From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 27 E Collings Ave, Collingswood, NJ 08108
Date: Tuesday, June 13, 2023 1:57:00 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 - 27 E Collings Ave, 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-46319-024965ae@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_27_e_coll

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 30.01 LOT 47 QUALIFICATION CODE VOID ADDRESS (SITE) 27 E. Collings Ave PERMIT NO 00-0211

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 27 E Collins Ave
2. Name of Owner in Fee: Christian Monahan Tel. [redacted]
   Address 27 E Collins Ave (street) Collingswood (municipality) NJ 08108 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Shellhay Plumbing Tel. (609) 465-5905
   Address 204 E. Shellhay Ave E.M.C.H. NJ 08218
   License No. OR, if new home, Builder Reg. No. 6645 Exp. Date 6-2001
   Federal Employee No [redacted] FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Elmer Elbuhs
   Tel. (609) 465-5965 FAX (609) 465-0885

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		46.00	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$	46.00	
7.	Less 20% for State Plan Review			
8.	Subtotal	$	46.00	
9.	DCA Training Fee		1.00	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	47.00	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

3226 00146_034198 SE 120000211 *0001510101*

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing	5000								
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

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

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:

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 ELMER CLAUHS

Address 204 E Shellbay Ave

Cape May CT House, New Jersey, 08210

Telephone [redacted]

Signature Elmer J Clauhs

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

Date Issued 06/15/2000
Control #
Permit # 00-0211

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 30.01 Lot 47 Qual

Work Site Location 27 EAST COLLINGS AVENUE

Owner in Fee MONAHAN CHRISTINE 39
Address 27 EAST COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor SHELLBAY PLUMBING & HEATING
Address 204 E. SHELLBAY AVENUE
CAPE MAY COURT HOUSE, NJ 08210-
Telephone (609)465-5905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE WATER HEATER

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 $ ~~3561~~ 500.00

William Josephick
Construction Official

06/15/2000
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	46
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	47
Check No.	2368
Cash	
Collected By	CH

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/15/2000
Date Issued 06/15/2000
Control #
Permit # 00-0211

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

Block 30.01 Lot 47 Qual

Work Site Location 27 EAST COLLINGS AVENUE

Owner in Fee MONAHAN CHRISTINE 39
Address 27 EAST COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted] Fax ( )
Contractor SHELLBAY PLUMBING & HEATING
Address 204 E. SHELLBAY AVENUE
CAPE MAY COURT HOUSE, NJ 08210-
Tele.(609)465-5905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ XXX 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	5
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 6
Paid [X] Check # 2368	Minimum Fee	$ 55
Collected by: CH	TOTAL FEE	$ 46
	DCA Training Fee	$ 1

U.C.C. F130 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

Date Issued 06/15/2000
Control #
Permit # 00-0211

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 30.01 Lot 47 Qual

Work Site Location 27 EAST COLLINGS AVENUE

Owner in Fee MONAHAN CHRISTINE 39
Address 27 EAST COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor SHELLBAY PLUMBING & HEATING
Address 204 E. SHELLBAY AVENUE
CAPE MAY COURT HOUSE, NJ 08210-
Telephone (609)465-5905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE WATER HEATER

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 $ ~~XXX~~ 500.00

Construction Official

06/15/2000
Date

U.C.C. H170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	46
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	47
Check No.	2368
Cash	
Collected By	CH

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132 -118

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/15/2000
Date Issued 06/15/2000
Control #
Permit # 00-0211

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

Block 30.01 Lot 47 Qual

Work Site Location 27 EAST COLLINGS AVENUE

Owner in Fee MONAHAN CHRISTINE 39
Address 27 EAST COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted] Fax ( )
Contractor SHELLBAY PLUMBING & HEATING
Address 204 E. SHELLBAY AVENUE
CAPE MAY COURT HOUSE, NJ 08210-
Tele.(609)465-5905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ XXX 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	5
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 6
Paid [X] Check # 2368	Minimum Fee	$ 35
Collected by: CH	TOTAL FEE	$ 46
	DCA Training Fee	$ 1

