



CHERRY HILL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
Cherry Hill Township

Date Received: 4/19/2024
Tracking Number: _____
OPRA-Req-24-0679

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Payment Information

Name: Breean Stumpf
Address: _____
City: _____ State: NJ Zip: _____
Telephone: _____ Fax: _____
Email: xxxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxxx
Preferred Delivery: E-Mail

Maximum Authorized Cost 0
Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: _____ Date: _____

Record Request Information:

Location: 229 HERITAGE RD

☐ Includes Common Law Request

Records requested:

OPRA/OPEN & CLOSE PERMITS - 229 Heritage Rd, Cherry Hill, NJ 08034

AGENCY USE ONLY:

AGENCY USE ONLY:

AGENCY USE ONLY:

Est. Document Cost: _____
Est. Delivery Cost: _____
Est. Extras Cost: _____
Total Est. Cost: _____
Deposit Amount: _____
Estimated Balance: _____
Deposit Date: _____

Disposition Notes:
Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

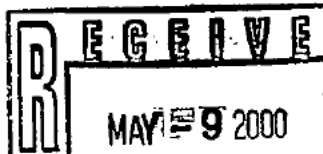
In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

Tracking Information: _____
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____
Final Cost: _____
Total _____
Deposit _____
Bal. Due _____
Bal. Paid _____

Records Provided:

Custodian Signature:

Date:



CONSTRUCTION PERMIT APPLICATION

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

BUILDING INSPECTIONS

1. Proposed Work Site at: 229 Heritage Rd.
 2. Name of Owner in Fee: Larry & Debbie Kelly Tel. (856) 354-4989
 Address 229 Heritage Rd. Cherry Hill 08034
street municipality zip code
 3. Ownership in Fee: Public _____ Private ☒
 4. Principal Contractor: E.R. Humphries Elec. Tel. (856) 232-5330
 Address 1013 Elmwood Ave. Blackwood, NJ 08002
 License No. OR, If new home Builder Reg. No. ED 10601 Exp. Date 3-31-03
 Federal Employee No. _____ FAX: (856) 232-4824
 5. Architect or Engineer _____ Tel. () _____
 Address _____
 6. Responsible Person in Charge of Work Elwood Humphries
 Tel. (856) 232-5330 FAX (856) 232-4824

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	\$	<u>32.00</u>	
3. Plumbing			
4. Fire Protection		<u>10.00</u>	
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. DCA Training Fee		<u>1.00</u>	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	<u>43.00</u>	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories <u>2</u>	
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 _____	

Kitchen Remodel

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☒ Plumbing
- ☒ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

<u>400.00</u>
<u>700.00</u>

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
Approval	Rejection					

TOTAL COSTS

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☒ One-Family (R-3) BOCA
- ☒ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____
 After Construction 1
 Net Gain or Loss 0

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

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.

☒ Check if contractor.

Agent Name E.R. Humphries Electrical Contractor
Address 1013 Elmwood Ave.
Blackwood, N.J. 08012
Telephone (856) 232-5330
Signature [Signature]

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

**CERTIFICATE
IDENTIFICATION**

Date Issued: 07/26/2000
Control #: 32680
Permit #: 20001232

Block : 404.29 Lot : 10
Work Site Location: 229 HERITAGE RD
Owner in Fee: Kelly, Larry & Debbie
Address: 229, Heritage Rd
Cherry Hill, NJ 08034
Telephone: 856 354-4989
Contractor: E.R. HUMPHRIES ELECTRIC
Address: 1013 ELMWOOD AVENUE
BLACKWOOD, NJ 08012
Telephone: 856 232-5330
Lic. No./ Bldgs. Reg.No.: _____ Federal Emp. No. [REDACTED]
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-4
Maximum Live Load: 0
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: Kitchen Remodel

Tax Collector Approval	_____	Date	_____
Water & Sewer Approval	_____	Date	_____

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate.

☐ **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

- ☐ Total removal of lead-based paint hazards in scope of work
- ☐ Partial or limited time period(____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building 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 _____

Anthony Saccomanno

Construction Official

U.C.C 360 (rev. 3/96)



1 - APPLICANT

2 - OFFICE

3 - TAX ASSESSOR

Fees \$0.00

Paid ☐ Check No _____

Collected by _____

MAY - 9 2000



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit # **2000-1232**

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

Block ~~404 EE~~ **404.39** Lot ~~10~~ **10**
Work Site Location **229 Heritage Rd.**
Cherry Hill, N.J. 08034
Owner in Fee/Occupant **Larry + Debbie Kelly**
Address **229 Heritage Rd.**
Cherry Hill, N.J. 08034
Tele. **(856) 354-4989**
Contractor **E.R. Humphries Electrical Contractor**
Address **1013 Elmwood Ave.**
Blackwood, N.J. 08012
Tele. **(856) 232-5330** Fax **(856) 232-4824**
Lic. No. **EL 101001**
Federal Emp. No. **[REDACTED]**

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as **Dwelling** Utility Co. **PSE+G**
Est. Cost of Elec. Work \$ **700.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
[] Building [] Plumbing			Temp. Serv.				
[] Fire [] Elevator			Constr. Serv.				
[] Elec. Plans Approved			TCO				
Date: 5-10-00			Other				
Approved by: [Signature]			Service				
			Final				

SUBCODE APPROVAL

[] CO [] CCO [] CA
Date: **7/25/00**
Approved by: **[Signature]**

Temp. Cut-in-Card Date Issued **7/25**

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.

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

☒ Licensed Electrical Contractor [] Exempt Applicant

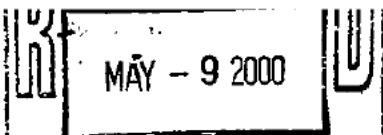
D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
3		Lighting Fixtures
2		Receptacles
2		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
7		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

FEE (Office Use Only)

\$ **27**

Administrative Surcharge	\$ 25
Minimum Fee	\$ 25
DCA Training Fee	\$ 32
TOTAL FEE	\$ 32



MAY - 9 2000



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 5/12/00
Date Issued
Control # 2000-1232
Permit #

BUILDING INSPECTIONS IMPORTANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 404.29 Lot 10
Work Site Location 229 Heritage Rd
Cherry Hill, NJ 08034
Owner in Fee Terry Kelly
Address 229 Heritage Rd
Cherry Hill, NJ
Tele. () 354-4989
Contractor Dave Jelen Plumbing
Address 1816 Garden Ave
Cherry Hill, NJ
Tele. () 751-8118 Fax () 751-2481
Lic. No. 5256
Federal Emp. No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Single Family Proposed Same
Building Sewer Size 4" Public Sewer ☒ Private Septic ☐
Water Service Size 3/4" Public Water ☒ Private Well ☐
Est. Cost of Plumbing Work \$ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
☒ No Plans Required		Slab				
Joint Plan Review Required:		Rough				
☐ Building ☐ Electric		Water				
☐ Fire ☐ Elevator		Sewer				
☐ Plumbing Plans Approved		Fixtures				
Date: <u>5-11-00</u>		Gas Equipment				
Approved by: <u>[Signature]</u>		Gas Piping				
SUBCODE APPROVAL		Solar				
☒ CO ☐ CCO ☐ CA		TCO				
Date: <u>7-25-00</u>						
Approved by: <u>[Signature]</u>						<u>7-25-00 500</u>

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
<u>1</u>	Sink <u>Replacement only</u>	<u>8.</u>
	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	

Administrative Surcharge \$ 2.
Minimum Fee \$ 8.
DCA Training Fee \$ 10.
TOTAL FEE \$ 10.

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.

[Signature]
Signature — Contractor's Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 229 Heritage

2. Name of Owner in Fee: Beuce Hammer schmit

Tel. (856) 220-1697 e-mail _____

Address SAM

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Sciarrotto Siding + Roof Tel. (876) 663-3903

Address 404 Church Rd e-mail _____

Cherryh: 11 NJ 08002

License No. OR, if new home, Builder Reg. No. 13VH0059890 Exp. Date 12/10

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

Federal Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Frank Sciarrotto

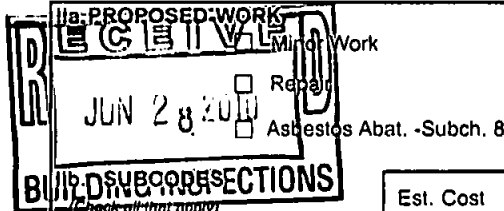
Tel. (876) 663-3903 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

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

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. 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 _____	



IIa. PROPOSED WORK

☐ Minor Work ☐ Repair ☐ Asbestos Abat. -Subch. 8

☐ New Building ☐ Addition ☐ Demolition

☐ Alteration ☒ Renovation ☐ Reconstruction

☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

FOR OFFICE USE ONLY (Optional)								
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

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. ☐ Sprinklers

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

TOTAL COST 5300

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

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

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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 Sciencotto Siding + Roof
Address 404 Church Rd
Cherryhill NJ 08002
Telephone () _____
Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X	X	X	
☐ N.J. Department of Transportation	X	X	X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X	X	X	
☐ Utility Dig No.	X	X	X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____ Other _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE IDENTIFICATION

Date Issued: 08/02/2010

Control #: 72455

Permit #: 20101607

Block: 404.29 Lot: 10

Qualification Code: _____

Work Site Location: 229 HERITAGE RD

Cherry Hill

Owner in Fee: Hammerschmitt, Bruce

Address: 229 Heritage Rd

Cherry Hill NJ 08034

Telephone: 856 220-1697

Agent/Contractor: SCIRROTTO SIDING & ROOF

Address: 404 CHURCH ROAD

CHERRY HILL NJ 08002

Telephone: 856 663-3903

Lic. No./ Bldrs. Reg.No.: _____

Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: _____

Use Group: _____

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

☐ State ☐ Private

R-5

Description of Work/Use: _____

Re-roof

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Gerald E. Seneski Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees: \$0.00

Paid ☒ Check No.: _____

Collected by: kcm



TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20101607
Update Number:
Control Number: 72455
Application Date: 06/28/10
Permit Date: 6/28/2010

