From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 230 S Park Dr, Collingswood, NJ 08108
Date: Thursday, May 11, 2023 2:26:44 PM

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: OPRA/OPEN & CLOSE PERMITS - 230 S Park Dr, Collingswood, NJ 08108

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-42600-80105675@requests.opramachine.com

Is hmannel@collingswood.com the wrong address for OPRA requests to Collingswood Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=collingswood_borough
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opraopen_close_permits_230_s_par

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

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

BLOCK 1.02 LOT 7 QUALIFICATION CODE ______ ADDRESS (SITE) 230 S Park PERMIT NO. 15-00254

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 230 S Park Ave
2. Name of Owner in Fee: Richard Zuelwick
   Tel. [redacted] e-mail ______
   Address 230 S Park (street) Collingswood (municipality) NJ (zip code)
3. Ownership in Fee: Public ______ Private ✓

Principal Contractor: **Moore's Tank Services Inc.**
Tel.: (856) 662-2002 Fax: (856) 662-8550
Address: 3459 Norwood Ave. Pennsauken NJ 08109
Email: jmts100@gmail.com
NJDEP Lic#: US01096 Exp date: 7/31/16
HIC#: 13VH01322900 Fed. Emp. ID [redacted]

Exp. Date ______
(...cable): ______

Address ______ e-mail ______
Tel. ( ) ______ FAX: ( ) ______

6. Responsible Person in Charge once Work has Begun ______
   Tel. ( ) ______ FAX: ( ) ______

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 90		
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	$ 90		

(90)
Called 3/19/15 3:05 Jim

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories ______
2. Height of Structure ______ ft.
3. Area — Largest Floor ______ sq. ft.
4. New Building Area ______ sq. ft.
5. Volume of New Structure ______ cu. ft.
6. Max. Live Load ______
7. Max. Occupancy Load ______
8. If Industrialized Building: State Approved ______ HUD ______
9. Total Land Area Disturbed ______ sq. ft.
10. Flood Hazard Zone ______
11. Base Flood Elevation ______ ft.
12. Wetlands yes ______ no ______

RECEIVED MAY 13 2015 By

(office use only)

3396
00146 038116 201500254 SF

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	800	??			5/18/15	G			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	800								

VII. DESCRIPTION OF BUILDING USE

(A.) RESIDENTIAL (primary use)
1. State Specific Use: SFD
2. Use Group, Proposed: R5
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 ______

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

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.lx:

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: James Moore
Address: 3459 Norwood Ave
Pennsauken NJ 08109
Phone: 856-662-2002

Signature_____

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

CERTIFICATE

Permit #: 15-00254
Date Issued: 05/21/15
Certificate Issued Date: 05/26/15

IDENTIFICATION

Work Site Location: 230 S PARK DRIVE
Block/Lot/Qual: 1.07 7.
Owner in Fee: ZURLNICK RICHARD
Address: 230 S PARK DRIVE
COLLINGSWOOD NJ 08108

Contractor: MOORES TANK SERVICES INC.
Address: 3459 NORWOOD AVENUE
PENNSAUKEN, NJ 08109

Tel.: (856)662-2002
Fax:
Lic. No. or Bldrs. Reg. No: 13VH01322900
Federal Employer No: [redacted]

Home Warranty No:
Type of Warranty Plan:
Use Group: U Util & Misc; Acc & Misc Buildi
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: REMOVE OIL TANK FROM BASEMENT.

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.

TEMPORARY CERTIFICATE OF 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 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

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 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 immediate 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

5/28/15
Date

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 15-00254
Issue Date: 5.21.15
Application Id: 90001965
Application Date: 05/19/15

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

Block/Lot/Qual: 1.07 7.

Work Site Location: 230 S PARK DRIVE

Owner in Fee: ZURLNICK RICHARD

Tel: [redacted] email:

230 S PARK DRIVE COLLINGSWOOD NJ 08108

Contractor: MOORES TANK SERVICES INC. Tel. (856)662-2002

3459 NORWOOD AVENUE email:

PENNSAUKEN, NJ 08109

Contractor License No. or Builder Registration No.: 13VH01322900 Exp Date: 07/31/16

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

Federal Emp. ID No [redacted] 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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE OIL TANK FROM BASEMENT.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior DAVID MOORES 5/18/15		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5/28/15
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/28/15	
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 _____
- [X] Demolition

FEE (Office Use Only)

$ 90.00

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present _____ Proposed _____

No. of Stories	0.00
Height of Structure	ft.
Area — Largest Floor	sq. ft.
New Bldg. Area/All Floors	0 sq. ft.
Volume of New Structure	0 cu. ft.
Max. Live Load	
Max. Occupancy Load	

If Industrialized Building:
State Approved _____ HUD. _____

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
3. Total (1+ 2)	$ 300.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 90.00

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

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

CONSTRUCTION PERMIT

Permit #: 15-00254
Date Issued: 5-2-15

IDENTIFICATION Block/Lot/Qual: 1.07 7.
Work Site Location: 230 S PARK DRIVE
Owner in Fee: ZURLNICK RICHARD
Address: 230 S PARK DRIVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: MOORES TANK SERVICES INC.
Address: 3459 NORWOOD AVENUE
PENNSAUKEN, NJ 08109
Tel. (856)662-2002
Lic. No. or Bldrs. Reg. No. [redacted]

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
REMOVE OIL TANK FROM BASEMENT.

