

BLOCK	1209	LOT	8	ADDRESS (SITE)	213 Vine
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PERMIT NO. 96-049

VII. DESCRIPTION OF BUILDING USE		TOTAL COSTS	
A. RESIDENTIAL 1. ☐ Hotels (R-1) 2. ☐ Multi-Family (R-2) 3. ☐ Two-Family (R-3) BOCA 4. ☐ Two-Family (R-4) CABO 5. ☒ One-Family (R-3) BOCA 6. ☐ One-Family (R-4) CABO No of dwelling units: _____ Before Construction _____ After Construction _____ Net gain or loss _____		1. ☐ Minor work 2. ☐ Small job (\$5,000 and no prior approvals) 3. ☐ New Building 4. ☒ Alteration 5. ☐ Addition 6. ☐ Fire Protection 7. ☐ Plumbing 8. ☐ Electrical 9. ☐ Elevator Devices 10. ☐ Asbestos Abatement 11. ☐ Demolition	
B. NON-RESIDENTIAL 1. State Specific Use: 2. Use Group: 3. Change in Use Group. Indicate Former:		1. ☐ Elevators/Escalators/Lifts/Dumwalters/Moving Walks 2. ☐ High Pressure Boilers 3. ☐ Pressure Vessels	
IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? 1. ☐ Refrigeration Systems 2. ☐ Cross-Connections/Backflow Preventers 3. ☐ Smoke Control Systems in Open Wells 4. ☐ Sprinklers 5. ☐ Underground Storage Tanks		4. ☐ Plans 5. ☐ Rejection 6. ☐ Approval 7. ☐ Re-viewer 8. ☐ Resubmission 9. ☐ Dates 10. ☐ Re-viewer	
III. DO YOU WANT: (optional) ☐ Partial Releases ☐ Prototype Processing		11. ☐ Hazardous Uses/Places of Assembly	

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(e)1.vii:

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 *Robert A. D. [Signature]* Date 5/14/18

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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.

() Check if contractor.

Agent Name _____

Address _____

Telephone () _____

Signature _____ Date _____

Use Group _____ Present _____ Proposed _____
Const. 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.

B. BUILDING CHARACTERISTICS

JOB SUMMARY (Office Use Only)

PLAN REVIEW: ☒ No Plans Req. ☐ All
Date: 5/14/96 Initial: [Signature]
INSPECTIONS: Type: [Signature]
Foundation: [Signature]
Slab: [Signature]
Frame: [Signature]
Insulation: [Signature]
Finishes: [Signature]
Energy: [Signature]
Mechanical: [Signature]
TCO: [Signature]
Other: [Signature]
Final: [Signature]

Joint Plan Review Required: ☐ Fire ☐ Elec. ☐ Plumb. ☐ Fire
SUBCODE APPROVAL: [Signature]
Date: 6-17-96 Initial: [Signature]
Approved By: [Signature]

Dates (Month/Day)	Failure	Failure	Approval	Initial
6-17-96				[Signature]

Est. Cost of Bldg. Work:
1. New Bldg. \$ 2500.00
2. Alteration \$ 2500.00
3. Total (1+2) \$ 5000.00

PAID () Check # _____
Administrative Surcharge \$ 9.00
Minimum Fee \$ _____
DCA TRAINING FEE \$ _____
TOTAL FEE \$ 69.00

TYPE OF WORK:
☒ Alteration ☐ Addition ☐ New Building
☐ Demolition ☐ Other ☐ Other ☐ Asbestos Abatement ☐ Pool ☐ Sign ☐ Fence ☐ Siding ☐ Roofing

Sq. Ft. _____
Height (6' or over) _____
3 x 20

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE CALL UTILITY DIG NO. 1-800-272-1000

Block: 1209 Lot: 8
Work Site Location: 212 VINE ST
Owner in Fee: [Signature]
Address: 212 VINE ST
Tel: (609) 461-2536
Contractor: [Signature]
Address: [Signature]
Tel: (609) 461-2536
Federal Emp. No. _____
Lic. No. or Bids. Reg. No. _____
Tele. () _____
or Social Security No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature: [Signature]

D. TECHNICAL SITE DATA

RAISED SIDEWALK

Heckman



Date Received: 5/14/96
Date Issued: 5/14/96
Control #: 96-049
Permit #: 96-049



Use Group _____
Const. Class _____
No. of Stories _____
Height of Structure _____
Area - Largest Floor _____
New Bldg. Area/All Floors _____
Volume of New Structure _____
Total Land Area Disturbed _____

B. BUILDING CHARACTERISTICS

Approved By _____
Date: _____
[] CO [] CC [] CA
SUBCODE APPROVAL _____
[] Elec. [] Plumb. [] Fire
Joint Plan Review Required: _____
[] Other _____
[] Frame _____
[] Foundation _____
[] Footing _____
[] All _____
PLAN REVIEW _____
Date 5/14/96
No Plans Req. _____

Insulation _____
Finishes: _____
Energy _____
Mechanical _____
TCO _____
Other _____
Final _____

Tele. () _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

Address _____
Contractor _____
Tele. () _____
609-461-2536
1209
213 Vine St.

Owner in Fee _____
Address _____
213 Vine St.
Delaware, NJ 08075
Tele. () _____
609-461-2536
1209
213 Vine St.

Work Site Location _____
Block _____
1209
213 Vine St.

CONTRACTORS, NOTIFY THIS OFFICE:
1209
213 Vine St.

UNIFORM CONSTRUCTION CODE
CONSTRUCTION PERMIT

Date Issued 5/14/96
Control # 96-049
Permit #

IDENTIFICATION Block _____
Lot _____

Contractor _____
Address _____
1209
213 Vine St.

Owner in Fee _____
Address _____
1209
213 Vine St.

Tele. () _____
609-461-2536
1209
213 Vine St.

is hereby granted permission to perform the following work:
609-461-2536
1209
213 Vine St.

DESCRIPTION OF WORK: Temporary raised sidewalk

[] ELEVATOR DEVICES
[] ELECTRICAL
[] FIRE PROTECTION
[] PLUMBING
[] OTHER

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

Estimated Cost of Work \$ 21500.00

CONSTRUCTION OFFICIAL _____

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

U.C.C. Form F-170C

U.C.C. Form F-110B

U.C.C. Form F-110B

U.C.C. Form F-110B

U.C.C. Form F-110B

U.C.C. Form F-110B

U.C.C. Form F-110B

U.C.C. Form F-110B

U.C.C. Form F-110B

U.C.C. Form F-110B

U.C.C. Form F-110B

U.C.C. Form F-110B

Blk 1209 Lt 8

APPLICATION FOR ZONING PERMIT

TO ALTER OR USE A STRUCTURE, OR TO USE LAND IN ACCORDANCE WITH
THE ZONING ORDINANCE OF THE TOWNSHIP OF DELANCO, NEW JERSEY

TO THE ZONING OFFICER: Date May 14 1996 Application No. 1996-13

I/we Mabel Ascal, the undersigned, hereby make application for a permit to

alter 212.01 story Delanco, NJ 08015 building on my property
located 212.01 Street.

The general shape of my lot and the location of my proposed building is accurately set forth, in plan, on the opposite page.