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 404.29 Lot : 10 Qualifier :
Work site Location: 229 HERITAGE RD Cherry Hill

Owner In Fee: Hammerschmitt, Bruce

Address: 229 Heritage Rd
Cherry Hill NJ 08034

Telephone: (856) - 220-1697

Use Group(s): R-5

Contractor: SCIRROTTO SIDING & ROOF

Address: 404 CHURCH ROAD
CHERRY HILL NJ 08002

Telephone: (856) - 663-3903

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

Re-roof

ESTIMATED COST OF WORK:

Cost of Construction:	\$0.00
Cost of Alteration:	\$5,300.00
Cost of Demolition:	\$0.00
Total Cost:	\$5,300.00

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

Gerald E. Seneski
Gerald E. Seneski

6-28-10
Date

Construction Official

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

Note:

PAYMENTS (Office Use Only)

[70-43]	Building	\$58.00
[70-48]	Electrical	
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	\$10.00
[70-91]	DCA Minimum Fee	\$0.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Document Imaging	
[70-67]	Zoning	
[73-83]	Street Open. Escrow	
	Total:	\$ 68.00

All Fees Waived No

Amount to be Paid: \$ 68.00

Cash amount: \$68.00

Collected by: kcm

Total Cash Amount: \$68.00

Total Check Amount:

Total CC Amount:

Grand Total: \$68.00

RECEIVED
IN 2 R 1010
COLLECTOR



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

6-28-10
2010-1607

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

Block 404.29 Lot 10 Qualification Code _____

Work Site Location 229 Heritage

Owner in Fee: Bence Hammer schmitt

Tel. (856) 220-1697 e-mail _____

Address _____

Contractor: Sciarrallo Siding + Roof Tel. (856) 463-3903

Address 404 Church Rd e-mail _____

Cherry hill NJ 08002

Contractor License No. or Builder Registration No. BSVH00598500 Exp. Date 12/10

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

Federal Emp. ID No. _____ FAX: (_____) _____

C. CERTIFICATION IN LIEU OF OATH

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

[Signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove old shingle
Install 30year Timberline
15" paper, ice barrier
Trash = Dumpster

JOB SUMMARY (Office Use Only)

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

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____
58
10

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 68

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ 5300

Max. Occupancy Load _____

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.

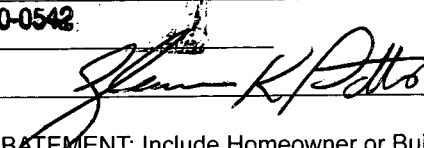
☒ Check if contractor.

Agent Name **Public Service Electric & Gas Co.**

Address **535 West Nicholson Road**

Audubon, New Jersey 08106

Telephone (**856**) **310-0542**

Signature 

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



TOWNSHIP OF CHERRY HILL

820 MERCER STREET

CHERRY HILL, NJ 08002

856 - 488-7855

Permit Number: 20122029

Control Number: 80835

Application Date: 06/08/12

CONSTRUCTION PERMIT

JUN 22 2012

Permit Date: 06/22/2012

IDENTIFICATION

TAX COLLECTOR

OWNER/PROPERTY DETAILS

Block : 404.29	Lot : 10	Qualifier :	
Work site Location: 229 Heritage Rd	Cherry Hill	Contractor: PSE&G	
Owner In Fee: Hammerschmitt Residence		Address: 535 W. NICHOLSON RD.	
Address: 229 Heritage Rd		AUDUBON NJ 08106	
Cherry Hill NJ 08034		Telephone: (856) - 310-0542	
Telephone: (856) - 220-1697		Lic. No. / Bldrs. Reg. No.:	
Use Group(s): R-5		Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

(Subchapter 8 only)

DESCRIPTION OF WORK:

Replace Gas Furnace and AC

ESTIMATED COST OF WORK:

Cost of Construction:	\$0.00
Cost of Alteration:	\$7,950.00
Cost of Demolition:	\$0.00
Total Cost:	\$7,950.00

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

Gerald E. Seneski 6.9.12
Gerald E. Seneski Date

Contruction Official

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

Note:

PAYMENTS

(Office Use Only)

[70-43]	Building	
[70-48]	Electrical	\$116.00
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	\$58.00
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	\$14.00
[70-91]	DCA Minimum Fee	\$0.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Document Imaging	
[70-67]	Zoning	
[73-83]	Street Open. Escrow	
	Total :	\$ 188.00

All Fees Waived	No
Amount to be Paid:	\$ 188.00

Check Number:	6268
Check amount:	\$188.00

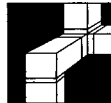
Collected by: sd

Total Cash Amount:	
Total Check Amount:	\$188.00

Total CC Amount:	
Grand Total:	\$188.00



MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

6-22-12
2012-2029

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

Block 404.29 Lot 10 Qualification Code _____
Work Site Location 229 HERITAGE RD.

CHERRY HILL, NJ 08034
Owner in Fee: KAREN HAMMERSCHMIDT

Tel. (856) 795-2037 e-mail _____

Address SOMERSET street municipality zip code

Contractor: PUBLIC SERVICE GAS & ELECTRIC Tel. (856) 310-0542

Address 535 WEST NICHOLSON RD. e-mail _____
AUDUBON, NJ 08106

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (800) 435-2954

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

Heating System work: [] New OR [] Modification to Existing OR [] Conversion OR [X] Replacement

Type: [] Hydronic [X] Hot Air

Fuel Type: [X] Gas [] Oil [] Electric [] Solar [] Other _____

Estimated Cost of Mechanical Work \$ 7500

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	
[X] No Plans Required	
[] Mechanical Plans Approved	
Date: _____	Approved by: _____
Joint Plan Review Required:	
[] Bldg. [] Elec. [] Plumb. [] Fire	
[] Elev.	
SUBCODE APPROVAL for PERMIT	
Date: <u>6/1/12</u>	
Approved by: <u>[Signature]</u>	
SUBCODE APPROVAL for CERTIFICATE	
[] CA [] CCO	
Date: _____	
Approved by: _____	
INSPECTIONS	
Type:	DATES
	Failure Failure Approval Initial
Gas Piping	
Appliance	
Chimney/Vent.	
Oil Piping	
Oil Tank	
LPG Tank	
Hydronic Piping	
Fireplace	
Chimney Cert.	
Other	

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: [Signature]

Print name here: [Signature] GR Potts

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FURNACE REPLACEMENT
GAS PIPE CONNECTION
of 807. See Owner's INFO List

NO. FIXTURE/EQUIPMENT

1	Water Heater
1	Fuel Oil Piping Connections
1	Gas Piping Connections
1	Steam Boiler
1	Hot Water Boiler
1	Hot Air Furnace
1	Oil Tank
1	LPG Tank
1	Fireplace
1	Other

FEE (Office Use Only)

\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

Administrative Surcharge \$ _____

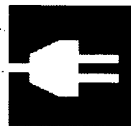
Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ 58



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 404.29 Lot 10 Qualification Code _____

Work Site Location 229 HERITAGE RD

CHERRY HILL, NJ 08034

Owner in Fee: KAREN HAMMERSCHMIDT

Tel. (356) 795-2037 e-mail _____

Address SAME

Contractor: PUBLIC SERVICE GAS & ELECTRIC Tel. (856) 310-0542

Address 535 WEST NICHOLSON RD. e-mail _____

AUDUBON, NJ 08106

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (800) 435-2954

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as SFH Utility Co. PSEG

Est. Cost of Elec. Work \$ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____

[X] No Plans Required _____

[] Partial -Underslab Utilities Approved _____

Date: _____ Approved by: _____

[] Electric Plans Approved _____

Date: _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Plumb. [] Fire. [] Elev. _____

SUBCODE APPROVAL for PERMIT _____

Date: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE _____

[] CO [] CCO [] CA _____

Date: _____ Approved by: _____

INSPECTIONS _____

Type: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

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: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: WIRING FOR REPLACEMENT FURNACE

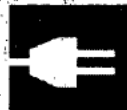
QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	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	_____

To reorder call: ALLEGRA
Marketing • Print • Mail
609-390-1400

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 2012.2029



EA1507

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 404-29 Qualification Code 10Work Site Location 101229 HERITAGE KONDOwner, in Fee: PAUL HANDEL SCHMIDTTel. (856) 795-2037 e-mail Address SAMENS ABOVEContractor: P.R. Sanders Inc. D/B/A P. R. Sanders Electric Tel. (856) 429-3086Address 100 Park Drive, Voorhees, NJ 08043 e-mail Contractor License No. NJ Elect Lic # 4701B Exp. Date 3-31-2015Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Federal Emp. ID No. FAX: (856) 429-0551

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ☐ Pole/Pad # 5E1 ☐ Temporary ☐ Other Building Occupied as SEA Utility Co. PSEGEst. Cost of Elec. Work \$ 300

JOB SUMMARY (Office Use Only)

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

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'r ☐ Exempt Applicant

U.C.C. F120 (rev. 10/06)

Call Allegra
Marketing - Print - Mail
609-390-1400Date Received
Control #Date Issued
Permit #

6-22-12

2012-2029

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

WIRING AND CONNECTION FOR
AN AC SYSTEM CONDENSER
UNIT AND DISCONNECT

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 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
1	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

FEE (Office Use Only)

\$ 45

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 451 White = Inspector Copy
3 Pink = Office Copy2 Canary = Office Copy
4 Gold = Applicant Copy



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 404.29 LOT 10 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 229 HERITAGE RD, CHERRY HILL, NJ 08034

Owner in Fee KAREN HAMMER-SCHMIDT

Verifying Individual GLENN DOTTS Company PUBLIC SERVICE ELECT. & GAS CO.

Address 535 W. NICHOLSON RD AUDUBON NJ 08106

Tel: (856) 310-0542 Fax: () 1-800 435-2954

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney: Size 7"

- ☐ "B" Label Vent ☒ Chimney-Interior
☐ "L" Label Vent ☐ Chimney-Exterior
☐ Flexible Liner ☒ Masonry Chimney-Tile Lined
☐ Power Vent/Exhauster ☐ Masonry Chimney-Unlined
☐ Other _____

Type	Fuel Type	BTU Rating (Input/hour)
Appliance 1: <u>FURNACE</u>	Oil / Gas / Other: _____	<u>100,000</u>
Appliance 2: <u>AWH</u>	Oil / Gas / Other: _____	<u>90,000</u>
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: _____

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 Glenn K. Dotts Date 5/14/12

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 _____ Date _____

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.