PAYMENTS (Office Use Only)	
Building	90.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	90.00

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 300.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I1400986

INVOICE DATE: 05/19/15
DUE DATE: 06/18/15

ACCOUNT ID: MOORE006

MOORES TANK SERVICES INC.
3459 NORWOOD AVENUE
PENNSAUKEN, NJ 08109

PERMIT INFORMATION
PERMIT NO: [redacted]
LOCATION: 230 S PARK DRIVE

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 15-00254		
1.0000	UCB14A	Demolition- Under 5,000 SqFt Permit No: 15-00254	90.00000	90.00
			TOTAL DUE:	$ 90.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 102 Lot 7 Qualification Code

Work Site Location 230 S Park
Collingswood NJ 08108

Owner in Fee: Richard Zurlavich

Tel: [redacted] e-mail

Address 230 S Park Collingswood NJ 08108
(street, municipality, zip code)

Contractor: Moore's Tank Services Tel. (856) 662-2002

Address 3459 Norwood Ave e-mail JMTS100@gmail.com
Pennsauken NJ 08109

Contractor License No. or Builder Registration No. USP1096 Exp. Date 07/31/2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 1322900

Federal Emp. ID No: [redacted] FAX: (856) 662-8550

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior DEMO OIL TANK	4/18/13	
[ ] Interior		

Joint Plan Review Required?
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

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

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5B Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 800 0

