

Diane Aupperle

61/13.01

From: Joyce Pinto
Sent: Friday, September 16, 2022 3:52 PM
To: Diane Aupperle
Subject: Fwd: OPRA request - OPRA/OPEN & CLOSE PERMITS - 222 W 5th Ave, Runnemede, NJ 08078

Sent from my iPhone

Begin forwarded message:

From: Breean Stumpf <opra+request-35360-9d6f7bfd@requests.opramachine.com>
Date: September 16, 2022 at 2:53:22 PM EDT
To: Joyce Pinto <jpinto@runnemedenj.org>
Subject: OPRA request - OPRA/OPEN & CLOSE PERMITS - 222 W 5th Ave, Runnemede, NJ 08078

Dear Runnemede Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: OPRA/OPEN & CLOSE PERMITS - 222 W 5th Ave, Runnemede, NJ 08078

Yours respectfully,

Breean Stumpf

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-35360-9d6f7bfd@requests.opramachine.com

Is jpinto@runnemedenj.org the wrong address for OPRA requests to Runnemede Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=runnemede_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

View this OPRA request & responses online:

https://opramachine.com/request/opraopen_close_permits_222_w_5th

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

CONSTRUCTION PERMIT

IDENTIFICATION Block
Work Site Location

Owner in Fee 61 322 W. 5TH AVE Lot 13.01

Address 332 E. 2ND ST. N. DENVER CO

Tel. (856) 931-6752 NS 08078

is hereby granted permission to perform the following work:

- ☒ BUILDING
- ☐ ELECTRICAL
- ☐ ELEVATOR DEVICES
- ☐ PLUMBING
- ☐ FIRE PROTECTION
- ☐ ASBESTOS ABATEMENT
- ☐ LEAD HAZARD ABATEMENT
- ☐ DEMOLITION
- ☐ OTHER

DESCRIPTION OF WORK:

(Subchapter 8 only)

Contractor EAST COAST CONSTRUCTION

Address WEST DENVER CO

Tel. (856) 609-519-9525 NS 08051

Lic. No. or Bids. Reg. No. 13VH04200000

Date Issued: 7-29-16

Permit # 16-316

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 \$ 7500.00

UCC170

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

Date 7/26/16

PAYMENTS (Office Use Only)

Building 65.00

Electrical 0.00

Plumbing 0.00

Fire Protection 0.00

Elevator Devices 0.00

Other 0.00

DCA State Permit Fee 14.00

Cert. of Occupancy 0.00

Total 79.00

Check No. 23845324

Cash 0.00

Collected by 0.00

(See reverse side)

Borough of Runnemede

24 N Black Horse Pike
Runnemede, NJ 08078
(856)939-5161

FAX (856)939-0202

Permit No. **20160316**
Control No. **93011904**
Block/Lot **61/13.01**
Date **8/25/16**

Certificate of Approval

IDENTIFICATION

61/13.01

Block/Lot

Work Site Location 222 W 5TH AVE

Owner in Fee/Occupant

GUENETTE, GEORGE J
222 W 5TH AVE

Address

RUNNEMEDE, N J 08078

Telephone

Contractor

Address

Telephone

FAX

Lic. No. or Bids. 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: _____

Construction Official



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

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:

Demo existing shed, frame new shed roof re-roof main garage

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 \$

79

Paid ☐ Check No.

238953

Collected by:

CM



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 61 Lot 13.01 Qualification Code _____
Work Site Location 222 W. 5TH AVE

Owner in Fee: GEORGE GUENETTE e-mail NONE
Tel. 856-931-6752

Address 332 N. RENO AVE.
Contractor: EAST COAST CONSTRUCTION Tel. 609 519-9525
Address 4 HENLEY CT. e-mail _____

WEST BERTHOUD NJ 08051 zip code 609 519-9525
Contractor License No. or Builder Registration No. 13VHO42000R Exp. Date 3/31/17
Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 33181796 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Initial	Date	Type	Failure	Approval	Initial
☐	No Plans Required				
☐	All				
☐	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					
☐	CO [] CA []				
Date:					
Approved by:					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories	1	14'	If Industrialized Building:	State Approved	HUD
Height of Structure		ft.	Est. Cost of Bldg. Work:		
Area — Largest Floor	760	sq. ft.	1. New Bldg.	\$	
New Bldg. Area/All Floors		sq. ft.	2. Rehabilitation	\$	7500.00
Volume of New Structure		cu. ft.	3. Total (1+2)	\$	7500.00
Max. Live Load					
Max. Occupancy Load					

