From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 413 Lees Ave, Collingswood, NJ 08108
Date: Monday, December 5, 2022 6:45:30 PM

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 - 413 Lees Ave, Collingswood, NJ 08108

Yours respectfully,

Breean Stumpf

CONSTRUCTION PERMIT

Permit #: 05-0338
Date Issued: 07/13/05

IDENTIFICATION Block/Lot/Qual: 84. 7.01

Work Site Location: 413 LEES AVE

Owner in Fee: PILLO NICHOLAS

Address: 413 LEES AVE
COLLINGSWOOD NJ 08108

Tel. [redacted]

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:

REPLACE CENTRAL A/C UNIT.

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 $ 2,300.00

_____ _____
Construction Official Date

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

(see reverse side)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 05-0338
Issue Date: 07/13/05
Application Id: 10008466
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: 84. 7.01
Work Site Location: 413 LEES AVE

Owner in Fee: PILLO NICHOLAS
Tel. [redacted] email:
413 LEES AVE COLLINGSWOOD NJ 08108
Contractor: SAFEWAY INC Tel. (856)232-7330
PO BOX 87 email:
RUNNEMEDE, NJ 08078
Contractor License No.: Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No [redacted] 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 $ 2,300.00

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	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: _____
Print name here: _____
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

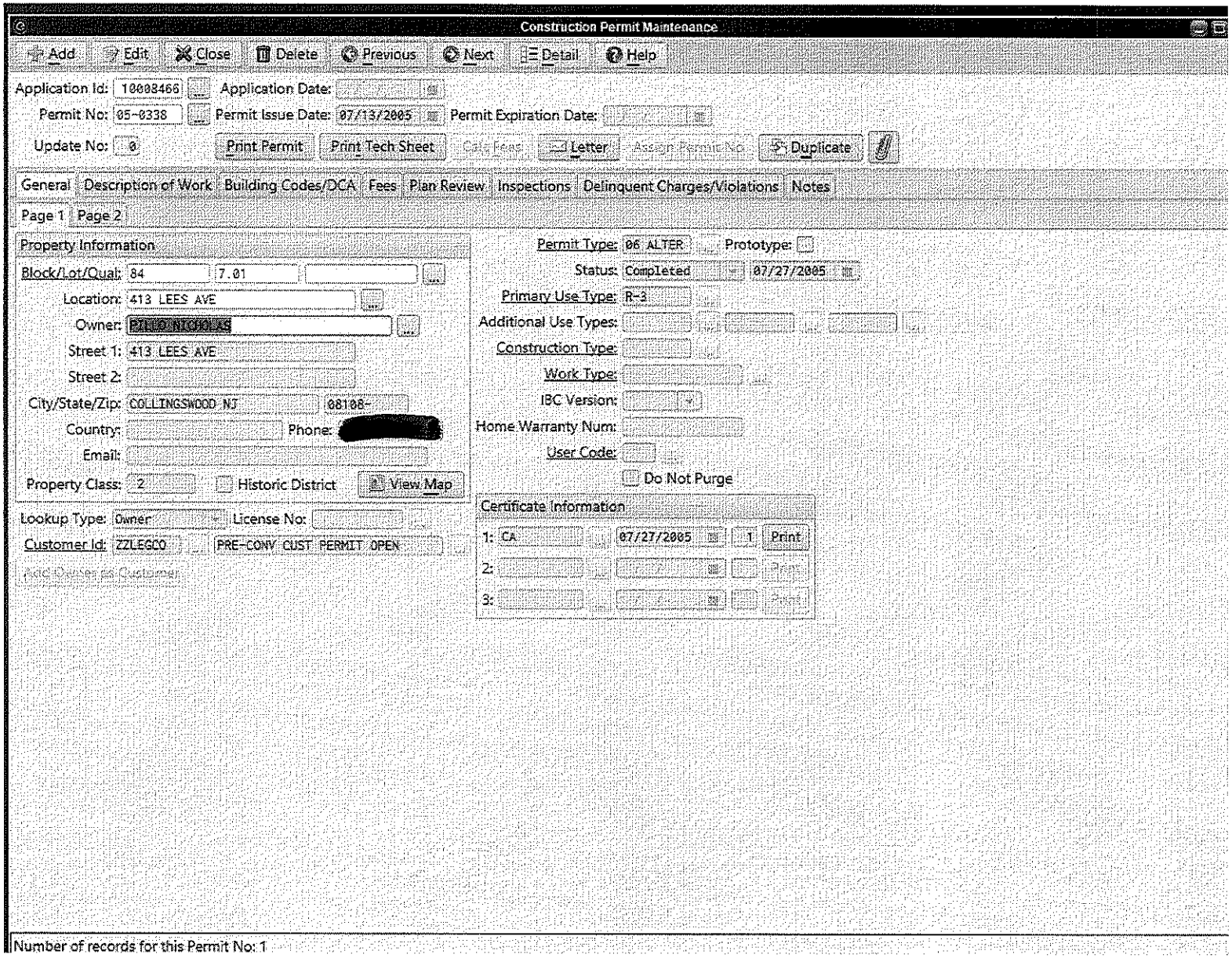
DESCRIPTION OF WORK:
REPLACE CENTRAL A/C UNIT.

