



Interoffice

MEMORANDUM

To: Nancy Power, Township Clerk

From: Cookie Pessagno

Re: Records Request

Date: December 4, 2023,

Dear Nancy,

This letter is regarding the records request from Breean Stumpf for the information you requested for all permits at this address 3 Crabapple Ct Block 4401 Lot 38. Attach please find. All the permits pulled permit property. **There are no Building violations. If you have any questions, please feel free to contact me at 856-374-3500.**

Thank you,

Cookie Pessagno

Construction Department

Gloucester Township

1261 Chews Landing Rd

Laurel Springs, NJ 08021

(856)374-3500 FAX (856)232-6229

Permit No. **20170926**

Control No. **72907**

Parcel(Block/Lot). **4401/38**

Applic/Issued. **4/24/17 / 4/24/17**

Construction Permit

Work Site Location 3 CRABAPPLE CT, BLACKWOOD Contractor... KANBUR, LLC
Owner in Fee..... KANBUR, HUSEYIN Address..... 22 W 6TH AVENUE
Address..... 22 W. 6TH AVENUE RUNNEMEDE, NJ 08078
Phone..... RUNNEMEDE, NJ 08078 Phone..... (856)981-1487
Phone..... Lic No..... 13VH05888100 - 3/31/19
Fed Emp No. 263652410

Permission is hereby granted to do the following work:

- | | | | |
|--|-------------------------------------|--|------------------------------------|
| ☒ BUILDING | ☐ PLUMBING | ☐ DEMOLITION | ☐ ONGOING - |
| ☐ ELECTRIC | ☐ FIRE | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| ☐ ELEVATOR | ☐ MECHANICAL | ☐ LEAD HAZARD ABATEMENT | |

Description of Work:

ROOFING - remove & replace shingles

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: \$3,000

PAYMENTS * (Office Use Only)

Building	<u>\$65</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>6</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$71</u>

Check#/Cash.....	<u>Cash</u>
Paid	<u>\$71</u>
Collected By	<u>PH</u>

Total Administrative Fee: \$0

Construction Official _____ Date _____

*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*



Gloucester Township BUILDING SUBCODE TECHNICAL SECTION



Date Received **4/24/2017**
Control # **72907**
Date Issued **4/24/2017**
Permit # **20170926**

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

Block/Lot **4401/38**

Work Site Location **3 CRABAPPLE CT**

Owner in Fee: **KANBUR, HUSEYIN**
Tel. _____ e-mail _____
Address: **22 W. 6TH AVENUE** **RUNNEMEDE, NJ 08078** zip code
Contractor: **KANBUR, LLC** Tel. **(856)981-1487**
Address: **22 W 6TH AVENUE, RUNNEMEDE, NJ 08078** e-mail **jimkanbur@hotmail.com**
Contractor License No. **13VH05888100- 3/31/19** Exp. Date _____
Federal Emp. ID No. **263652410** FAX _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure
☐ All			Footings	Approval
☐ Footings			Footings Bonding	Initial
☐ Foundation			Foundation	
☐ Frame			Slab	
☐ Other			Frame	
Joint Plan Review Required			Truss Sys./Bracing	
☐ Elec. ☐ Plumb ☐ Fire ☐ Elevator			Barrier-Free	
			Insulation	
			Finishes-Base Layer	
			Finishes-Final	
			Energy	
			Mechanical	
			TCO	
			Final	
			Other	

Subcode Approval
☐ CO ☐ CCO ☐ CA
Date: _____
Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present	R-5	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. Rehabilitation	\$	3,000
3. Total (1+2)	\$	3,000

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

ROOFING - remove & replace shingles

TYPE OF WORK

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

FEE (Office Use Only)

Administrative Surcharge \$	0
Minimum Fee \$	65
State Permit Surcharge Fee \$	
TOTAL FEE \$	65

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. 20170926
Control No. 72907
Block/Lot 4401/38
Date 8/10/17