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

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: James Moore

Print name here: James Moore

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove Oil Tank from Basement

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 _____
[X] Demolition

FEE (Office Use Only)
$

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

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

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

MOORE'S TANK SERVICE, INC.
James Moore
3459 NORWOOD AVENUE
PENNSAUKEN NJ 08109

FOR PRACTICE IN NEW JERSEY AS A(N): **Home Improvement Contractor**

02/13/2015 TO 03/31/2016
VALID

13VH01322900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

BOROUGH OF COLLINGSWOOD

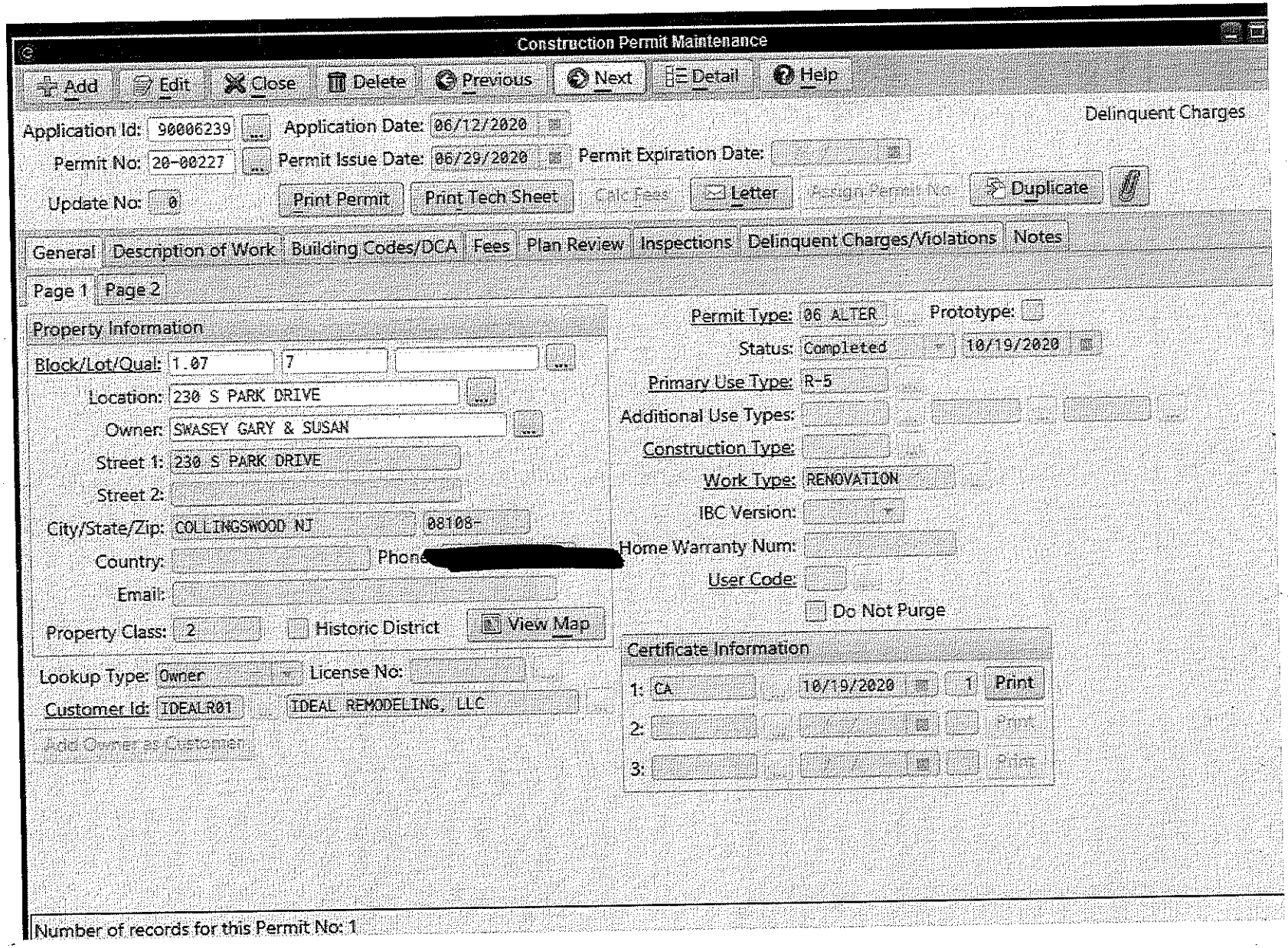
05/21/15 15:06 Invoice Pymt

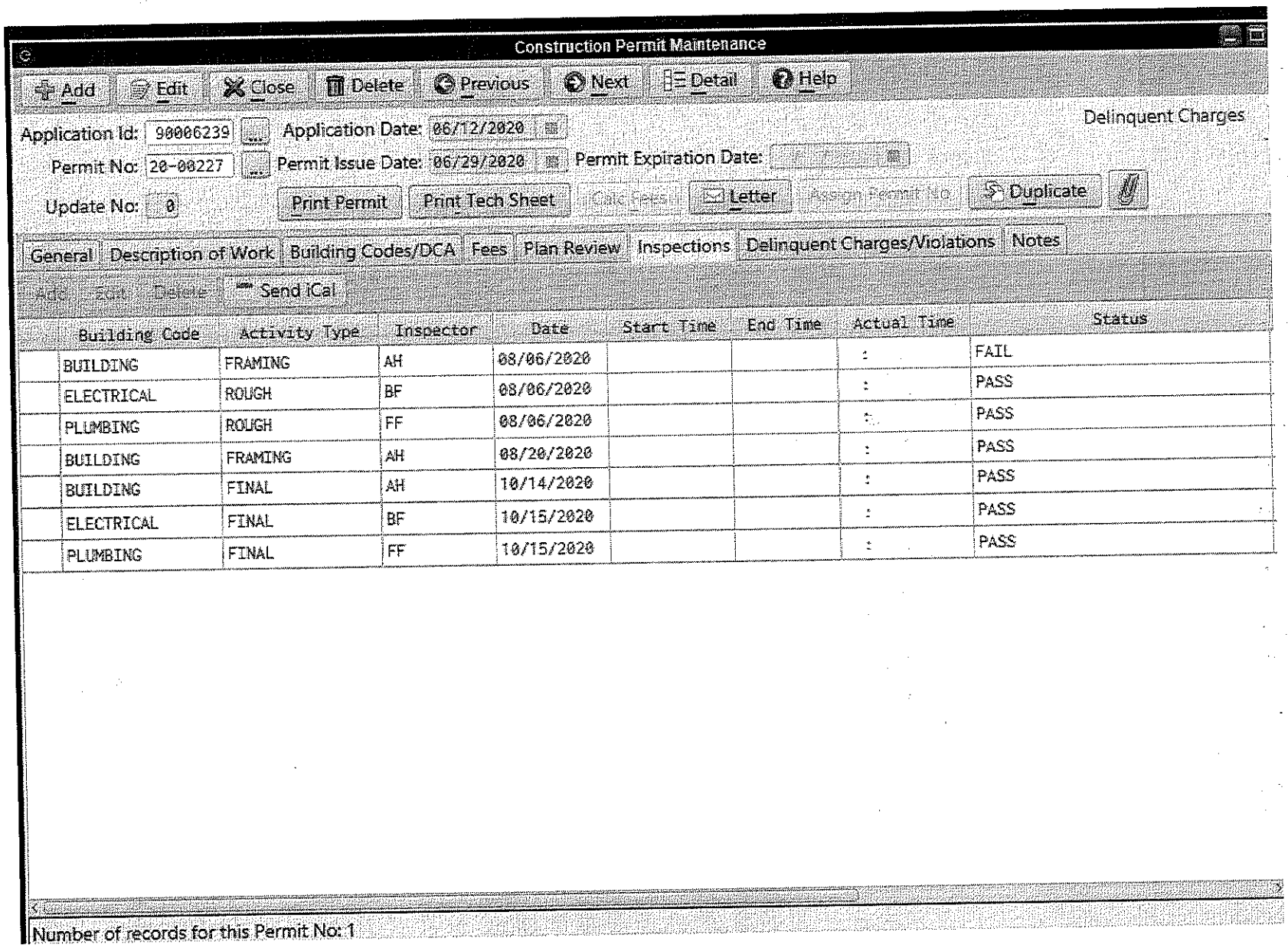
Customer: MOORE006
Name: MOORES TANK SERVICES INC.

Invoice I1400986 Item 1	90.00
	90.00

Ref Num: 11859 Seq: 65 to 65

Cash Amount:	0.00
Check Amount:	90.00
Credit Amount:	0.00
Total:	90.00


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Delinquent Charges
Application Id: 90006239
Application Date: 06/12/2020
Permit No: 20-00227
Permit Issue Date: 06/29/2020
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 1.07
7
Location: 230 S PARK DRIVE
Owner: SWASEY GARY & SUSAN
Street 1: 230 S PARK DRIVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ
08108-
Country:
Phone
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: IDEALR01
IDEAL REMODELING, LLC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
10/19/2020
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: RENOVATION
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
10/19/2020
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Delinquent Charges
Application Id: 90006239
Application Date: 06/12/2020
Permit No: 20-00227
Permit Issue Date: 06/29/2020
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Letter
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Send iCal
Building Code | Activity Type | Inspector | Date | Start Time | End Time | Actual Time | Status
BUILDING | FRAMING | AH | 08/06/2020 | | | : | FAIL
ELECTRICAL | ROUGH | BF | 08/06/2020 | | | : | PASS
PLUMBING | ROUGH | FF | 08/06/2020 | | | : | PASS
BUILDING | FRAMING | AH | 08/20/2020 | | | : | PASS
BUILDING | FINAL | AH | 10/14/2020 | | | : | PASS
ELECTRICAL | FINAL | BF | 10/15/2020 | | | : | PASS
PLUMBING | FINAL | FF | 10/15/2020 | | | : | PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 20-00227
Date Issued: 06/29/20

IDENTIFICATION Block/Lot/Qual: 1.07 7.
Work Site Location: 230 S PARK DRIVE
Owner in Fee: SWASEY GARY & SUSAN
Address: 230 S PARK DRIVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: IDEAL REMODELING, LLC
Address: 1405 CHEWS LANDING ROAD STE 2
LAUREL SPRINGS, NJ 08021
Tel. (856)939-1069
Lic. No. or Bldrs. Reg. No. 13VH02334500

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
MASTER BATHROOM REMODEL, MOVE NON-LOAD BEARING WALL TO EXPAND BATHROOM

PAYMENTS (Office Use Only)	
Building	480.00
Electrical	65.00
Plumbing	135.00
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	38.00
Cert. of Occupancy	
Other	
Total	718.00

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 20,000.00

Construction Official _____ Date _____

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 20-00227
Issue Date: 06/29/20
Application Id: 90006239
Application Date: 06/12/20

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

Block/Lot/Qual: 1.07 7.
Work Site Location: 230 S PARK DRIVE

Owner in Fee: SWASEY GARY & SUSAN
Tel. [redacted] email:
230 S PARK DRIVE COLLINGSWOOD NJ 08108
Contractor: IDEAL REMODELING, LLC Tel. (856)939-1069
1405 CHEWS LANDING ROAD STE 2 email: INFO@IDEALREMODELINGNJ.COM
LAUREL SPRINGS, NJ 08021
Contractor License No. or Builder Registration No.: 13VH02334500 Exp Date: 03/31/23
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)373-5419

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
No. of Stories 0.00
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Rehabilitation $ ______
3. Total (1 + 2) $ 15,000.00

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: ______
Print name here: ______

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
MASTER BATHROOM REMODEL, MOVE NON-LOAD
BEARING WALL TO EXPAND BATHROOM