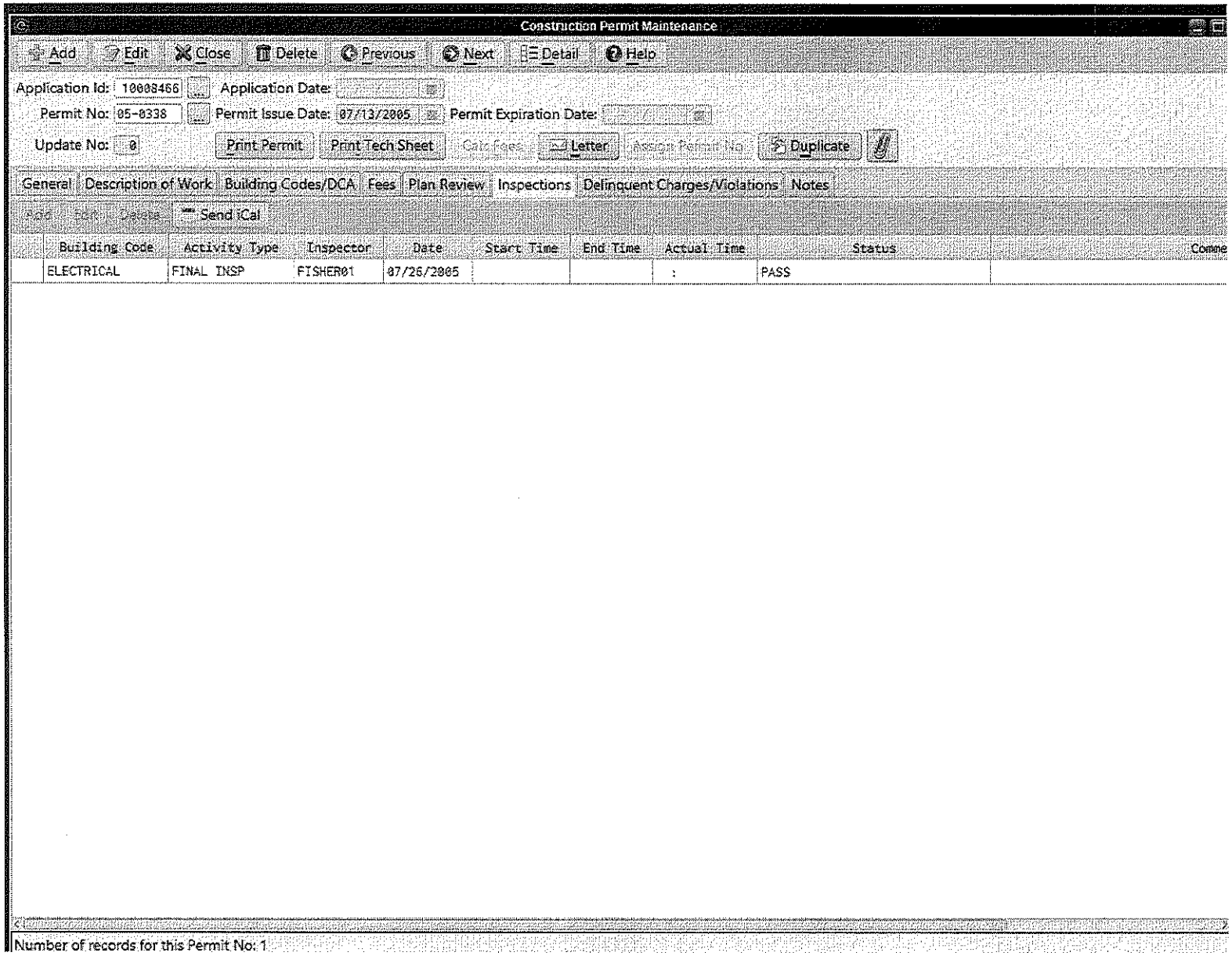
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	$ 36.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	0.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$	
Minimum Fee	$	4.00
State Permit Surcharge Fee	$	4.00
TOTAL FEE	$	44.00