Certificate of Approval

IDENTIFICATION

Block/Lot 4401/38
Work Site Location 3 CRABAPPLE CT
BLACKWOOD, 08012
Owner in Fee/Occupant KANBUR, HUSEYIN
22 W. 6TH AVENUE
Address RUNNEMEDE, NJ 08078
Telephone
Contractor KANBUR, LLC
Address 22 W 6TH AVENUE
RUNNEMEDE, NJ 08078
Telephone (856)981-1487 FAX
Lic. No. or Bldrs. Reg. No. 13VH05888100- 3/31/19
Federal Emp. No. 263652410

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No.

Type of Warranty Plan: [] State [] Private

R-5

Use Group

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

ROOFING - remove & replace shingles

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

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

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

CERTIFICATE OF CONTINUED OCCUPANCY

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

CERTIFICATE OF COMPLIANCE

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

Permit Fee \$

71

Paid [] Check No.

Cash

Collected by:

PH

James T. Gallagher, Construction Official

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

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20171041**
Control No. **72940**
Parcel(Block/Lot). **4401/38**
Applic/Issued. **4/26/17 / 5/04/17**

Construction Permit

Work Site Location 3 CRABAPPLE CT
Owner in Fee..... KANBUR, HUSEYIN
Address..... 22 W. 6TH AVE
RUNNEMEDE, NJ 08078
Phone.....

Contractor... AIR QUALITY 1, LLC
Address..... 1836 S PARK DRIVE
HADDON HEIGHTS, NJ 08035
Phone..... (609)560-8738
Lic No..... 19HC00485500 - 6/30/22
Fed Emp No. 462189688

Permission is hereby granted to do the following work:

☐ BUILDING	☒ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☒ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:
HVAC Replacement

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: \$5,000

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>65</u>
Plumbing	<u>75</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>10</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$150</u>

Check#/Cash.....	<u>0206</u>
Paid	<u>\$150</u>
Collected By	<u>DJ</u>

Total Administrative Fee: \$0

Construction Official _____ Date _____

*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*



Gloucester Township ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot 4401/38

Work Site Location 3 CRABAPPLE CT

Owner in Fee: KANBUR, HUSEYIN

Tel. e-mail

Address: 22 W. 6TH AVE RUNNEMEDE, NJ 08078
Street Municipality Zip code

Contractor: Tel. e-mail

Address: Exp. Date

Contractor License No. Exp. Date

Federal Emp. ID No. FAX.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/pad # ☐ Temporary Service ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 2500 Descript: HVAC Replacement

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required Date Initial

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date:

Approved by:

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr

☐ Exempt Applic

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Pole

Motors—Fract. H

Emergency & Exit Lights

Communications Paints

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 AC Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 11+ 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 \$

0

65

65

65

65

65

65

65

65



Date Received
Control #
Date Issued
Permit #

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

1

100

3	9
---	---

0

75

local construction code
plus three photocopies

Gloucester Township

1261 Chews Landing Rd

Laurel Springs, NJ 08021

(856)374-3500

FAX (856)232-6229

Permit No. 20171041

Control No. 72940

Block/Lot 4401/38

Date 8/10/17

Certificate of Approval

IDENTIFICATION

Block/Lot 4401/38
Work Site Location 3 CRABAPPLE CT
BLACKWOOD, 08012
Owner in Fee/Occupant KANBUR, HUSEYIN
Address 22 W. 6TH AVE
RUNNEMEDE, NJ 08078
Telephone
Contractor AIR QUALITY 1, LLC
Address 1836 S PARK DRIVE
HADDON HEIGHTS, NJ 08035
Telephone (609)560-8738 FAX
Lic. No. or Bldrs. Reg. No. 19HC00485500- / /
Federal Emp. No. 462189688

Home Warranty No.