ZONE DISTRICT R-1B

Building (or land) to be used for { A. One Family Detached Dwelling ☐ B. Two Family Detached Dwelling ☐
C. Family Apartment House ☐ D. Other Use ☐ (Explain Below)

What is the present building or land used for Residential

Explanation of (D)—(If more space is required, use reverse side)

Brief explanation of alteration to show compliance with Zoning Ordinance:
Temporary raised sidewalk to be removed when
no longer needed per attached sketches

Applicant Ruth A. Drummond Address 36 Paragon Ln, Delanco, NJ 08015 Tel. No. 461-8084

Contractor (Print Signature) Address (Print Signature) Tel. No. (Print Signature)

Architect (Print Signature) Address (Print Signature) Tel. No. (Print Signature)

Approximate Cost of Construction \$ (Print Signature) Time of Commencement (Print Signature)

Approved May 14 1996 Zoning Permit No. 1996-13 Date May 14 1996

Refused (Print Signature) 19(Print Signature)

Reasons for Refusal (Print Signature)

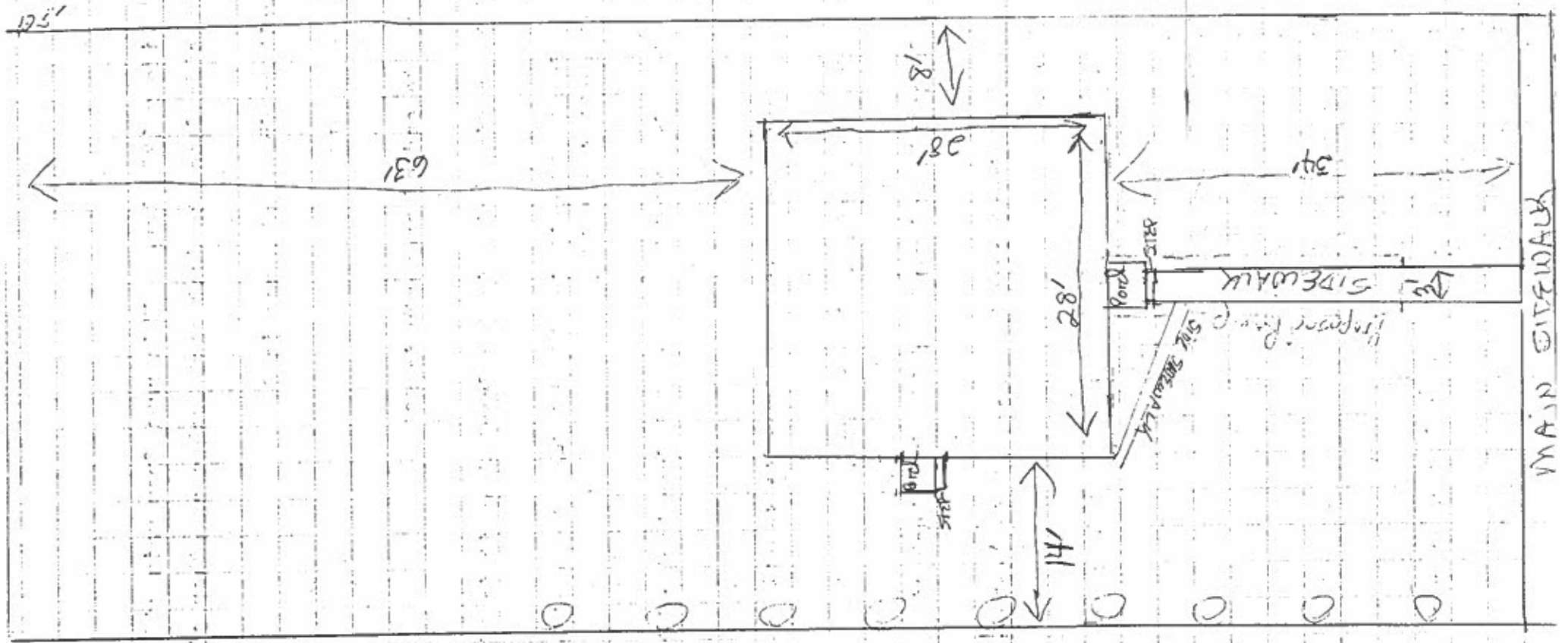
Zoning Officer (Print Signature)

This Application must be returned within 90 days of Applicant must reply.

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with
all Township Ordinances and State Laws regulating Zoning.

Applicant Ruth A. Drummond

RETURN BOTH COPIES

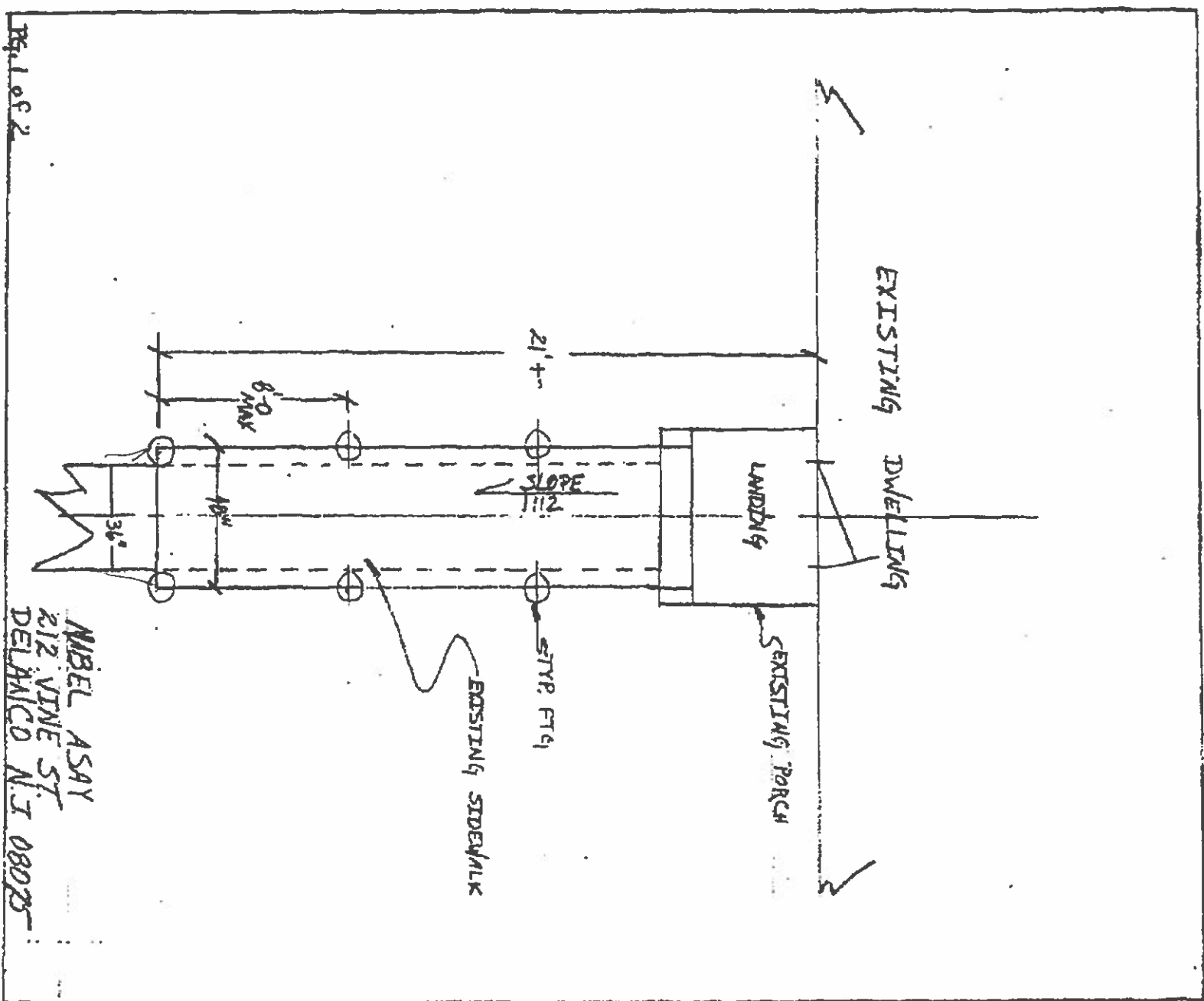


Proposed Sidewalk
141'

Proposed Sidewalk

Proposed Sidewalk

1. Property is 50' wide x 125' long. This runs from main sidewalk to fence in back and from side fence to just past bushes on other side.
2. From main sidewalk to front of house is 34'
3. House is 28' long x 28' wide
4. From back of house to end of property is 63'
5. From the ground to opening which is the front door it is 24"
6. From bush side to front sidewalk is 27' and from fence side to sidewalk it is 20'. Front sidewalk is 3' wide.
7. Side door is 13' from front of house and 11' from back of house. Side porch is 3' long.
8. From the ground to opening which is side door it is 31"
9. Front door is 12' from both sides of the house.
10. House is 8' from fence side of yard and 14' from bush side of yard.
11. There is 4' from edge of front step to house. (This includes step and porch)



CONTRACT

THIS AGREEMENT made this 22 day of MAY, 1996,
between Project Freedom, Inc., having a address of P.O. Box 8898, Trenton, NJ 08650
(hereinafter referred to as "Project Freedom") and CLIMAX GENERAL CONTRACTING,
having an address at
P.O. BOX 5132, HAZLET, NJ 07730
(hereinafter referred to as the "Contractor").

