MEDFORD TOWNSHIP

CERTIFICATE OF OCCUPANCY

Block 2301

Lot 9

3149
Construction Permit No

Street Address 38 Maine Trl.

Owner or Purchaser's full name M/M Vandaman F. Johnson

Use Group R-3 Fire Grading 4-B Live Load 40 Maximum Occupancy 10

[X] Res. [ ] Comm. [ ] Add. [ ] Renovation [ ] Chg. of use [ ] Continued Use

TITLE	SIGNATURE	DATE OF FINAL APPROVAL
BUILDING SUB CODE OFFICIAL	Allen S. Hall	6-18-79
PLUMBING SUB CODE OFFICIAL	John Spina	6-6-79
ELECTRICAL SUB CODE OFFICIAL	Middle Dept. Insp. Agency	6-15-79
FIRE PROTECTION OFFICIAL	Allen S. Hall	6-18-79

For buildings with on-site sewage disposal or wells:

Septic System Approved NA (County) Well Approved 6-5-79 (County) Final Water Analysis 6-5-79

Commercial Buildings, where applicable:

Sign permits issued _____ Food Handler's License issued _____

Township Engineer's approval _____ County Soil Erosion Approval _____

AUTHORIZATION IS HEREBY GRANTED FOR THE USE AND OCCUPANCY OF THE BUILDING OR ADDITION DESCRIBED ABOVE AS A PRIVATE DWELLING
AND IS IN COMPLIANCE WITH THE REGULATIONS AND APPLICABLE TOWNSHIP CODES WITH THE EXCEPTION OF ANY ITEMS HEREIN LISTED.
Refer to Site Plan Inspection Request supplied with this C/O.

re-caulk windows & door at brick veneer – OK
cover disappearing stairwell in garage with 24 gauge sheet metal – OK
fasten & screw smoke pipe from hot water heater to chimney – OK
install smoke detector on second floor ceiling – OK
plumbing leak in water line in crawl at T reducer – OK
reverse all flooring insulation in crawl-vapor barrier must be toward warm side – OK

6-29 COMPLETE

COMPLETION OF THESE ITEMS IS A CONDITION OF THIS PERMIT, AND MUST BE COMPLETED NO LATER THAN JUNE 29-79. (FAILURE TO COMPLY WITH THESE CONDITIONS SHALL BE SUBJECT TO A FINE NOT TO EXCEED $500.00) APPROVAL FROM THE ZONING OFFICER MUST BE OBTAINED WITHIN 14 DAYS OF ISSUE OF C/O.

Allen S. Hall
Construction Official
6-18-79

Janet O'Connell 6-19-79
Signature of Responsible Person Receiving Certificate

2-79

APPLICATION FOR A CERTIFICATE OF OCCUPANCY -- MEDFORD TOWNSHIP

JOHN HAD REQ. 6-7 NOT MARKED ON HIS SHEET

Block 2301
Lot 9

CONSTRUCTION PERMIT # 3149

Location of Building 38 Maine Trail Medford N.J.

Date C/O is requested for 6/15/79 Anticipated occupancy 6/19/79

Name & address of person applying for C/O Larry Connell

146 S. Lakeside Dr. Medford N.J.

Tel. # (609) 654-7402 If building is locked, check ✓ and supply key with tag for identification

NOTE: Any new building or structure, or part of a building or structure that has been enlarg extended or altered shall not be used or occupied until the certificate of occupancy has been issued by the Construction Official.

THIS CERTIFICATE IS REQUESTED FOR:

✓ COMPLETELY NEW STRUCTURE OR BUILDING - RESIDENTIAL ✓ OTHER (specify) _____

_____ Addition to an existing building

_____ Renovations or remodeling of an existing structure

_____ Change of use of existing building from _____ to _____

FINAL COST OF CONSTRUCTION WORK INCLUDING THE BASIC STRUCTURE, ALL ON-SITE IMPROVEMENTS, BUILT FURNISHINGS AND FIXTURES AND ALL INTEGRAL EQUIPMENT EXCLUSIVE OF PROCESS OR MANUFACTURING EQUIPMENT. $ 74000—

INCLUDE TWO SETS OF FOUNDATION SURVEYS WITH THIS FORM, INCLUDING SEPTIC & WELL LOCATIONS.