Type of Warranty Plan: [] State [] Private

R-5

Use Group

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

HVAC Replacement

CERTIFICATE OF OCCUPANCY

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CERTIFICATE OF APPROVAL

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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

James T. Gallagher, Construction Official

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

Permit Fee \$

150

Paid [] Check No.

0206

Collected by:

DJ

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20170926 A**
Control No. **72944**
Parcel(Block/Lot). **4401/38**
Applic/Issued. **5/09/17 / 5/09/17**

Construction Permit

Work Site Location **3 CRABAPPLE CT, BLACKWOOD** Contractor... **KANBUR, LLC**

Owner in Fee..... **KANBUR, HUSEYIN** Address..... **22 W 6TH AVENUE**
Address..... **22 W. 6TH AVENUE** **RUNNEMEDE, NJ 08078**
Phone..... **RUNNEMEDE, NJ 08078** Phone..... **(856)981-1487**
Phone..... Lic No..... **13VH05888100- 3/31/19**
Fed Emp No. **263652410**

Permission is hereby granted to do the following work:

☐ BUILDING	☒ PLUMBING	☐ DEMOLITION	☐ ONGOING -
☒ ELECTRIC	☐ FIRE	☐ ASBESTOS ABATEMENT	☐ OTHER
☐ ELEVATOR	☐ MECHANICAL	☐ LEAD HAZARD ABATEMENT	

Description of Work:

Elect & Plbg update - replace stolen piping, replace fixtures,
kitchen wiring, add lighting through house.

*Note: If construction does not commence within one (1) year
of the date of issuance or if construction ceases for a period
of six(6) months, this permit is Void.*

Estimated Cost of Work: **\$6,500**

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>65</u>
Plumbing	<u>188</u>
Fire Protection	<u>0</u>
Elevator Devices	<u>0</u>
Mechanical	<u>0</u>
State Training Fee	<u>12</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$265</u>

Check#/Cash	<u>189</u>
Paid	<u>\$265</u>
Collected By	<u>PH</u>

Total Administrative Fee: \$0

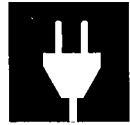
Construction Official

Date

*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*



Gloucester Township ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block/Lot 4401/38

Work Site Location 3 CRABAPPLE CT

Owner in Fee: KANBUR, HUSEYIN

Tel. _____ e-mail _____

Address: 22 W. 6TH AVENUE RUNNEMEDE, NJ 08078 Street Municipality ZIP code

Contractor: COREY D BOONE Tel. (856)308-3581

Address: 157 FORREST AVENUE, RUNNEMEDE, NJ 08078 e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

☐ Pole/pad # _____ ☐ Temporary Service ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 3000 Descrpt: Elec & Pibg update - replace stolen pip
ing, replace fixtures, kitchen wiring, add lighting through house.

JOB SUMMARY (Office Use Only)

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

U.C.C. F120 (rev. 07/105) Applicant When submitting this form to your Local construction code Enforcement Office please provide one original plus three photocopies Internet version

Date Received 5/09/2017
Control # 72944

Date Issued 5/09/2017
Permit # 20170926 A

C. CERTIFICATION IN UEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Contractor ☐ Cert Landscape Contr ☐ Exempt Applic

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

29 Lighting Fixtures

5 Receptacles

11 Switches

Detectors

Light Pole

Motors—Fract. H

Emergency & Exit Lights

Communications Paints

Alarm Devices/F.A.C. Panel

45

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 AC Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 11+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 50

15

0

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ 65



Gloucester Township PLUMBING SUBCODE TECHNICAL SECTION



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

Block/Lot 4401/38
Work Site Location 3 CRABAPPLE CT
Owner in Fee: KANBUR, HUSEYIN
Tel. _____ e-mail _____
Address: 22 W. 6TH AVENUE RUNNEMEDE, NJ 08078 Zip code _____
Contractor: KEVIN M. MULLEN Tel. (609)760-4565
Address: 18 EDGEWATER AVE, BEVERLY, NJ 08010 e-mail _____
Contractor License No. _____ Exp. Date _____
Federal Emp. ID No. 146380806 FAX _____
B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed R-5
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Septic _____
Est. Cost of Plumbing Work \$ 3500