State of New Jersey
Department of Community Affairs

Division of Codes & Standards – Office of Regulatory Affairs



Smoke Alarm & Carbon Monoxide Alarm Compliance

This form **MUST BE** submitted **prior** to a **final inspection** of work being performed. It is not a prerequisite to the issuance of a construction permit.

Smoke Alarms:

The permit for which you have applied **requires** that smoke alarms be installed in your dwelling unit. (see N.J.A.C. 5:23-6.4(f), 6.5(f) or 6.6(f), as applicable.)

Smoke alarms shall be installed on each level of the dwelling, including basement, outside of each separate sleeping area in the immediate vicinity of the bedroom. Smoke alarms should be placed on or near the ceiling.

Smoke alarms **are permitted** to be battery operated or hardwired.

The installation of battery operated smoke alarms do not require a permit, **nor** an inspection. **It is your responsibility as** the homeowner / agent to **ensure** that these provisions have been met.

Carbon Monoxide Alarms:

The permit for which you have applied also **requires** that carbon monoxide alarm(s) be installed in your dwelling unit (see N.J.A.C. 5:23-6.4(g) or 6.6(g), as applicable.)

N.J.A.C. 5:23-3.20(c) **requires** that carbon monoxide alarms be installed and maintained in full operating condition in the immediate vicinity of each sleeping area when the building **contains** a fuel burning appliance **or** has an **attached** garage.

Carbon monoxide alarms **are permitted** to be battery operated, hardwired or plug in type.

The installation of battery operated or plug in type carbon monoxide alarms do not require a permit, **nor** an inspection. **It is your responsibility as** the homeowner / agent to **ensure** that these provisions have been met.

BLOCK: 404.29 LOT: 10 QUALIFICATION CODE: _____

NAME OF OWNER / AGENT: KAREN HAMMERSCHMIDT

JOB ADDRESS: 229 HERITAGE RD CHERRY HILL NJ 08034
No. Street TOWN zip

PHONE NUMBER: (856) 795-2037 CELL: _____

I DO HEREBY CERTIFY I have read the above & that the alarms **are installed** as stated in the working order and that the information provided on this form is correct. I am the _____ property owner **OR** ☒ authorized agent of the property owner.

Signature _____

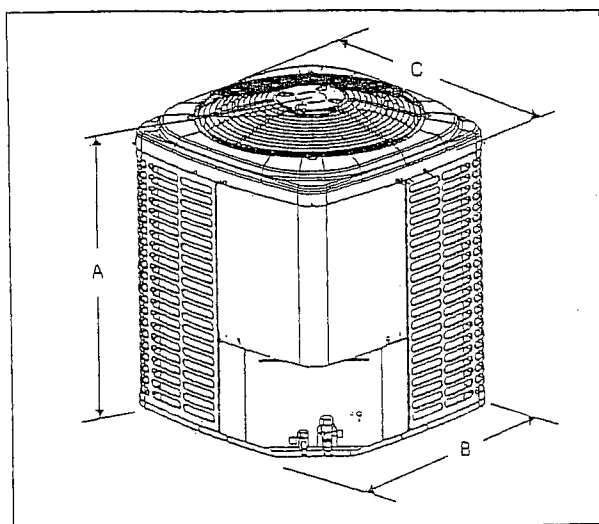
Date 08034

PERMIT NUMBER: _____ WAS ISSUED: _____

Physical and Electrical Data

MODEL		YCJF24S41S1	YCJF30S41S1	YCJF36S41S1	YCJF42S41S1	YCJF48S41S1	YCJF60S41S1
Unit Supply Voltage		208-230V, 1 ϕ , 60Hz					
Normal Voltage Range ¹		187 to 252					
Minimum Circuit Ampacity		16.8	18.4	19.1	23.9	27.9	35.9
Max. Overcurrent Device Amps ²		25	30	30	40	45	60
Min. Overcurrent Device Amps ³		20	20	20	25	30	40
Compressor Type		Scroll	Scroll	Scroll	Scroll	Scroll	Scroll
Compressor	Rated Load	12.8	14.1	14.1	17.9	21.1	27.5
	Locked Rotor	58	73	77	112	115	135
Crankcase Heater		No	No	No	No	No	No
Fan Motor	Rated Load	.8	.8	1.5	1.5	1.5	1.5
	Locked Rotor	.8	.8	1.5	1.5	1.5	1.5
Fan Diameter Inches		22	22	22	24	24	24
Fan Motor	Rated HP	1/8	1/8	1/4	1/4	1/4	1/4
	Nominal RPM	1075	1075	850	850	850	850
	Nominal CFM	2750	2800	3200	3600	3600	3700
Coil	Face Area Sq. Ft.	13.1	17.4	17.4	20.0	21.4	24.0
	Rows Deep	1	1	1	1	1	1
	Fin / Inches	23	23	23	23	23	23
Liquid Line Set OD (Field Installed)		3/8	3/8	3/8	3/8	3/8	3/8
Vapor Line Set OD (Field Installed)		3/4	3/4	3/4	7/8	7/8	1 1/8
Unit Charge (Lbs. - Oz.) ⁴		3 - 2	3 - 7	3 - 10	4 - 4	4 - 9	5 - 9
Charge Per Foot, Oz.		0.62	0.62	0.62	0.67	0.67	0.75
Operating Weight Lbs.		128	130	145	172	180	199

1. Rated in accordance with ARI Standard 110, utilization range "A".
2. Dual element fuses or HACR circuit breaker. Maximum allowable overcurrent protection.
3. Dual element fuses or HACR circuit breaker. Minimum recommended overcurrent protection.
4. The Unit Charge is correct for the outdoor unit, smallest matched evaporator coil and 15 feet of refrigerant tubing. For tubing lengths other than 15 feet, add or subtract the amount of refrigerant, using the difference in length multiplied by the per foot value.



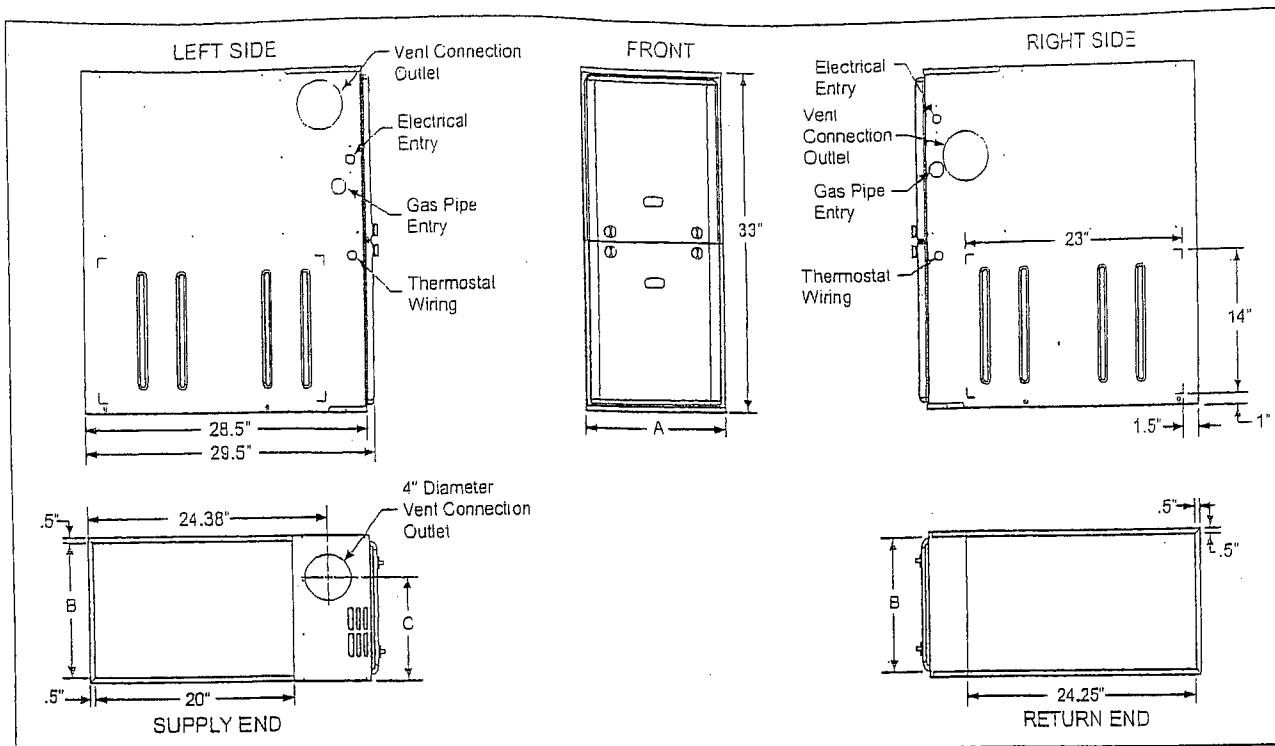
All dimensions are in inches. They are subject to change without notice. Certified dimensions will be provided upon request.