② 6-12-79

IF THE BUILDING OR STRUCTURE DEVIATES FROM THE APPROVED PLANS SUBMITTED WITH THE CONSTRUCTION PERMIT APPLICATION, INCLUDE WITH THIS APPLICATION A SET OF AMENDED DRAWINGS, AND CHECK HERE __

To the best of my knowledge, all work has been completed in accordance with the permit, the approved plans, regulations, and requirements of any other board or agency having jurisdictio

SIGNATURE Lawrence M Connell

TITLE Owner

Print Purchasers or tenants full name belo

Mr & Mrs Vardaman F. Johnson

(TO BE SIGNED BY THE RESPONSIBLE PERSON IN CHARGE OF WORK)

If this building has a well and/or a septic system, submit with this application the letter o approval from the Burlington County Health Department AND a letter of approval for the well water analysis.

County Well Application # W3022-79 County Septic Application # City Sewerage

- C/O
- RE-CHECK WINDOWS & DOOR AT KICK VERIFIED
- VERIFY DISAPPEARING STAIRWELL
- GARAGE WITH 4 GAUGE WIRE MEETING
- INSTALL ~~WATER~~ EQUIPMENT & EXTERIOR
- HOT WATER HEATER TO CHIMNEY
- INSTALL SMOKE DETECTORS ON SECOND FLOOR CEILING
- PLUMBING LEAK WATER LINE CRAWL AT REDUCER.
- SEASE ALL ATTIC FLOORING INSULATION IN CRAWL - VAPOR BARRIER MUST BE TOWARD WARM SIDE.

OK FOR C/O WITH CONDITIONS BY 6-20-79

TOWNSHIP OF MEDFORD

BUILDING PERMIT

302

No 3149 ..... 8/11 ....., 1978..

Permission is hereby granted to Lawrence D. Connell.....

contractor, and ~~.....~~ Same ..... owner, for the construction

of ..... 1 ..... building for Dwelling.....

purposes ..... ~~2~~ stories in height, dimensions ..... 64' ..... by 36' .....

roof of 240. Asphalt Shingle.... 23525- due 7-7

LOCATION

..... 38 Maine Ln. .....

..... 2301 - 9 .....

.....

This permit to be considered void at the expiration of six months, unless active operations have been commenced within said time, and shall be rescinded and considered void as to the construction of the work or the further erection of said building by the violation of the terms of any of the ordinances of the Township of Medford relating to buildings or the use of the streets. And shall be void unless a license is taken out as provided in the building code under which this is issued.

Residence of contractor ..... Medford N.J. .....

Top - 248.46
Sub 20.15
Fees $..... 268.61
Sewer 47.33
Sub 5.00
320.61

Everett Thomas
by Building Inspector.

TOWNSHIP OF MEDFORD

DEPARTMENT OF SAFETY - DIVISION OF BUILDINGS — PERMIT NUMBER _____

Permit Application for: New, Addition, Alteration, Demolition

1. Street and number location 38 Maine TR — Zip Code 08055
   (a) Tax Map Block 2301 Lot 9
2. New Subdivision only Hooton

All Applicants complete "A" through "D"

COST (omit cents)
1. Estimate cost of improvement
$ 42,000—

OWNERSHIP
2. Private X
3. Public

TYPE OF IMPROVEMENT
4. New Building X
5. Addition - number of added dwelling units if any
6. Alteration - number of added or deducted dwelling units
7. Describe briefly proposed work
House

8. Number of stories
2

D. TYPE OF USE
9. One Family X
10. Two Family
11. Three or more
12. Accessory Garage
yes
13. Swimming Pool
14. Other, specify
15. Industrial
16. Depth of foundation from surface 3'6"
17. Width & depth of footings
1'-4" x 8"
18. Thickness of cellar wall
8

19. Size of sill
2 x 8
20. Size of Girder
8 x 1.5
21. Size of Floor Joist:
1st floor 2 x 10 - 16-oc
2nd floor 2 x 8 - 16 oc
22. Size of studs
2 x 4
23. Size of rafter & spacing
2 x 6 16" OC
24. Size of corner post
3-2X4 —
25. Type of roof, flat, peak, etc.
Pitched
26. Roof sheathing thickness
½ Ply W
27. Roof material
Asphalt Shingles
28. Type of siding
Brick & Aluminum

9. State in detail all existing and proposed uses of this building and premises: Housing

Complete all items in "F" for New Buildings and Additions Only.