U.C.C. F110 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts.
1 White-Incinerator Conv 2 Canarv-Applicant Conv 3 Pink-Office Copy 4 Gold-Office Copy

Date Received 7-29-16
Control # _____
Date Issued _____
Permit # 16-316

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [Signature]
Print name here: STEVEN DAVIS

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK DEMOL EXISTING SIZED ROOF
FRAME NEW SHED ROOF, RE-ROOF
MAIN GARAGE - INSTALL NEW SHINGLED ROOF

TYPE OF WORK:

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

Administrative Surcharge \$	
Minimum Fee \$	14.00
State Permit Surcharge Fee \$	179.00
TOTAL FEE \$	

222 W 5TH AVE

OWNER
61/13.01

P/F/X

20160316
8/23/16 0:00
BLDG CM

Demo existing shed, frame new shed roof re-roof main garage
FINAL FOR SUBCODE
GUENETTE, GEORGE.

8569392821

Borough of Runnemede

24 N Black Horse Pike

Runnemede, NJ 08078

(856)939-5161

FAX (856)939-0202

Permit No. 20130491

Control No. 93010477

Block/Lot 61./13.01

Date 11/07/13

Certificate of Approval

IDENTIFICATION

Block/Lot 61./13.01

Work Site Location 222 W 5TH AVE

Owner in Fee/Occupant

GUENETTE, GEORGE J

Address

222 W 5TH AVE

RUNNEMEDE, N J 08078

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

Use Group R-5

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

gas heater

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 \$

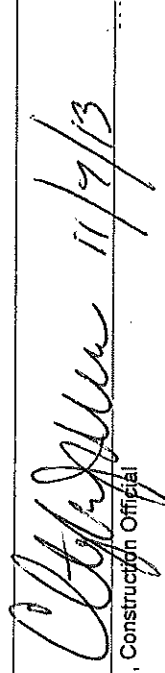
133

Paid [] Check No.

CASH

Collected by:

CM

 11/7/13
Construction Official

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



CONSTRUCTION PERMIT

Date Issued: 10-29-13
Permit # 13491

IDENTIFICATION Block 61
Work Site Location 221 W 5TH Ave
Owner in Fee Runnemedc n.f 08078
Address 410 Runnemedc n.f 08078
Tel. () ()
Lot 13.01
Contractor George J. Guvenett
Address 222 W 5TH Ave
Tel. (856) 931-6702
Qualification Code
Lic. No. or Bids. Reg. No.

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)

DESCRIPTION OF WORK:

Tie in Heater - Oil to Gas

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 \$10,000.00

Construction Official Christopher M. Decca Date 10-22-13

UCC/170

Professional Printing
(856) 468-7933

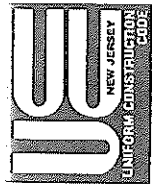
1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	
Electrical	63.00
Plumbing	65.00
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	800.00
Cert. of Occupancy	
Other	
Total	133.00
Check No.	
Cash	
Collected by	JE



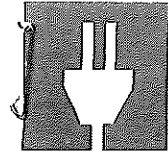
ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 61 Lot 13.01 Qualification Code _____
Work Site Location 222 W 5TH AVE
Owner in Fee: George Guenette
Tel. (934) 67856 93467856
Address _____
Contractor: H/3 Municipality _____ Tel. () _____ Zip code _____
Address _____ e-mail _____
Contractor License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____
B. ELECTRICAL CHARACTERISTICS
Use Group: Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 100.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Rough				
[] Partial-Under-slab Utilities Approved	Barrier-Free				
Date: _____	Trench				
[] Electric Plans Approved	Temp. Serv.				
Date: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire [] Elev.	Other				
SUBCODE APPROVAL for PERMIT					
Date: _____	Service				
Approved by: _____	Final				
Barrier-Free					
Approved by: _____	Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE					
[] CO [] CCO	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	Date of Grounding and Bonding				
	Certification				

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy



Date Received 10-29-13
Date Issued _____
Control # _____
Permit # 13-491

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: George H Guenette

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Tie in Heater

QTY./SIZE ITEMS FEE (Office Use Only)

Lighting Fixture _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors—Fract. HP _____
Emergency & Exit Lights _____
Communications Points _____
Alarm Devices/E.A.C. Panel _____