Unit Model	Dimensions (Inches)			Refrigerant Connection Service Valve Size	
	A ¹	B	C	Liquid	Vapor
24	28	29	29	3/8"	3/4"
30	36	29	29		
36	36	29	29		
42	34	33.6	33.6		7/8"
48	36	33.6	33.6		
60	40	33.6	33.6		7/8" ²

1. Including Fan Guard.
2. Adapter fitting required for 1-1/8" line set.

TG85 1 STAGE 80%psc

363657-YTG-C-0708



Cabinet and Duct Dimensions

Models	Nominal CFM (m ³ /min)	Cabinet Size	Cabinet Dimensions (Inches)			Approximate Operating Weights
			A	B	C	Lbs
TG(8,L)S040A08MP11	800	A	14 1/2	13 3/8	10.3	89
TG(8,L)S060A10MP11	1000	A	14 1/2	13 3/8	10.3	91
TG(8,L)S060A12MP11	1200	A	14 1/2	13 3/8	10.3	94
TG(8,L)S080B12MP11	1200	B	17 1/2	16 3/8	11.8	103
TG(8,L)S080C16MP11	1600	C	21	19 7/8	13.6	114
TG(8,L)S080C22MP11	2200	C	21	19 7/8	13.6	119
TG(8,L)S100B12MP11	1200	B	17 1/2	16 3/8	11.8	108
TG(8,L)S100C16MP11	1600	C	21	19 7/8	13.6	118
TG(8,L)S100C20MP11	2000	C	21	19 7/8	13.6	122
TG(8,L)S120C16MP11	1600	C	21	19 7/8	15.8	123
TG(8,L)S120C20MP11	2000	C	21	19 7/8	15.8	129
TG(8,L)S130D20MP11	2000	D	24 1/2	23 3/8	17.5	135

Ratings & Physical / Electrical Data

Models	Input	Output	AFUE	Air Temp. Rise	Max. Outlet Air Temp	Blower		Blower Size	Max Over-Current Protect	Total Unit Amps	Min. wire Size (awg) @ 75 ft one way
	MBH	MBH		°F	°F	HP	Amps				
TG(8,L)S040A08MP11	40	32	80.0	25-55	155	1/5	2.1	9 x 8	10	4.5	14
TG(8,L)S060A10MP11	60	48	80.0	25-55	155	1/3	3.8	9 x 8	10	6.0	14
TG(8,L)S060A12MP11	60	48	80.0	30-60	160	1/3	4.8	11 x 8	10	7.0	14
TG(8,L)S080B12MP11	80	64	80.0	35-65	165	1/3	4.8	11 x 8	10	7.5	14
TG(8,L)S080C16MP11	80	64	80.0	25-55	155	1/2	7.5	11 x 10	15	10.0	14
TG(8,L)S080C22MP11	80	64	80.0	25-55	155	1	14.5	11 x 11	20	16.0	12
TG(8,L)S100B12MP11	100	80	80.0	40-70	170	1/3	4.8	9 x 8	10	7.5	14
TG(8,L)S100C16MP11	100	80	80.0	35-65	165	1/2	7.5	11 x 10	15	10.0	14
TG(8,L)S100C20MP11	100	80	80.0	25-55	155	1	14.5	11 x 11	20	17.0	12
TG(8,L)S120C16MP11	120	96	80.0	40-70	170	1/2	7.5	11 x 10	15	10.0	14
TG(8,L)S120C20MP11	120	96	80.0	30-60	160	1	14.5	11 x 11	20	17.0	12
TG(8,L)S130D20MP11	130	104	80.0	35-65	165	1	14.5	11 x 11	20	17.0	12

Nominal external static pressure is 0.50" w.c. at furnace outlet ahead of cooling coils.

Annual Fuel Utilization Efficiency (AFUE) numbers are determined in accordance with DOE Test procedures.

Wire size and over current protection must comply with the National Electrical Code (NFPA-70-latest edition) and all local codes.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		
Name of Code & Edition	Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As-Built Elevation Cert _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

6-12-12

TOWNSHIP OF CHERRY HILL

820 Mercer Street
Cherry Hill, NJ 08002

ZONING APPROVAL: R2 18697

☒ Building Permit ☐ Certificate of Occupancy

Block 404 FF 4th 29 Lot 10 Zone R2

Property Owner Michael Holman

Address of Property 229 Heritage Rd. Cherry Hill 08003

Address of Owner Phone No. 609 428-0256

Existing Use Residential Proposed Use addition - sparrow

Type of Structure Proposed 20' x 16'

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all application laws of this jurisdiction.

Signature Michael Holman Address 835 Laurel St Turnersville, N.J. 08012 Telephone (609) 227-6841

SETBACKS: ☐ Corner Lot ☒ Inside Lot

Front 36.16' Rear 34' Smallest side 11' Aggregate 28' Second front

Sq. Ground Floor 320 sq' Height 15' Gross Floor Area 320 sq'

For swimming pool only:

Distance of pool from the foundation wall Front Rear Side

ZONING BOARD ACTION	P.O.A. _____	Date Granted _____
PLANNING BOARD ACTION	P.B.C. _____	Date Granted _____

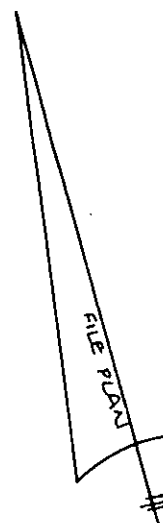
THIS APPROVAL IS BASED ON THE INFORMATION ON THIS FORM AND THE ATTACHED PLAN(S).

COMMENTS: _____

OTHER PAYMENTS AND FEES:	
Shade Tree \$.75 per lineal feet of street frontage _____	
Contributions-In-Aid: Road Improv. \$ _____ Sewer Improv. \$ _____ Other _____ \$ _____	Housing Impact Fee: Residential _____ per sq. ft X _____ sq. ft. = \$ _____ Non-Residential: (a) Total construction cost \$ _____ X 0.03 = \$ _____ (b) Gross floor area _____ X \$1.00 a sq. ft. = \$ _____ IMPACT FEE IS THE LARGER OF (a) OR (b).

Name Michael Holman Title owner Date 5/25/93

HERITAGE
COURT



44-153-89-5441

**CHERRY HILL,
TOWNSHIP OF
(BUILDING DEPT.)**

**PERMIT WITHOUT
A JACKET**



CERTIFICATE

Date Issued

Control #

Permit #

9303035

IDENTIFICATION

Block 404.29 Lot 10
Work Site Location 229 Heritage Rd.
Cherry Hill, NJ
Owner in Fee Michael & Christine Holeman
Address SAME
Tele. (609) 428-0256
Contractor Glendale Builders
Address 1000 White Horse Rd. Suite 202
Voorhees, NJ 08043
Tele. (609) 770-0505
Lic. No. or Bldrs. Reg. No. [REDACTED]
Federal Emp. No. [REDACTED]
or Social Security No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R3
Maximum Live Load _____
Construction Classification 5B
Maximum Occupancy Load _____
Description of Work/Use:

*One story sunroom with whirlpool tub, addition
total: 320 sq. ft.*

☒ 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 _____, 19____ or the owner will be subject to fine or order to vacate:

☐ 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

Fee \$ 85.00
Paid [] Check No. 011384
Collected by: [Signature]



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 229 Heritage Road Cherry Hill
2. Name of Owner in Fee: Michael Holman Tel. (609) 428 0256
Address 229 Heritage Road Cherry Hill 08003
street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Glendale Builders Tel. (609) 770-0505
Address 1000 White Horse Rd Voorhees NJ 08043
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. [REDACTED] Social Security No. _____
5. Architect or Engineer Michael J. Ciolek Tel. (215) 943-9302
Address 115 Upper Orchard Drive Levittown PA 19056
6. Responsible Person Joseph A. Vento Tel. (609) 770-0505
in Charge of Work

II. PROPOSED WORK

1. ☐ Minor work
(single trade)
2. ☐ Small Job (\$5,000
and no prior approvals)
3. ☐ New Building
4. ☒ Addition
5. ☐ Alteration
6. ☒ Fire Protection
7. ☐ Plumbing
8. ☒ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition
- TOTAL COSTS**

Est Cost

Add: 5, 5

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
			6-11-93	AM			
			NA	Jan 1993			
20			5/26/93	BH			

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. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

		Update	Update
① Building	\$ 73.00		
② Electrical	106.00		
③ Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
⑨ DCA Training Fee	10.00		
10. Subtotal	\$		
⑪ Cert. of Occupancy	85.00		
12. Other			
13. TOTAL	\$ 270.00		

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

	(office use only)
--	-------------------

VII. DESCRIPTION OF BUILDING USE

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 _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group:
Indicate Former:

ILDS CH-B 10110460

Engr.: _____

Computer: ☒

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 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 Glendora Builders Inc

Address 1000 White Horse Rd Suite 202
Woodbridge NJ 08043

Telephone (609) 776-0509

Signature [Signature] Date 5-25-93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building _____	Energy _____	Other _____	
Electrical _____	Barrier Free _____		
Plumbing _____	Flood Hazard _____		
Fire Protection _____	As Built Elevation Cert. _____		
Mechanical _____	Other _____		

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 6/15/93
Control #
Permit # 9303035

IDENTIFICATION Block 404.29 Lot 10

Work Site Location 229 Heritage Rd.

Cherry Hill, NJ

Owner in Fee Michael & Christine Holeman

Address SAME

Tele. (609) 428-0256

Contractor Glendale Builders

Address 1000 White Horse Rd. Suite 702

Voorhees, NJ 08043

Tele. () 770-0505

Lic. No. or Bldrs. Reg. No. [REDACTED] Exp. Date

Federal Emp. No. [REDACTED]

or Social Security No. [REDACTED]

is hereby granted permission to perform the following work:

☒ BUILDING ☒ PLUMBING ☐ OTHER

☒ ELECTRICAL ☒ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

*One story sunroom with whirlpool tub, addition
total: 320 sq. ft.*

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 \$ \$42,000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building 73.00

Electrical 106.00

Plumbing

Fire Protection

Elevator Devices

Other

DCA Training Fee 6.00

Cert. of Occ. 85.00

Other

Total 270.00

Check No. 011384

Cash

Collected By: [Signature]

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.15. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services rough piping, water service, sewer, septic services and storm drains, electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures, electrical wiring devices and fixtures; mechanical systems equipment.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements.