PRINCIPAL TYPE OF FRAME
30. Masonary (wall bearing)
31. Structural Steel
32. Wood frame ✓
33. Reinforced concrete
34. Other

3375 cu FT

TYPE OF SEWAGE DISPOSAL
35. Public Sewer ✓
36. Private system (septic tank, etc.)

TYPE OF WATER SUPPLY
37. Public
38. Private ✓

FOR RESIDENTIAL BUILDINGS ONLY
39. Number of bedrooms 4
40. Number of bathrooms 2

FOR NON-RESIDENTIAL BUILDINGS
41. Number of off-street parking

NTIFICATION	NAME	ADDRESS	CITY	STATE	PHONE NO.
	Lawrence O'Connell	38 Maine Tr.	Medford	NJ	[redacted]
ER TRACTOR ARCHITECT	Charles L Walton JR		Medford	N.J.	[redacted]

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of New Jersey and the ordinances of Medford, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted, herewith, and certify that the information and statements given on this application, drawings and specifications are to best of their knowledge, true and correct.

APPLICATION BY Lawrence M. O'Connell ADDRESS 146 S. Lakeside Dr Medford NJ

42. Number of Stories 2
43. Total Living Area 2400
44. Total Land Area (approx. sq. ft.) 42180
45. Exterior Dimensions 63 x 86

DATE PERMIT ISSUED 8/11/78 NUMBER 3149 PERMIT & ZONING FEE _____

TOWNSHIP OF MEDFORD

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 89-4-205
DATE ISSUED 4/19/89
Block 2301 Lot 9
Subdivision Hoot Owl

A. IDENTIFICATION

Owner Dave Butler
Address 38 Maine Trail
Medford, N.J. 08055
Tel. ( ) [redacted]

Agent Frank Schafer
Address 215 White Horse Pike
Barrington, N.J. 08070
Tel. ( ) [redacted]

Work Site Address Same As Above
Lic. No.
Federal Emp. No. [redacted]

PAYMENTS

Permit Fee $ 50.00
Fees Remitted $ 50.00
☒ Check No. 1499
☐ Cash
☐ Other
Collected By:
Date: 4/19/89

is hereby granted permission to perform the following work:

- [X] BUILDING
- [ ] ELECTRICAL
- [ ] PLUMBING
- [ ] FIRE PROTECTION
- [ ] OTHER

Description of work:

Enclosed Porch

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: $ 5,000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (6/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

MEDFORD TOWNSHIP

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 89-4-285
DATE ISSUED 4/19/89
REVISION DATE

Block 2301 Lot 9
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner DAVE BUTLER
Address 38 MAINE TR.
MEDFORD
Tel. ( ) [redacted]
Work Site Address

Contractor FRANK G. SCHAFER OK
Address ~~PO BOX 313~~ 215 White Horse Pike
Barrington ~~NEW JERSEY~~ NJ. 08070
Tel. ( ) [redacted]
Lic. No. [redacted]
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Frank Schafer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Enclosed Porch

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$ 50.00
	[redacted]	[redacted]
	[redacted]	[redacted]
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 50.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1
Height of Structure 12 Ft.
Area–Largest Floor 252 Sq. Ft.
Estimated Cost of Building Work: $ 5000

Total Building Area–All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed 252 Sq. Ft.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

Green = Office Copy White = Applicant Copy Beige = Inspector Copy

U.C.C. Form F-110/3771/10-83/500

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All as noted	4/17/89	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 5/10/89

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				4/21/89
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

Township of Medford
17 North Main Street
Medford NJ 08055
609-654-2608

CERTIFICATE

IDENTIFICATION

Date Issued: 07/01/2002
Control #: 19333
Permit # 20020587

Block: 2301 Lot : 9 Qual: _____

Work Site : 38 MAINE TRAIL
MEDFORD

Owner in Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD NJ 08055
Telephone: [redacted]

Agent/Contractor: LLOYD RAFF
Address: 404 ARCH STREET
DELRAN NJ 08075
Telephone: [redacted]

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-3
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use: RE-ROOF

[ ] **CERTIFICATE OF OCCUPANCY**

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

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Edwin J. Brown Jr. Construction Official