TOTAL NUMBERS _____
Pool Permit/with UW Lights _____
Storable Pool/Spa/Hot Tub _____
KW Elec. Rang./Receptacle _____
KW Oven/Surface Unit _____
KW Elec. Water Heater _____
KW Elec. Dryer/Receptacle _____
KW Dishwasher _____
HP Garbage Disposal _____
KW Central A/C Unit _____
HP/KW Space Heater/Air Handler _____
KW Baseboard Heat _____
HP Motors 1/+ HP _____
KW Transformer/Generator _____
AMP Service _____
AMP Subpanels _____
AMP Motor Control Center _____
KW Elec. Sign/Outline Light _____
Reconnect
5 w/ 175

Administrative Surcharge \$ _____
Minimum Fee \$ 65.00
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933



BOROUGH of RUNNEMEDE
24 N. BLACK HORSE PIKE
RUNNEMEDE, NJ 08078
(856) 939-2815

**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 61 Lot 13.01

Work Site Location 222 W 5th Ave

Owner in Fee H/O

Address Runnemeade 74 05078

Tele. (856) 939-6789

Contractor George Guenette

Address _____

Tele. () _____ Fax () _____

Lic. No. _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 1400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Approval	Initial	
☐ No Plans Required	Slab				
☐ Building ☐ Electric	Rough				
☐ Fire ☐ Elevator	Water				
☐ Plumbing Plans Approved	Sewer				
Date: <u>10/17/93</u>	Fixtures				
Approved by: <u>[Signature]</u>	Gas Equipment				
	Gas Piping				
	Solar				
	TCG				
	<u>Cheng King</u>				

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ DA

Date: 10/17/93

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.

George H. Guenette

Signature — Contractor's Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received 10-29-93

Date Issued _____

Control # 13-491

Permit # _____

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

NO.	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
_____	Steam Boiler
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor/Separator
_____	Backflow Preventer
_____	Greasetrap
_____	Sewer Connection
_____	Water Service Connection
_____	Stacks
_____	Other
_____	Other
_____	Other

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ _____

UCC/PRO F-130 (REV3/96)
Professional Printing
(856) 468-7933



CONSTRUCTION PERMIT

Date Issued: 8-15-13
Permit # 13-094

IDENTIFICATION Block 61

Lot 13.01

Contractor Address

Qualification Code

Work Site Location

Owner in Fee George Culmelle
Address 202 W. 5th Ave.
Pennsauken, NJ 08073

Tel. ()
No. or Bids. Reg. No.

Tel. ()

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)

DESCRIPTION OF WORK:

Install cable box

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 \$ 200.00

Construction Official

Date

PAYMENTS (Office Use Only)	
Building	<u>65.00</u>
Electrical	<u>65.00</u>
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	<u>1.00</u>
Cert. of Occupancy	
Other	<u>66.00</u>
Total	<u>432.00</u>
Check No.	<u>43200</u>
Cash	
Collected by	<u>JE</u>

(see reverse side)

UCC/170
Professional Printing
(856) 468-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

Borough of Runnemede

24 N Black Horse Pike

Runnemede, NJ 08078

(856)939-5161

FAX (856)939-0202

Permit No. **20130094**
Control No. **93010055**
Block/Lot **61./13.01**
Date **6/11/13**

Certificate of Approval

IDENTIFICATION

61./13.01

Block/Lot

222 W 5TH AVE

Work Site Location

Owner in Fee/Occupant

GUENETTE, GEORGE J

Address

222 W 5TH AVE
RUNNEMEDE, N J 08078

Telephone

Contractor

Address

Telephone

FAX

Lic. No. or Bids. 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

Use Group

R-5

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

cycle box

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

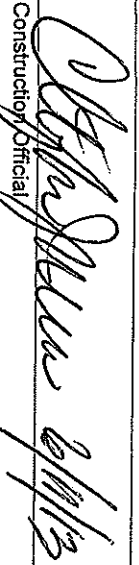
CERTIFICATE OF CONTINUED OCCUPANCY

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 _____

Construction Official

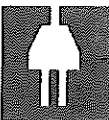


U.C.C. F260
(rev. 3/96)

Permit Fee \$ **66**
Paid ☐ Check No. **43200**
Collected by: **CM**



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 01 Lot 13-01 Qualification Code _____
Work Site Location 222 W. FIFTH AVE

Owner in Fee: George Guenette
Tel. (856) 841-3070 e-mail _____

Address same Rummecede 08078
street municipality zip code

Contractor: P.R. Sanders Inc. D/B/A P.R. Sanders Electric Tel. (856) 429-3086
Address 100 Park Drive, Voorhees, NJ 08043 e-mail permits@pjsanders.com