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

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10008466
Application Date:
Permit No: 05-0338
Permit Issue Date: 07/13/2005
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 84 7.01
Location: 413 LEES AVE
Owner: PILLO NICHOLAS
Street 1: 413 LEES AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: [redacted]
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 07/27/2005
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 07/27/2005 1 Print
2: Print
3: Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10008466
Application Date:
Permit No: 05-0338
Permit Issue Date: 07/13/2005
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
Comme
ELECTRICAL
FINAL INSP
FISHER01
07/26/2005
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 10-0436
Date Issued: 10/15/10

IDENTIFICATION Block/Lot/Qual: 84. 7.01
Work Site Location: 413 LEES AVE
Owner in Fee: CONNELLY
Address: 413 LEES AVE
COLLINGSWOOD NJ 08108
Tel.

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
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:
REMOVE EXISTING SHINGLES, INSTALL 30 YR
GAF TIMBERLINE.

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 $ 4,500.00

_____ 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 #: 10-0436
Issue Date: 10/15/10
Application Id: 10012582
Application Date: 10/08/10

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

Block/Lot/Qual: 84. 7.01

Work Site Location: 413 LEES AVE

Owner in Fee: CONNELLY

Tel. email:

413 LEES AVE 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:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE EXISTING SHINGLES, INSTALL 30 YR
GAF TIMBERLINE.

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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) $ 4,500.00

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
- [X] Other _____
- [ ] Demolition