Fees $0.00
Paid[X]Check No 2801
Collected by pas

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 NORTH MAIN STREET
MEDFORD, NJ 08055
609 - 654-2608

Permit Number: 20020587
Permit Date: 06/14/2002
Update Number:
Control Number: 19333
Application Date: 06/07/2002

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 2301 Lot : 9 Qualifier :

Work site Location: 38 MAINE TRAIL MEDFORD
Owner In Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD NJ 08055
Telephone: [redacted]
Use Group(s): R-3

Contractor: LLOYD RAFF
Address: 404 ARCH STREET
DELRAN NJ 08075
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.:
Federal Emp. No.:

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

RE-ROOF

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	4,500.00
Cost of Demolition:	0.00
Total Cost:	$4,500.00

PAYMENTS (Office Use Only)

Building	$81.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$4.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$85.00**
All Fees Waived :	No

Amount to be Paid: **$85.00**
Check Number: 2801
Check amount: $85.00

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

Edwin J. Brown Jr. 6-14-02
Edwin J. Brown Jr. Date
Construction Official

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

Collected by: pas
Receipt No:
Total Cash Amount
Total Check Amount $85.00
Total CC Amount
Grand Total $85.00

Note:

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-14-02
Date Issued
Control #
Permit # 2020587

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

Block _____ Lot _____
Work Site Location 38 Maine Trail

Owner in Fee Dave Butler
Address 38 Maine Trail
Medford N.J. 0805
Tele. ([redacted]
Contractor Lloyd Raff
Address 404 Arch St.
Delran N.J. 08075
Tele. [redacted] Fax ( ) _____
Lic. No. or Bldrs. Reg. No. 2020207
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature Lloyd Raff

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove old roof
Install aluminum dripcap on edge
Install iceguard on bottom 3ft of roof
Install 15lb felt paper
Install 25year roof shingles.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required — 6-7-02 — RW
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/2/02
Approved by: RW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓			7/10/02	JF
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[4] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 4500.00

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

19333 HMS.

Township of Medford

BUILDING SUBCODE TECHNICAL SECTION

Date Received 06/07/2002 Date Issued 06/14/2002
Control # 19333 Permit # 20020587

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

Block : 2301 Lot : 9 Qualifier :
Work Site Location : 38 MAINE TRAIL

Owner Details

Name : BUTLER, DAVID M & YVONNE S
Address : 38 MAINE TRAIL
MEDFORD NJ 08055
Telephone [redacted]

Contractor Details

Contractor : LLOYD RAFF
Address : 404 ARCH STREET
DELRAN NJ 08075
Telephone [redacted]
Fax :

Lic No. or Bldrs Reg. No. : _
Federal Emp. No:

B.BUILDING CHARACTERISTICS

Use Group	Present : R-3	Proposed :	
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 Building.	0.00
2. Alteration	4,500.00
3. Demolition	0.00
4. Total (1+2+3)	$4,500.00

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.

Signature

D.TECHNICAL SITE DATA

DESCRIPTION OF WORK

RE-ROOF

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence_____ Height (exceeds 6')
[ ] Sign_____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Demolition

FEE (Office Use Only)

$81.00

Administrative Surcharge	
Minimum Fee	
DCA Training Fee	$4.00
Total Fee	$85.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ]No Plans Required		
[ ][ ] All		
[ ]Footing		
[ ]Foundation		
[ ]Frame		
[ ]Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: _____
Approved by: _____
_____

INSPECTIONS	Dates(Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

17 North Main Street
Medford NJ 08055
609-654-2608

CERTIFICATE

Date Issued: 04/11/2007
Control #: 28204
Permit #: 20070132

IDENTIFICATION

Block: 2301 Lot : 9 Qual:
Work Site Location: 38 MAINE TRAIL
MEDFORD
Owner in Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD NJ 08055
Telephone: [redacted]
Agent/Contractor: BOWIN PLUMBING, HTG & A/C
Address: 617 STOKES ROAD, STE 4-125
MEDFORD, NJ 08055
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: [redacted] Federal Emp. No. [redacted]
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
EMERGENCY WATER HEATER REPLACEMENT

Update Desc. of Wk/Use:

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Richard C. Uschmann, Construction Official

Fees: $0.00
Paid [X] Check No: 1028
Collected by: DMH

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 NORTH MAIN STREET
MEDFORD, NJ 08055
609 - 654-2608