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



Date Received

Date Issued

Control #

Permit #

6/15/93

9303035

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

Block 404-29 Lot 10
 Work Site Location 229 Heritage RD
Cherry Hill N.J. 08003
 Owner in Fee Michael & Christina Haleman
 Address 229 Heritage RD
Cherry Hill NJ 08003
 Tele. (609) 928-0216
 Contractor Glendale Builders
 Address 1000 White Horse Rd Suite 202
Voorhees NJ 08043
 Tele. (609) 770-0505
 Lic. No. or Bldg. Reg. No. [REDACTED]
 Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

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

DESCRIPTION OF WORK

New one story
Frame addition on slab. AS Per
Plans Enclosed.
16120'

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type:	Failure Failure Approval Initial
☒ All	6-11-93	[Signature]	Footing	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes:	
☐ Elec. ☐ Plumb. ☐ Fire			Energy	
SUBCODE APPROVAL			Mechanical	
☐ CO ☐ CCO ☐ CA			TCO	
Date:			Other	
Approved By:			Final	

B. BUILDING CHARACTERISTICS

Use Group Present Res Proposed SB
 Constr. Class Present One Proposed SB
 No. of Stories 15
 Height of Structure 15 Ft.
 Area—Largest Floor 320 Sq. Ft.
 New Bldg. Area/All Floors 3820 Sq. Ft.
 Volume of New Structure 3820 Cu. Ft.
 Total Land Area Disturbed 320 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 249,000.00
 2. Alteration \$ 249,000.00
 3. Total (1+2) \$ 498,000.00

TYPE OF WORK:

☐ New Building
☒ Addition 3820 @ .019
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (6' or over)
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement
☐ Other _____
☐ Other _____
☐ Demolition

(Office Use Only)

FEE

\$ _____

73.00

Administrative Surcharge \$ _____
 Paid ☐ Check # 011389 Minimum Fee \$ _____
 Collected by: [Signature] DCA TRAINING FEE \$ _____
 TOTAL FEE \$ 73.00



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 6/15/93
Control #
Permit # 93C3035

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

Block 44166 404.29 Lot 10

Work Site Location 229 HERITAGE RD.

Owner in Fee HOLMAN, MICHAEL & CHRISTEEN

Address 229 HERITAGE RD.

CHERRY HILL, NJ 08003

Tele. () 428-0256

Contractor D.A.M. ELECTRIC, INC.

Address 126 Whitman Drive

TURNERSVILLE, NEW JERSEY 08012

Tele. () License & Permit No. 38410

Lic. No. Federal I.D. No. [REDACTED]

Federal Emp. No. (609) 227-2700 of Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present RES. Proposed RES. Add'l. _____

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

Building Occupied as ADDITION Utility Co. PS&G

Est. Cost of Elec. Work \$ 1700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[] No Plans Required

Joint Plan Review Required:

[] Bldg. [] Plumb.

[] Fire [] Elevator

☒ Elec. Plans Approved

Date: 5/24/93

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved By: _____

INSPECTIONS

Type:

Rough

Temporary

Constr. Serv.

TCO

Other

Service

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

D. TECHNICAL SITE DATA

NO.

SIZE

ITEM

Fixtures (1)

Receptacles (2)

Switches (3)

Total 1 + 2 + 3

Kw Range

Kw Oven(s)

Kw Surface Unit

hp Dishwasher

hp Garbage Disposal

Kw Dryer

Kw A/C Unit

Burglar Alarms

Intercoms Panels

Smoke Detectors

1 1/2 hp Whirlpool/spa

Pool Bonding

hp Pool Filter Motor

Pool Lights

Kw Water Heater(s)

Kw Central heat:

oil, gas or elec.

Kw Baseboard Heat Units

Thermostats

hp Heat Pump

hp Pump(s)

Amp Motor Control Center/Sub Panels

Signs

Light Standards

5 1/4 hp Motors—Fractional H.P.

hp Motors—All Others

Kw Transformers

Kw Generators

200 1 Amp Service Entrance UPGRADE

Other

FEE (Office Use Only)

36.

10.

46.

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.

[Signature]
Signature—Contractor Seal

☒ Licensed Electrical Contractor [] Exempt Applicant

Administrative Surcharge \$ 14.00
Paid [] Check # 011384 Minimum Fee \$ 92.00
DCA Training Fee \$ _____
Collected by: TD TOTAL FEE \$ 106.00

WHY ALL SEASONS POOL AND SPA FOR YOUR SPA PURCHASE?

- Serving South Jersey and the Delaware Valley for 10 years
- Over 5,000 satisfied customers spanning as far north as Poconos and as far south as Maryland
- Over \$40,000 in spa parts inventory: to promptly service you.
- Factory trained service technicians
- Five (5) Sundance Gold Club Sales Awards, 1988-1992
- Ten (10) Sundance National Installation Awards, 1988-1992
- Sundance Customer Satisfaction and Service Award, top 10% in U.S.
- Vita Spas Award of Excellence (Spas), 1991, 1992
- Member of National Spa and Pool Institute (NSPI), A National Governing Organization for quality and safety standards in the industry.
- Three (3) NSPI Installation Awards, 1988-1991
- Selling Quality inground vinyl and gunite pools, above ground pools, swim spas, whirlpool baths, gazebos, decks, saunas, sunrooms and pool and spa chemicals and supplies
- Fulltime Retail staff, Lab technicians and Service crew
- Over 20 spas on display all-year-round
- DIAL TOLL FREE 1-800-220-SPAS

QUESTION: If our spa product lines were not the MOST RELIABLE, BEST PERFORMING, and AFFORDABLE spas available, why would we be marketing the same lines of spas for over years?

CONSIDER: Before you buy a spa, know what your getting into! Our representatives are trained to teach you the difference between beneficial features and gimmicks. Ask our representatives how a spa can satisfy your specific needs, and how to get the most enjoyment and prolonged life from your spa.

COMPARE: If you see a spa that seems to be a better value than what we offer, we can provide an honest feature analysis that will be helpful in making a more knowledgeable decision.

PRICE GUARANTEE: YOU CANNOT FIND A BETTER DEAL THAN OURS WITHOUT GETTING LESS QUALITY AND FEATURES. IF THE RARE OCCASION ARISES WHERE ANOTHER RETAIL STORE HAS A LOWER PRICE ON AN IDENTICAL MODEL, OR EQUAL QUALITY AND FEATURES, BRING IN THE AD OR WRITTEN ESTIMATE AND WE'LL BEAT THEIR PRICE!

REMEMBER: We have:

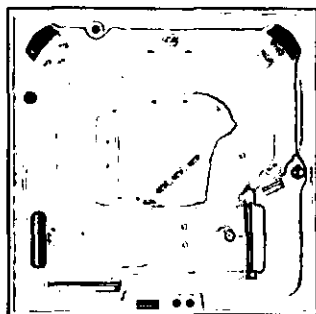
- 2 Person to 8 Person Spas
- Indoor and Outdoor Spas
- Portable and Component Spas
- Prices ranging from \$1,995 to \$8,500
- WE WILL NOT BE UNDERSOLD!
- DIAL TOLL FREE 1-800-220-SPAS

400 SERIES

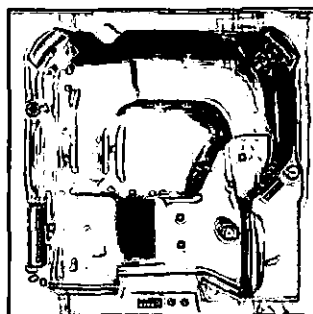
400 Series: They may offer a basically great value, but they're anything but basic. We've taken the most popular features and wrapped them in four easy to own, easy to enjoy spas that are built and backed for years of stress-reducing fun and relaxation.

600 Series: Designed for the value conscious spa owner, the models in the 600 Series include many deluxe features, and all of the comfort and relaxation found in our more expensive models.

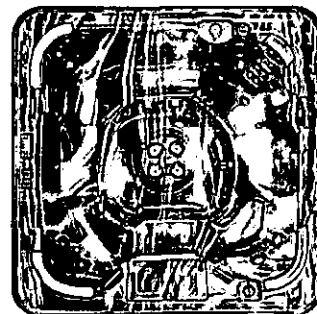
800 Series: Our 800 Series represents the ultimate soaking experience, with the most advanced engineering and control system on the market today. Owning one is pure luxury. Soaking in one is even better.



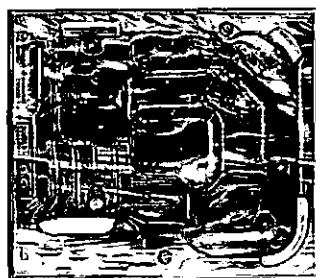
Montego
7'11" x 7'11" x 35"



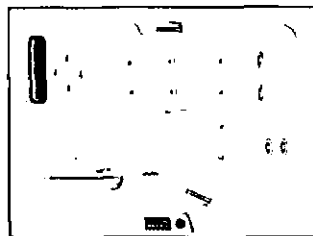
Calypso
7'1" x 7'1" x 35"



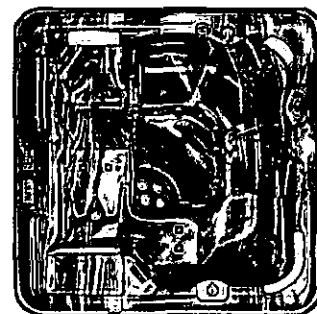
Maxxus
8'3" x 8'3" x 37.5"



Rio
7'4" x 6'5" x 29.5"

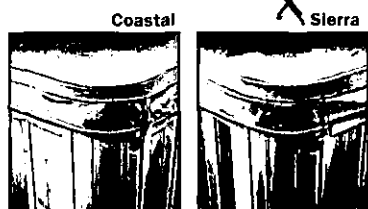


Tango
5'0" x 6'8" x 29.5"



Royale
8'3" x 8'3" x 37.5"

Only Sundance Offers A Choice In Every Size And Price Range.

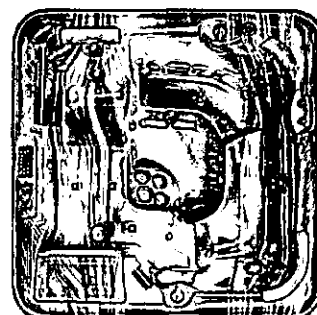


Every spa is available in your choice of exterior wood treatments with a matching, locking insulated cover.