WHEREAS, Project Freedom desires to engage the Contractor to perform certain work as set forth in paragraph 1 below; and

WHEREAS, the contractor has submitted a proposal for services which have been accepted by Project Freedom,

NOW, THEREFORE, for and in consideration of the foregoing and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Project Freedom and the Contractor hereby agree as follows:

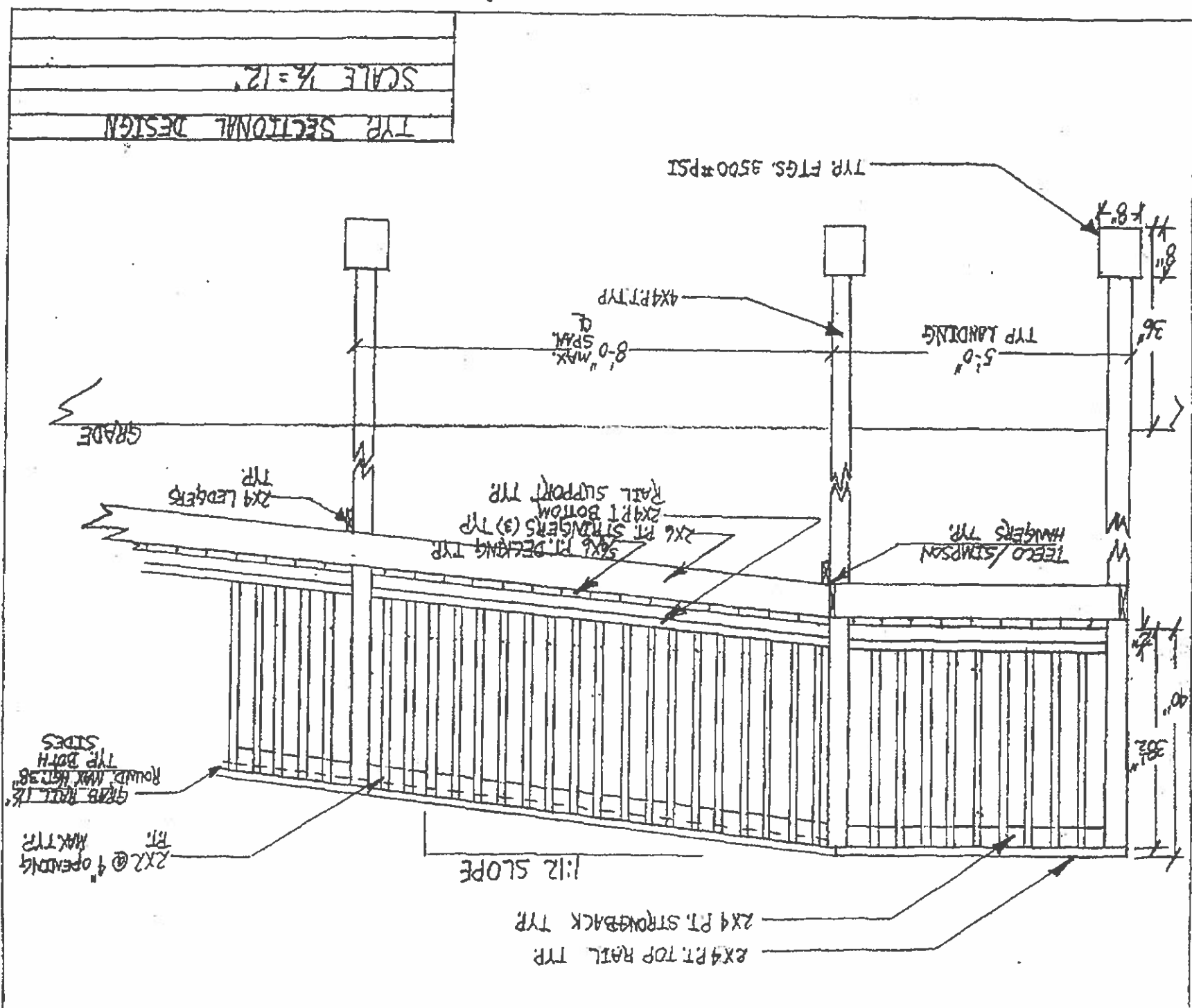
- 1) The Contractor will perform services as more fully set forth below and/or as set forth on the attached Specification schedule:
21' RAISED SIDEWALK (SEE ATTACHED DRAWING)
- 2) Payment by Project Freedom for services rendered by the Contractor shall be made as forth below and/or as set forth on the attached payment schedule:
50% TO START: 50% UPON COMPLETION AND FINAL INSPECTION
TOTAL AMOUNT 2,450.00
- 3) The work described in paragraph 1 above and/or as set forth on the attached Specification schedule shall commence no later than ten (10) days after the parties have executed this Contract.
- 4) The Contractor shall indemnify, defend and hold harmless Project Freedom for any losses/damages incurred or legal action commenced as a result of the Contractor's actions or inactions (and those of the Contractor's employees, and/or agents) in respect of the work to be performed under this Agreement, and from any losses/damages incurred or legal action commenced as a result of the Contractor's failure to comply with Federal, State, and Local laws, social security acts and unemployment compensation acts insofar as applicable to the performance of this Agreement.
- 5) The Contractor, with the signing of this Agreement, shall produce valid certificates of acceptable insurance coverage for comprehensive property liability, personal injury liability, automobile, vehicular and equipment coverage and workman's compensation. Such insurance certificate shall provide that the coverage set forth thereon cannot be cancelled without 30 days proper written notice thereof to Project Freedom. The Contractor shall produce a valid certificate of insurance showing policy number, deductible and amounts of coverage for such insurance. Project Freedom shall be named as an additional insured under such policies.

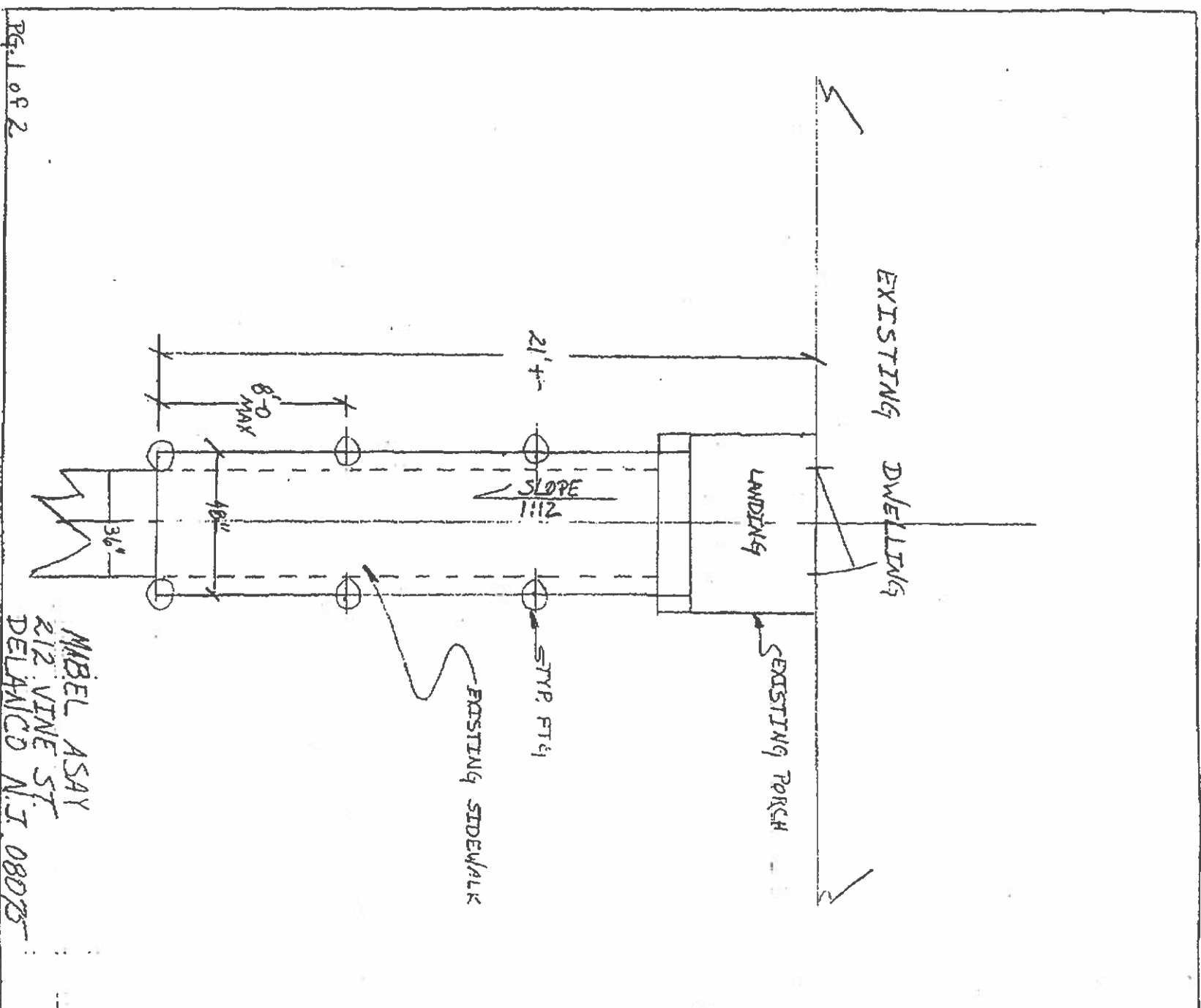
- 6) This Contract shall in all respects, be construed and interpreted in accordance with and governed by the laws of the State of New Jersey.