Permit Number: 20070132
Permit Date: 2/26/2007
Update Number:
Control Number: 28204
Application Date: 02/20/07

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 2301 Lot : 9 Qualifier :
Work Site Location: 38 MAINE TRAIL MEDFORD

Owner In Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD NJ 08055
Telephone: [redacted]

Use Group(s): R-5

Contractor: BOWIN PLUMBING, HTG & A/C
Address: 617 STOKES ROAD, STE 4-125
MEDFORD NJ 08055
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ] BUILDING [X] PLUMBING [ ] DEMOLITION
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [ ] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

EMERGENCY WATER HEATER REPLACEMENT

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$850.00
Cost of Demolition:	$0.00
Total Cost:	$850.00

PAYMENTS	(Office Use Only)
Building	
Electrical	
Plumbing	$43.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$44.00
All Fees Waived	No

Amount to be Paid: **$44.00**
Check Number: 1028
Check amount: $44.00

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

Richard C. Uschmann 2/26/07

Richard C. Uschmann - Acting — Date
Construction Official

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

Collected by: DMH
Receipt No:
Total Cash Amount:
Total Check Amount: $44.00
Total CC Amount:
Grand Total: $44.00

Note:

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/26/07
Control #
Date Issued
Permit # 20070132

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

Block 2301 Lot 9 Qualification Code
Work Site Location 38 Main Trail
Owner in Fee YVONNE S Butler
Address 38 Main Trail Medford N.J
Tel ([redacted]
Contractor Dowie Inc
Address 617 Stokes Rd Suite 4-125 Medford N.J 08055
Tel ([redacted] FAX [redacted]
Contractor License No [redacted]
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer ✓ Private Septic
Water Service Size Public Water Private Well ✓
Est. Cost of Plumbing Work $ 850

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2-27
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4-9-07
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				
Oil Tank				
Solar				
TCO final ✓			4-9-07	RF

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[✓] Licensed 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	10
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Oil Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

U.C.C. F130 (rev. 07/03)

28204-DMH

Township of Medford

Date Received: 02/20/2007 Date Issued: 02/26/2007

PLUMBING SUBCODE TECHNICAL SECTION Control #: 28204 Permit #: 20070132

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

Block: 2301 Lot: 9 Qualification Code:

Work Site Location: 38 MAINE TRAIL

Owner in Fee: BUTLER, DAVID M & YVONNE S

Address: 38 MAINE TRAIL
MEDFORD, NJ 08055

Telephone: [redacted]

Contractor: BOWIN PLUMBING, HTG & A/C

Address: 617 STOKES ROAD, STE 4-125
MEDFORD NJ 08055

Telephone: [redacted] Fax: [redacted]

Contractor License No.: [redacted] Federal Emp. No.: [redacted]

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-5 Proposed:

Building Sewer Size: Public Sewer: Private Septic:

Water Service Size: Public Water: Private Well:

1. New Building $0.00 2. Alteration $850.00

3. Demolition $0.00 Estimated Cost of Plumbing Work (1+2+3): $850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

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	$10.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	
Minimum Fee	$43.00
State Permit Surcharge Fee	$1.00
TOTAL FEE	$44.00

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 and perform the work on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C.F130(rev. 1/04)

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

Township of Medford
49 Union St.
Medford, NJ 08055
609-6542608

CERTIFICATE

Date Issued: 11/30/2021
Control #: 50182
Permit #: 20201154

IDENTIFICATION

Block: 2301 Lot: 9 Qual:
Work Site Location: 38 MAINE TRAIL
MEDFORD
Owner in Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD NJ 08055
Telephone: [redacted]
Agent/Contractor: HARRIETT'S ENERGY SOLUTIONS
Address: 101 S. MAIN STREET
MEDFORD NJ 08055
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: [redacted] Federal Emp. No.: [redacted]
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use:
REPLACE AC

Update Desc. of Wk/Use:

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Richard Falasco, Construction Official

Fees: $0.00
Paid [X] Check No: 25187
Collected by: AS

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20201154
Update Number:
Control Number: 50182
Application Date: 11/30/20
Permit Date: 12/9/2020

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 2301 Lot : 9 Qualifier :
Work Site Location: 38 MAINE TRAIL MEDFORD