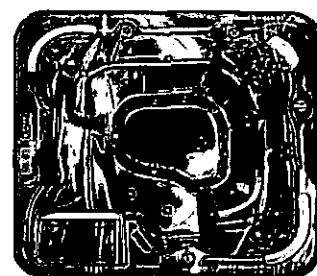
SERIES	800			600			400		
	Maxxus Royale Cameo	Marin	Capri	Maxxus Royale Cameo	Marin	Capri	Montego	Calypso Rio	Tango
Pump #1	2.6 hp		2.0 hp	2.0 hp			1.5 hp		
Pump #2	2.0 hp	n/a		1.5 hp	n/a		1.0 hp	n/a	
Select-A-Ssage™ Jets	7		6	6			5	4	
Therapy Seat Jets	10		8	8			6	4	
Whirlpool Jets	2		n/a	1		n/a	1		n/a
Vertical Jets	4	n/a		4	n/a		n/a		
Air Injection	Dual Speed 1.5 hp			Single Speed 1.5 hp			Single Speed 1.5 hp		
Control System	Sentry™ 800			Sentry 600			Sentry 400		
Ozone Purification	Standard			Available			Available		

All models are available in your choice of seven colors of cross-linked "Lucite® XL" cast acrylic or cloud white Centrex® weatherable polymer.

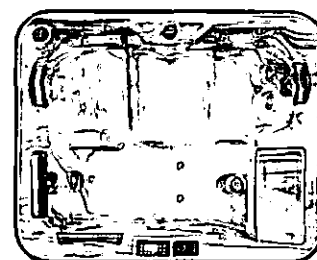
Sundance Spas



Cameo
7'5" x 7'5" x 37.5"



Marin
7'5" x 6'4" x 34"



Capri
5'8" x 6'11" x 29.5"

all seasons
POOL AND SPA
1753 E. MARLTON PIKE (ROUTE 70)
CHERRY HILL, NJ 08003
LOCAL (609) 424-4333
1-800-220-SPAS

© 1993 by Clark Manufacturing, Inc. All rights reserved. Sundance Spas®, Rigid Bond™, Sunstorm™, Select-A-Ssage™, Sentry™, Accu-Ssage Therapy Seat™, and SunZone® are trademarks of Clark Manufacturing, Inc. Sundance Spas may make product modifications and enhancements. Therefore, specifications may change without notice.

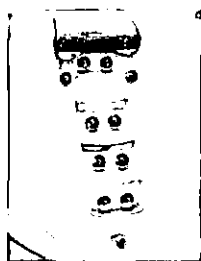
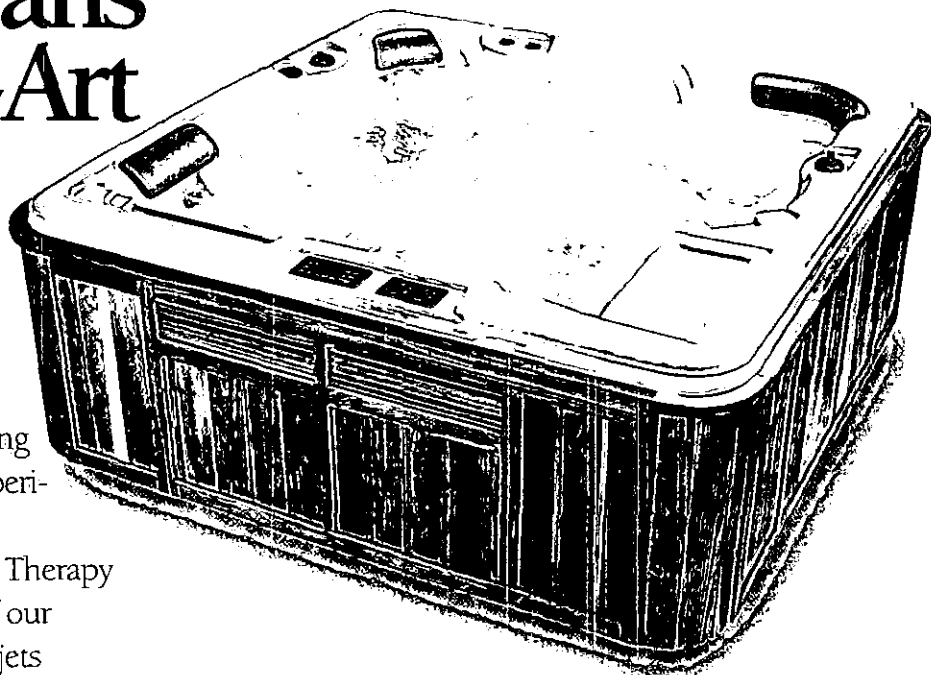
Sundance spas are manufactured under U.S. Patents #4,553,476 and #5,156,642. Other patents applied for.

Sundance spas feature "Lucite® XL" cross-linked cast acrylic sheet by DuPont and Centrex® by Monsanto.



Official Spa Supplier To The L.A. Kings

Sundance Means State-Of-The-Art Performance And Value.



Bubbles. Jets. Whirlpools. Warmth. Put them to work for you, and you'll be enjoying one of the most relaxing experiences you'll ever have.

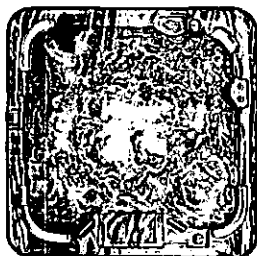
Slip into the Accu-Sage Therapy Seat™ and let the deep massaging action of our specially designed and strategically placed jets soothe the aches and pains away. And if you've got a bad back or suffer from arthritis, a Sundance spa can work wonders.

Installation is simple. All you need is a flat surface, a garden hose and an electrical source.

Your Sundance spa is completely self-contained and designed to require a minimum of fuss and maintenance.

The 240-volt heater warms your spa four times faster than heaters on 110-volt spas. Solid foam insulation and an insulated cover keep operating costs to just pennies a day.

Every Sundance spa is equipped with a wide-



Our patented water delivery method puts massaging action wherever you want it—from your neck to your feet.



600 Series control panel.

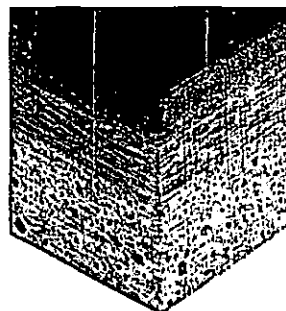


800 Series control panel.

mouth floating skimmer that quickly and efficiently removes body oils and other contaminants from the water. The oversized filter is easily accessed for an occasional rinsing. And our optional SunZone™ water purification system — standard on some models — uses ozone to help sanitize the water, so your chemicals will last much longer.



And, we back every spa with a strong, no-nonsense warranty. Visit a Sundance dealer soon to get the full story on what makes Sundance the best-built, best-backed spa in America.



We're sure you'll agree that it's the best spa value in America today.

And a whole lot of fun, too.

The exclusive Rigid Bond™ Laminate System allows us to make the strongest, most durable shell ever.



The skimmer and filter are larger than most other spas'; that means more water is filtered faster, to keep your Sundance spa sparkling clean.

June 2, 1993

To whom it may concern,

My primary residence is 229 Heritage Road, Cherry Hill, NJ 08034, (609)428-0286. This residence is equipped with three(3) smoke detectors. They are located in the first floor foyer, the top of the stairway leading to the second floor and at the end of the hallway on the second floor. There is no basement, only a crawl space.

The residence is fully hard wired with a security alarm system which includes a fire alarm. The security company is Fidelity Alarm Company (215)833-5462.

All of the above is available for inspection if necessary.

Thankyou,


MICHAEL P. HOLEMAN

GLENDALE BUILDERS, INC.

LETTER OF TRANSMITTAL

P.O. Box 280, Voorhees, N.J. 08043
(609) 770-0505
Fax # (609) 770-9551

TO: Bill Cottell GENP
Conservation Officer
Cherry Hill Township
Merced Ave
Cherry Hill

June 7, 1993

RE: 229 HEATAGE ROAD

GENTLEMEN:

☐ Attached

☐ Under separate cover via _____

COPIES	DRAWING No.	DATED	DESCRIPTION
1	Letter	6-2-93	Homeowner letter regarding
			existing Smoke Detectors
1	Brochure		Hot Tub Specs including
			Safety Cover

☐ For your use

☒ For approval

☐ Approved as submitted

☐ Revise and resubmit

☐ For review and comment

☐ Not approved

☐ Approved as noted

☐ Return _____ corrected prints

☐ For bids due _____

☐ Resubmitting for approval

REMARKS: Bill. Customer (Mr + Mrs Holman) will be using
The Cameo SPA with a Locking Safety Cover. Any
Other Questions, Please Contact Dennis Gentek
at All Seasons 609-424-4333

JUN - 8 1993

☐ COPY TO _____

BY Joe Vento

GLENDALE BUILDERS, INC.

PLAN REVIEW RECORD

OWNER Holeman

DATE _____

ADDRESS 229 Heritage

TYPE CONS'T _____

USE GROUP _____

Joe Vento

770-0505

CORRECTION LIST

No.	DESCRIPTION	Code Section	Department Check Off
①	Must provide manufactures spec's on whirlpool tub		
②	Provide Plbs application		
③	must either remove the floors or provide an approved safety cover	42.10.1.9-10	
④	~~Complete fire alarm application~~	42.10.4	
CALLED 5/28/03			
GAVE INFO TO			
JACK			



TOWNSHIP OF CHERRY HILL
820 MERCER STREET, CHERRY HILL, NEW JERSEY 08002
DEPARTMENT OF CODE ENFORCEMENT

25409

RECEIPT FOR BLDG. PERMIT NO.: 0303035

DOCUMENT NO.: BLOCK 404 29 LOT 10

RECEIVED BY: JP addition

DATE
10/15/93

☐ CASH

☒ CHECK 011384

NAME

Goodale Builders Inc

ADDRESS

PO Box 280

CITY

Moorestown NJ 08043

CODE	AMOUNT
70 - 36	\$
70 - 37	\$
70 - 38	\$
70 - 43	\$73.00
70 - 45	\$
70 - 48	\$100.00
70 - 50	\$45.00
70 - 62	\$
71 - 78	\$
70 - 91	\$10.00
TOTAL	\$210.00

5/4" X 6" ANGLED FLOORING
 2" X 6" TOP PLATE
 (ROUTED & SANDED)

INDICATE SIZE AND SPACING
 OF FLOOR JOIST ON PLAN

2" X 8" @ 16" o.c.