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[X] Rehabilitation	480.00
[ ] 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	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 29.00
TOTAL FEE	$ 509.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 20-00227
Issue Date: 06/29/20
Application Id: 90006239
Application Date: 06/12/20

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

Block/Lot/Qual: 1.07 7.
Work Site Location: 230 S PARK DRIVE

Owner in Fee: SWASEY GARY & SUSAN
Tel. [redacted] email:
230 S PARK DRIVE COLLINGSWOOD NJ 08108
Contractor: URBANO ELECTRIC INC Tel. (856)854-0800
223 HIGHLAND AVE email:
WESTMONT, NJ 08108
Contractor License No.: 16303 Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)854-0739

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] 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:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
MASTER BATHROOM REMODEL, MOVE NON-LOAD

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
2		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
9		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	15.00
State Permit Surcharge Fee	$	5.00
TOTAL FEE	$	70.00

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 20-00227
Issue Date: 06/29/20
Application Id: 90006239
Application Date: 06/12/20

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

Block/Lot/Qual: 1.07 7.

Work Site Location: 230 S PARK DRIVE

Owner in Fee: SWASEY GARY & SUSAN

Tel. [redacted] email:

230 S PARK DRIVE COLLINGSWOOD NJ 08108

Contractor: D BURGO PLUMBING & HEATING INC Tel. (856)858-7858

P.O. BOX 244 email:

COLLINGSWOOD, NJ 08108

Contractor License No.: 36BI01312900 Exp Date: 06/30/23

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

Federal Emp. ID No. [redacted] FAX: (856)858-0459

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]

Water Service Size _____ Public Water [ ] Private Well [ ]

Est. Cost of Plumbing Work $ 3,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

Plumbing Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

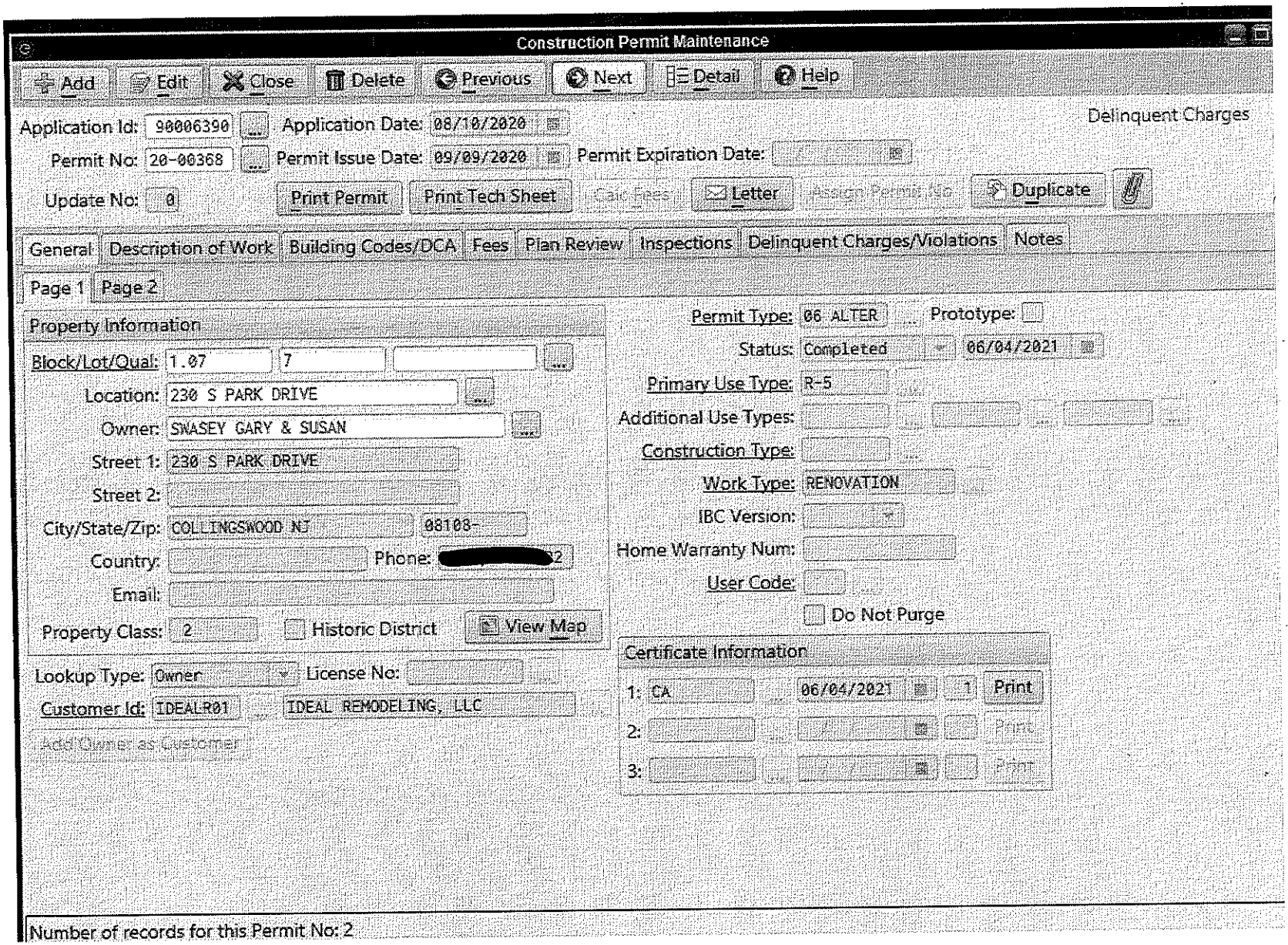
DESCRIPTION OF WORK
MASTER BATHROOM REMODEL, MOVE NON-LOAD BEARING WALL TO EXPAND BATHROOM