Contractor License No. NJ Elect Lic # 4701B Exp. Date 3-31-2015

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 22-276-9644 FAX: (856) 429-0551

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 200-

JOB SUMMARY (Office Use Only)		INSPECTIONS					
PLAN REVIEW	Date	Initial	Type	Failure	Failure	Approval	Initial
☒ No Plans Required	3/6/13						
Joint Plan Review Required:							
☐ Building	☐ Plumbing						
☐ Fire	☐ Elevator						
☐ Elec. Plans Approved							
Date:							
Approved by:							
SUBCODE APPROVAL							
☐ CO	☐ CCO	<u>LTCA</u>					
Date:	<u>3-5-13</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 Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BOX #
S413523792

DATE RECEIVED
3-15-13

CONTROL #
13-044

DATE ISSUED
13-044

PERMIT #

CONNECTIONS TO INSTALL
A CYCLE CONTROL BOX ON AN EXISTING AC CONDENSER UNIT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		<u>in line</u>	
		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 Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ 63.00

Minimum Fee \$ 1.00

State Permit Surcharge Fee \$ 16.00

TOTAL FEE \$ 79.00

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

CONSTRUCTION PERMIT

Date Issued 11-14-12
 Permit # 12-464

IDENTIFICATION Block 101
 Work Site Location 222 W. HIGH AVE
 Lot 13.01
 Qualification Code _____
 Contractor P.R. Sanders, INC
 Address 100 Park Drive
 Yonkers, NY 108043
 Tel. (856) 429-3086
 Lic. No. or Bids. Reg. No. NI MPL # 6726
 Fed. Emp. ID No 22-276-9644

Owner in Fee George Guenette
 Address same. Runnemede
 Tel. (856) 931-0152

- is hereby granted permission to perform the following work:
- ☐ PLUMBING
 - ☐ FIRE PROTECTION
 - ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
 - ☐ BUILDING
 - ☐ ELECTRICAL
 - ☐ ELEVATOR DEVICES
 - ☐ LEAD HAZARD ABATEMENT
 - ☐ DEMOLITION
 - ☐ OTHER _____

DESCRIPTION OF WORK:
install power direct vent mwh

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 \$ 3700.
3700. Date _____

Construction Official _____

U.C.C. F170 (rev. 01/04)
 1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

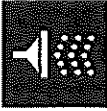
4 GOLD-APPLICANT

To reorder call: Allegra Marketing • Print • Mail (609) 390-1400

PAYMENTS (Office Use Only)	
Building	<u>65.00</u>
Electrical	<u>65.00</u>
Plumbing	<u>65.00</u>
Fire Protection	<u>65.00</u>
Elevator Devices	<u>65.00</u>
Other	<u>65.00</u>
DCA State Permit Fee	<u>65.00</u>
Cert. of Occupancy	<u>65.00</u>
Total	<u>412.95</u>
Check No.	<u>412</u>
Cash	<u>0.00</u>
Collected by	<u>[Signature]</u>
(see reverse side)	



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 41 Lot 13.01 Qualification Code _____
Work Site Location 222 W. Fifth Ave

Owner in Fee: George Guenette
Tel. (856) 931-0752 e-mail _____

Address Same Municipality Runnemede Zip code 08078

Contractor: P. R. Sanders, INC. Tel. (856) 429-3086
Address 100 Park Drive e-mail info@prsanders.com
Voorhees, NJ 08043

Contractor License No. NJ MPL # 6726 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00471800
Federal Emp. ID No. 22-276-9644 FAX: (856) 429-6043

B. PLUMBING CHARACTERISTICS
Use Group Present Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 3599.-

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	
☐ No Plans Required	☐ Partial - Underslab Utilities Approved
Date: _____	Approved by: _____
☐ Plumbing Plans Approved	Date: _____
Joint Plan Review Required:	
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	
SUBCODE APPROVAL FOR PERMIT	
Date: _____	Approved by: _____
SUBCODE APPROVAL FOR CERTIFICATE	
☐ CO ☐ JCCO ☐ CA	
Date: _____	Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: _____

Print name here: Peter Sanders

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

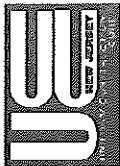
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

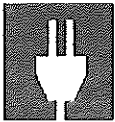
Install power direct vent hwh

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>condensate removal system</u>	