NOTE: 2" X 8" JOISTS
 MAX SPAN 7.5 FT
 JOISTS @ 16" o.c.

3'-0"

2" X 10" FASCIA

2" X 2" PICKET RAILING
 SET 4" MAX. SPACING
 4" X 4" POST
 SET 6'-0" ON CENTER (MAX)

Field.
 2" ABOVE GRADE

LAG BOLTS
 2 1/2" X 8"

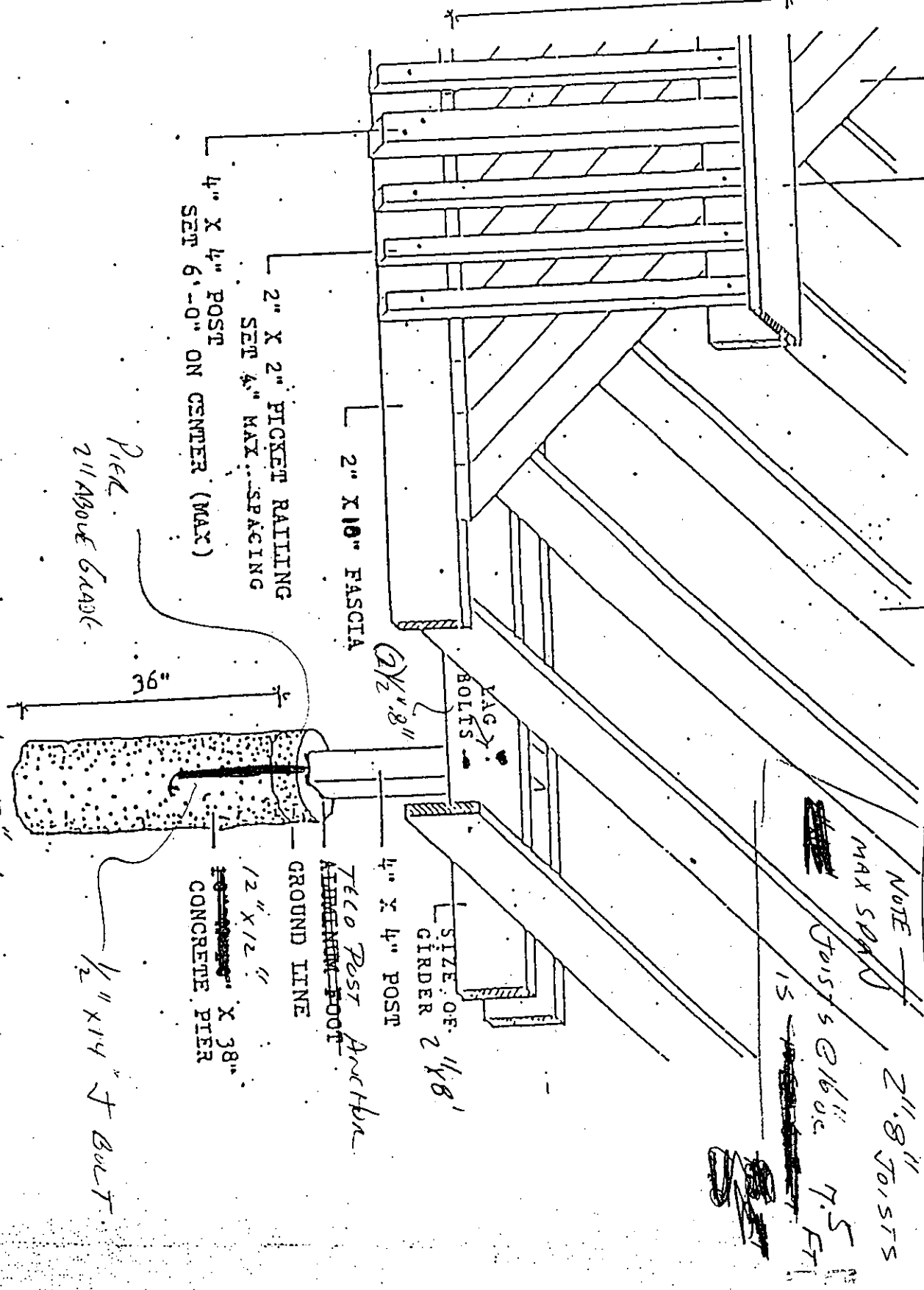
4" X 4" POST
 SIZE OF GIRDER 2 1/2" X 8"

TECO Post Anchor
 1/2" X 1/2" X 38"
 CONCRETE PIER
 GROUND LINE

1/2" X 14" BOLT

* CONCRETE 380 PSI

@ 28 DAYS



LDS CH-B 10520932

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 M. Holm Date 9.25-93

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 Innovative Dimensions

Address P.O. Box 174
Marlton, NJ 08053

Telephone ()

Signature M. Rubb Date 9.25-93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ Temporary Certificate of Compliance	No. _____				
☐ Continued Certificate of Occupancy	No. _____				
☐ Certificate of Compliance	No. _____				
☐ Certificate of Occupancy	No. _____				
☒ Certificate of Approval	No. <u>9304261</u>	<u>10/26/93</u>			



CERTIFICATE

Date Issued 10/26/93
Control #
Permit # 9304261

IDENTIFICATION

Block 404.29 Lot 10
Work Site Location 229 Heritage Rd.
Cherry Hill, N.J.
Owner in Fee Michael Holeman
Address 229 Heritage Rd.
Cherry Hill, N.J.
Tele. (609) 428-0286
Contractor Innovative Dimensions
Address P.O. Box 174
Marlton, N.J. 08053
Tele. (609) 985-5640
Lic. No. or Bldrs. Reg. No. [REDACTED]
Federal Emp. No. [REDACTED]
or Social Security No. _____

Home Warranty No. N/A
Type of Warranty Plan: [] State [] Private N/A
Use Group R3
Maximum Live Load N/A
Construction Classification 5B
Maximum Occupancy Load N/A
Description of Work/Use:

New cedar deck, total 450 sq.ft.

☐ 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 _____, 19____ or the owner will be subject to fine or order to vacate:

☐ 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 _____.

[Signature] 10/26/93
CONSTRUCTION OFFICIAL

Fee \$ 10.00
Paid [] Check No. 2053
Collected by: [Signature]



CONSTRUCTION PERMIT

Date Issued 10-11-93
Control #
Permit # 9304261

IDENTIFICATION Block 404.29 Lot 10

Work Site Location 229 Heritage Rd.
Cherry Hill, N.J.

Contractor Innovative Dimensions
Address P.O. Box 174

Owner in Fee Michael Holeman
Address 229 Heritage Rd.
Cherry Hill, N.J.

Marlton, N.J. 08053
Tele. (609) 985-5640

Tele. (609) 428-0286

Lic. No. or Bldrs. Reg. [REDACTED] Exp. Date
Federal Emp. No. [REDACTED]
or Social Security No. _____

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

New cedar deck, total 450 sq. ft.

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 \$ 3,750.00

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building 68.00
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 3.00
Cert. of Occ. 10.00
Other _____
Total 81.00
Check No. 2053
Cash _____
Collected By: [Signature]

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site

If you do not understand any of this information, please ask.



Date Received 9-27-93
Date Issued 10-11-93
Control #
Permit # 9304261

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

Block 404.29 Lot 10
Work Site Location 229 HERITAGE ROAD
CHERRY HILL, NJ 08034
Owner in Fee MICHAEL & CHRISTINA HOLEMAN
Address 229 HERITAGE RD.
CHERRY HILL, NJ 08034
Tele. () 428 0286
Contractor Innovative Dimensions
Address P.O. Box 174
Marlton, NJ 08053
Tele. () 985 5640
Lic. No. or Bldrs. [REDACTED]
Federal Emp. No. [REDACTED] 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 M. Leath
Mike Coolahan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REAR CEDAR DECK
(Press. Trecked Framing)
Area: 450 SQ. FT.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☒ All <u>0-2-93</u>	<u>[Signature]</u>		Footing		<u>10-1-93 SH</u>
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		<u>10-19-93 SH</u>
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date: <u>10-25-93</u>			Other		
Approved By: <u>Steve [Signature]</u>			Final		<u>10-25-93 SH</u>

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure 18" ABOVE GRAD.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 450 Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ 3750.

TYPE OF WORK:

☐ New Building
☐ Addition
☒ Alteration 4x 17/11/14
☐ Roofing
☐ Siding
☐ Fence _____ Height (6' or over)
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement
☐ Other Deck
☒ Other Deck
☐ Demolition

(Office Use Only)

FEE
\$ _____
68

Administrative Surcharge \$ _____
Paid ☐ Check # 2053 Minimum Fee \$ _____
Collected by: [Signature] DCA TRAINING FEE \$ 68
TOTAL FEE \$ _____

TOWNSHIP OF CHERRY HILL

820 Mercer Street
Cherry Hill, NJ 08002

ZONING APPROVAL **NO 19164**

☒ Building Permit ☐ Certificate of Occupancy

Block 404-29 Lot 10 Zone _____

Property Owner MICHAEL AND CHRISTINA HOLEMAN

Address of Property 229 HERITAGE RD.

Address of Owner - SAME - Phone No. 428. 0286

Existing Use _____ Proposed Use REAR DECK.

Type of Structure Proposed REAR DECK, LOW-LEVEL 18"

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY APPROVALS.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all application laws of this jurisdiction.

Signature *m. Cuth* Address P.O. Box 174, Milltown, NJ 08053 Telephone 609 985 5640

SETBACKS: ☐ Corner Lot ☒ Inside Lot
Front 36.16 Rear 15' Smallest side 10' Aggregate 27' Second front _____

Sq. Ground Floor 450 sq. ft. Height 18" ABOVE GRADE Gross Floor Area 450 sq. ft.