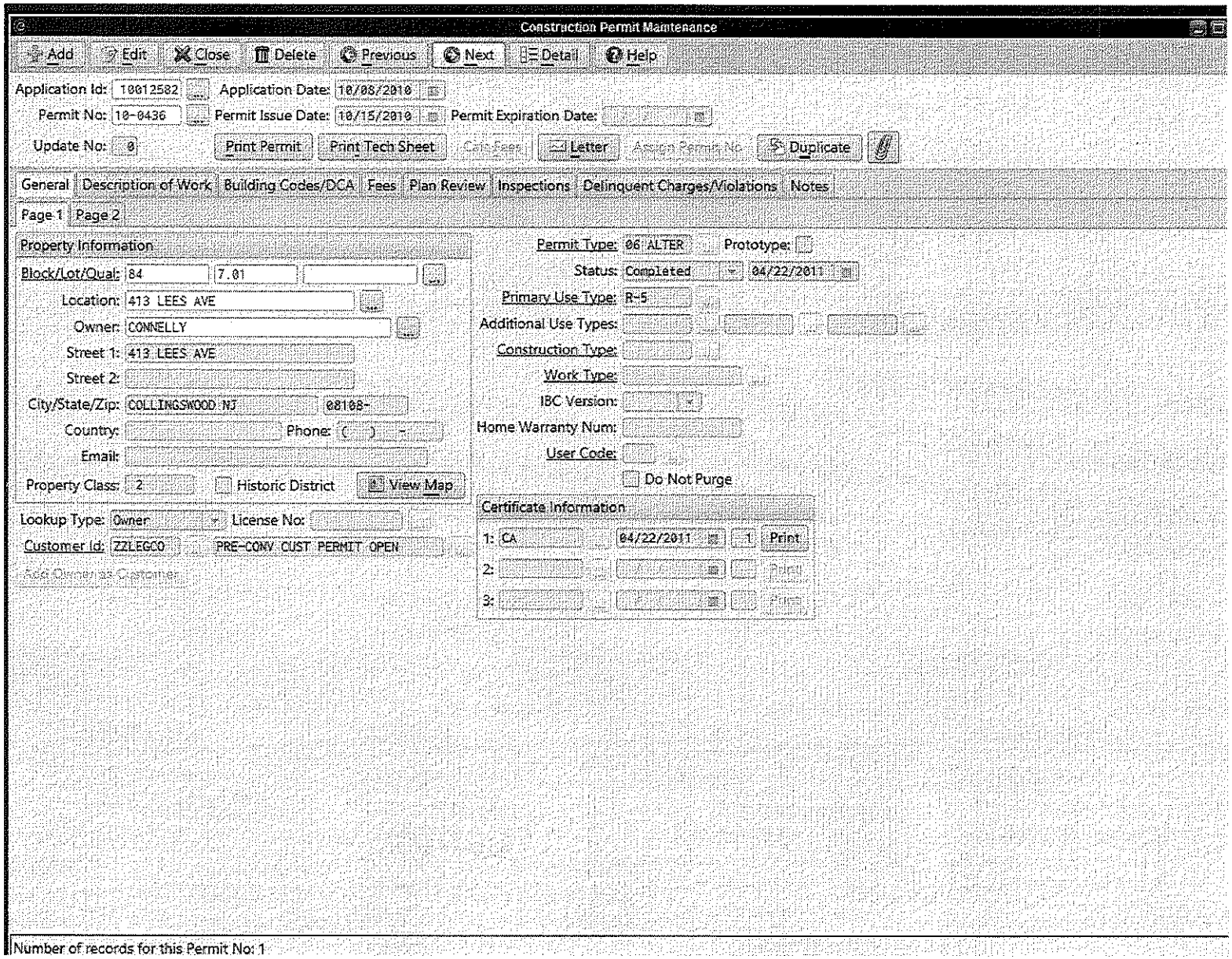
FEE (Office Use Only)

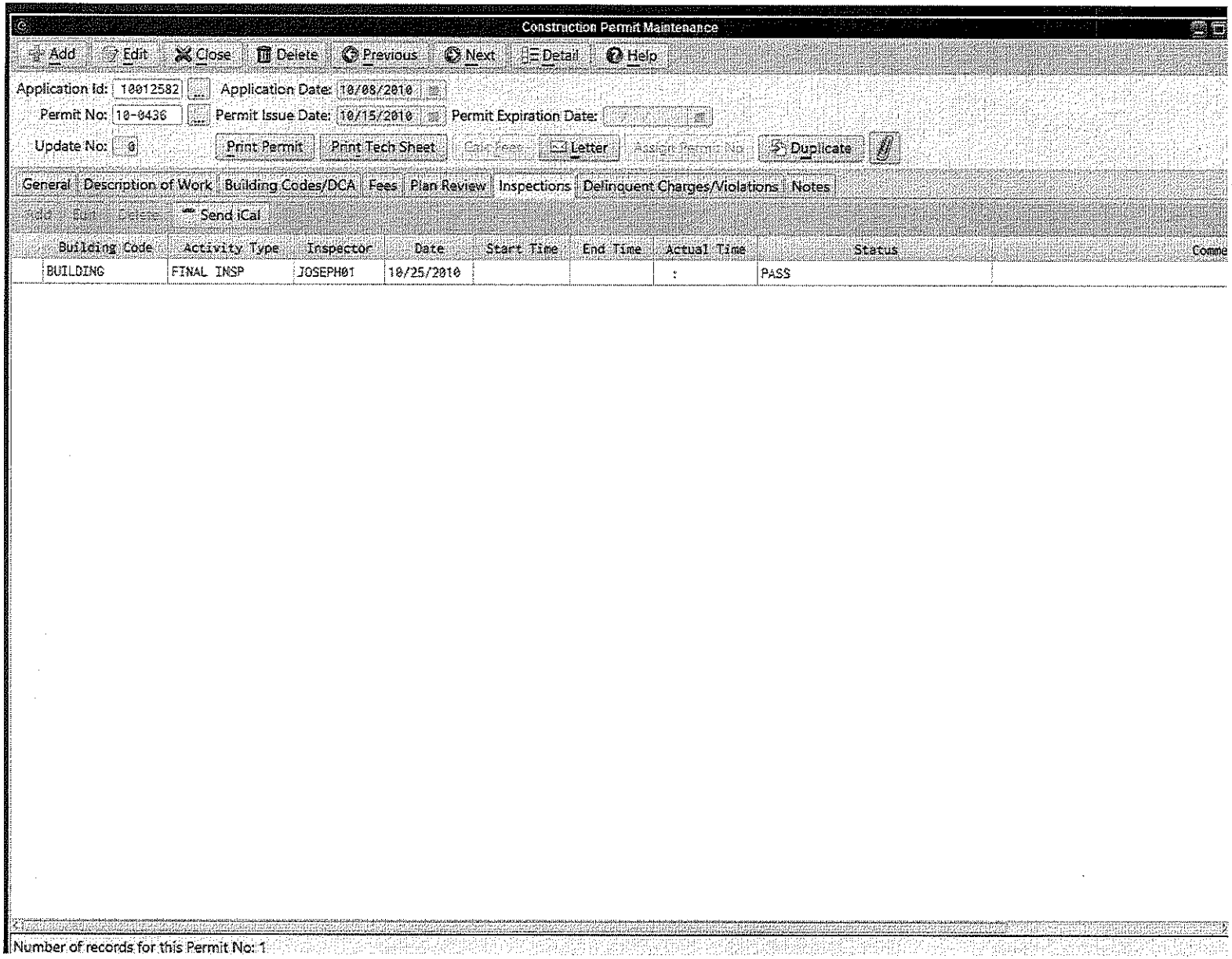
$	
	0.00
	58.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 10.00
TOTAL FEE	$ 68.00