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



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 001 Lot 13.01 Qualification Code _____
Work Site Location 222 W. Fifth Ave

Owner in Fee: George Guenene
Tel. (856) 931-1752 e-mail _____

Address same municipality Runnemede zip code 08078

Contractor: P.R. Sanders Inc. D/B/A P.R. Sanders Electric Tel. (856) 429-3086

Address 100 Park Drive, Voorhees, NJ 08043 e-mail permits@prsanders.com

Contractor License No. NJ Elect Lic # 4701B Exp. Date 3-31-2013

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

Federal Emp. ID No. 22-276-9644 FAX: (856) 429-0551

B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 200

JOB SUMMARY (Office Use Only)		PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
No Plans Required	Date Initial	Initial	Failure	Failure	Approval	Initial	Initial
☒ No Plans Required	<u>6/5/12</u>						
Joint Plan Review Required:							
☐ Building	☐ Plumbing						
☐ Fire	☐ Elevator						
☐ Elec. Plans Approved							
Date:							
Approved by:							
SUBCODE APPROVAL							
☐ CO	☐ CCO	<u>5/10/13</u>					
Date:							
Approved by:							
SUBCODE APPROVAL							
☐ CO	☐ CCO	<u>5/13/13</u>					
Date:							
Approved by:							
SUBCODE APPROVAL							
☐ CO	☐ CCO	<u>5/13/13</u>					
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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor [] Certified Landscape/Irrigation Contr'r [] Exempt Applicant

U.C.C. F120 (rev. 10/06)
Call Allegria
Marketing - Print - Mail
609-390-1400

Date Received 11-14-12
Control # _____
Date Issued _____
Permit # 12-464

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Permit to install
HP unit
**WIRING AND CONNECTIONS FOR A GAS
WATER HEATER REPLACEMENT,
WITH A 120 VOLT CONTROLLED GAS
POWER VENT TYPE**

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1	120V	Lighting Fixtures	
		Receptacles <u>AT Plug in</u>	
		Switches <u>HP Unit Location</u>	
		Detectors	
1	120V	Light Poles	
		Motors—Fract. HP <u>Power Vent</u>	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge \$ _____
Minimum Fee \$ 65.00
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

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

Borough of Runnemede

24 N Black Horse Pike

Runnemede, NJ 08078

(856)939-5161

FAX (856)939-0202

Permit No. **20120464**

Control No. **93009900**

Block/Lot **61./13.01**

Date **5/21/13**

Certificate of Approval

IDENTIFICATION

61./13.01

Block/Lot

222 W 5TH AVE

Work Site Location

Owner in Fee/Occupant

GUENETTE, GEORGE J

Address

222 W 5TH AVE
RUNNEMEDE, N J 08078

Telephone

Contractor

Address

Telephone

FAX

Lic. No. or Bids. 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:

Construction Official

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:

hwh

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 \$ **136**

Paid ☐ Check No. **41295**

Collected by: **CM**

BOROUGH of RUNNEMEDE
24 N. BLACK HORSE PIKE
RUNNEMEDE, NEW JERSEY 08078
(856) 939-2815



CONSTRUCTION PERMIT

Date Issued: 10-25-06
Permit # 06-396

IDENTIFICATION Block 61
Work Site Location

Lot 13.61

Owner in Fee George Buennelle Qualification Code
Address 2226 5th Ave
Tel. 931-6792
Contractor Address 160 Park St
Tel. 931-6792 Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:
☐ BUILDING
☒ ELECTRICAL
☐ ELEVATOR DEVICES
☐ FIRE PROTECTION
☐ ASBESTOS ABATEMENT
☐ LEAD HAZARD ABATEMENT
☐ DEMOLITION
☐ OTHER

DESCRIPTION OF WORK:

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 \$ 2,000.00

Christopher Meca
Construction Official

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

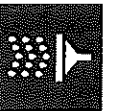
1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT (see reverse side)

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	65.60
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	3.00
Cert. of Occupancy	
Other	
Total	68.60
Check No.	1000
Cash	
Collected by	SP



2 Canary = Office Copy

BOROUGH of RUNNEMEDE
24 N. BLACK HORSE PIKE
RUNNEMEDE, NJ 08078
(856) 939-2815



CONSTRUCTION PERMIT

Date Issued: 9-6-05
Permit # 65-291

IDENTIFICATION Block 61 Lot 13.01
Work Site Location _____

Owner in Fee Wm. G. Bennett
Address 222 W. 5th

Contractor Complete Contract
Address 1249 Kings Hwy
Tel. () _____
Lic. No. or Bldg. Reg. No. 22-325878