For swimming pool only: _____
Distance of pool from the foundation wall _____ Front _____ Rear _____ Side _____

ZONING BOARD ACTION	P.O.A. _____	Date Granted _____
PLANNING BOARD ACTION	P.B.C. _____	Date Granted _____

THIS APPROVAL IS BASED ON THE INFORMATION ON THIS FORM AND THE ATTACHED PLAN(S).

COMMENTS: irregular shape 450 sq. ft.

OTHER PAYMENTS AND FEES:

Shade Tree \$.75 per lineal feet of street frontage _____

Contributions-In-Aid:

Road Improv. \$ _____

Sewer Improv. \$ _____

Other _____ \$ _____

Housing Impact Fee:

Residential _____ per sq. ft X _____ sq. ft. = \$ _____

Non-Residential:

(a) Total construction cost \$ _____ X 0.03 = \$ _____

(b) Gross floor area _____ X \$1.00 a sq. ft. = \$ _____

IMPACT FEE IS THE LARGER OF (a) OR (b).

Name *Nancy Keller* Title *Zoning Officer* Date *9/27/93*

CONTRACT
FROM: INNOVATIVE DIMENSIONS
P.O. Box 174
Marlton, NJ 08053
609-985-5640

9-25-93

Day

TO: MICHAEL HOLMAN / CHRISTINE REHME
229 Heritage Road
Barclay Farms
Cherry Hill, NJ 08034

I propose to furnish all of the materials and labor necessary to complete the following:

Construction of a western red cedar deck [p.t. framing]
off the rear of the house with a finished area appx. 450 sq. ft..

Concept A:

- * Single level or multi-level approach.
- * Solid core concrete footings acc. to code... 36" depth.
- * Structural system: Solid core concrete attached to galvanized post anchors secured to press. treated posts { i. e. There are no structural wood members with ground contact, thus, concrete to steel to press. treated wood} - providing maximum support and longevity.
- * Press. Treated Framing: 2" x 8" press. treated joists @ 16" o.c.
- * Cedar Decking: 5/4" x 6" herringbone/diagonal patterns.
- * Railings of your choice in designated area towards house.
- * Closed riser stairs to grade, on concrete, with railings. {2}
- * Butcher block Benching combination with planters....see plan.....
- "open look".....elevation of planters to be determined.
- * All construction debris to be removed from the premises by

Innovative Dimensions.

- * Zoning and building permits to be procured from the twp.
at the customer's direction; .. cost passed to homeowner.
- * Skirting package below deck.....vertical, spaced.....no charge.
- * No heavy equipment to be utilized on property.

PRICING: IN WESTERN RED CEDAR

* CONCEPT A: FINAL AREA..... 450 SQ. FT.

..... \$ 3750.00

*****Continued on page 2.

Page 2: Contract

Innovative Dimensions & Holman / Rehme Residence

TOTAL CONTRACT PRICE.....\$ 3750.00

{Township permit fees to be reimbursed ...}

NOTES:

*PERFORMANCE: Work to be initiated by October 15, 1993 and be complete within 10 days.

*GUARANTEE: Service warranty on all materials and labor for two year period subsequent to contract date.

All of the above work to be completed in a substantial and workmanlike manner according to standard practices for the sum of \$ 3750.00

Terms of payment: 1/3 deposit at start date:..... \$ 1250

Final 2/3 due at completion..... \$ 2500

{Permit fees to be reimbursed; }

Any alteration or deviation from the above specifications involving extra cost of material or labor will only be executed upon written orders for the same, and will become an extra charge over the sum mentioned in this contract. All agreements to be made in writing.

RESPECTFULLY SUBMITTED:

Mr. Rehme _____ DATE 9-25-93

ACCEPTANCE

You are hereby authorized to furnish all of the materials and labor necessary to complete the work mentioned in this contract for which I agree to pay you the amount mentioned in said contract according to the terms thereof.

ACCEPTED BY : M. Holman _____ DATE 9-25-93



TOWNSHIP OF CHERRY HILL

820 MERCER STREET, CHERRY HILL, NEW JERSEY 08002
DEPARTMENT OF CODE ENFORCEMENT

26496

RECEIPT FOR BLDG. PERMIT NO. 9304261

DOCUMENT NO. BLOCK 404.29 LOT 10

RECEIVED BY: AOD deck

DATE
10/11/93

☐ CASH

☒ CHECK 2053

NAME

INNOVATIVE DIMENSIONS

ADDRESS

P.O. Box 174

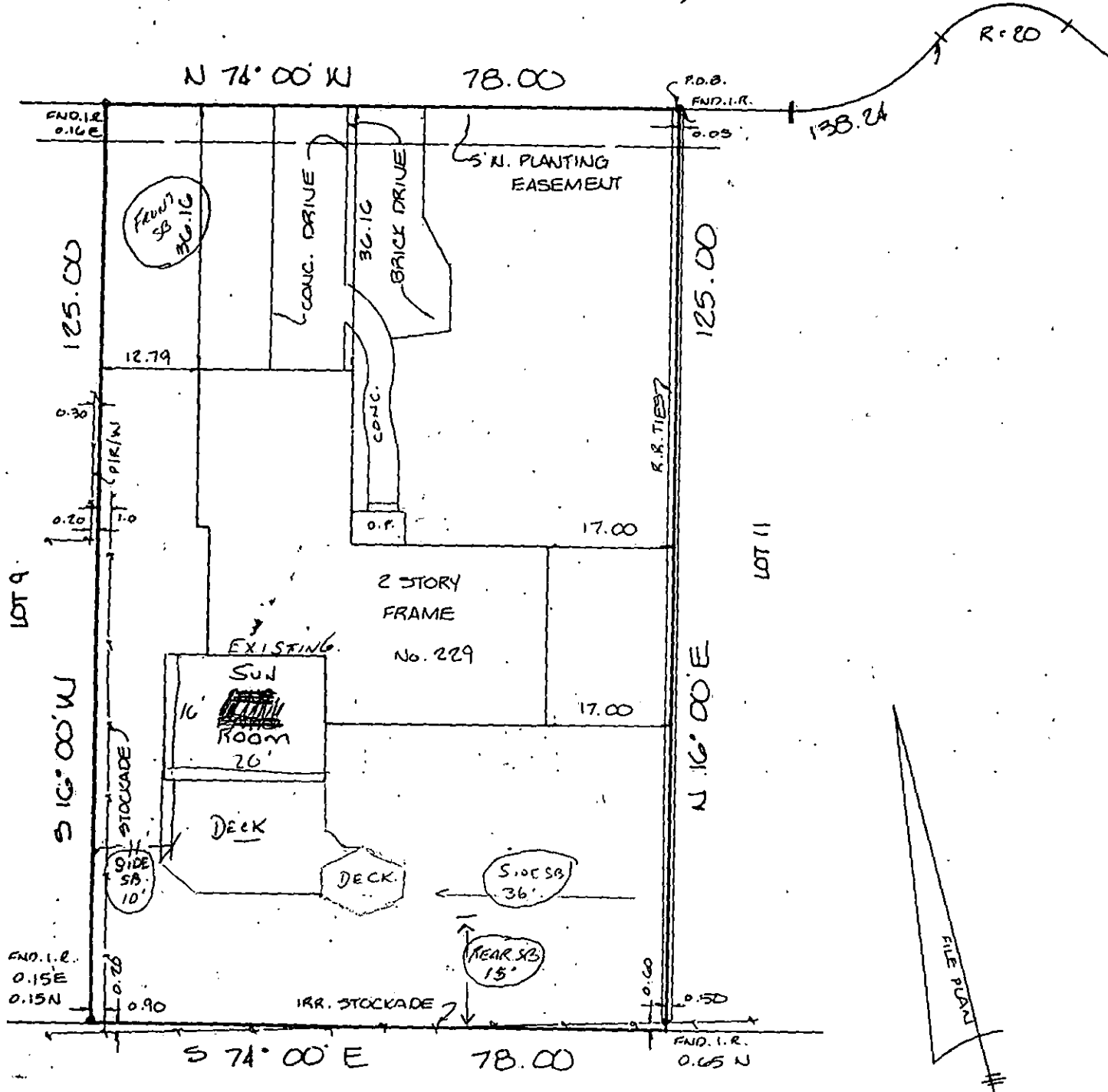
CITY

MARTON, NJ 08053

CODE	AMOUNT
70 - 36	\$
70 - 37	\$
70 - 38	\$
70 - 43	\$ <u>68.00</u>
70 - 45	\$
70 - 48	\$
70 - 50	\$ <u>10.00</u>
70 - 62	\$
71 - 78	\$
70 - 91	\$ <u>3.00</u>
	\$
TOTAL	\$ <u>81.00</u>

HERITAGE COURT

HERITAGE ROAD (50' WIDE)



ING LOT 10, BLOCK SR, PLAN BARCLAY HOMES, SOUTHERN SUBDIVISION,
SECTION 44. 404-29
A. LOT 10. BLOCK ~~404EE~~, TAX MAP.
LOT IS NOT WITHIN A FLOOD HAZARD ZONE PER FLOOD INSURANCE RATE MAP,
COMMUNITY PANEL No. 340129 0010B, MAP REVISED MAR. 1, 1984.

HERT MORTGAGE CO., INC. ITS
SUCCESSORS AND/OR ASSIGNS
TV ABSTRACT CO.
AELP. & CHRISTINA G. HOLEMAN

zoning approval 19164

I, the undersigned, any Insuror
elying hereon and any other party in interest,
nsideration of the fee paid for making this
hereby certify to its accuracy (except such
t, if any, that may be located below the
of the lands or on the surface of the lands and
le) as an inducement for any Insuror to title
the title to the lands and premises shown

John E. Gauntt
J. Land Surveyor License No. 20794
JOHN E. GAUNTT

SURVEY AND PLAN OF PREMISES IN		
TOWNSHIP OF CHERRY HILL, CO. OF CAMDEN, N.J.		
SCALE	1" = 20'	DRAWN BY
DATE	FEB. 8, 1989	REVISED
JOHN E. GAUNTT ASSOCIATES INC.		
770 E. Main Street Moorestown, NJ 08057		DRAWING NUMBER
		44-153-89-5441