IN WITNESS WHEREOF, the parties have hereunto set their hands the day and year first written above.

PROJECT FREEDOM, INC.

BY: *Frieda M. Applegate* BY: *[Signature]*
FRIEDA M. APPLGATE, CONTRACTOR
EXECUTIVE DIRECTOR





MABEL ASAY
 212 VINE ST.
 DELANCO N.J. 08075

Pg. 1 of 2

[illegible]

III. DO YOU WANT:		(optional)	
☐	2. Prototype Processing		
☐	1. Partial Releases		

II. PROPOSED WORK		TOTAL COSTS	
☒	1. Minor Work		
☐	2. New Building		
☐	3. Addition		
☐	4. Alteration		
☐	5. Fire Protection		
☐	6. Plumbing		
☐	7. Electrical		
☐	8. Elevator Devices		
☐	9. Asbestos Abat. Subch. 8		
☐	10. Lead Hazard Abatement		
☐	11. Demolition		
	Est. Cost		4,500

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.	Construction Classification	_____
7.	Total Land Area Disturbed	_____ sq. ft.
8.	Flood Hazard Zone	_____
9.	Base Flood Elevation	_____ ft.
10.	Wetlands	yes _____ no _____
11.	Max. Live Load	_____
12.	Max. Occupancy Load	_____

V. FEE SUMMARY (for office use only)					
	Update	Update			
1.	Building	\$	100-		
2.	Electrical				
3.	Plumbing				
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal	\$	100-		
7.	Less 20% for State Plan Review				
8.	Subtotal	\$			
9.	DCA Training Fee				
10.	Subtotal				
11.	Cert. of Occupancy				
12.	Other				
13.	TOTAL	\$	106-		

1. IDENTIFICATION

1. Proposed Work Site at: 512 Vine St.

2. Name of Owner in Fee: Robert Asay Tel. () 401-4113

Address 512 Vine St.

3. Ownership in Fee: ☒ Public ☐ Private

4. Principal Contractor: ED Cucinotta Tel. () 856-829-1705

Address 900 Eridicott Ave. Cinnaminson, NJ

License No. OR, if new home, Builder Reg No. _____

Federal Employee No. _____

Architect or Engineer _____ Tel. () _____

Address _____

6. Responsible Person in Charge of Work ED Cucinotta Tel. () 856-829-1705

FAX () _____

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



CONSTRUCTION PERMIT APPLICATION

BLOCK	1209	LOT	8	QUALIFICATION CODE		ADDRESS (SITE)		PERMIT NO.	2005-05
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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(e)1 vii:

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. 5:32-2.15(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 ED Cuckioff

Address 900 Endicott Ave

Cinnaminson, NJ 08077

Telephone (856) 829 1705

Signature Ed Cuckioff

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

Construction Official
Estimated Cost of Work \$ 4,500.00
3/8/05
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

vinyl siding

DESCRIPTION OF WORK:

Is hereby granted permission to perform the following work:
[] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)

IDENTIFICATION Block 1209 Lot 8
Work Site Location 212 Union St.
Owner in Fee Robert Asay
Address 212 Union St
Tel (858) 829 1701
Lic. No. or Bids. Reg. No.
Contractor Ed Cusack
Address 900 E. 1st St.
Qualification Code H

Date Issued 3/9/05
Permit # 2005-051

PAYMENTS (Office Use Only)	Building	1/02
Electrical		
Plumbing		
Fire Protection		
Elevator Devices		
Other		
DCA State Permit Fee	6	
Cert. of Occupancy		
Other		
Total	106.00	
Check No	5019	
Cash		
Collected by	GA	



**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 _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee _____
Address _____

Tel. () _____
Contractor _____
Address _____

Tel. () _____
Contractor License No. or Builder Registration No. _____
FAX () _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____
[X] No Plans Required [] All _____

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

Insulation _____
Finishes - Base Layer _____
Finishes - Final _____

Energy _____
Mechanical _____
TCO _____

Approved by: _____
Other _____
Final _____

Barrier-Free _____
Truss Sys./Bracing _____
Frame _____

Slab _____
Foundation _____
Footings _____

Footings _____
Type: _____
Failure _____

Dates (Month/Day) _____
Approval _____
Initial _____

INSPECTIONS _____
Type: _____
Failure _____

Barrier-Free _____
Truss Sys./Bracing _____
Frame _____

Slab _____
Foundation _____
Footings _____

Footings _____
Type: _____
Failure _____

Dates (Month/Day) _____
Approval _____
Initial _____

1. New Bldg.	\$	
2. Rehabilitation	\$	
3. Total (1+2)	\$	

B. BUILDING CHARACTERISTICS
Use Group _____
Constr. Class _____
No. of Stories _____
Height of Structure _____
Area - Largest Floor _____
Sq. Ft. _____
New Bldg. Area/All Floors _____
Sq. Ft. _____
Volume of New Structure _____
Cu. Ft. _____
Total Land Area Disturbed _____
Sq. Ft. _____

U.C.C. F110 (rev. 07/03)

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

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 _____
Date Received _____
Control # _____
Date Issued _____
Permit # _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK _____
Type of Work: _____
[] New Building [] Addition [] Rehabilitation [] Roofing [] Siding [] Fence [] Sign [] Sq. Ft. _____
Height (exceeds 6') _____
Asbestos Abatement Subchapter 8 _____
Lead Haz. Abatement NJAC 5-17 _____
Other _____
Demolition _____

FEE (Office Use Only)
\$ _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 213 Vine St, Newark, NJ 07102

2. Name of Owner in Fee: Mr. Wushurky, Tel. (973) 401-1053

3. Ownership in Fee: Public

4. Principal Contractor: 541 Gen. Contracting, Tel. (973) 401-2035

5. Federal Employee No. 29-3001940

6. Responsible Person in Charge once Work has Begun: Mark Hillings, Tel. (973) 401-2035

BLOCK 1289 LOT 8 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 2009-192

V. FEE SUMMARY (for office use only)

1. Building	
2. Electrical	
3. Plumbing	
4. Fire Protection	
5. Elevator Devices	
6. Subtotal	\$ 807
7. Less 20% for State Plan Review	
8. Subtotal	\$ 646
9. State Permit Surcharge Fee	
10. Subtotal	\$ 646
11. Cert. of Occupancy	
12. Other	
13. TOTAL	\$ 867

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories: 1

2. Height of Structure: 10 ft

3. Area - Largest Floor: 1000 sq. ft.

4. New Building Area: 1000 sq. ft.

5. Volume of New Structure: 1000 cu. ft.

6. Construction Classification: 1

7. Total Land Area Disturbed: 1000 sq. ft.

8. Flood Hazard Zone: 1

9. Base Flood Elevation: 10 ft

10. Wetlands: yes

11. Max. Live Load: 100 psf

12. Max. Occupancy Load: 100 psf

II. PROPOSED WORK

1. Minor Work	
2. New Building	
3. Addition	
4. a. Repair	
b. Alteration	
c. Renovation	
d. Reconstruction	
5. Fire Protection	
6. Plumbing	
7. Electrical	
8. Elevator Devices	
9. Asbestos Abat. Subch. 8	
10. Lead Hazard Abatement	
11. Demolition	

TOTAL COST: \$ 3800.00

III. DO YOU WANT: (optional)

1. Partial Release

2. Prototype Processing

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

1. Elevators/Escalators/lifts/Dumbwaiters/moving walks	
2. High Pressure Boiler	
3. Pressure Vessels	
4. Refrigeration System	
5. Cross-Connections/Backflow Preventers	
6. Hazardous Uses/Places of Assembly	
7. Sprinklers	
8. Smoke Control Systems in Open Wells	
9. Underground Storage Tanks	
10. Swimming Pools, Spas and Hot Tubs	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units restricted

B. NON RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units restricted

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(e)1.vii:

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.