Owner In Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD NJ, 08055
Telephone: [redacted]
Use Group(s): R-5

Contractor: HARRIETT'S ENERGY SOLUTIONS
Address: 101 S. MAIN STREET
MEDFORD NJ, 08055
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [X] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE AC

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$1,100.00
Cost of Demolition:	$0.00
Total Cost:	$1,100.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$69.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	$69.00
VolFee (DCA)	
AltFee (DCA)	$2.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$140.00
All Fees Waived	No

Amount to be Paid: **$140.00**
Check Number: 25187
Check amount: $140.00

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

Richard Falasco /as 12/9/20
Richard Falasco Date
Construction Official

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

Collected by: AS
Receipt No:
Total Cash Amount:
Total Check Amount: $140.00
Total CC Amount:
Grand Total: $140.00

Note:

U.C.C. F170 (rev. 1/04)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 12/9/20
Permit # 20201154

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

Block 2301 Lot 9 Qualification Code

Work Site Location 38 Maine Tr. Medford, NJ 08055

Owner in Fee: David Butler

Tel. ([redacted] e-mail

Address 38 Maine Tr. (street) Medford, NJ 08055 (municipality) [redacted] (zip code)

Contractor: Bilbow Electric Tel. [redacted]

Address 103 Himmelein Rd e-mail

Medford, NJ 08055

Contractor License No. [redacted] Exp. Date 03-2021

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as residence Utility Co. PSE&G

Est. Cost of Elec. Work $ 1,000.00

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: 12.2.20
Approved by: Craig Co

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7.15.21
Approved by: Craig Co

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7.15.21	CO
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: John Bilbow

Print name here: John Bilbow

☑ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
AC replacement

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	2.5 ton	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 $
State Permit Surcharge Fee $
TOTAL FEE $

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.

Township of Medford

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 11/30/2020
Control #: 50182

Date Issued: 12/09/2020
Permit #: 20201154

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

Block: 2301 Lot: 9 Qualification Code:

Work Site Location: 38 MAINE TRAIL

DESCRIPTION OF WORK:
REPLACE AC

Owner in Fee: BUTLER, DAVID M & YVONNE S

38MAINE TRAIL
MEDFORD, NJ 08055

E-mail:
Telephone: [redacted]

Contractor: BILBOWS ELECTRIC LLC
ATTN:
Address: 103 HIMMELEIN RD
MEDFORD NJ 08055

Telephone: [redacted]
Fax: [redacted]

E-mail:
Home Improvement Registration No. or Exemption Reason: [redacted]
Contractor License No.: [redacted] Exp. Date: 3/31/2021 Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____

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

Building Occupied as _____ Utility Co. _____

1. New Building: $0.00
2. Rehabilitation: $1,000.00
3. Demolition: $0.00
Est.Cost of Elec.Work (1+2+3): $1,000.00

Job Summary(Office Use Only)

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

Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] 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
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 Issue				
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's Signature/Contractor's seal and Signature _____ Print Name _____

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 0	
		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	2.50	KW Central A/C Unit	$55.00
		HP/KW Space Htr./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	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	$69.00
State Permit Surcharge Fee	$2.00
TOTAL FEE	$71.00

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control # 12/9/20

Date Issued
Permit # 20201154

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

Block 2301 Lot 9 Qualification Code

Work Site Location 38 Maine Tr. Medford, NJ 08055

Owner in Fee: David Butler

Tel. [redacted] e-mail

Address 38 Maine Tr. Medford, NJ 08055
street municipality zip code

Contractor: Harriett's Energy Solutions Tel. [redacted]

Address 101 S. Main St e-mail

Medford, Nj 08055

Contractor License No. or Builder Registration No. [redacted] Exp. Date 08-2022

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

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

B. MECHANICAL CHARACTERISTICS

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

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

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other AC condensate line

Estimated Cost of Mechanical Work $ 100.00

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:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			7.15.21	CO

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: Steve Purdy

Print name here: Steve Purdy

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
AC condensate line

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	Other	

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.