- 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)

DESCRIPTION OF WORK:
Ac Unit

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 \$ 50,000
Christopher M. Beca Date 8-25-05

Construction Official

UCC/170 (REV. 01/04)
Professional Printing
(856) 468-7933

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

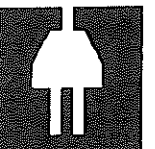
4 GOLD-APPLICANT

PAYMENTS (Office Use Only)	
Building	_____
Electrical	<u>46.00</u>
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>1.00</u>
Cert. of Occupancy	_____
Other	<u>47.00</u>
Total	<u>101.94</u>
Check No.	<u>10194</u>
Cash	_____
Collected by	<u>SE</u>

(see reverse side)



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 7-6-05
Date Issued
Control #
Permit # 09-2913

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

Block 101 Lot 1301 Qualification Code

Work Site Location 222 W 3rd Ave
Owner In Fee 1111 (Buenavista) 1111 George
Address 222 W 3rd Ave

Contractor D.S. Galante Electric
Tel (973) 491-1030
Address 5016 Thorne Lane
Glendora NJ 08029

Contractor License No. 7920 FAX (956) 939-6117
Federal Emp. No. 72-2809-2705

B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$

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

D. TECHNICAL SITE DATA
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 Permitwith UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Oven/Surface Unit
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central A/C Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 1/4 HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
[] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Fire [] Elevator
[] Elec. Plans Approved
Date: 8/25/05
Approved by: [Signature]

INSPECTIONS
Type: Rough Barrier-Free Trench Temp. Serv. Constr. Serv. TCO Other Service Final Barrier-Free
Failure Failure Approval Initial
Dates (Month/Day)
Subcode Approval [] CO [] CCO [] CA
Date: _____
Approved by: _____

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

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

BOROUGH of RUNNEMEDE
24 N. BLACK HORSE PIKE
RUNNEMEDE, NJ 08078
(856) 939-2815

UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 5-1-01
Control #
Permit # 01-0946

IDENTIFICATION Block 101 Lot 13.61

Work Site Location _____

Owner in Fee George Guenette

Address 222 W. 5th Ave.

Tele. () 856-931-6752

Contractor Self

Address _____

Tele. () _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____

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)

DESCRIPTION OF WORK:

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 \$ 400.00

Date 5-27-01 John Warburton

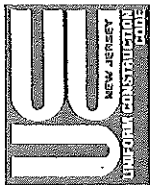
CONSTRUCTION OFFICIAL

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

UCC/PRO170 (REV9/96)

PAYMENTS (Office Use Only)	
Building	<u>46.00</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	<u>46.00</u>
Total	<u>92.00</u>
Check No.	
Cash	
Collected By:	<u>JE</u>

BOROUGH OF RUNNEMEDE
24 N. BLACK HORSE PIKE
RUNNEMEDE, NJ 08078
(856) 939-2815



**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 61 Lot 13.01

Work Site Location _____

Owner in Fee/Occupant George Guenther

Address 222 W 4TH AVE

Runnemede N.J 08078

Tele. (856) 931 6752

Contractor _____

Address _____

Tele. () _____ Fax () _____

Lic. No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 400.00

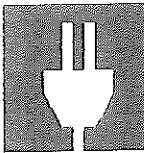
JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	Dates (Month/Day)
☒ No Plans Required			
Joint Plan Review Required:			
☐ Building	☐ Plumbing		
☐ Fire	☐ Elevator		
☐ Elec. Plans Approved			
Date: <u>5/28/01</u>			
Approved by: <u>[Signature]</u>			
SUBCODE APPROVAL			
☐ CO	☐ CCQ	☐ CA	
Date: <u>7/3/01</u>			
Approved by: <u>[Signature]</u>			
INSPECTIONS			
Type:	Failure	Approval	Initial
Rough			
Temp. Serv.			
Constr. Serv.			
TCO			
Other			
Service			
Final			
Temp. Cut-in-Card Date Issued _____			
Final Cut-in-Card Date Issued _____			

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.