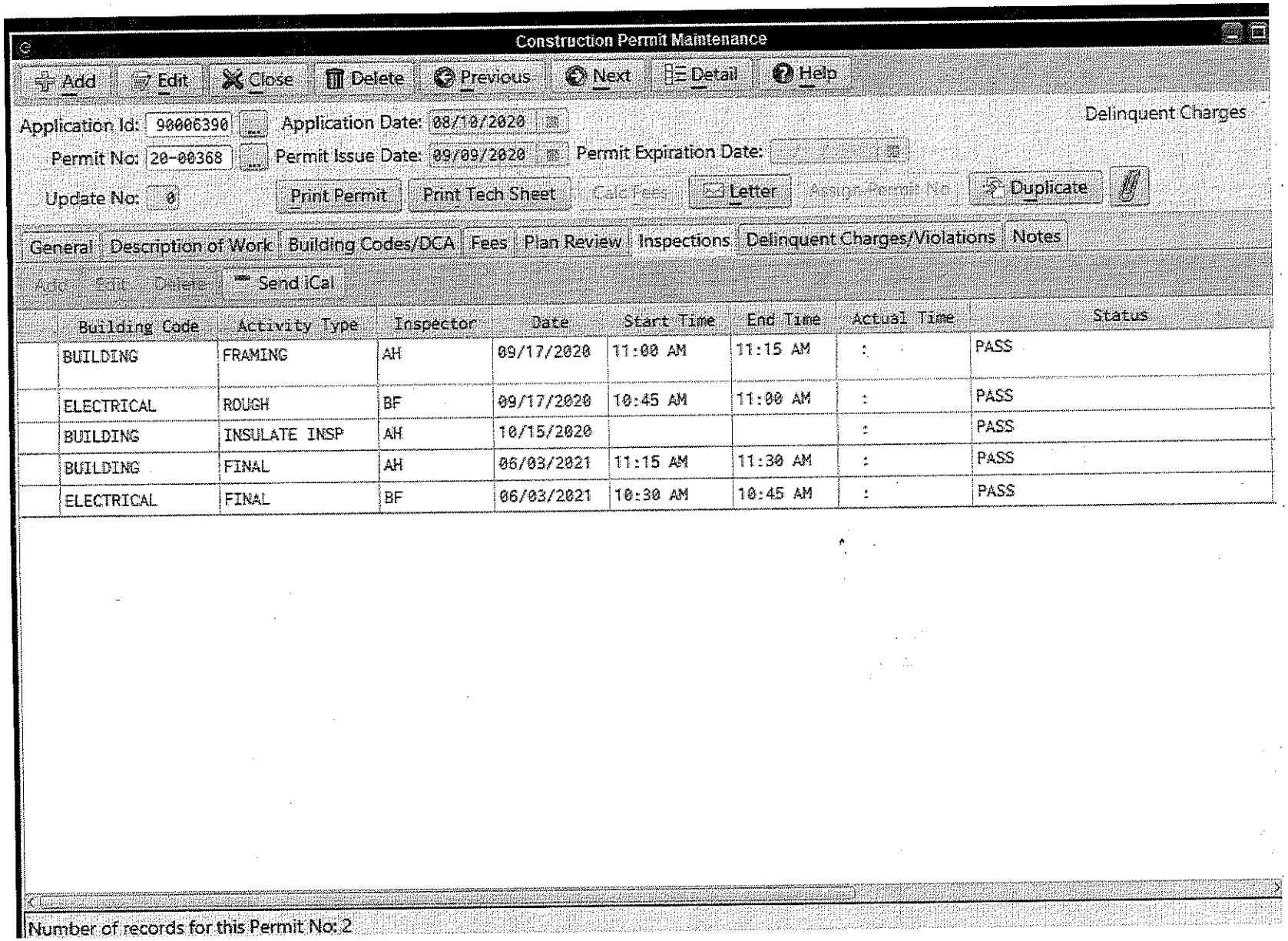
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$ 15.00
	Urinal/Bidet	
1	Bath Tub	15.00
2	Lavatory	30.00
1	Shower	15.00
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	15.00
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
3	Stacks	45.00
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 6.00
TOTAL FEE	$ 141.00

U.C.C. F130 (rev. 11/09)
Internet version

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90006390
Application Date: 08/10/2020
Delinquent Charges
Permit No: 20-00368
Permit Issue Date: 09/09/2020
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 1.07 7
Location: 230 S PARK DRIVE
Owner: SWASEY GARY & SUSAN
Street 1: 230 S PARK DRIVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: [redacted]2
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: IDEALR01
IDEAL REMODELING, LLC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 06/04/2021
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: RENOVATION
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 06/04/2021 1 Print
2: Print
3: Print
Number of records for this Permit No: 2


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90006390
Application Date: 08/10/2020
Delinquent Charges
Permit No: 20-00368
Permit Issue Date: 09/09/2020
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
BUILDING FRAMING AH 09/17/2020 11:00 AM 11:15 AM : PASS
ELECTRICAL ROUGH BF 09/17/2020 10:45 AM 11:00 AM : PASS
BUILDING INSULATE INSP AH 10/15/2020 : PASS
BUILDING FINAL AH 06/03/2021 11:15 AM 11:30 AM : PASS
ELECTRICAL FINAL BF 06/03/2021 10:30 AM 10:45 AM : PASS
Number of records for this Permit No: 2

CONSTRUCTION PERMIT

Permit #: 20-00368
Date Issued: 09/09/20

IDENTIFICATION Block/Lot/Qual: 1.07 7.
Work Site Location: 230 S PARK DRIVE
Owner in Fee: SWASEY GARY & SUSAN
Address: 230 S PARK DRIVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: IDEAL REMODELING, LLC
Address: 1405 CHEWS LANDING ROAD STE 2
LAUREL SPRINGS, NJ 08021
Tel. (856)939-1069
Lic. No. or Bldrs. Reg. No. 13VH02334500

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
TAKE OUT LOW CEILING OF SUNROOM. MAKE CATHEDRAL CEILING. FIREPLACE PERMITS WILL COME LATER.

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.