Township of Medford

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 11/30/2020 Date Issued: 12/09/2020
Control #: 50182 Permit #: 20201154

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

Block: 2301 Lot: 9 Qualification Code:
Work Site Location: 38 MAINE TRAIL
Owner in Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD, NJ 08055
Telephone: [redacted] Email:
Contractor: HARRIETT'S ENERGY SOLUTIONS
ATTN:
Address: 101 S. MAIN STREET
MEDFORD NJ 08055
Telephone: [redacted] Fax: [redacted] Email:
License No.: [redacted] Exp Date: Federal Emp. No.: [redacted]
Home Improvement Registration No. or Exemption Reason: [redacted]

B. MECHANICAL CHARACTERISTICS

Use Group Present: R3, R4 or R5 (circle one) Proposed: R3, R4 or R5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ] Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:
Type: [ ] Hydronic [ ] Hot Air
1. New Building: $0.00 2. Rehabilitation: $100.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Plumbing
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mechanical

PLANS APPROVED
Date: _____
Approved by: _____

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

_____ _____
Signature Print Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE AC

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
0	Water Heater	
0	Fuel Oil Piping	
0	Gas Piping	
0	Steam Boiler	
0	Hot Water Boiler	
0	Hot Air Furnace	
0	Oil Tank	
0	LPG Tank	
0	Fireplace	
1	Other 1: AC	$15.00
0	Other 2:	

Administrative Surcharge	
Minimum Fee	$69.00
State Permit Surcharge Fee	
TOTAL FEE	$69.00

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

Township of Medford
49 Union St.
Medford, NJ 08055
609-6542608

CERTIFICATE

IDENTIFICATION

Date Issued: 11/30/2021
Control #: 51110
Permit #: 20210634

Block: 2301 Lot: 9 Qual: _____
Work Site Location: 38 MAINE TRAIL
MEDFORD
Owner in Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD NJ 08055
Telephone: [redacted]
Agent/Contractor: HARRIETT'S ENERGY SOLUTIONS
Address: 101 S. MAIN STREET
MEDFORD NJ 08055
Telephone: [redacted]
Lic. No./ Bldrs. Reg.No.: [redacted] Federal Emp. No.: [redacted]
Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____
Description of Work/Use:
REPLACE FURNACE

Update Desc. of Wk/Use:

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Richard Falasco, Construction Official

Fees: $0.00
Paid [X] Check No: 25970
Collected by: AS

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Township of Medford
17 North Main Street
Medford, NJ 08055
609 6542608

Permit Number: 20210634
Update Number:
Control Number: 51110
Application Date: 05/20/21
Permit Date: 6/1/2021

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 2301 Lot : 9 Qualifier :
Work Site Location: 38 MAINE TRAIL MEDFORD

Owner In Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD NJ, 08055
Telephone: [redacted]

Use Group(s): R-5

Contractor: HARRIETT'S ENERGY SOLUTIONS
Address: 101 S. MAIN STREET
MEDFORD NJ, 08055
Telephone: [redacted]
Lic. No. / Bldrs. Reg. No.: [redacted]
Federal Emp. No.: [redacted]

is hereby granted permission to perform the following work :

[ ] BUILDING [ ] PLUMBING [ ] DEMOLITION
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] OTHER
[ ] ELEVATOR DEVICES [X] MECHANICAL
[ ] ASBESTOS ABATEMENT [ ] LEAD HAZARD ABATEMENT

(Subchapter 8 only)

DESCRIPTION OF WORK:

REPLACE FURNACE

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$5,100.00
Cost of Demolition:	$0.00
Total Cost:	$5,100.00

PAYMENTS (Office Use Only)	
Building	
Electrical	$69.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	$75.00
VolFee (DCA)	
AltFee (DCA)	$10.00
DCA Minimum Fee	$0.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$154.00
All Fees Waived	No

Amount to be Paid: **$154.00**
Check Number: 25970
Check amount: $154.00

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

Richard Falasco 6/1/21
Richard Falasco — Date
Construction Official

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

Collected by: AS
Receipt No:
Total Cash Amount:
Total Check Amount: $154.00
Total CC Amount:
Grand Total: $154.00

Note:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 6/1/21
Permit # 20210634

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

Block 2301 Lot 9 Qualification Code

Work Site Location 38 Maine Tr Medford NJ 08055

Owner in Fee: David Butler

Tel. [redacted] e-mail

Address 38 Maine Tr (street) Medford NJ 08055 (municipality, zip code)

Contractor: Harriett's Energy Solutions Tel. [redacted]

Address 101 S Main St e-mail

Medford NJ 08055

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) [redacted]

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as residence Utility Co. PSE&G

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: 5.21.21

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 7.15.21

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7.15.21	GD
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: Steve Purdy

☐ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
gas furnace replacement

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

State Permit Surcharge Fee $

TOTAL FEE $

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.

