEW DRIVE
TANSBORO, NJ 08009
Telephone _____
Contractor Lemus Construction, Inc.
Address 3428 York Rd.
Furlong, PA 18925
Telephone (215)996-9966 FAX _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R-2
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:
Re-Roof

CERTIFICATE OF OCCUPANCY

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

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 the owner will be subject to _____ 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 _____

Jim Gallagher, Construction Official

U.C.C. F260
(rev. 3/96)

Permit Fee \$ 270
Paid [] Check No. 7466
Collected by: KK

Borough Of Pine Hill

Municipal Building

Pine Hill, NJ 08021

(856) 783-7400 FAX (000) 000-0000

Permit No. **20160046**

Control No. **92008370**

Parcel(Block/Lot). **1/91/C1604**

Applic/Issued. **2/24/16 / 3/09/16**

Construction Permit

Work Site Location 1604 TALL PINES, Unit 1604-6

Owner In Fee..... Tall Pines Condo Assoc.

Address..... 4 OAKVIEW DRIVE
TANSBORO, NJ 08009

Phone.....

Contractor.... Lemus Construction, Inc.

Address..... 3428 York Rd.
Furlong, PA 18925

Phone..... (215) 996-9966

Lic No.....

Fed Emp No.

Permission is hereby granted to do the following work:

☒ BUILDING
☐ ELECTRIC
☐ ELEVATOR

☐ PLUMBING
☐ FIRE
☐ MECHANICAL

☐ DEMOLITION
☐ ASBESTOS ABATEMENT
☐ LEAD HAZARD ABATEMENT

☐ ONGOING -
☐ OTHER

Description of Work:
Re-Roof

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

Estimated Cost of Work: \$6,720

Construction Official

Date

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

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

PAYMENTS * (Office Use Only)

Building	<u>\$257</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>13</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$270</u>

Check#/Cash..... 7466

Paid

\$270

Collected By

KK

Total Administrative Fee: \$0



Borough Of Pine Hill

BUILDING SUBCODE

TECHNICAL SECTION



Date Received **2/24/2016**
Control # **92008370**

Date Issued **3/09/2016**
Permit # **20160046**

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

Block/Lot 1/9/C1604

Work Site Location 1604 TALL PINES 1604-6

Owner in Fee: Tall Pines Condo Assoc.

Tel. _____ e-mail _____

Address: 4 OAKVIEW DRIVE TANSBORO, NJ 08009
Street municipality zip code

Contractor: Lemus Construction, Inc. Tel. (215)996-9966

Address: 3428 York Rd., Furlong, PA 18925 e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Re-Roof

TYPE OF WORK

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

FEE (Office Use Only)

202

55

Administrative Surcharge \$ 0
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 257

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	____	____	Type:	Failure	Failure	Approval	Initial
[] All	____	____	Footing	____	____	____	____
[] Footing	____	____	Footing Bonding	____	____	____	____
[] Foundation	____	____	Foundation	____	____	____	____
[] Frame	____	____	Slab	____	____	____	____
[] Other	____	____	Frame	____	____	____	____
			Truss Sys./Bracing	____	____	____	____
Joint Plan Review Required			Barrier-Free	____	____	____	____
[] Elec. [] Plumb [] Fire [] Elevator			Insulation	____	____	____	____
			Finishes-Base Layer	____	____	____	____
			Finishes-Final	____	____	____	____
			Energy	____	____	____	____
			Mechanical	____	____	____	____
			TCO	____	____	____	____
			Final	____	____	____	____
			Other	____	____	____	____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ FT

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work :

1. New Bldg. \$ _____
2. Rehabilitation \$ 6,720
3. Total (1+2) \$ 6,720

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this form to your Local construction code Enforcement Office, please provide one original plus three photocopies

Borough Of Pine Hill*Municipal Building
Pine Hill, NJ 08021*

(856)783-7400 FAX (000)000-0000

Permit No. **20210374**Control No. **92011386**Parcel(Block/Lot). **1/9//C1604**Applic/Issued. **10/08/21 / 10/27/21****Construction Permit**Work Site Location 1604 TALL PINESContractor... All American PlumbingOwner In Fee..... SNYDER, JASONAddress 3 Serene Ln.Address..... 47 BLANCHARD RD.Sicklerville, NJ 08081MARLTON, NJ 08053Phone (856)696-3052

Phone.....

Lic No.....

Fed Emp No.

Permission is hereby granted to do the following work:

☐ BUILDING
☒ ELECTRIC
☐ ELEVATOR☒ PLUMBING
☐ FIRE
☒ MECHANICAL☐ DEMOLITION
☐ ASBESTOS ABATEMENT
☐ LEAD HAZARD ABATEMENT☐ ONGOING -
☐ OTHER**Description of Work:**

Replace gas furnace & AC; replace electric water

*Note: If construction does not commence within one (1) year
of the date of issuance or if construction ceases for a period
of six(6) months, this permit is Void.*Estimated Cost of Work: \$4,550Construction OfficialDate*Failure to obtain all required inspections may result in administrative action
Final inspections are required before final payment is to be made to contractor
An approved set of plans must be kept at the worksite at all times***PAYMENTS * (Office Use Only)**

Building	<u>\$0</u>
Electrical	<u>76</u>
Plumbing	<u>75</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Mechanical.....	<u>90</u>
State Training Fee	<u>9</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$250</u>

Check#/Cash.....	<u>2688</u>
Paid	<u>\$250</u>
Collected By	<u>LK</u>

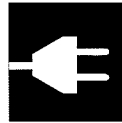
Total Administrative Fee: \$0



Borough Of Pine Hill

ELECTRICAL SUBCODE

TECHNICAL SECTION

Date Received **10/08/2021**Control # **92011386**Date Issued **10/27/2021**Permit # **20210374**

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

Block/Lot 1/9/C1604Work Site Location 1604 TALL PINESOwner in Fee: SNYDER, JASON

Tel. _____ e-mail _____

Address: 47 BLANCHARD RD. MARLTON, NJ 08053
Street municipality zip codeContractor: All American Plumbing Tel. (856)696-3052Address: 3 Serene Ln., Sicklerville, NJ 08081 e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX. _____

B. ELECTRICAL CHARACTERISTICSUse Group Present _____ Proposed R-5
☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 200 Descript: Replace gas furnace & AC; replace electr
ic water**C. CERTIFICATION IN UEU OF OATH**

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applic**D. TECHNICAL SITE DATA**

QTY. SIZE ITEMS

1		Lighting Fixtures
1		Receptacles
		Switches
		Detectors
		Light Pole
		Motors—Fract. H
		Emergency & Exit Lights
		Communications Paints
		Alarm Devices/F.A.C. Panel

2		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
1		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
1		KW Central AC Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 11+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

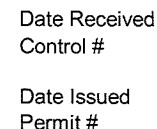
\$ 501313Administrative Surcharge \$ 0

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 76**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
	Date	Initial				
☐ No Plans Required			Type:	Failure	Failure	Approval
Joint Plan Review Required:			Rough			Initial
☐ Building ☐ Plumbing			Barrier-Free			
☐ Fire ☐ Elevator			Trench			
☐ Elec. Plans Approved			Temp. Serv.			
Date: _____			Constr. Serv.			
Approved by: _____			TCO			
			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued _____			
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued _____			
Date: _____			Annual Pool Inspection _____			
Approved by: _____			Date of Grounding and Bonding Certification _____			



10/27/2021
20210374

Est. Cost of Plumbing Work \$ 350

Total Fees \$ 75

Replace gas furnace & AC; replace electric water

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)			
	Date	Initial					
☐ No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Slab	_____	_____	_____	_____
☐ Building	☐ Plumbing		Rough	_____	_____	_____	_____
☐ Fire	☐ Elevator		Water	_____	_____	_____	_____
☐ Plumbing Plans Approved			Sewer	_____	_____	_____	_____
Date: _____			Fixtures	_____	_____	_____	_____
Approved by: _____			Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL			Gas Piping	_____	_____	_____	_____
☐ CO	☐ CCO	☐ CA	LP Gas Tank	_____	_____	_____	_____
Date: _____			Fuel Oil Piping	_____	_____	_____	_____
Approved by: _____			Solar	_____	_____	_____	_____
			TCO _____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

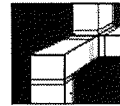
Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies



Borough Of Pine Hill

MECHANICAL INSPECTION

TECHNICAL SECTION



Date Received **10/08/2021**
Control # **92011386**
Date Issued **10/27/2021**
Permit # **20210374**

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

Block 1 Lot 9 Qualification Code C1604
Work Site Location 1604 TALL PINES

Owner in Fee SNYDER, JASON

Tel. _____ e-mail _____

Address 47 BLANCHARD RD. MARLTON, NJ 08053
street municipality zip code

Contractor: All American Plumbing Tel. (856)696-3052

Address 3 Serene Ln. e-mail _____
Sicklerville, NJ 08081

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed _____

Heating System Work: ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: _____

Approved by: _____

INSPECTIONS

Type: Failure Failure Approval Initial

Water Heater _____

Appliance _____

Chimney/Vent _____

Piping _____

Tank _____

Cooling/AC _____

Generator _____

Fireplace _____

Chimney Cert. _____

Other _____

Other _____

Final _____

DATES

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here: _____

Print name here: _____

☐ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connectins	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
<u>1</u>	Hot Air Furnace	<u>75</u>
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Generator	_____
<u>1</u>	Other	<u>15</u>

Administrative Surcharge \$ 0

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 90

Borough Of Pine Hill

Municipal Building

Pine Hill, NJ 08021

(856)783-7400

FAX

Permit No. **20210374**

Control No. **92011386**

Block/Lot **1/9//C1604**

Date **11/18/21**

Certificate of Approval

IDENTIFICATION

Block/Lot 1/9//C1604
Work Site Location 1604 TALL PINES
Owner in Fee/Occupant SNYDER, JASON
Address 47 BLANCHARD RD.
MARLTON, NJ 08053
Telephone _____
Contractor All American Plumbing
Address 3 Serene Ln.
Sicklerville, NJ 08081
Telephone (856)696-3052 FAX _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R-5
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Replace gas furnace & AC; replace electric water

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

Jim Gallagher, Construction Official

U.C.C. F260
(rev. 3/96)

Permit Fee \$ 250
Paid [] Check No. 2688
Collected by: LK