

Winslow Township
125 South Route 73
Braddock, NJ 08037
(609)567-0700 FAX (609)000-0000

Permit No. **202200771**
Control No. **88056981**
Block/Lot **12201/39**
Date **7/01/22**

Certificate of Approval

IDENTIFICATION

Block/Lot 12201/39
Work Site Location 19 FILLMORE WAY
Owner in Fee/Occupant ANANE MERCY K
Address 19 FILLMORE WAY
SICKLERVILLE NJ 08081
Telephone _____
Contractor _____
Address _____
Telephone _____ FAX _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

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 fine or order to vacate: _____

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

12x20 SHED

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 _____


Gus Morganti, Construction Official

Permit Fee \$ 388
Paid [] Check No. CREDIT
Collected by: GP



BUILDING SUBCODE TECHNICAL SECTION



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

Block 12201 Lot 39 Qualification Code _____
Work Site Location Sickleville, Fillmore way 08081
Owner in Fee: Mercy Anne

Tel. _____ e-mail Mercy
Address 19. Fillmore way Sickleville NJ 08081 zip code _____
municipality _____

Contractor: _____ Tel. () _____
Address _____ e-mail _____
Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required			Dates (Month/Day)
☐ All			Failure
☐ Footing			Approval
☐ Foundation			Initial
☐ Frame			
☐ Other			
Joint Plan Review Required:			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator
SUBCODE APPROVAL			
☐ CO	☐ CCO	☒ CA	
Date:	<u>6-23-92</u>		
Approved by:	<u>CA</u>		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ <u>12x20 SF = +</u>
Area — Largest Floor			<u>\$10,500</u>
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

U.C.C. F110 (rev. 7/06)
Internet version

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

Date Received
Control #

Date Issued
Permit #

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

12x20 Shed

TYPE OF WORK:

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

FEE (Office Use Only)

\$ 368

Administrative Surcharge \$ 368
Minimum Fee \$ 20
State Permit Surcharge Fee \$ 388
TOTAL FEE \$ 388

Winslow Township

125 South Route 73

Braddock, NJ 08037

(609)567-0700

FAX (000)000-0000

Permit No. 202100279

Control No. 88054177

Block/Lot 12201/39

Date 4/08/21

Certificate of Approval

IDENTIFICATION

Block/Lot 12201/39
Work Site Location 19 FILLMORE WAY
Owner in Fee/Occupant ANANE, MERCY
Address 19 FILLMORE WAY
SICKLERVILLE, NJ 08081
Telephone
Contractor
Address
Telephone FAX
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

ADDING SHOWER TO EXISTING 1/2 BATH

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 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:

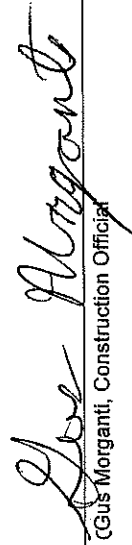
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (years): see file

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

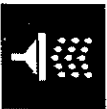

(Gus Morganti, Construction Official)

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

Permit Fee \$ 60
Paid [] Check No. CC
Collected by: DH



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 12201 Lot 39 Qualification Code _____
Work Site Location 19 Fillmore Way

Owner in Fee: Mary Anne
Tel. (317) 777-1598 e-mail marsha.bethum1@gmail.com
Address 19 Fillmore Way Siddenville 08081
Contractor: Self Tel. (317) 777-1598 Zip code
Address 19 Fillmore Way e-mail _____
Contractor License No. 12201 Exp. Date 3/31/2022
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed add shower to existing
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 800

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
Type:	Slab	Failure	Approval	Initial	
☒ No Plans Required					
Joint Plan Review Required:					
☐ Building	☐ Electric				
☐ Fire	☐ Elevator				
☐ Plumbing Plans Approved					
Date: <u>3/4/21</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL					
☐ CO	☐ CCO				
Date: <u>4/6/21</u>					
Approved by: <u>[Signature]</u>					

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[Signature]

[] Licensed Plumbing Contractor [] Exempt Applicant

U.C.C. F130 (rev. 10/06)
Internet version

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Add standing shower to existing half bathroom

QTY. _____ FEE (Office Use Only) \$ _____

FIXTURE/EQUIPMENT

Water Closet _____
Urinal/Bidet _____
Bath Tub _____
Lavatory _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Hose Bibb _____
Water Heater _____
Fuel Oil Piping _____
Gas Piping _____
LPG Gas Tank _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Sewer Connection _____
Water Service Connection _____
Stacks _____
Other _____
Other _____

Administrative Surcharge \$ 58
Minimum Fee \$ 2
State Permit Surcharge Fee \$ 60
TOTAL FEE \$ 120