Est. Cost of Work $ 28,850.00

PAYMENTS (Office Use Only)	
Building	800.00
Electrical	115.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	55.00
Cert. of Occupancy	
Other	
Total	970.00

Check No. _____
Cash _____
Collected by _____

(see reverse side)

_____ _____
Construction Official Date

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 20-00368
Issue Date: 09/09/20
Application Id: 90006390
Application Date: 08/10/20

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

Block/Lot/Qual: 1.07 7.
Work Site Location: 230 S PARK DRIVE

Owner in Fee: SWASEY GARY & SUSAN
Tel. [redacted] email:
230 S PARK DRIVE COLLINGSWOOD NJ 08108
Contractor: IDEAL REMODELING, LLC Tel. (856)939-1069
1405 CHEWS LANDING ROAD STE 2 email: INFO@IDEALREMODELINGNJ.COM
LAUREL SPRINGS, NJ 08021
Contractor License No. or Builder Registration No.: 13VH02334500 Exp Date: 03/31/23
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)373-5419

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
No. of Stories 0.00
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1 + 2) $ 25,000.00

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:
Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TAKE OUT LOW CEILING OF SUNROOM. MAKE CATHEDRAL CEILING. FIREPLACE PERMITS WILL COME LATER.

TYPE OF WORK:	FEE (Office Use Only)
	$
[ ] New Building	
[ ] Addition	
[X] Rehabilitation	800.00
[ ] 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	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 48.00
TOTAL FEE	$ 848.00

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 20-00368
Issue Date: 09/09/20
Application Id: 90006390
Application Date: 08/10/20

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

Block/Lot/Qual: 1.07 7.
Work Site Location: 230 S PARK DRIVE

Owner in Fee: SWASEY GARY & SUSAN
Tel: [redacted] email:
230 S PARK DRIVE COLLINGSWOOD NJ 08108
Contractor: URBANO ELECTRIC INC Tel. (856)854-0800
223 HIGHLAND AVE email:
WESTMONT, NJ 08108
Contractor License No.: 16303 Exp Date: 03/31/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No [redacted] FAX: (856)854-0739

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 3,850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] 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:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

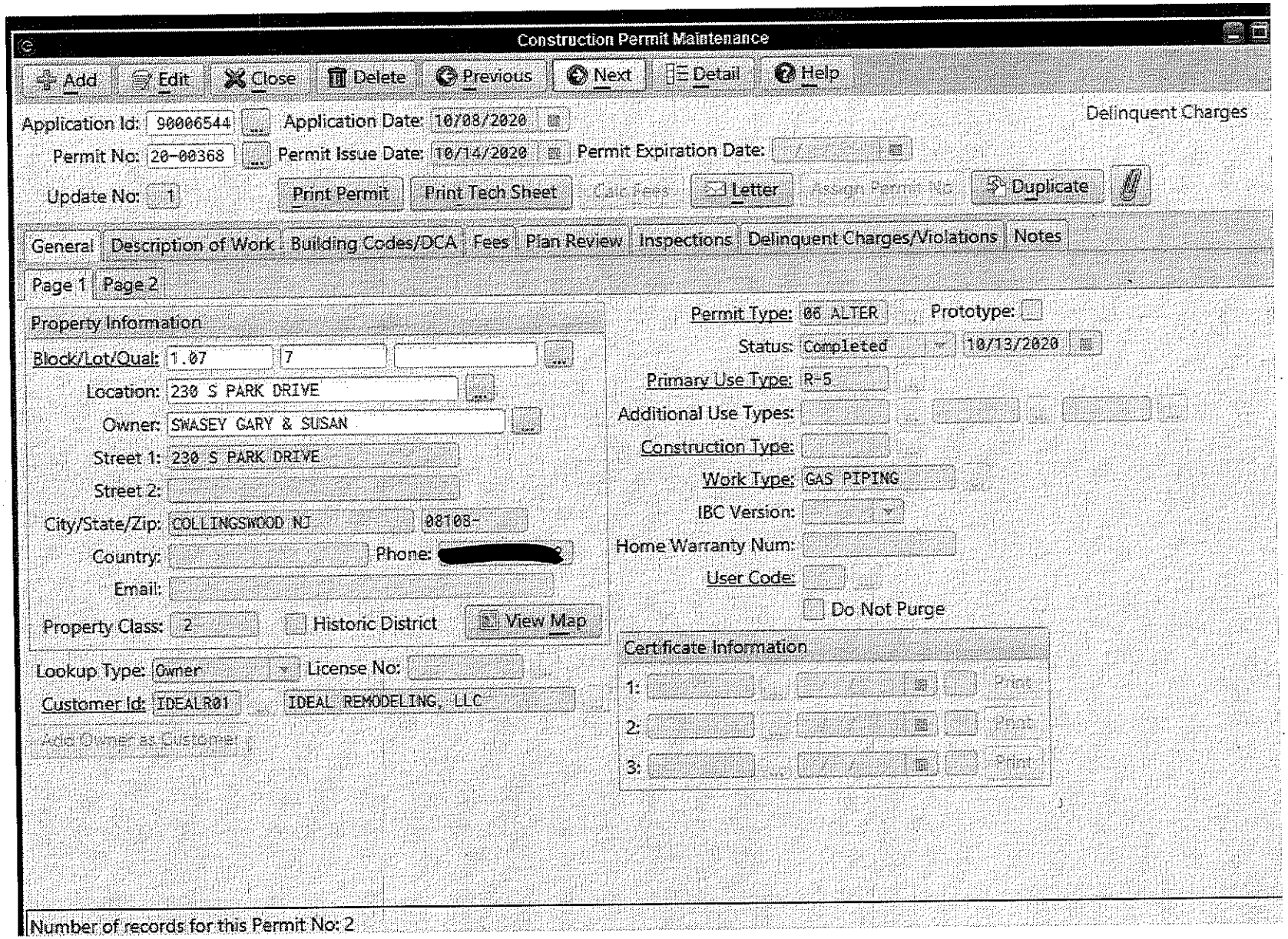
DESCRIPTION OF WORK:
TAKE OUT LOW CEILING OF SUNROOM. MAKE

