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

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

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

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). **1/9//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	☐ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☐ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

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

PAYMENTS * (Office Use Only)

Building	$257
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	0
State Training Fee	13
Certificate of Occupancy	0
Other	0
Total	$270
Check#/Cash.....	7466
Paid	$270
Collected By	KK

Total Administrative Fee: $0

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

Borough Of Pine Hill
BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receiv 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 (Street) TANSBORO, NJ 08009 (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 _____

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Recuired
[ ] Elec. [ ] Plumb [ ] Fire [ ] Elevator

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

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

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 Disturbet _____ Sq. Ft.

Est. Cost of Bldg. Work :
1. New Bldg. $ _____
2. Rehabilitation $ 6,720
3. Total (1+2) $ 6,720

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
- [x] Rehabilitation
- [x] 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)

Rehabilitation	202
Roofing	55
Administrative Surcharge $	0
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	257

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

Applicant: When submitting this term 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 PINES

Owner in Fee..... **SNYDER, JASON**
Address..... 47 BLANCHARD RD.
MARLTON, NJ 08053
Phone.....

Contractor.... **All American Plumbing**
Address.....3 Serene Ln.
Sicklerville, NJ 08081
Phone.....(856)696-3052
Lic No.....
Fed Emp No.

Permission is hereby granted to do the following work:

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

Description of Work:
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: $4,550

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

PAYMENTS * (Office Use Only)

Building	$0
Electrical	76
Plumbing	75
Fire Protection	0
Elevator Devices.....	0
Mechanical.....	90
State Training Fee	9
Certificate of Occupancy	0
Other	0
Total	$250
Check#/Cash.....	2688
Paid	$250
Collected By	LK

Total Administrative Fee: $0

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

Borough Of Pine Hill
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Receive 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//C1604

Work Site Location 1604 TALL PINES

Owner in Fee: SNYDER, JASON

Tel. _____ e-mail _____

Address: 47 BLANCHARD RD. (Street) MARLTON, NJ 08053 (municipality, zip code)

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

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

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use 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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Inital
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 _____

U.C.C. F120 (rev. 07105) Internet version

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

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 Applc

D.TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		Switches	
		Detectors	
		Light Pole	
		Motors—Fract. H	
		Emergency & Exit Lights	
		Communications Paints	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 50
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1		KW Elec. Water Heater	13
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central AC Unit	13
		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	

Administrative Surcharge $ 0

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ 76

Borough Of Pine Hill
PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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//C1604
Work Site Location 1604 TALL PINES

Owner in Fee: SNYDER, JASON
Tel. _____ e-mail _____
Address: 47 BLANCHARD RD. (Street) MARLTON, NJ 08053 (municipality, zip code)
Contractor: All American Plumbing Tel. (856)696-3052
Address: 3 Serene Ln., Sicklerville, NJ 08081 e-mail _____
Contractor License No. _____ Exp. Date _____
Federal Emp. ID No. _____ FAX _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Septic _____
Est. Cost of Plumbing Work $ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

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

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 Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge $	0
Minimum Fee $	75
State Permit Surcharge Fee $	
Total Fees $	75

Description of Work:
Replace gas furnace & AC; replace electric water

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.** (street) **MARLTON, NJ 08053** (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:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
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.
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	
1	Hot Air Furnace	75
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
1	Other	15

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

CERTIFICATE OF OCCUPANCY
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[ ] 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 $ 250
Paid [ ] Check No. 2688
Collected by: LK