☒ Check if contractor.

Agent Name Joe Bruno Construction

Address 500 Front Street

Telephone (856 462-2035) 715

Signature [Signature]

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

11/24/91

Date Issued
Permit #

CONSTRUCTION PERMIT



IDENTIFICATION Block
Work Site Location: Delanco, NJ, 1000 N. Main St
Owner in Fee: Delanco, NJ, 1000 N. Main St
Address: Delanco, NJ, 1000 N. Main St
Tel. () 856-461-1051
Lic. No. or Bids. Reg. No. 3A-301910
Fed. Emp. No. 13VH02118500

PAYMENTS (Office Use Only)
Building 8
Electrical 8
Plumbing 8
Fire Protection 8
Elevator Devices 8
Other 8
DCA State Permit Fee 8
Cert. of Occupancy 8
Other 8
Total 8
Check No. 8
Cash 8
Collected by 8
(see reverse side)

is hereby granted permission to perform the following work:
☐ BUILDING
☐ PLUMBING
☐ FIRE PROTECTION
☐ ASBESTOS ABATEMENT
☒ OTHER DEMOLITION
DESCRIPTION OF WORK: New Roof. Remove All roof material from All roof areas. Install 30yr shingles
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$ 3500.00
Construction Official [Signature]
Date 11/24/91



BUILDING SUBCODE
TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

11/24/09
2005-192

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

Removal of roof
Remove all roof
of base. Haul 5 lb. left
over to 30 yd off impervious

TYPE OF WORK:

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

Fee (Office Use Only)

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

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

Block Lot Qualification Code
Work Site Location
Owner in Fee
Address
Tel. ()
Contractor
Address
Tel. ()
FAX ()
Contractor License No. or Builder Registration No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date Initial	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Approval	Initial
☐ All		Footings					
☐ Footing		Foundation					
☐ Foundation		Slab					
☐ Frame		Truss Sys./Bracing					
☐ Other		Insulation					
Joint Plan Review Required:							
☐ Elevation		Finishes-Final					
☐ Fire		Energy					
☐ Mechanical		TCO					
☐ CO		Other					
☐ CA		Barrier-Free					
Approved by:							
Date:							

B. BUILDING CHARACTERISTICS

Use Group Present
Constr. Class Present
No. of Stories
Height of Structure
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 \$
3. Total (1+2) \$

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

BLOCK

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.

☒ Check if contractor.

Agent Name B PASSIONE Electric

Address 402 HURDIS DRIVE

RODWAY NJ 08065

Telephone 856/823/8187

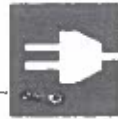
Signature B. Passione

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

IV. () **HOME ELEVATION**: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123-16.



ELECTRICAL SUBCODE
TECHNICAL SECTION



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

Block 1209 Lot 8

Work Site Location 212 VINE ST DELANCY, NJ 08075

Owner in Fee: Gregory Muzhinski

Tel: (806) 461-1062

Address 212 VINE ST DELANCY, NJ 08075

Contractor: B. PASSIONE ELECTRIC

Address 402 HUBBS DRIVE DELANCY, NJ 08065

Contractor License No. E11485

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

Federal Emp. ID No. 185465440

Use Group Present K5

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

Building Occupied as SFD

Est. Cost of Elec. Work \$ 475-

B. ELECTRICAL CHARACTERISTICS

PLAN REVIEW [] No Plans Required [] Partial - Underslab Utilities Approved

Date: Approved by:

[] Electrical Plans Approved

Date: Approved by:

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

Service Other

Final Barrier-Fee

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date: Approved by:

SUBCODE APPROVAL for PERMIT

SUBCODE APPROVAL for CERTIFICATE

Date: Approved by:

Certification

Date of Grounding and Bonding

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

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

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace existing 100 AMP Panel

QTY SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV 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 1/4 HP

KW Transformer/Generator

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

DeLanco Township
Municipal Building
DeLanco, NJ 08075
(856) 461-0561
FAX (856) 461-0585

Permit No. 20160140
Control No. 40004000
Block/Lot 1209/8
Date 8/29/16

Certificate of Approval

IDENTIFICATION

Block/Lot 1209/8
Work Site Location 212 VINE ST

Owner in Fee/Occupant MUSHINSKI, GREGORY JR & REBECCA A

Address 212 VINE ST
DELANCO, NJ 08075

Telephone B. Passione Electric
Contractor 402 Hubbs Drive
Address Palmyra, NJ 08065

Telephone (856) 829-8187
FAX

Lic. No. or Bids. Reg. No. E11485-3/31/18

Federal Emp. No. 85465440

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
to fine or order to vacate:

Thomas Casey, Construction Official
U.C.C. F260
(rev. 3/96)

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

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 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

REPLACE EXISTING 100AMP PANEL

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:

CALL BEFORE YOU DIG
1-800-272-1000

OR 811

CONSTRUCTION PERMIT APPLICATION



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

I. IDENTIFICATION

1. Proposed Work Site at: 212 Vine St
2. Name of Owner in Fee: Muskni, J.K.
3. Ownership in Fee: Public
4. Principal Contractor: Cozens Brothers
1347 Hainesport Rd
Mt Laurel, NJ 08054
Federal I.D. #02-3583546
Lic# 13VH02495800
Ph: 856-273-8566
Fax: 856-642-0069
Exp. Date: _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____
5. Architect or Engineer: Jenn Valley, Inc.
Contact: Greg Baker
Address: 84 130 Cape
Tel: 856 (829) 8636
FAX: (856) 829 8631
6. Responsible Person in Charge once Work has Begun: Andy Cozens
Tel: 856 (856) 273-8566
FAX: (856) 642-0069

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 _____

V. FEE SUMMARY (for office use only)

1. Building	\$	90-
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal	\$	15-
9. State Permit Surcharge Fee		
10. Subtotal	\$	10-
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	105-

BLOCK 1209 LOT 8
QUALIFICATION CODE
ADDRESS (SITE) 212 Vine St
PERMIT NO. 2016-0143

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

☒ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

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. ☐ Sanitary/Standpipes	8. ☐ Smoke Control Systems in Open Wells	9. ☐ Fire Alarm
10. ☐ Swimming Pools, Spas and Hot Tubs	11. ☐ 1.000	12. ☐ 1.000

Est. Cost 2500
Planned by _____
Date _____
Rejection _____
Approval _____
Re-viewer _____
Resubmission _____
Approval _____
Re-viewer _____
Resubmission _____
Approval _____
Re-viewer _____

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted: _____

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted: _____

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

TOTAL COST 2500

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

DO YOU WANT:
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. ☐ Sanitary/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Fire Alarm
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ 1.000
12. ☐ 1.000

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 Cozens Brothers Federal ID # 22-3583546
Address 1347 Hainesport Rd
Mt Laurel, NJ 08054
Ph: 856-273-8566 Fax: 856-647-0069 I & # 13VH02495800
Telephone C-856-464-3159
Signature [Signature]

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

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



**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 1209 Lot 8
Work Site Location 212 Vine St
Owner's Fee: Mushinski, Deborah
Tel: (856) 461-1052 e-mail: Deborah@212vinest.com
Address: 212 Vine St Dobson NJ
Contractor: Cozens Brothers
1347 Hainesport Rd
Mt. Laurel, NJ 08054
Federal ID # 22-3583546
Ph: 856-273-8566
Lic# 13VH02495800
Contractor License No. 856-012-0009
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ()

JOB SUMMARY (Office Use Only)

PLAN REVIEW [] No Plans Required [] All [] Footings/Foundations [] Structural/Framework [] Exterior [] Interior [] Joint Plan Review Required [] ELEC. [] Plumb [] Fire [] Elevator [] Insulation [] Finishes-Final [] Energy [] Mechanical [] TCO [] Other [] Date: Approved by: SUBCODE APPROVAL for CERTIFICATE [] CO [] CCO [] CA [] Approved by: SUBCODE APPROVAL for PERMIT [] Insulation [] Finishes-Final [] Energy [] Mechanical [] TCO [] Other [] Date: Approved by: Barrier-Free [] Truss Sys./Bracing [] Frame [] Foundation [] Footing Bonding [] Footing [] Type: Failure Failure Failure Approval Initial

Use Group Present Proposed
No. of Stories
Height of Structure
Area — Largest Floor
New Bldg Area/All Floors
Volume of New Structure
Max. Live Load
Max. Occupancy Load

sq. ft. sq. ft. sq. ft. sq. ft. cu. ft.