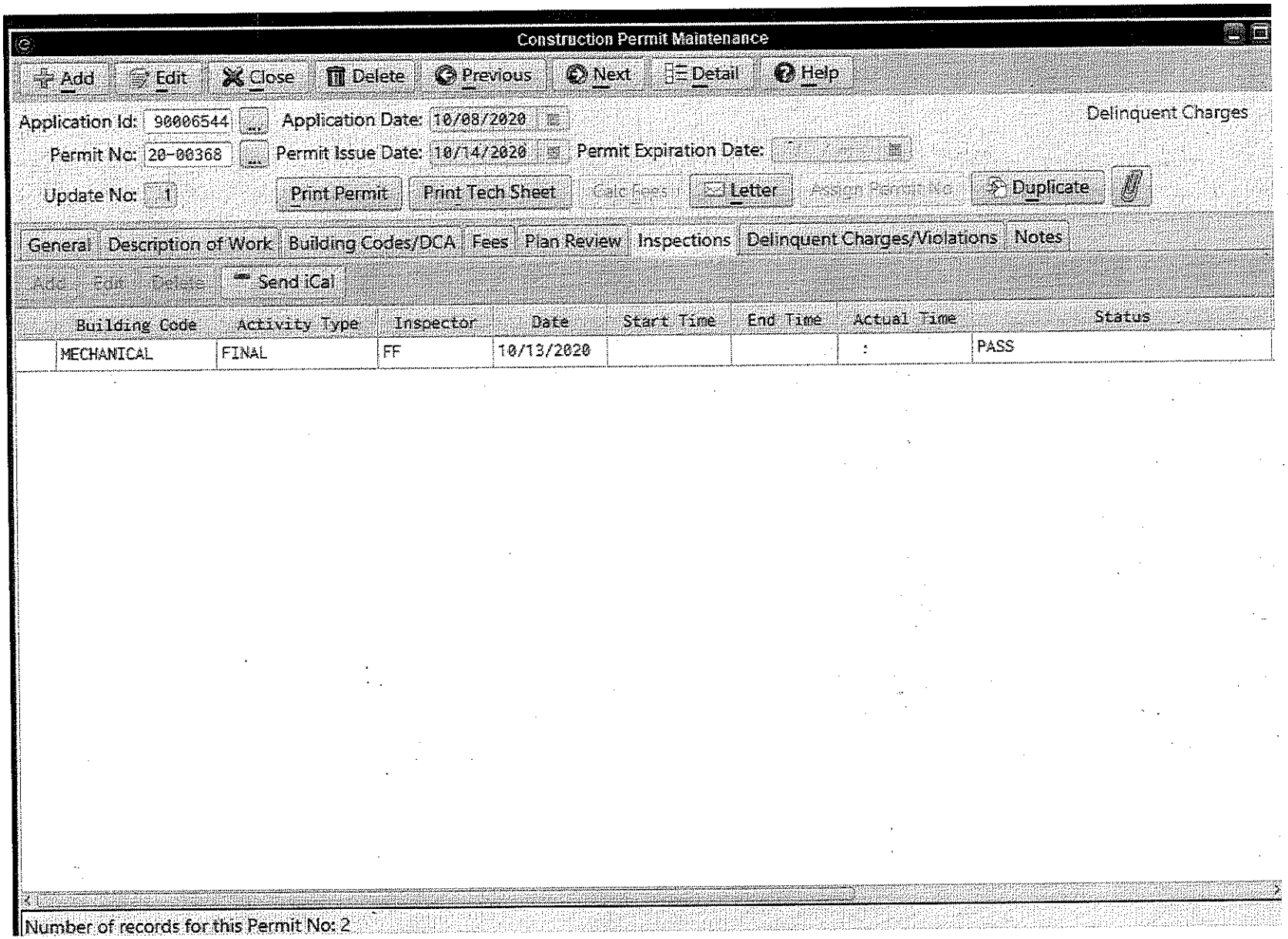
QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
9		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
21		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		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	
1		AMP Subpanels	65.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	7.00
TOTAL FEE	$	122.00

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

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90006544
Application Date: 10/08/2020
Delinquent Charges
Permit No: 20-00368
Permit Issue Date: 10/14/2020
Permit Expiration Date:
Update No: 1
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 1.07 7
Location: 230 S PARK DRIVE
Owner: SWASEY GARY & SUSAN
Street 1: 230 S PARK DRIVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: [redacted]
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: IDEALR01
IDEAL REMODELING, LLC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 10/13/2020
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: GAS PIPING
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Number of records for this Permit No: 2


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90006544
Application Date: 10/08/2020
Delinquent Charges
Permit No: 20-00368
Permit Issue Date: 10/14/2020
Permit Expiration Date:
Update No: 1
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
MECHANICAL
FINAL
FF
10/13/2020
:
PASS
Number of records for this Permit No: 2

MECHANICAL INSPECTOR
TECHNICAL SECTION

Permit #: 20-00368-01
Issue Date: 10/14/20
Application Id: 90006544
Application Date: 10/08/20

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

Block/Lot/Qual: 1.07 7.
Work Site Location: 230 S PARK DRIVE

Owner in Fee: SWASEY GARY & SUSAN
Tel. [redacted] email:
230 S PARK DRIVE COLLINGSWOOD NJ 08108
Contractor: D BURGO PLUMBING & HEATING INC Tel. (856)858-7858
P.O. BOX 244 email:
COLLINGSWOOD, NJ 08108
Contractor License No. or Builder Registration No.: 36BI01312900 Exp Date: 06/30/23
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)858-0459

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed: R-5
Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement
Type: [ ] Hydronic [ ] Hot Air
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____
Est. Cost of Mechanical Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date:_____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	DATES 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: _____
Print name here: _____