George H. Guenther
Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant



Date Received 6-1-01
Date Issued _____
Control # _____
Permit # 01-146

D. TECHNICAL SITE DATA

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 Permitt/with UW Lights _____

Storable Pool/Spa/Hot Tub _____

KW Elec. Range/Receptacle _____

KW Oven/Surface Unit _____

KW Elec. Water Heater _____

KW Elec. Dryer/Receptacle _____

KW Dishwasher _____

HP Garbage Disposal _____

KW Central A/C Unit _____

HP/KW Space Heater/Air Handler _____

KW Baseboard Heat _____

HP Motors 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

BOROUGH of RUNNEMEDE
24 N. BLACK HORSE PIKE
RUNNEMEDE, NJ 08078
(609) 939-2815



CONSTRUCTION PERMIT

IDENTIFICATION Block 61
Work Site Location 222 W 5TH AVE Lot 1301
Owner in Fee George Burnette
Address 222 5TH AVE
Runneme
Tele. (609) 931-6752

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)

DESCRIPTION OF WORK:

Roof

Contractor New Dimensions
Address 58 Highland Street Dr
Tele. (609) N.J. 08004
Lic. No. or Bids. Reg. No. 268-2933
Federal Emp. No. 134-52-1034

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 \$ 2,000.00
3/11/93
Date

John W. Harrison
CONSTRUCTION OFFICIAL
1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE 4 GOLD-APPLICANT

PAYMENTS (Office Use Only)	
Building	48.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	A/F 2.00
Cert. of Occ.	
Other	
Total	50.00
Check No.	
Cash	
Collected By:	AE

(see reverse side)

BOROUGH OF RUNNEMEDE
24 N. BLACK HORSE PIKE
RUNNEMEDE, NJ 08078
(609) 939-2815



**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 61 Lot 1301
Work Site Location _____

Owner in Fee George Buennette
Address 222 W 5th Ave
Glendora

Tele. (609) 931-6752
Contractor New Dimensions

Address 58 Woodstream Dr
Hillco NJ 08004

Tele. (609) 768-3433 Fax (609) 782-8695
Lic. No. or Bids. Reg. No. 154-S2-1034

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☐ No Plans Required			Type:			
☐ All			Footings			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Barrier-Free			
Joint Plan Review Required:			Insulation			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes			
SUBCODE APPROVAL			Energy			
☐ CO ☐ CCO ☐ CA			Mechanical			
Date: <u>3-22-99</u>			TCO			
Approved by: <u>Paul White</u>			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$ <u>2,000.00</u>
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			



Date Received 3-9-99
Date Issued _____
Control # _____
Permit # 99-073

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 Paul White

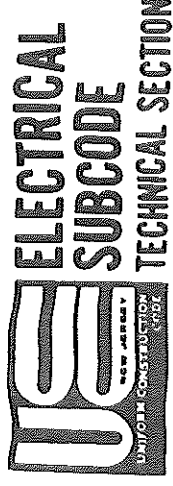
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Take Off Shingles and Put on New
3-16-98

TYPE OF WORK:	Height (exceeds 6') Sq. Ft.	FEE (Office Use Only)
☐ New Building		
☐ Addition		
☐ Alteration		
☒ Roofing		<u>48.00</u>
☐ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Other		
☐ Demolition		

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$ <u>4152.00</u>
TOTAL FEE	\$ <u>50.00</u>

145362
PUBLIC SERVICE
ELECTRIC & GAS COMPANY



RESIDENTIAL-APPLIANCE CYCLING PROGRAM

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

Block 61 Lot 13.01
Work Site Location 222 W. 5th Ave.
Owner in Fee George K. Gunette
Address 222 W. 5th Ave.
Rummede
Tele. (609) 931-1361, NY 08078
Contractor DMC Services Inc.
Address 163 E. Main St.
Little Falls
Tele. (609) 386-5444, NY 07424
Lic. No. 8292 A
Federal Emp. No. 04-2635704 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 75

JOB SUMMARY (Office Use Only)

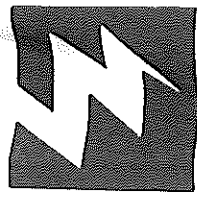
PLAN REVIEW:
☐ No Plans Required
Joint Plan Review Required:
☐ Bldg. ☐ Plumb. ☐ Fire
☐ Elec. Plans Approved
Date: _____
Approved by: _____
INSPECTIONS:
Type: _____
Rough _____
Temporary _____
Constr. Serv. _____
TCO _____
Other _____
Service _____
Final _____
Dates (Month/Day)
Failure _____ Approval _____ Initial _____
SUBCODE APPROVAL:
☒ TCO ☐ JCCO ☐ CA
Date: 4/24/99
Approved by: [Signature]
Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept. _____

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.

☒ Licensed Electrical Contractor ☐ Exempt Applicant
Signature-Contractor Seal R. A. [Signature]

Date Received 11-16-90
Date Issued _____
Control # _____
Permit # 2412



D. TECHNICAL SITE DATA
INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR
PUBLIC SERVICE ELECTRIC & GAS COMPANY'S
RESIDENTIAL APPLIANCE CYCLING PROGRAM ONLY

NO.	SIZE	ITEM
_____	_____	Fixtures (1)
_____	_____	Receptacles (2)
_____	_____	Switches (3)
_____	_____	Total 1 + 2 + 3
_____	_____	Range
_____	_____	Oven(s)
_____	_____	Surface Unit
_____	_____	Dishwasher
_____	_____	Garbage Disposal
_____	_____	Dryer
_____	_____	A/C Unit
_____	_____	Burglar Alarms
_____	_____	Intercoms Panels
_____	_____	Smoke Detectors
_____	_____	Whirlpool/spa
_____	_____	Pool Bonding
_____	_____	Pool Filter Motor
_____	_____	Pool Lights
_____	_____	Water Heater(s)
_____	_____	Central heat:
_____	_____	oil, gas or elec.
_____	_____	Baseboard Heat Units
_____	_____	Thermostats
_____	_____	Heat Pump
_____	_____	Pump(s)
_____	_____	Motor Control Center/Sub Panels
_____	_____	Signs
_____	_____	Light Standards
_____	_____	Motors—Fractional H.P.
_____	_____	Motors—All Others
_____	_____	Transformers

Paid ☐ Check # _____ Administrative Surcharge \$ _____
Collected by: AC Minimum Fee \$ 33
TOTAL FEE \$ 3795

3300
495

3300



CONSTRUCTION PERMIT

Date Issued _____
Control # _____
Permit # **2354**

IDENTIFICATION Block 61 Lot 13.01

Work Site Location 999 W FIFTH AVE Contractor VALENTI, G

Owner in Fee GEORGE GUENETTE Address 2416 WHITE HORSE PIKE

Address 999 W FIFTH AVE ROSELAND NEW JERSEY

Tele. (609) 931-1361 Tele. (609) 232-9416

Fed. No. or Bids. Reg. No. 22-2701468 Exp. Date _____

or Social Security No. _____

is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☒ OTHER SIDING

☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

FURNISH & INSTALL 14 SQUARES
OF VINYL SIDING

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

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL _____ (see reverse side)

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

PAYMENTS (Office Use Only)	
Building	<u>93.50</u>
Plumbing	
Electrical	
Fire Protection	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	<u>93.50</u>
Check No.	<u>2999</u>
Cash	
Collected By:	<u>AC</u>



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

9-19-90
2354

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

Block 91 Lot 13-01
Work Site Location 223 W. FIFTH AVE
Owner in Fee KUNNEWIDE NEW JERSEY
Address 400 E. GUYENETTE
Tele. (609) 531-1361
Contractor JOE VALENTE CO
Address 206 WHITE HOLE PIKE
Tele. (609) 868-9476
Lic. No. or Bldrs. Reg. No. 22-27701460 or Social Security No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS	Dates (Month/Day)	
☐ No Plans Req.	☐ All			Type:	Failure	Approval
☐ Footing	☐ Footing			Foundation		
☐ Foundation	☐ Foundation			Slab		
☐ Frame	☐ Frame			Insulation		
☐ Other	☐ Other			Finishes:		
Joint Plan Review Required:				Energy		
☐ Elec. ☐ Plumb. ☐ Fire				Mechanical		
SUBCODE APPROVAL				TCO		
☐ CO ☐ CCO ☐ CA				Other <u>SLAB</u>		
Date:				Final		
Approved By:						

B. BUILDING CHARACTERISTICS

Use Group BA Present BA Proposed SAME
Constr. Class BA Present BA Proposed BA
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ 5500
3. Total (1+2) \$ _____

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 Joseph Valente

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

FURNISH & INSTALL 14
SQUARES OF VINYL SIDING

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☒ Roofing
☒ Siding
☐ Other
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other

Height
Sq. Ft.

(Office Use Only)
FEE

\$ 9350

Paid ☒ Check # 2359 Administrative Surcharge \$ 9350
Collected by: AC Minimum Fee \$
TOTAL FEE \$