Township of Medford

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 05/20/2021
Control #: 51110

Date Issued: 06/01/2021
Permit #: 20210634

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

Block: 2301 Lot: 9 Qualification Code:

Work Site Location: 38 MAINE TRAIL

DESCRIPTION OF WORK:
REPLACE FURNACE

Owner in Fee: BUTLER, DAVID M & YVONNE S

38MAINE TRAIL
MEDFORD, NJ 08055

E-mail:
Telephone: [redacted]

Contractor: HARRIETT'S ENERGY SOLUTIONS
ATTN:
Address: 101 S. MAIN STREET
MEDFORD NJ 08055

Telephone: [redacted]
Fax: [redacted]

E-mail:
Home Improvement Registration No. or Exemption Reason: [redacted]
Contractor License No.: [redacted] Exp. Date: 3/31/2021 Federal Emp. No.: [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-5 Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
1. New Building: $0.00 2. Rehabilitation: $100.00
3. Demolition: $0.00 Est.Cost of Elec.Work (1+2+3): $100.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electrical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] 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
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 Issue				
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's Signature/Contractor's seal and Signature _____ Print Name _____

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER: 1	$65.00
		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 Htr./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	
0	0.00	KW Photovoltaic Systems	0.00
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	

Administrative Surcharge	
Minimum Fee	$69.00
State Permit Surcharge Fee	
TOTAL FEE	$69.00

U.C.C.F120(rev. 11/09) When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control #

Date Issued 6/1/21
Permit # 20210634

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

Block 2301 Lot 9 Qualification Code

Work Site Location 38 Maine Tr Medford NJ 08055

Owner in Fee: David Butler

Tel. [redacted] e-mail

Address 38 Maine Tr (street) Medford NJ 08055 (municipality) (zip code)

Contractor: Harriett's Energy Solutions Tel. [redacted]

Address 101 S Main St e-mail

Medford NJ 08055

Contractor License No. or Builder Registration No. [redacted] Exp. Date 06-2022

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

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

B. MECHANICAL CHARACTERISTICS

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

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

Type: [ ] Hydronic [✓] Hot Air

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

Estimated Cost of Mechanical Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required 5.21.21
[ ] 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:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Final			7.15.21	CD

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: Steve Purdy

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
gas furnace replacement

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

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.

Township of Medford

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received: 05/20/2021 Date Issued: 06/01/2021
Control #: 51110 Permit #: 20210634

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

Block: 2301 Lot: 9 Qualification Code:
Work Site Location: 38 MAINE TRAIL
Owner in Fee: BUTLER, DAVID M & YVONNE S
Address: 38 MAINE TRAIL
MEDFORD, NJ 08055
Telephone: [redacted] Email:
Contractor: HARRIETT'S ENERGY SOLUTIONS
ATTN:
Address: 101 S. MAIN STREET
MEDFORD NJ 08055
Telephone: [redacted] Fax: [redacted] Email:
License No.: Exp Date: Federal Emp. No.: [redacted]
Home Improvement Registration No. or Exemption Reason: [redacted]

B. MECHANICAL CHARACTERISTICS

Use Group Present: R3, R4 or R5 (circle one) Proposed: R3, R4 or R5 (circle one)
Heating System work: [ ] New *or* [ ] Mod. to Existing *or* [ ] Conversion *or* [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other:
Type: [ ] Hydronic [ ] Hot Air
1. New Building: $0.00 2. Rehabilitation: $5,000.00
3. Demolition: $0.00 Estimated Cost of Mechanical Work (1+2+3): $5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required
[ ] Bldg. [ ] Plumbing
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mechanical

PLANS APPROVED
Date: _____
Approved by: _____

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

_____ Signature

_____ Print Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE FURNACE

No.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
0	Water Heater	
0	Fuel Oil Piping	
0	Gas Piping	
0	Steam Boiler	
0	Hot Water Boiler	
1	Hot Air Furnace	$75.00
0	Oil Tank	
0	LPG Tank	
0	Fireplace	
0	Other 1:	
0	Other 2:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$10.00
TOTAL FEE	$85.00

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