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Building [] Plumbing
[] Fire [] Elevator
[] Plumbing Plans Approved
Date: _____
Approved by: _____
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved by: _____
INSPECTIONS
Type: _____
Slab _____
Rough _____
Water _____
Sewer _____
Fixtures _____
Gas Equipment _____
Gas Piping _____
LP Gas Tank _____
Fuel Oil Piping _____
Solar _____
TCO _____
Dates (Month/Day)
Failure _____ Approval _____ Initial _____

C. CERTIFICATION IN UEU 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. FUTURE/EQUIPMENT

3	Water Closet	36
1	Urinal/Bidet	12
3	Bath Tub	36
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	12
1	Dishwasher	12
	Drinking Fountain	
	Hose Bibb	
	Water Heater	
	Washing Machine	
	Fuel Oil Piping	
1	Gas Piping	80
	LP Gas Tank	
	Steam Boiler	
	Hot Water/Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grease Trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge \$	0
Minimum Fee \$	
State Permit Surcharge Fee \$	
Total Fees \$	188

Description of Work:
Elect & Plbg update - replace stolen piping, replace fixtures, kitchen wiring, add lighting through house.

5/09/2017
72944
5/09/2017
20170926 A

Date Received
Control #
Date Issued
Permit #

Applicant: When submitting this term to your Local construction code Enforcement Office, please provide one original plus three photocopies

U.C.C. F130 (rev. 07/05)
Internet version

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20170926 A**
Control No. **72944**
Block/Lot **4401/38**
Date **8/10/17**

Certificate of Approval

IDENTIFICATION

Block/Lot **4401/38**
Work Site Location **3 CRABAPPLE CT
BLACKWOOD, 08012**
Owner in Fee/Occupant **KANBUR, HUSEYIN
22 W. 6TH AVENUE
RUNNEMEDE, NJ 08078**
Address
Telephone **(856)981-1487** FAX
Contractor **KANBUR, LLC**
Address **22 W 6TH AVENUE
RUNNEMEDE, NJ 08078**
Telephone **(856)981-1487** FAX
Lic. No. or Bldrs. Reg. No. **13VH05888100- 3/31/19**
Federal Emp. No. **263652410**

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No. _____

Type of Warranty Plan: [] State [] Private

R-5

Use Group _____

Maximum Live Load _____

Construction Classification _____

Maximum Occupancy Load _____

Description of Work/Use: _____

Elect & Plbg update - replace stolen piping, replace fixtures, kitchen wiring, add lighting through house.

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 _____

James T. Gallagher, Construction Official

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

Permit Fee \$

265

Paid [] Check No.

189

Collected by:

PH

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20170926 B**
Control No. **73163**
Parcel(Block/Lot). **4401/38**
Applic/Issued. **5/11/17 / 5/18/17**

Construction Permit

Work Site Location **3 CRABAPPLE CT**
Owner in Fee..... **KANBUR, HUSEYIN**
Address..... **22 W 6TH AVE**
RUNNEMEDE, NJ 08078
Phone

Contractor... **KANBUR, LLC**
Address..... **22 W 6TH AVENUE**
RUNNEMEDE, NJ 08078
Phone **(856)981-1487**
Lic No..... **13VH05888100 - 3/31/19**
Fed Emp No. **263652410**

Permission is hereby granted to do the following work:

- | | | | |
|--|-------------------------------------|--|------------------------------------|
| ☒ BUILDING | ☐ PLUMBING | ☐ DEMOLITION | ☐ ONGOING - |
| ☐ ELECTRIC | ☐ FIRE | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| ☐ ELEVATOR | ☐ MECHANICAL | ☐ LEAD HAZARD ABATEMENT | |

Description of Work:

update for re-sheetrock one room w/ approx. 9 pc of drywall.