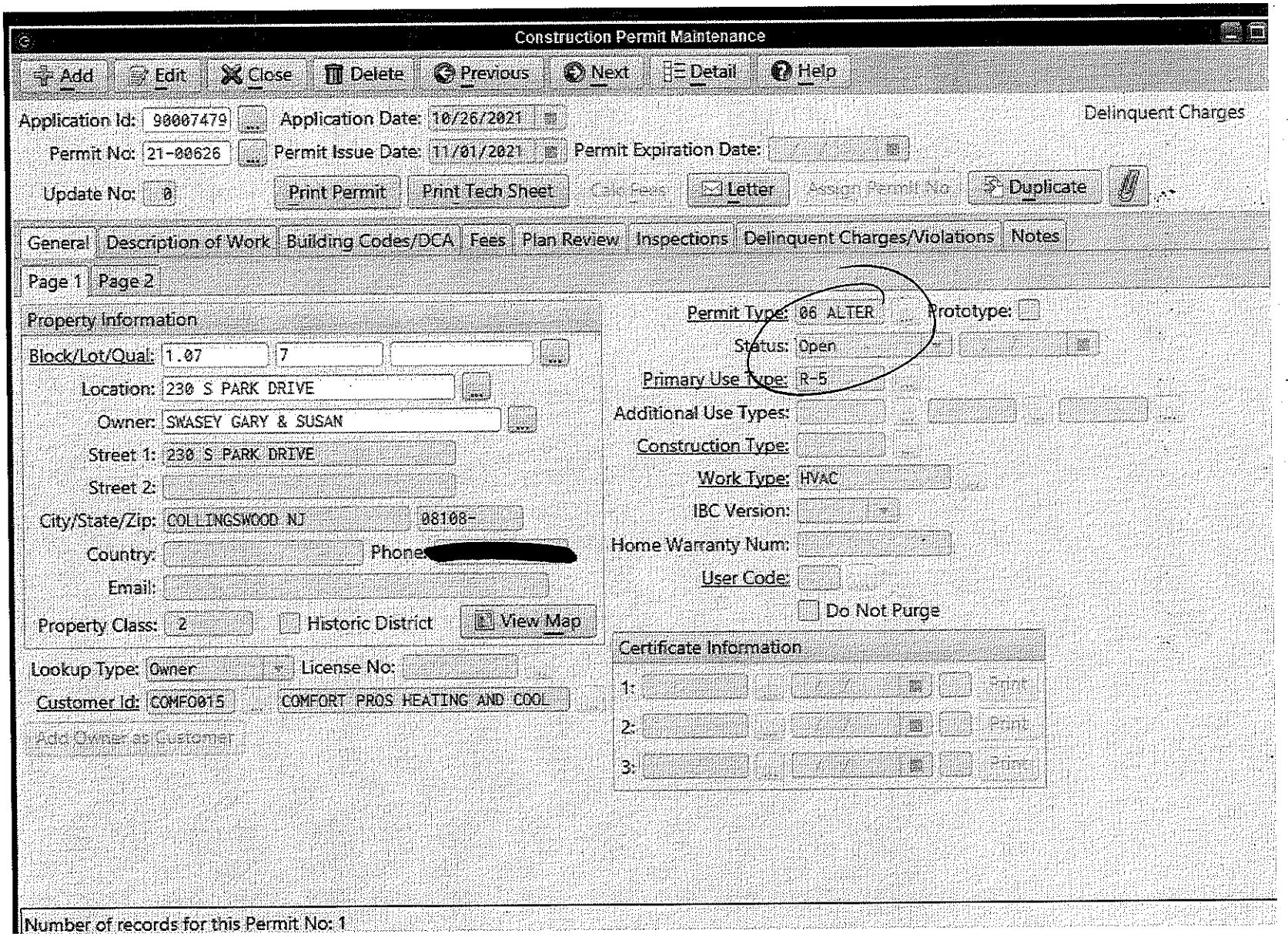
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
GAS LINE TO FIREPLACE

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
1	Gas Piping Connections	15.00
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
1	Fireplace	65.00
	Other	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 4.00
TOTAL FEE $ 84.00

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90007479
Application Date: 10/26/2021
Delinquent Charges
Permit No: 21-00626
Permit Issue Date: 11/01/2021
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 1.07 7
Location: 230 S PARK DRIVE
Owner: SWASEY GARY & SUSAN
Street 1: 230 S PARK DRIVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: COMF0015
COMFORT PROS HEATING AND COOL
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Open
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: HVAC
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Number of records for this Permit No: 1

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 21-00626
Issue Date: 11/01/21
Application Id: 90007479
Application Date: 10/26/21

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

Block/Lot/Qual: 1.07 7.

Work Site Location: 230 S PARK DRIVE

Owner in Fee: SWASEY GARY & SUSAN

Tel. [redacted] email:

230 S PARK DRIVE COLLINGSWOOD NJ 08108

Contractor: COMFORT PROS HEATING AND COOL Tel. (732)515-5100

222 MILLSTONE RD email: INFO@COMFORTPROS.BIZ

MILLSTONE, NJ 08535

Contractor License No.: 19HC00918400 Exp Date: 06/30/24

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

Federal Emp. ID No: [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] 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	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
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 Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE 3TON CONDENSER

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	
1		KW Central A/C Unit	15.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	

Administrative Surcharge	$	
Minimum Fee	$	50.00
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	65.00

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

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Permit #: 21-00626
Issue Date: 11/01/21
Application Id: 90007479
Application Date: 10/26/21

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

Block/Lot/Qual: 1.07 7.

Work Site Location: 230 S PARK DRIVE

Owner in Fee: SWASEY GARY & SUSAN

Tel. [redacted] email:

230 S PARK DRIVE COLLINGSWOOD NJ 08108

Contractor: COMFORT PROS HEATING AND COOL Tel. (732)515-5100

222 MILLSTONE RD email: INFO@COMFORTPROS.BIZ

MILLSTONE, NJ 08535

Contractor License No. or Builder Registration No.: 19HC00918400 Exp Date: 06/30/24

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

Federal Emp. ID No. [redacted] FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5 Proposed: R-5

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

Type: [ ] Hydronic [ ] Hot Air

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

Est. Cost of Mechanical Work $ 1,345.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date:_____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	DATES 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: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE 3TON CONDENSER

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	$
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
1.0000	Other	15.00

Administrative Surcharge $	
Minimum Fee $	50.00
State Permit Surcharge Fee $	3.00
TOTAL FEE $	68.00

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

CONSTRUCTION PERMIT

Permit #: 21-00626
Date Issued: 11/01/21

IDENTIFICATION Block/Lot/Qual: 1.07 7.
Work Site Location: 230 S PARK DRIVE
Owner in Fee: SWASEY GARY & SUSAN
Address: 230 S PARK DRIVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: COMFORT PROS HEATING AND COOL
Address: 222 MILLSTONE RD
MILLSTONE, NJ 08535
Tel. (732)515-5100
Lic. No. or Bldrs. Reg. No. 19HC00918400

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
REPLACE 3TON CONDENSER

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	65.00
DCA State Permit Fee	3.00
Cert. of Occupancy	
Other	
Total	133.00

Check No. _____
Cash _____
Collected by _____

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.

Est. Cost of Work $ 1,445.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT