From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 409 Cedar Ave, Collingswood, NJ 08108
Date: Monday, October 4, 2021 9:09:37 AM

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: OPRA/OPEN & CLOSE PERMITS - 409 Cedar Ave, Collingswood, NJ 08108

Yours respectfully,

Breean Stumpf

CONSTRUCTION PERMIT

Permit #: 270-90
Date Issued: 07/06/90

IDENTIFICATION Block/Lot/Qual: 28. 31.
Work Site Location: 409 CEDAR AVE
Owner in Fee: RUHLE HARRY
Address: 409 CEDAR AVE

Tel.

Contractor: PRE-CONV CUST PERMIT OPEN
Address:

Tel.
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 3,000.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 270-90
Issue Date: 07/06/90
Application Id: 90000221
Application Date: 07/06/90

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

Block/Lot/Qual: 28. 31.

Work Site Location: 409 CEDAR AVE

Owner in Fee: RUHLE HARRY

Tel. email:

409 CEDAR AVE

Contractor: Tel.

email:

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

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

Federal Emp. ID No. FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4

Constr. Class Present _____ Proposed _____

No. of Stories 0.00

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 3,000.00

TYPE OF WORK:

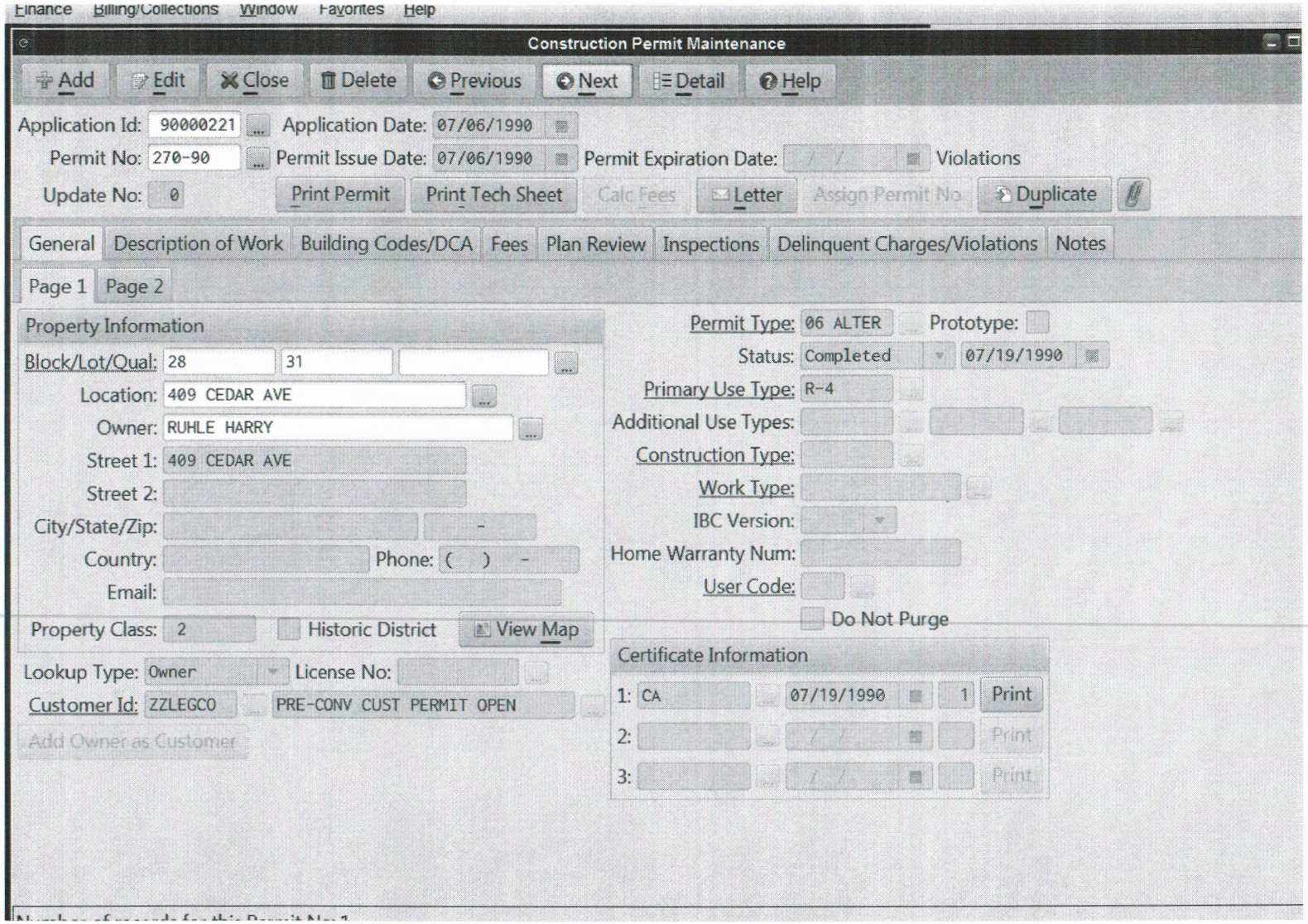
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other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

FEE (Office Use Only)

	$ _____
	_____
	40.00
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ 7.00
TOTAL FEE	$ 47.00

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

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90000221 Application Date: 07/06/1990
Permit No: 270-90 Permit Issue Date: 07/06/1990 Permit Expiration Date: Violations
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 28 31
Location: 409 CEDAR AVE
Owner: RUHLE HARRY
Street 1: 409 CEDAR AVE
Street 2:
City/State/Zip:
Country: Phone: ( ) -
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: ZZLEGCO PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 07/19/1990
Primary Use Type: R-4
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 07/19/1990 1 Print
2: Print
3: Print

CONSTRUCTION PERMIT

Permit #: 09-0315
Date Issued: 08/14/09

IDENTIFICATION Block/Lot/Qual: 28. 31.

Work Site Location: 409 CEDAR AVE

Owner in Fee: RUHLE HARRY

Address: 409 CEDAR AVE
COLLINGSWOOD NJ 08108

Tel. (609)605-1516

Contractor: PRE-CONV CUST PERMIT OPEN

Address:

Tel.

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
200 AMP SERVICE.

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 1,900.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 09-0315
Issue Date: 08/14/09
Application Id: 10011765
Application Date:

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

Block/Lot/Qual: 28. 31.
Work Site Location: 409 CEDAR AVE

Owner in Fee: RUHLE HARRY
Tel. (609)605-1516 email:
409 CEDAR AVE COLLINGSWOOD NJ 08108
Contractor: DILOLLE ELECTRIC CONTRACTOR Tel. (856)266-6084
931 BELMONT AVE email:
HADDON TOWNSHIP, NJ 08108
Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. 20-276467 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

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

Dates (Month/Day)

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____
Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

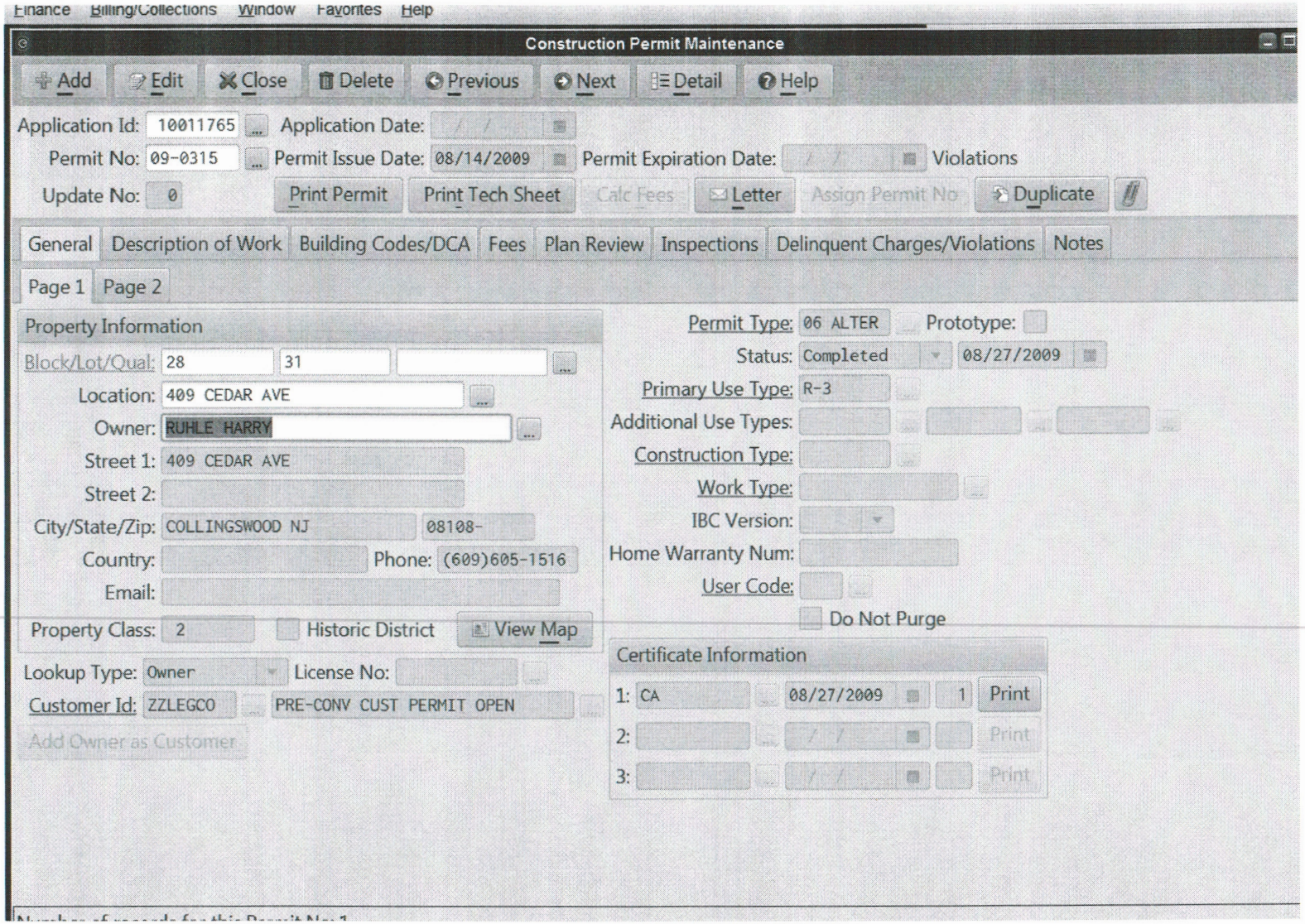
DESCRIPTION OF WORK:
200 AMP SERVICE.

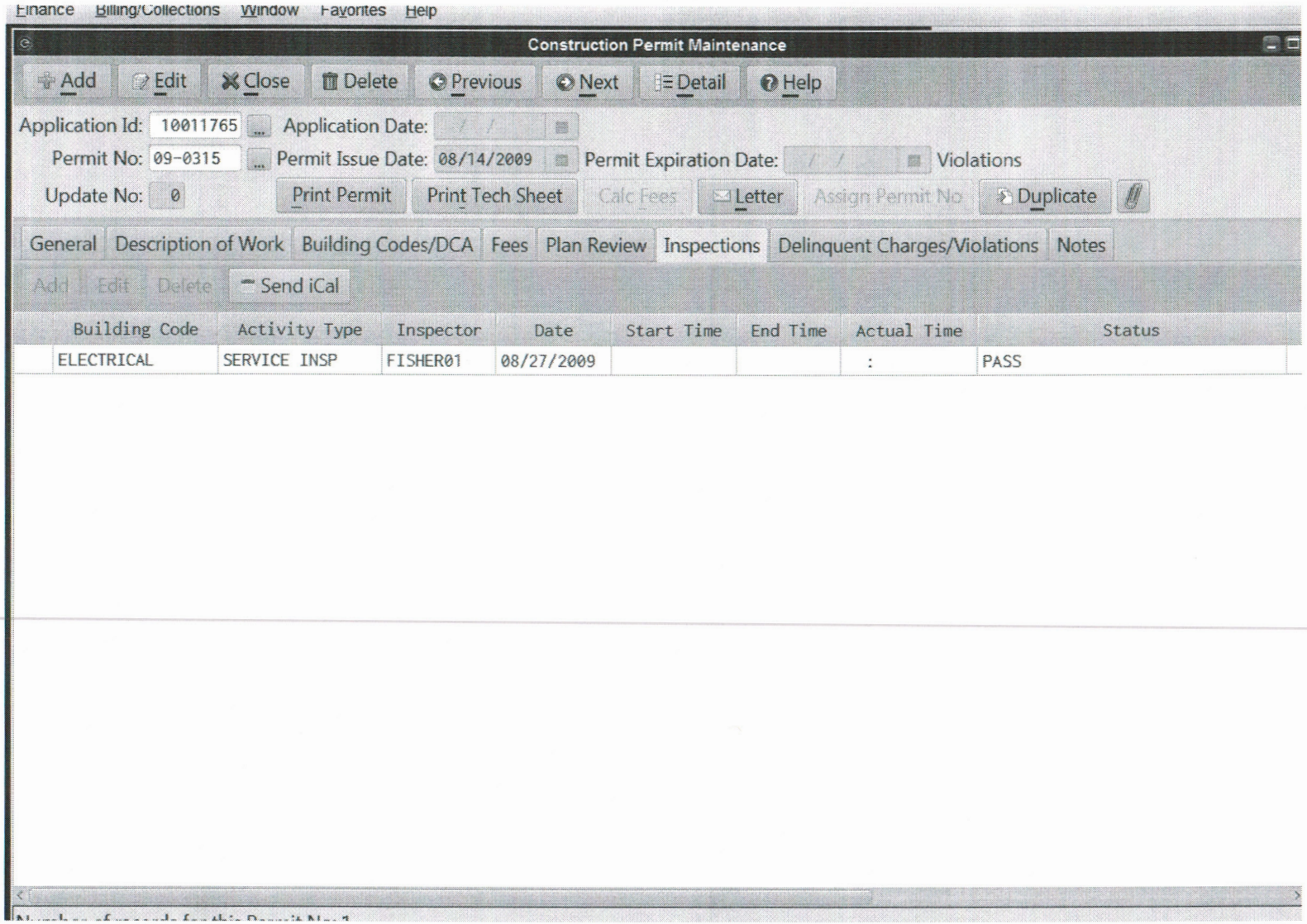
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1		AMP Service	58.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	5.00
TOTAL FEE	$	63.00

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

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10011765 Application Date:
Permit No: 09-0315 Permit Issue Date: 08/14/2009 Permit Expiration Date: Violations
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 28 31
Location: 409 CEDAR AVE
Owner: RUHLE HARRY
Street 1: 409 CEDAR AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country: Phone: (609)605-1516
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: ZZLEGCO PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 08/27/2009
Primary Use Type: R-3
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 08/27/2009 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 10011765 Application Date:
Permit No: 09-0315 Permit Issue Date: 08/14/2009 Permit Expiration Date: Violations
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time Status
ELECTRICAL SERVICE INSP FISHER01 08/27/2009 : PASS

CONSTRUCTION PERMIT

Permit #: 16-00617
Date Issued: 11/22/16

IDENTIFICATION Block/Lot/Qual: 28. 31.
Work Site Location: 409 CEDAR AVE
Owner in Fee: SHARKEY JAMES & SIRIANNI CHRISTINA
Address: 409 CEDAR AVENUE
COLLINGSWOOD NJ 08108
Tel. (609)923-7030

Contractor: SHARKEY JAMES & SIRIANNI CHRIS
Address: 409 CEDAR AVENUE
COLLINGSWOOD NJ, 08108
Tel. (609)923-7030
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
20'X 24' DETACHED GARAGE

PAYMENTS (Office Use Only)	
Building	250.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	20.00
Cert. of Occupancy	
Other	
Total	270.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 8,000.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 16-00617
Issue Date: 11/22/16
Application Id: 90003225
Application Date: 11/15/16

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

Block/Lot/Qual: 28. 31.

Work Site Location: 409 CEDAR AVE

Owner in Fee: SHARKEY JAMES & SIRIANNI CHRISTINA

Tel. (609)923-7030 email: JSHARK1987@GMAIL.COM

409 CEDAR AVENUE COLLINGSWOOD NJ 08108

Contractor: Tel.

email:

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

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

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

No. of Stories 0.00

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors 480 sq. ft.

Volume of New Structure 5,280 cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 8,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
20'X 24' DETACHED GARAGE

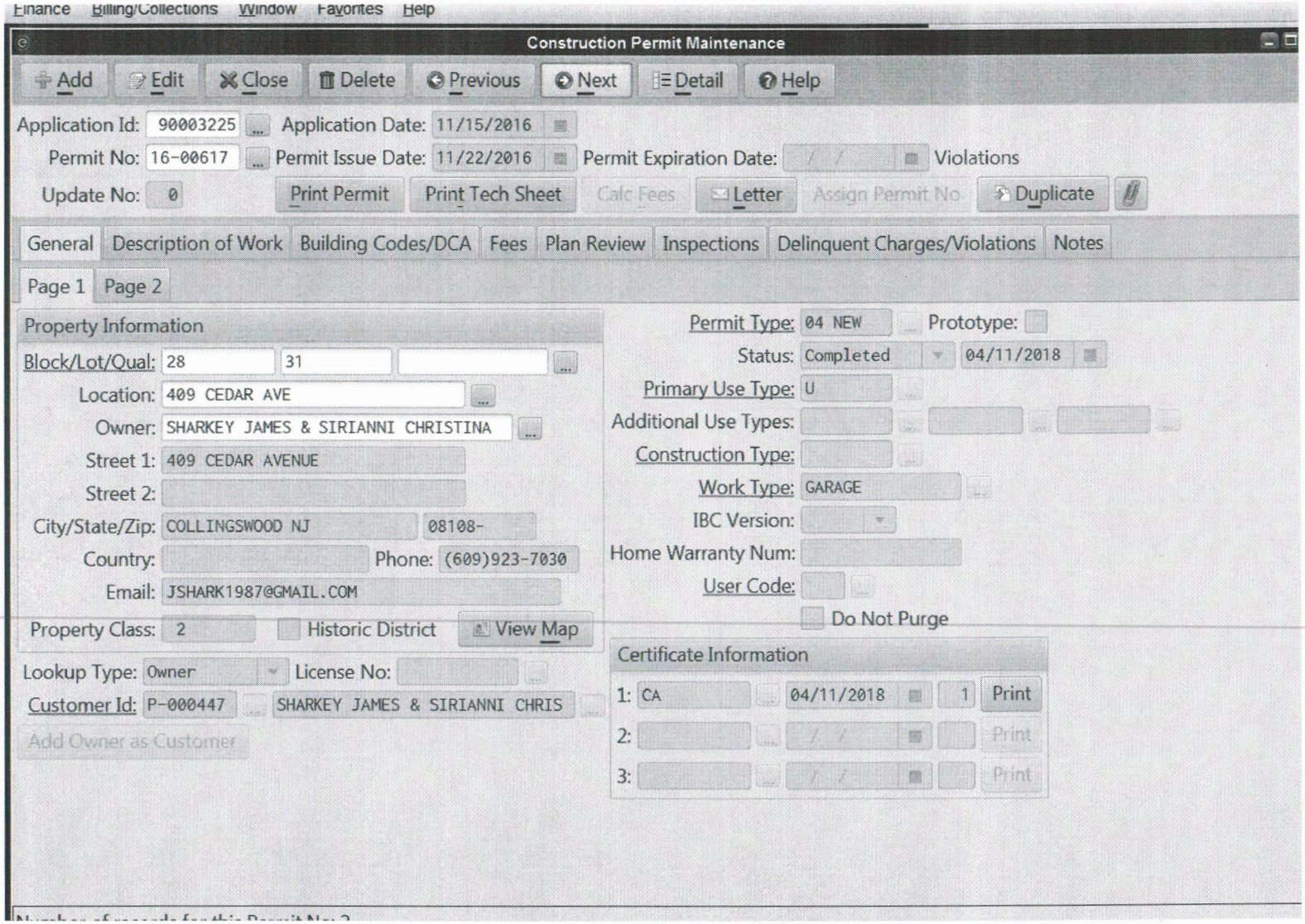
TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

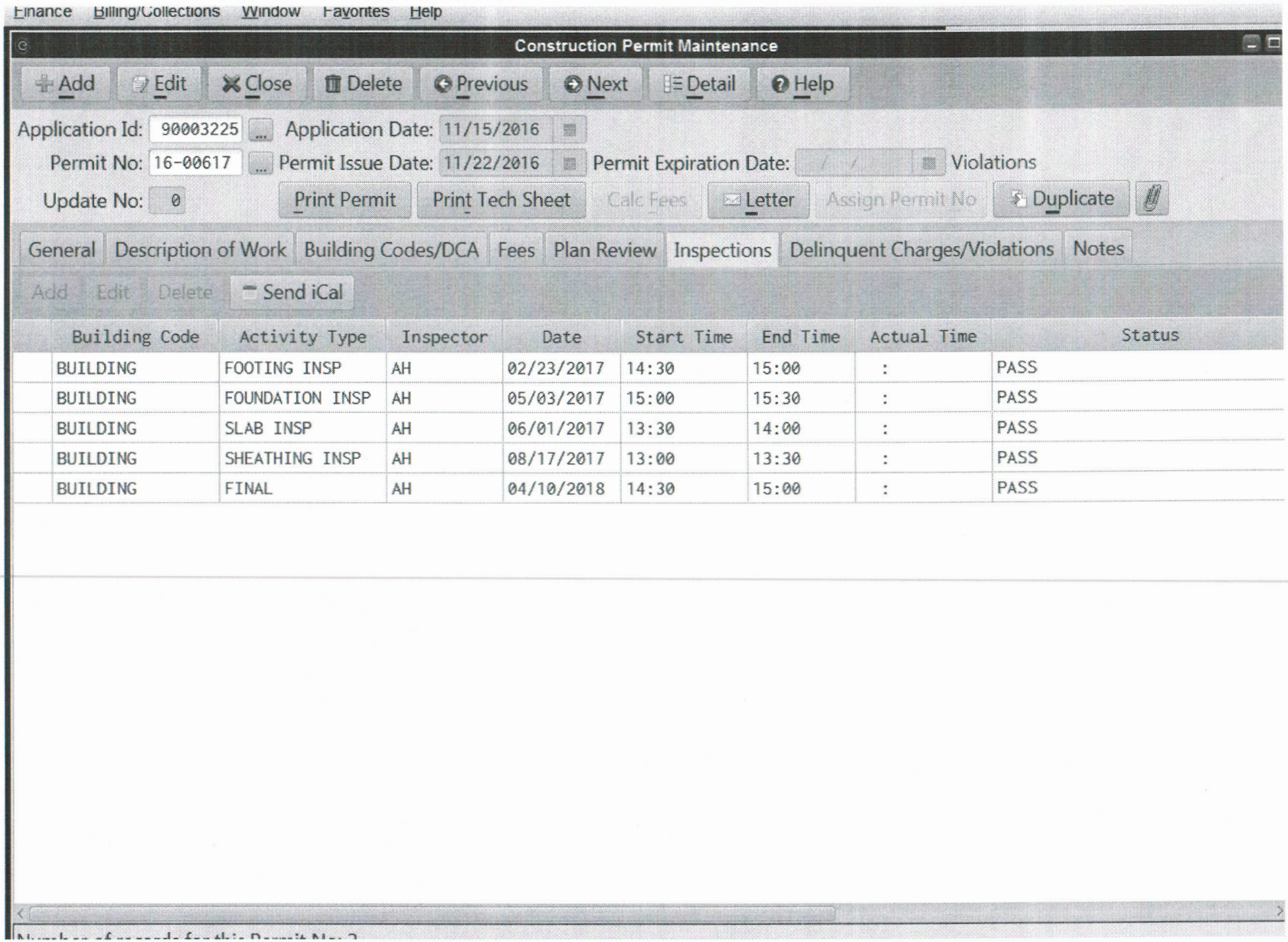
FEE (Office Use Only)

	$ 250.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 20.00
TOTAL FEE	$ 270.00

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

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90003225 Application Date: 11/15/2016
Permit No: 16-00617 Permit Issue Date: 11/22/2016 Permit Expiration Date: Violations
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 28 31
Location: 409 CEDAR AVE
Owner: SHARKEY JAMES & SIRIANNI CHRISTINA
Street 1: 409 CEDAR AVENUE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country: Phone: (609)923-7030
Email: JSHARK1987@GMAIL.COM
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: P-000447 SHARKEY JAMES & SIRIANNI CHRIS
Add Owner as Customer
Permit Type: 04 NEW Prototype:
Status: Completed 04/11/2018
Primary Use Type: U
Additional Use Types:
Construction Type:
Work Type: GARAGE
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 04/11/2018 1 Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90003225 Application Date: 11/15/2016
Permit No: 16-00617 Permit Issue Date: 11/22/2016 Permit Expiration Date: Violations
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time Status
BUILDING FOOTING INSP AH 02/23/2017 14:30 15:00 : PASS
BUILDING FOUNDATION INSP AH 05/03/2017 15:00 15:30 : PASS
BUILDING SLAB INSP AH 06/01/2017 13:30 14:00 : PASS
BUILDING SHEATHING INSP AH 08/17/2017 13:00 13:30 : PASS
BUILDING FINAL AH 04/10/2018 14:30 15:00 : PASS

CONSTRUCTION PERMIT

Permit #: 16-00617-01
Date Issued: 03/19/18

IDENTIFICATION Block/Lot/Qual: 28. 31.
Work Site Location: 409 CEDAR AVE
Owner in Fee: SHARKEY JAMES & SIRIANNI CHRISTINA
Address: 409 CEDAR AVENUE
COLLINGSWOOD NJ 08108
Tel. (609)923-7030

Contractor: SHARKEY JAMES & SIRIANNI CHRIS
Address: 409 CEDAR AVENUE
COLLINGSWOOD NJ, 08108
Tel. (609)923-7030
Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SUB PANEL, LIGHTS AND RECEPTACLES FOR
DETACHED GARAGE

PAYMENTS (Office Use Only)	
Building	
Electrical	115.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	116.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 400.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 16-00617-01
Issue Date: 03/19/18
Application Id: 90004159
Application Date: 11/16/17

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

Block/Lot/Qual: 28. 31.
Work Site Location: 409 CEDAR AVE

Owner in Fee: SHARKEY JAMES & SIRIANNI CHRISTINA
Tel. (609)923-7030 email:
409 CEDAR AVENUE COLLINGSWOOD NJ 08108
Contractor: Tel.
email:

Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here:
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