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: **\$800**

PAYMENTS * (Office Use Only)

Building	<u>\$65</u>
Electrical	<u>0</u>
Plumbing	<u>0</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>2</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$67</u>

Check#/Cash.....	<u>1042</u>
Paid	<u>\$67</u>
Collected By	<u>RR</u>

Total Administrative Fee: \$0

Construction Official _____ Date _____

*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*



Gloucester Township

BUILDING SUBCODE

TECHNICAL SECTION



Date Received **5/11/2017**
Control # **73163**
Date Issued **5/18/2017**
Permit # **20170926 B**

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

Block/Lot **4401/38**

Work Site Location **3 CRABAPPLE CT**

Owner in Fee: **KANBUR, HUSEYIN**
Tel. _____ e-mail _____
Address: **22 W 6TH AVE** **RUNNEMEDE, NJ 08078** zip code
Contractor: **KANBUR, LLC** Tel. **(856)981-1487**
Address: **22 W 6TH AVENUE, RUNNEMEDE, NJ 08078** e-mail **jimkanbur@hotmail.com**
Contractor License No. **13VH04399300** Exp. Date **3/31/23**
Federal Emp. ID No. **263652410** FAX _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present **R-5** 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. \$ **800**
2. Rehabilitation \$ **800**
3. Total (1+2) \$ **800**

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

update for re-sheetrock one room w/ approx. 9 pc of drywall.

TYPE OF WORK

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

FEE (Office Use Only)

19

Administrative Surcharge \$ **0**
Minimum Fee \$ **65**
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ **65**

U.C.C. F130 (rev. 07/05)
Internet version

Applicant: When submitting this form to your local construction code Enforcement Office, please provide one original plus three photocopies

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20170926 B**
Control No. **73163**
Block/Lot **4401/38**
Date **8/10/17**

Certificate of Approval

IDENTIFICATION

Block/Lot **4401/38**
Work Site Location **3 CRABAPPLE CT
BLACKWOOD, 08012**
Owner in Fee/Occupant **KANBUR, HUSEYIN**
Address **22 W 6TH AVE
RUNNEMEDE, NJ 08078**
Telephone **(856)981-1487** FAX **263652410**
Contractor **KANBUR, LLC**
Address **22 W 6TH AVENUE
RUNNEMEDE, NJ 08078**
Lic. No. or Bldrs. Reg. No. **13VH05888100- 3/31/19**
Federal Emp. No. **263652410**

CERTIFICATE OF OCCUPANCY

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

CERTIFICATE OF APPROVAL

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

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

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

update for re-sheetrock one room w/ approx. 9 pc of drywall.

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 _____

James T. Gallagher, Construction Official

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

Permit Fee \$

67

Paid [] Check No.

1042

Collected by:

RR

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20171041 A**
Control No. **73400**
Parcel(Block/Lot). **4401/38**
Applic/Issued. **6/08/17 / 6/08/17**

Construction Permit

Work Site Location **3 CRABAPPLE CT**
Owner in Fee..... **KANBUR, HUSEYIN**
Address..... **22 W. 6TH AVE**
RUNNEMEDE, NJ 08078
Phone

Contractor... **KEVIN M. MULLEN**
Address..... **18 EDGEWATER AVE**
BEVERLY, NJ 08010
Phone **(609)760-4565**
Lic No..... **4938 - 6/30/23**
Fed Emp No. **146380806**

Permission is hereby granted to do the following work:

- | | | | |
|-----------------------------------|--|--|------------------------------------|
| ☐ BUILDING | ☒ PLUMBING | ☐ DEMOLITION | ☐ ONGOING - |
| ☐ ELECTRIC | ☐ FIRE | ☐ ASBESTOS ABATEMENT | ☐ OTHER |
| ☐ ELEVATOR | ☐ MECHANICAL | ☐ LEAD HAZARD ABATEMENT | |

Description of Work:

Water Heater Replacement (Gas)

Note: If construction does not commence within one (1) year of the date of issuance or if construction ceases for a period of six(6) months, this permit is Void.