U.C.C. F130 (rev. 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block 30.01 Lot 4.11

Work Site Location 27 E Collins Ave
Collingswood NJ, 08108

Owner in Fee CHRISTINA MOHAMMAD

Address 27E Collins Ave
Collingswood, NJ, 08107

Tele. [redacted]

Contractor Shelbay Plumbing + Htg

Address 204 E Shellbay Ave
Cape May CT House Area 08210

Tele. (609) 465-5905 Fax ( ) /

Lic. No. 6646

Federal Emp. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer ✓ Private Septic _____

Water Service Size _____ Public Water ✓ Private Well _____

Est. Cost of Plumbing Work $ 500 ✓

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

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

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

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.

Elvin Y Clarke
Signature — Contractor's Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater Replace	
	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	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

BLOCK 30.01 LOT 47 QUALIFICATION CODE _____ ADDRESS (SITE) 27 E. Collings Ave c3001/47 PERMIT NO. 10-0408

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 27 E. Collings Ave
2. Name of Owner in Fee: Mike DiPetro
   Tel. [redacted] e-mail _____
   Address 27 E. Collings Ave (street) Collingswood (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: JMJ Construction Tel. (856) 4957854
   Address 531 King George Rd e-mail _____
   Cherry Hill, NJ 08034
   License No. OR, if new home, Builder Reg. No. 13VH02975600 Exp. Date 12-31-10
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Jim Griffith
   Tel. (856) 495 7854 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 110.00		
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	6.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 116.00		

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 ____

00146_034168 20100408 SF 3226 *00014XNK*

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	3660								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	3660								

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 _____

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

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 James GRIFFITH DBA: JMJ CONSTRUCTION

Address 531 KING George Rd
Cherry Hill, NJ 08034

Telephone ([redacted])

Signature _____

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

30.01

NJ UCCARS 5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
.856/854-0720 EXT.132//118

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/05/2010
Date Issued 10/16/10
Control # C3001/47
Permit # 10-0408

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

Block 30.01 Lot 47 Qual

Work Site Location 27 EAST COLLINGS AVENUE

Owner in Fee DIPETRO MIKE 8
Address 27 EAST COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Tel [redacted]
Contractor JMJ CONSTRUCTION
Address 531 KING GEORGE ROAD
CHERRY HILL, NJ 08034-
Tele.(856)495-7854 Fax ( )
Lic. No. or Bldrs. Reg. No. VH02975600
Federal Emp. 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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REPLACE FRONT PORCH PEIRS, DECKING, RAIL, NEW FOOTINGS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/5/10	WJ
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [X] CCO [ ] CA
Date: 10/15/10
Approved By: WJ

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			10/7/10	WJ
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/15/10	WJ
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,660
3. Total (1+2) $ 3,660

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	110
[ ] Roofing	0
[ ] Siding	0
[ ] Fence .0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 110
DCA State Permit Fee	$ 6

Paid [ ] Check # 6967
Collected by: CR

U.C.C. F110 (rev. 3/96)

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

Date Issued 10/6/10
Control # C3001/47
Permit # 10-0408

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 30.01 Lot 47 Qual

Work Site Location 27 EAST COLLINGS AVENUE

Owner in Fee DIPETRO MIKE 8
Address 27 EAST COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor JMJ CONSTRUCTION
Address 531 KING GEORGE ROAD
CHERRY HILL, NJ 08034-
Telephone (856)495-7854
Lic. No. or Bldrs. Reg. No. VH02975600
Federal Emp. 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:
REPLACE FRONT PORCH PEERS, DECKING, RAIL, NEW FOOTINGS

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 $ 3,660

William Joseph
Construction Official

10/5/10
Date

PAYMENTS (Office Use Only)

Building	110
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	6
Cert. of Occupancy	0
Other	
Total	116
Check No.	667
Cash	
Collected By	

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # C3001/47

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 30.01 Lot 47 Qualification Code

Work Site Location 27 E. Collings Ave Collingswood

Owner in Fee: Mike DiPetro

Tel [redacted] e-mail

Address 27 East Collings Ave Collingswood

Contractor: (street) JMJ Construction (municipality) Tel. (856) 4957854 (zip code)

Address 531 King George Rd e-mail

Cherry Hill, NJ 08108

Contractor License No. or Builder Registration No. 13VH02975600 Exp. Date 12-31-10

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

Federal Emp. ID No. [redacted] FAX: ( )

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:	Dates (Month/Day) 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				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 3660 -
2. Rehabilitation $
3. Total (1+ 2) $ 3660 -

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK — Remove two brick peirs (supporting roof above), remove porch decking, railings, and trim boards. Pour (2) new footings for peirs and (2) new footings to support center of existing porch framing. Install new pressure treated decking, railings and trim boards. Install a new double 2x10 PT beam under center of porch. Re-use brick to build peirs and install (2) columns

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)

$

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

U.C.C. F110
(rev. 12/07)

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

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			
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. 10-0408	10/15/10			
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

CONSTRUCTION PERMIT

Permit #: 22-00101
Date Issued: 03/11/22

IDENTIFICATION Block/Lot/Qual: 30.01 47.
Work Site Location: 27 E COLLINGS AVE
Owner in Fee: DIPIETRO MICHAEL
Address: 27 E COLLINGS AVENUE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: FRIEDRICH HEATING AND AC INC
Address: PO BOX 337
PITMAN, NJ 08071
Tel. (856)589-0559
Lic. No. or Bldrs. Reg. No. 19HC00039400

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 GAS FURNACE AND AC SYSTEM

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	92.00
DCA State Permit Fee	7.00
Cert. of Occupancy	
Other	
Total	164.00

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 $ 3,900.00

_____ 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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 22-00101
Issue Date: 03/11/22
Application Id: 90007765
Application Date: 03/07/22

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

Block/Lot/Qual: 30.01 47.

Work Site Location: 27 E COLLINGS AVE

Owner in Fee: DIPIETRO MICHAEL

Tel: [redacted] email:

27 E COLLINGS AVENUE COLLINGSWOOD NJ 08108

Contractor: RIDDELL ELECTRIC Tel. (856)589-6401

506 WESLEY AVE email:

PITMAN, NJ 08071

Contractor License No.: 34EB01235600 Exp Date: 03/31/24

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 $ 1,950.00

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:
REPLACE GAS FURNACE AND AC SYSTEM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
1		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	$	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.

MECHANICAL INSPECTOR
TECHNICAL SECTION

Permit #: 22-00101
Issue Date: 03/11/22
Application Id: 90007765
Application Date: 03/07/22

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

Block/Lot/Qual: 30.01 47.

Work Site Location: 27 E COLLINGS AVE

Owner in Fee: DIPIETRO MICHAEL

Tel. [redacted] email:

27 E COLLINGS AVENUE COLLINGSWOOD NJ 08108

Contractor: FRIEDRICH HEATING AND AC INC Tel. (856)589-0559

PO BOX 337 email: FRIEDAC5@VERIZON.NET

PITMAN, NJ 08071

Contractor License No. or Builder Registration No.: 19HC00039400 Exp Date: 06/30/22