1. New Bldg. \$
2. Rehabilitation \$
3. Total (1+2) \$

U.C.C. F110 (rev. 11/09) 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

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: Andrew Cozens
Print name here: Andrew Cozens

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Internally reinforce Rear + R/Side Foundation walls. to Eng. specs.

TYPE OF WORK:
[] New Building [] Addition [] Rehabilitation [] Roofing [] Siding [] Fence [] Sign [] Pool [] Retaining Wall [] Abestos Abatement Subchapter 8 [] Lead Haz. Abatement NJAC 5:17 [] Other [] Demolition

Sq. Ft. Sq. Ft. Height (exceeds 5')
FEE (Office Use Only) \$ 90-
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$ 90-
TOTAL FEE \$

Delanco Township
Municipal Building
Delanco, NJ 08075
(856) 461-0561 FAX (856) 461-0585

Permit No. 20160143
Control No. 40004010
Block/Lot 1209/8
Date 9/01/16

Certificate of Approval

IDENTIFICATION

Block/Lot 1209/8
Work Site Location 212 VINE ST

Owner in Fee/Occupant MUSHINSKI, GREGORY JR & REBECCA A

Address 212 VINE ST
DELANCO, NJ 08075

Telephone COZENS BROTHERS

Contractor 1347 HAINESPORT RD
Address MT. LAUREL, NJ 08054

Telephone (856) 273-8566 FAX

Lic. No. or Bids. Reg. No. 13VH02495800-3/31/17

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
to fine or order to vacate:

Thomas Casey, Construction Official

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

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

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 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

REPAIR FOUNDATION WALLS

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

S-1

EXISTING FOUNDATION/FLOOR FRAMING PLAN (SCHEMATIC)

SCALE: 3/8" = 1'-0"

DRAWING NO.

PROJECT NO. COZENS87

DATE: AUGUST 17, 2016

DRAWN BY: GSB

SCALE: AS NOTED

PLAN

REVISIONS:

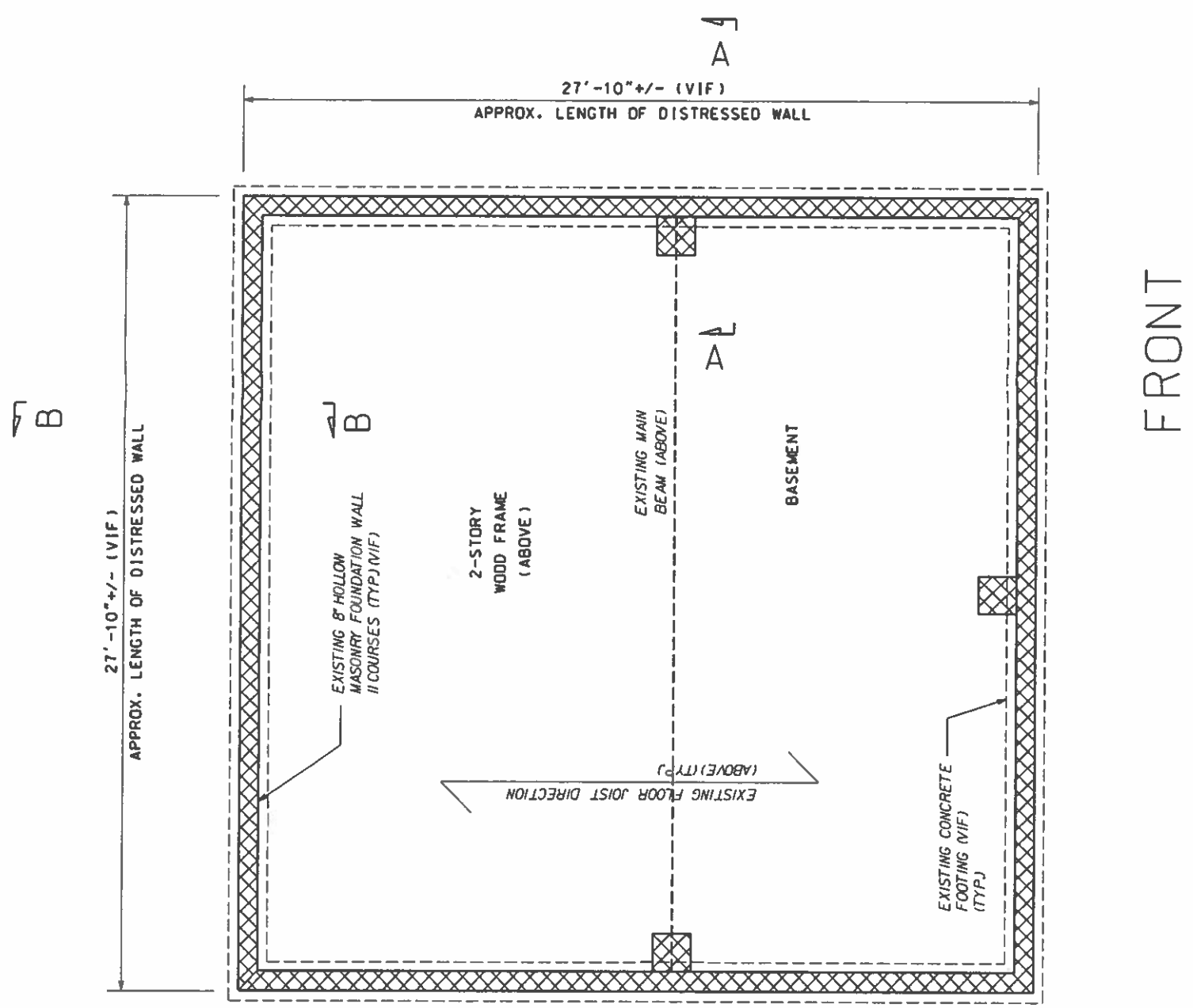
PROPOSED
WALL REPAIRS
FOR
212 VINE STREET
DELANCO, NJ

PENN VALLEY
ENGINEERING, LLC



THE PRESIDENTIAL CENTER
GRANT BUILDING, SUITE 406
101 ROUTE 130 SOUTH
CINNAMINSON, NJ 08077
PHONE: (856) 829-8636
FAX: (856) 829-8631
WWW.PENNVALLEYENGINEERING.COM
CERTIFICATE OF AUTHORIZATION NO. E4CA26116200

GREGORY S. BAKER, P.E.
PROFESSIONAL ENGINEER, NEW JERSEY
DATE
G.S.B. 8-17-16
LICENSE NO. E4CE04608700



COMPLETES

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)1ix:

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.

☒ Check if contractor.

Agent Name _____

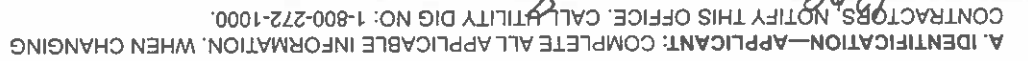
Address _____

P.O. BOX 2526
CINNAMINSON, NJ 08077

Telephone _____

Signature _____

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



Block	12089	Lot	8	Qualification Code	
Work Site Location	212 Vine	Lot	802		

Owner in Fee: Greg Moshinski
Tel. (609) 234-4229
e-mail _____

Contractor: 7-016 G INC
Address: 1701 Universalway Rd, Channahon, IL 60017
Tel: (815) 766-7117
Municipality: Channahon, IL 60017

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 8292728 (8292728)
Federal Emp. ID No. 224712233 FAX: _____

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)		Failure		Failure		Approval		Initial	
☒	All	☒	No Plans Required																
☒	Footings/Foundations																		
☒	Structural/Framework																		
☒	Exterior																		
☒	Interior																		
Joint Plan Review Required:																			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator																			
SUBCODE APPROVAL for PERMIT																			
Date: _____																			
Approved by: _____																			
SUBCODE APPROVAL for CERTIFICATE																			
☐ Mechanical ☐ TCO ☐ Other ☐ Final																			
Date: _____																			
Barrier-Free																			
Energy																			
Mechanical																			
☐ Finishes -Base Layer ☐ Finishes -Final																			
Insulation																			
Barrier-Free																			
Truss Sys./Bracing																			
Frame																			
Slab																			
Foundation																			
Footings/Bonding																			
Footings																			
Type: _____																			
Failure																			
Failure																			
Approval																			
Initial																			

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories		If Industrialized Building:	State Approved
Height of Structure	ft.		HUD

Area — Largest Floor	sq. ft.	
New Bldg. Area/All Floors	sq. ft.	
Volume of New Structure	cu. ft.	
Max. Live Load		

1. New Bldg.	\$	
2. Rehabilitation	\$	
3. Total (1 + 2)	\$	550

Est. Cost of Bldg. Work:

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

For reorder call: (609) 390-1400
Alleggra Marketing • Print • Mail

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	69

65

EE (Office Use Only)

men

51

authorized to make the

01/8

91/1/1

Delanco Township

Municipal Building

Delanco, NJ 08075

FAX (856)461-0585

(856)461-0561

Permit No.

Control No.

Block/Lot

Date

20160153

40004017

1209/8

9/15/16

Certificate of Approval

IDENTIFICATION

Block/Lot

Work Site Location

Owner in Fee/Occupant

Address

Telephone

Contractor

Address

Telephone

Lic. No. or Bids. Reg. No.

Federal Emp. No.

1209/8

212 VINE ST

MUSHINSKI, GREGORY JR & REBECCA A

212 VINE ST

DELANCO, NJ 08075

7-Oil Company

1708 Union Landing Road

Cinnaminson, NJ 08077

(856)786-0707

FAX

13VH01110200-3/31/17

223772233

Home Warranty No

Type of Warranty Plan

State

Private

Use Group

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use

REMOVE AST

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

Permit Fee \$

Paid [] Check No.

Collected by:

25786

CG

80

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:

Thomas Casey, Construction Official

(rev. 3/96)

U.C.C. F260

THE
UNTUCHABLES
KEVIN COSTNER
DENNIS QUaid
ROBERT Iler

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 _____

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.

() Check if contractor.

Agent Name Frank D. H. C.

Address 35 Charleston Rd.

Telephone 601-835-1512

Signature Bill Rogers

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.

Delanco Township

Municipal Building

Delanco, NJ 08075

(856)461-0561 FAX (856)461-0685

CONSTRUCTION PERMIT

212 VINE ST

Permit No. 2019-00230
Control No. 40004893
Block/Lot 1209/8
Applic/Issued 11/05/19 11/29/19

Owner in Fee MARKWOOD, ZACHARY
Address 212 VINE ST
DELANCO NJ 08075
Phone (609)321-3737 FAX
Contractor FANTE'S HVAC
Address 35 Charleston Road
Willingboro, NJ 08046
Phone (609)835-1512
Lic. No./Fed ID: 19HC00446300-6/30/20 / 223134116

Applicant is hereby granted permission to perform the following work:

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

Description of Work

FURNACE/ AC REPLACEMENT

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

Estimated cost of work \$3,250

Construction Official

Thomas Casey

Thomas Casey

PAYMENTS (Office use only) *

Building \$0

Electrical 86

Plumbing 0

Fire Protection 0

Elevator Devices 0

Mechanical/Other 246

DCA Training Fee 6

Certificate of Occupancy 0

Other 10

Total \$348

Check No. 1033646

Amount

Collected by *MS*

Delanco TWP



Mechanical
Inspector
Technical Section



Date Received
11/13/19
Date Issued
12/9/19
Control #
Permit #

2019-00230

D. TECHNICAL SITE DATA

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

Block 1003 Lot 26

Work Site Location 212 Vine Street

Owner in Fee Delanco NJ 08075

Address 212 Vine Street

Tel 609-321-3737

Contractor Fanter's Plumbing, Heating & A/C

Address 35 Chadeston Road, Willimaboro, NJ 08046

Tel 609-835-1512 FAX 609-835-2230

Lic. No. 19HC00446300 Exp Date

Federal Emp. No. 22-313-4116

B. MECHANICAL CHARACTERISTICS

Use Group [] R-3 [] R-4

Heating Sys [] Conversion [X] Replacement [] Electric [] Solar

Fuel: [] Gas [] Oil [] Electric [] Solar

Type: [] Hydronic [X] Hot Air

Est Cost of Mech Work: \$1,850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW: [] No Plans Required

Joint Plan Review Required

[] Bldg. [] Plumb

[] Elec. [] Elevator

[] Fire [] Mech.

PLANS APPROVED

Date

Approved by:

SUBCODE APPROVAL

[] CA [] CCO

Date:

Approved by:

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

[Signature]

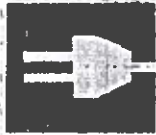
NO.	FIXTURE/EQUIPMENT	1	Water Heater	97
	Fuel Oil Piping			
	Gas Piping			
	Steam Boiler			
	Hot Water Boiler			
1	Hot Air Furnace			97
	Oil Tank			
	LPG Tank			
	Fireplace			
1	Other Condensate			20
	Administrative Surcharge			32
	Minimum Fee			214
	DCA Training Fee			
	Total Fee			246

FEE (Office Use Only)

Delanco TWP



Electrical
Subcode
Technical Section



Date Received
Date Issued
Control #
Permit #

11/5/19
12/9/19
2019-00230

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1209 Lot 8

Work Site Location 212 Vine Street

Owner In Fee Delanco, NJ 08075

Address 212 Vine Street

Tel 609-321-3737

Contractor Fante's Plumbing, Heating & A/C

Address 35 Charleston Road, Willingboro, NJ 08046

Tel 609-835-1512

FAX 609-835-2230

Lic. No. 19HC00446300 Exp Date

Federal Emp. No. 22-313-4116

B. ELECTRICAL CHARACTERISTICS

Use Group Present [] Proposed []

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

Bldg Occupied as Utility Co.

Est. Cost of Elec. Work \$1,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[] No Plans Required

[] Joint Plan Review Required

[] Bldg [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 11/11/19

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] TCCO [] CA

Date: 11/11/19

Approved by: [Signature]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

U.C.C. F120 (rev. 3/96) Applicant When Submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ITEMS	QTY.	SIZE
Lighting Fixtures	1	
Receptacles	1	
Switches	1	
Detectors		
Light Poles		
Motors-Fract. HP		
Emergency and Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit/with UV 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 Disposer		
KW Central A/C Unit	4	
HP/KW Space Heater/Air Handler		
KW Baseboard Heat		
HP Motors 1/4 HP		
KW Transformer/Generator		
AMP Service		
AMP Subpanels		
AMP Motor Control Center		
KW Elec. Sign/Outline Light		
TOTAL FEE		
DCA Training Fee		
Minimum Fee		
Administrative Surcharge		

FEE (Office Use Only)

Delanco Township
Municipal Building
Delanco, NJ 08075
(856)461-0561
FAX (856)461-0685

Permit No. **201900230**
Control No. **40004893**
Block/Lot **1209/8**
Date **12/30/19**

Certificate of Approval

IDENTIFICATION

Block/Lot **1209/8**
Work Site Location **212 VINE ST**

Owner in Fee/Occupant **MARKWOOD, ZACHARY**
212 VINE ST
Address **DELANCO NJ 08075**

Telephone **FANTE'S HVAC**
Contractor **35 Charleston Road**
Address **Willingboro, NJ 08046**
Telephone **(609)835-1512** FAX **19HC00446300- 6/30/20**
Lic. No. or Bids. Reg. No. **223134116**
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:

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 _____

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 CLEARANCE - LEAD ABATEMENT 5:17
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

FURNACE/ AC REPLACEMENT

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: _____

TIME : 01/02/2020 11:13
NAME : DELANCO TWP./
FAX : 8564610685
TEL : 8564610561
SER.# : BROJ0J201920

01/02 11:13
12153647841
00:00:28
01
OK
STANDARD
ECM

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

US
NEW JERSEY
TIME-TECH CONSTRUCTION, INC.

Electrical Subcode Technical Section



D. TECHNICAL SITE D

Block 2209 Lot 8
Work Site Location 212 Vine Street
Delanco, NJ 08075
Owner In Fee _____
Address 212 Vine Street
Delanco, NJ 08075
Tel 609-321-3737
Contractor Fante's Plumbing, Heating & A/C
Address 35 Charleston Road, Willingboro, NJ 08046
Tel 609-835-1512 FAX 609-835-2230
Lic. No. 19HC00446300 Exp Date _____
Federal Emp. No. 22-313-4116

B. ELECTRICAL CHARACTERISTICS

Use Group Present ☐ Proposed ☐
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
 Bldg Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$1,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		DATES (Month/Day)			
[] No Plans Required		Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required		Rough	_____	_____	_____	_____	
[] Bldg	[] Plumbing	Temp Serv	_____	_____	_____	_____	
[] Fire	[] Elevator	Constr. Serv.	_____	_____	_____	_____	
[] Elec. Plans Approved		TCO	_____	_____	_____	_____	
Date: <u>11/14/87</u>		Other	_____	_____	_____	_____	
Approved by: <u>[Signature]</u>		Service	_____	_____	_____	_____	
		Final	<u>12/14</u>	_____	<u>12/14</u>	<u>[Signature]</u>	
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued _____					
[] CO	[] CCO	[] CA	Final Cut-in-Card Date Issued _____				
Date: <u>12/24/87</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

☐ Licensed Electrical Contractor ☐ Exempt Applicant

U.C.C. F120 (rev. 3/96)

Delanco TWP



Electrical Subcode Technical Section

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

Block 1209 Lot 8
Work Site Location 212 Vine Street
Delanco, NJ 08075
Owner In Fee
Address 212 Vine Street
Delanco, NJ 08075
Tel 609-321-3737
Contractor Fante's Plumbing, Heating & A/C
35 Charleston Road, Willingboro, NJ 08046
Tel 609-835-1512 FAX 609-835-2230
Lic No 19HC00446300 Exp Date
Federal Emp. No. 22-313-4116

B. ELECTRICAL CHARACTERISTICS

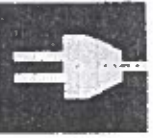
Use Group Present [] Proposed []
[] Pole/Pad # [] Temporary [] Other []
Bldg Occupied as Utility Co.
Est. Cost of Elec Work \$1,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW: [] No Plans Required [] Joint Plan Review Required
[] Bldg [] Plumbing [] Fire [] Elevator
[] Elec. Plans Approved
Date: 11/11/19 Approved by: [Signature]
SUBCODE APPROVAL
[] CO [] TCCO [Signature]
Date: 12/24/19 Approved by: [Signature]
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

D. TECHNICAL SITE DATA



Date Received 11/5/19
Date Issued 12/9/19
Control # 2019-00230
Permit #

FEE (Office Use Only)

ITEMS	QTY.	SIZE
Lighting Fixtures	1	
Receptacles	1	
Switches		
Detectors		
Light Poles		
Motors-Frct. HP		
Emergency and Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit/with UVW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range/Receptacle		
KW Oven/Space Unit		
KW Elec. Water Heater		
KW Elec. Dryer/Receptacle		
KW Dishwasher		
HP Garbage Disposer		
KW Central A/C Unit	4	
HP/KW Space Heater/Air Handler		
KW Baseboard Heat		
HP Motors 1/4 HP		
KW Transformer/Generator		
AMP Service		
AMP Subpanels		
AMP Motor Control Center		
KW Elec. Sign/Outline Light		

Administrative Surcharge	\$ 11-
Minimum Fee	\$ 75-
DCA Training Fee	\$ 86-
TOTAL FEE	\$ 171-



CHIMNEY VERIFICATION FOR
REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1209 LOT 8 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 212 Vine Street, Delaware, NJ 08075

Owner in Fee Zachary Markwood

Verifying Individual Jeff Fante Company Fantes Plumbing Heating and Air Inc.

Address 35 Charleston Road Willingboro NJ 08046

Tel: (609) 835-1312 Fax: (609) 335-2230

Check the Appropriate Box(es):
Type of Replacement: Existing Vent/Chimney: Size 2"

☐ Oil to Gas Conversion	☐ "B" Label Vent	☐ Chimney-Interior
☐ Gas to Oil Conversion	☐ "L" Label Vent	☐ Chimney-Exterior
☒ Gas Appliance Replacement	☒ Flexible Liner	☐ Masonry Chimney-Tile Lined
☐ Oil to Oil Replacement	☐ Power Vent/Exhauster	☐ Masonry Chimney-Unlined
☐ Other _____		☐ Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: <u>HA Furnace</u>	Oil / <u>Gas</u> Other: _____	<u>44,000</u>
Appliance 2: _____	Oil / Gas / Other: _____	
Appliance 3: _____	Oil / Gas / Other: _____	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____ Other: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

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

Signature _____ Date _____

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

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

Signature _____ Date _____

Direct Vent Appliance:

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

Signature [Signature] Date 10/25/19

Verification Not Submitted:

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

Signature _____ Date _____

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

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

SPECIFICATIONS

Gas Heating Performance	Model No.	EL196UH030XE24B	EL196UH045XE24B	EL196UH045XE36B
	AHRI Ref. No.	201849567	201849568	201849569
	1 AFUE	96%	96%	96%
	Input - Btuh	30,000	44,000	44,000
	Output - Btuh	29,000	42,000	42,000
	Temperature rise range - °F	30 - 60	40 - 70	35 - 65
	Gas Manifold Pressure (in. w.g.)	3.5 / 10	3.5 / 10	3.5 / 10
	Nat. Gas / LPG/Propane			
	High static - in. w.g.	0.5	0.5	0.5
	Energy Star® Certified	Yes	Yes	Yes
	Connections	Intake / Exhaust Pipe (PVC) 1/2	2 / 2	2 / 2
	In.	Gas pipe size IPS 1/2	1/2	1/2
Indoor Blower	Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4	3/4
	with furnished 90° street elbow	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt
	with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT
	Wheel nom. dia. x width - in.	10 x 8	10 x 8	10 x 8
	Motor Type	DC Brushless	DC Brushless	DC Brushless
	Motor output - hp	1/2	1/2	1/2
	Tons of add-on cooling	1 - 2	1 - 2	1.5 - 3
	Air Volume Range - cfm	260 - 990	260 - 990	520 - 1345
	Electrical Data	Voltage	120 volts - 60 hertz - 1 phase	
	Blower motor full load amps	6.8	6.8	6.8
Shipping Data	Maximum overcurrent protection	15	15	15
	lbs. - 1 package	129	129	129

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
1 Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.

SPECIFICATIONS

Gas Heating Performance	Model No.	EL196UH070XE36B	EL196UH090XE48C	EL196UH110XE60C
	AHRI Ref. No.	201849570	201849571	201849572
	1 AFUE	96%	96%	96%
	Input - Btuh	66,000	88,000	110,000
	Output - Btuh	63,000	85,000	106,000
	Temperature rise range - °F	35 - 65	50 - 80	45 - 75
	Gas Manifold Pressure (in. w.g.)	3.5 / 10	3.5 / 10	3.5 / 10
	Nat. Gas / LPG/Propane			
	High static - in. w.g.	0.5	0.5	0.5
	Energy Star® Certified	Yes	Yes	Yes
	Connections	Intake / Exhaust Pipe (PVC) 2 / 2	2 / 2	2 / 2
	In.	Gas pipe size IPS 1/2	1/2	1/2
Indoor Blower	Condensate Drain Trap (PVC pipe) - i.d.	3/4	3/4	3/4
	with furnished 90° street elbow	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt	3/4 slip x 3/4 Mipt
	with field supplied (PVC coupling) - o.d.	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT	3/4 slip x 3/4 MPT
	Wheel nom. dia. x width - in.	10 x 8	10 x 10	11-1/2 x 10
	Motor Type	DC Brushless	DC Brushless	DC Brushless
	Motor output - hp	1/2	3/4	1
	Tons of add-on cooling	1.5 - 3	2.5 - 4	3 - 5
	Air Volume Range - cfm	550 - 1380	760 - 1740	1055 - 2220
	Electrical Data	Voltage	120 volts - 60 hertz - 1 phase	
	Blower motor full load amps	6.8	8.4	10.9
Shipping Data	Maximum overcurrent protection	15	15	15
	lbs. - 1 package	134	158	170

NOTE - Filters and provisions for mounting are not furnished and must be field provided.
1 Annual Fuel Utilization Efficiency based on DOE test procedures and according to FTC labeling regulations. Isolated combustion system rating for non-weatherized furnaces.