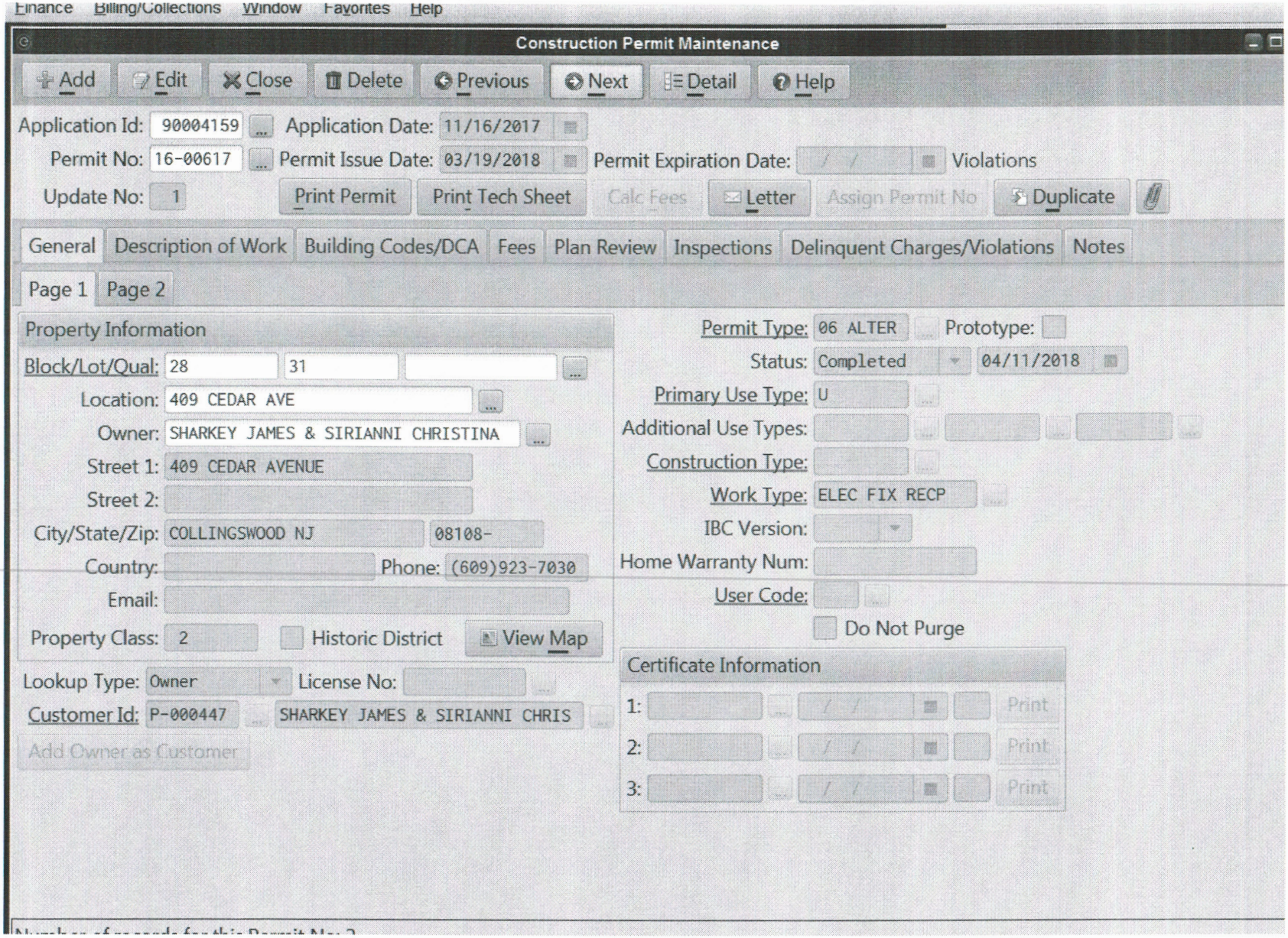
DESCRIPTION OF WORK:
SUB PANEL, LIGHTS AND RECEPTACLES FOR

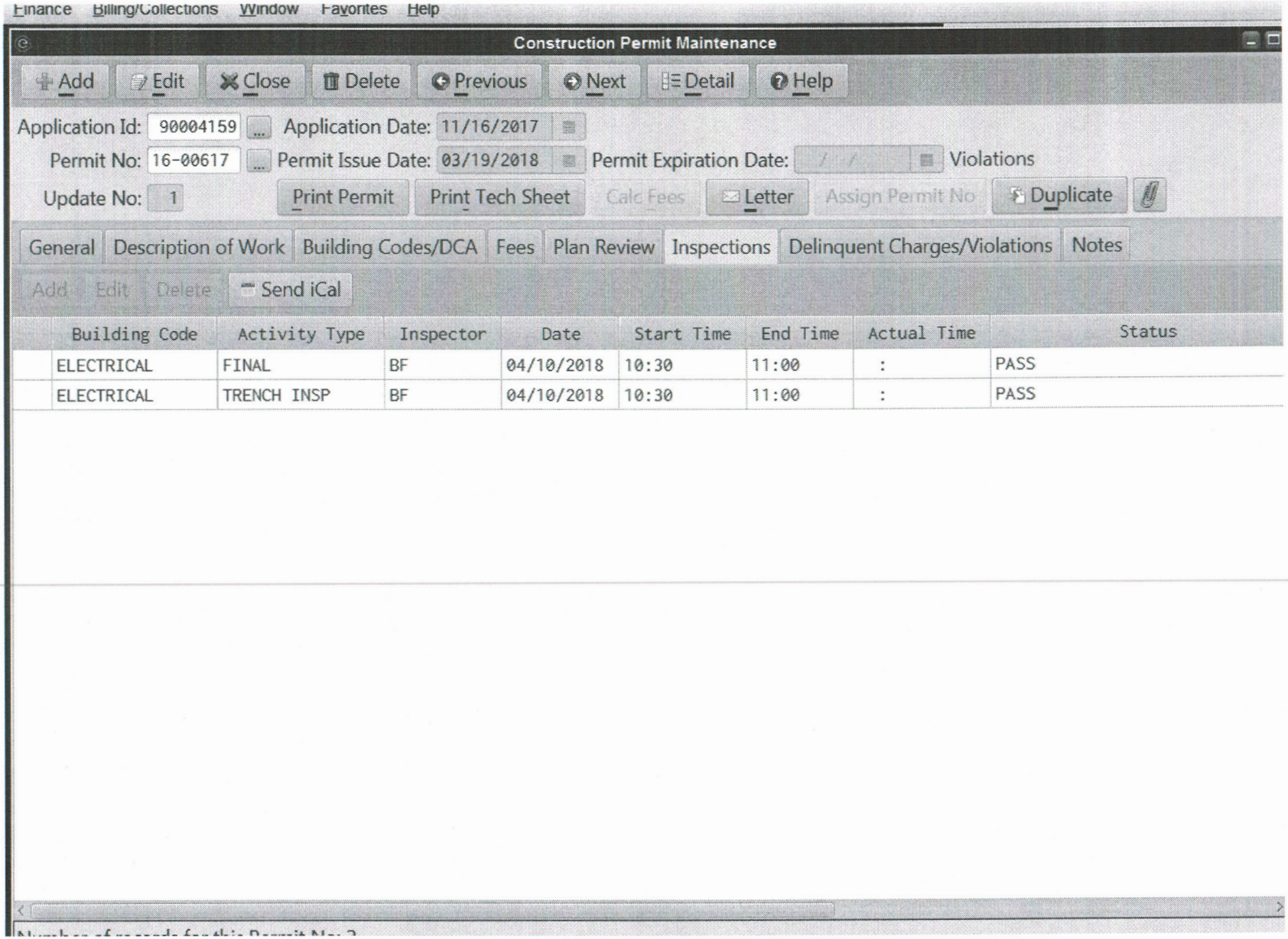
QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
3		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
13		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1		AMP Subpanels	65.00
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	
State Permit Surcharge Fee	$	1.00
TOTAL FEE	$	116.00

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

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90004159 Application Date: 11/16/2017
Permit No: 16-00617 Permit Issue Date: 03/19/2018 Permit Expiration Date: Violations
Update No: 1 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 28 31
Location: 409 CEDAR AVE
Owner: SHARKEY JAMES & SIRIANNI CHRISTINA
Street 1: 409 CEDAR AVENUE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country: Phone: (609)923-7030
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: P-000447 SHARKEY JAMES & SIRIANNI CHRIS
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 04/11/2018
Primary Use Type: U
Additional Use Types:
Construction Type:
Work Type: ELEC FIX RECP
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: Print
2: Print
3: Print


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90004159 Application Date: 11/16/2017
Permit No: 16-00617 Permit Issue Date: 03/19/2018 Permit Expiration Date: Violations
Update No: 1 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time Status
ELECTRICAL FINAL BF 04/10/2018 10:30 11:00 : PASS
ELECTRICAL TRENCH INSP BF 04/10/2018 10:30 11:00 : PASS