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 $ 1,950.00

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: _____

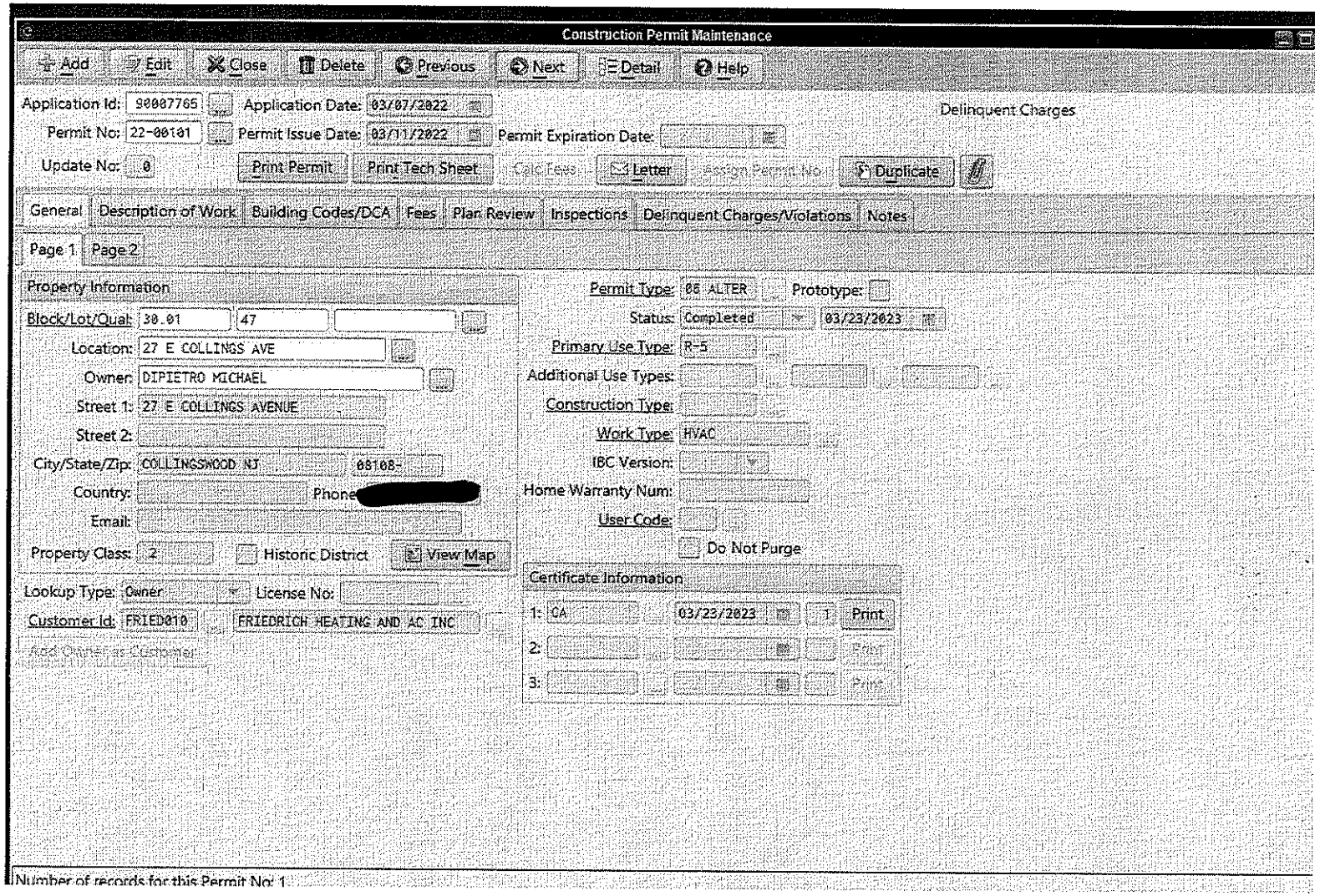
D. TECHNICAL SITE DATA

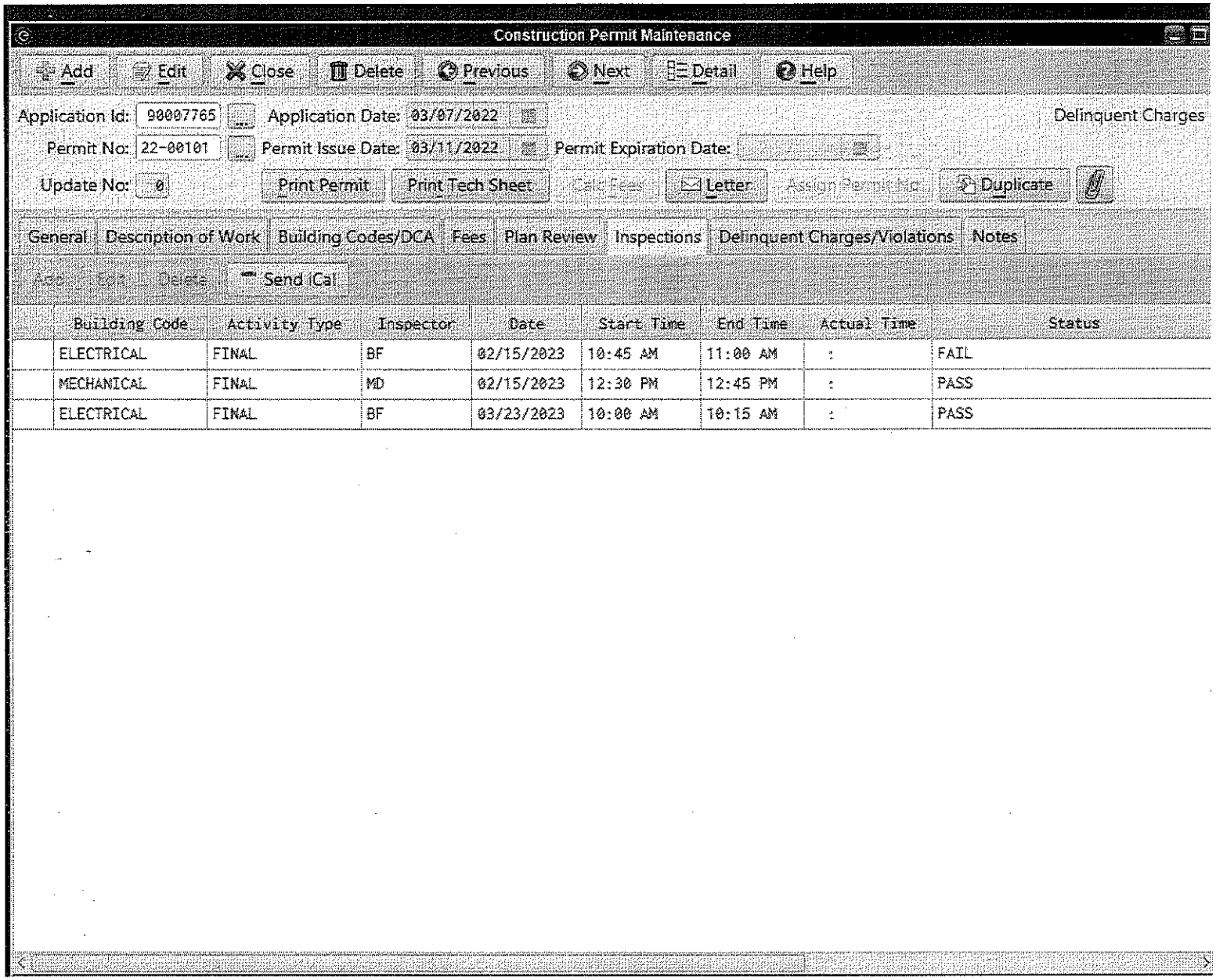
DESCRIPTION OF WORK
REPLACE GAS FURNACE AND AC SYSTEM

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Heater	
	Fuel Oil Piping Connections	
1	Gas Piping Connections	15.00
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	62.00
	Oil Tank	
	LPG Tank	
	Fireplace	
1.0000	Other	15.00

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	4.00
TOTAL FEE $	96.00

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: 90087765
Application Date: 03/07/2022
Delinquent Charges
Permit No: 22-00101
Permit Issue Date: 03/11/2022
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: 30.01 47
Location: 27 E COLLINGS AVE
Owner: DIPIETRO MICHAEL
Street 1: 27 E COLLINGS AVENUE
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: FRIED010
FRIEDRICH HEATING AND AC INC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
03/23/2023
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: CA
03/23/2023
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
Application Id: 90007765
Application Date: 03/07/2022
Delinquent Charges
Permit No: 22-00101
Permit Issue Date: 03/11/2022
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
ELECTRICAL
FINAL
BF
02/15/2023
10:45 AM
11:00 AM
:
FAIL
MECHANICAL
FINAL
MD
02/15/2023
12:30 PM
12:45 PM
:
PASS
ELECTRICAL
FINAL
BF
03/23/2023
10:00 AM
10:15 AM
:
PASS