Estimated Cost of Work: **\$1,400**

PAYMENTS * (Office Use Only)

Building	<u>\$0</u>
Electrical	<u>0</u>
Plumbing	<u>12</u>
Fire Protection	<u>0</u>
Elevator Devices.....	<u>0</u>
Mechanical.....	<u>0</u>
State Training Fee	<u>3</u>
Certificate of Occupancy	<u>0</u>
Other	<u>0</u>
Total	<u>\$15</u>

Check#/Cash.....	<u>194</u>
Paid	<u>\$15</u>
Collected By	<u>PH</u>

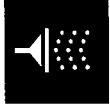
Total Administrative Fee: \$0

Construction Official _____ Date _____

*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*



Gloucester Township PLUMBING SUBCODE TECHNICAL SECTION



6/08/2017
73400
6/08/2017
20171041 A

Date Received
Control #
Date Issued
Permit #

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

Block/Lot 4401/38
Work Site Location 3 CRABAPPLE CT

Owner in Fee: KANBUR, HUSEYIN

Tel. e-mail

Address: 22 W. 6TH AVE RUNNEMEDE, NJ 08078
Street Municipality ZIP code

Contractor: KEVIN M. MULLEN Tel. (609)760-4565

Address: 18 EDGEWATER AVE, BEVERLY, NJ 08010 e-mail

Contractor License No. 4938-11 Exp. Date

Federal Emp. ID No. 146380806 FAX

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Septic
Est. Cost of Plumbing Work \$ 1400

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES (Month/Day)	
	Date	Initial	Type:	Failure	Approval
[] No Plans Required					
Joint Plan Review Required:					
[] Building	[] Plumbing		Slab		
[] Fire	[] Elevator		Rough		
[] Plumbing Plans Approved			Water		
			Sewer		
			Fixtures		
			Gas Equipment		
			Gas Piping		
			LP Gas Tank		
			Fuel Oil Piping		
			Solar		
			TCO		
Date: <u> </u>					
Approved by: <u> </u>					
SUBCODE APPROVAL					
[] CO	[] CCO	[] CA			
Date: <u> </u>					
Approved by: <u> </u>					

C. CERTIFICATION IN UEU 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. FUTURE/EQUIPMENT

Water Closet	
Urinal/Bidet	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Hose Bibb	
Water Heater	12
Washing Machine	
Fuel Oil Piping	
Gas Piping	
LP Gas Tank	
Steam Boiler	
Hot WaterBoiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Grease Trap	
Sewer Connection	
Water Service Connection	
Stacks	
Other	
Other	

Administrative Surcharge \$	0
Minimum Fee \$	12
State Permit Surcharge Fee \$	
Total Fees \$	12

Description of Work:
Water Heater Replacement (Gas)

Gloucester Township

1261 Chews Landing Rd
Laurel Springs, NJ 08021
(856)374-3500 FAX (856)232-6229

Permit No. **20171041 A**
Control No. **73400**
Block/Lot **4401/38**
Date **12/04/23**

Certificate of Approval

IDENTIFICATION

Block/Lot **4401/38**
Work Site Location **3 CRABAPPLE CT
BLACKWOOD, 08012**
Owner in Fee/Occupant **KANBUR, HUSEYIN**
Address **22 W. 6TH AVE
RUNNEMEDE, NJ 08078**
Telephone **KEVIN M. MULLEN**
Contractor **18 EDGEWATER AVE**
Address **BEVERLY, NJ 08010**
Telephone **(609)760-4565** FAX **4938- / /**
Lic. No. or Bldrs. Reg. No. **146380806**
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group **R-5**
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:
Water Heater Replacement (Gas)

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James T. Gallagher, Construction Official

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

Permit Fee \$ **15**
Paid [] Check No. **194**
Collected by: **PH**