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

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10012582
Application Date: 10/08/2010
Permit No: 10-0436
Permit Issue Date: 10/15/2010
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 84 7.01
Location: 413 LEES AVE
Owner: CONNELLY
Street 1: 413 LEES AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: ( ) -
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
04/22/2011
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
04/22/2011
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10012582
Application Date: 10/08/2010
Permit No: 10-0436
Permit Issue Date: 10/15/2010
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
Comme
BUILDING
FINAL INSP
JOSEPH01
10/25/2010
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 11-0402
Date Issued: 10/14/11

IDENTIFICATION Block/Lot/Qual: 84. 7.01

Work Site Location: 413 LEES AVE

Owner in Fee: CONLEY, SAMANTHA N. & TERRY LEE

Address: 413 LEES AVE
COLLINGSWOOD NJ 08108

Tel. [redacted]

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
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:

REMOVE EXISTING 2 LAYERS OF ASPHALT
SHINGLES. INSTALL TAMKO 30 YEAR.
ASPHALT SHINGLES, 6 NAILS PER SHINGLE,
ALL EDGES GLUED DOWN..

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 $ 7,600.00

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 _____

_____ 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 #: 11-0402
Issue Date: 10/14/11
Application Id: 10013205
Application Date: 10/06/11

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

Block/Lot/Qual: 84. 7.01

Work Site Location: 413 LEES AVE

Owner in Fee: CONLEY, SAMANTHA N. & TERRY LEE

Tel. [redacted] email:

413 LEES AVE COLLINGSWOOD NJ 08108

Contractor: DAVE ADAMS ROOFING & SOLAR INC Tel. (609)889-5000

600 RT. 47 SOUTH email:

CAPE MAY, NJ 08204

Contractor License No. or Builder Registration No.: 13VH05958200 Exp Date: 03/31/17

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

Federal Emp. ID No. [redacted] FAX: (609)889-9733

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVE EXISTING 2 LAYERS OF ASPHALT SHINGLES. INSTALL TAMKO 30 YEAR. ASPHALT SHINGLES, 6 NAILS PER SHINGLE, ALL EDGES GLUED DOWN..

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

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
[X] Other _____
[ ] Demolition

FEE (Office Use Only)

	$
	0.00
	58.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 15.00
TOTAL FEE	$ 73.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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		

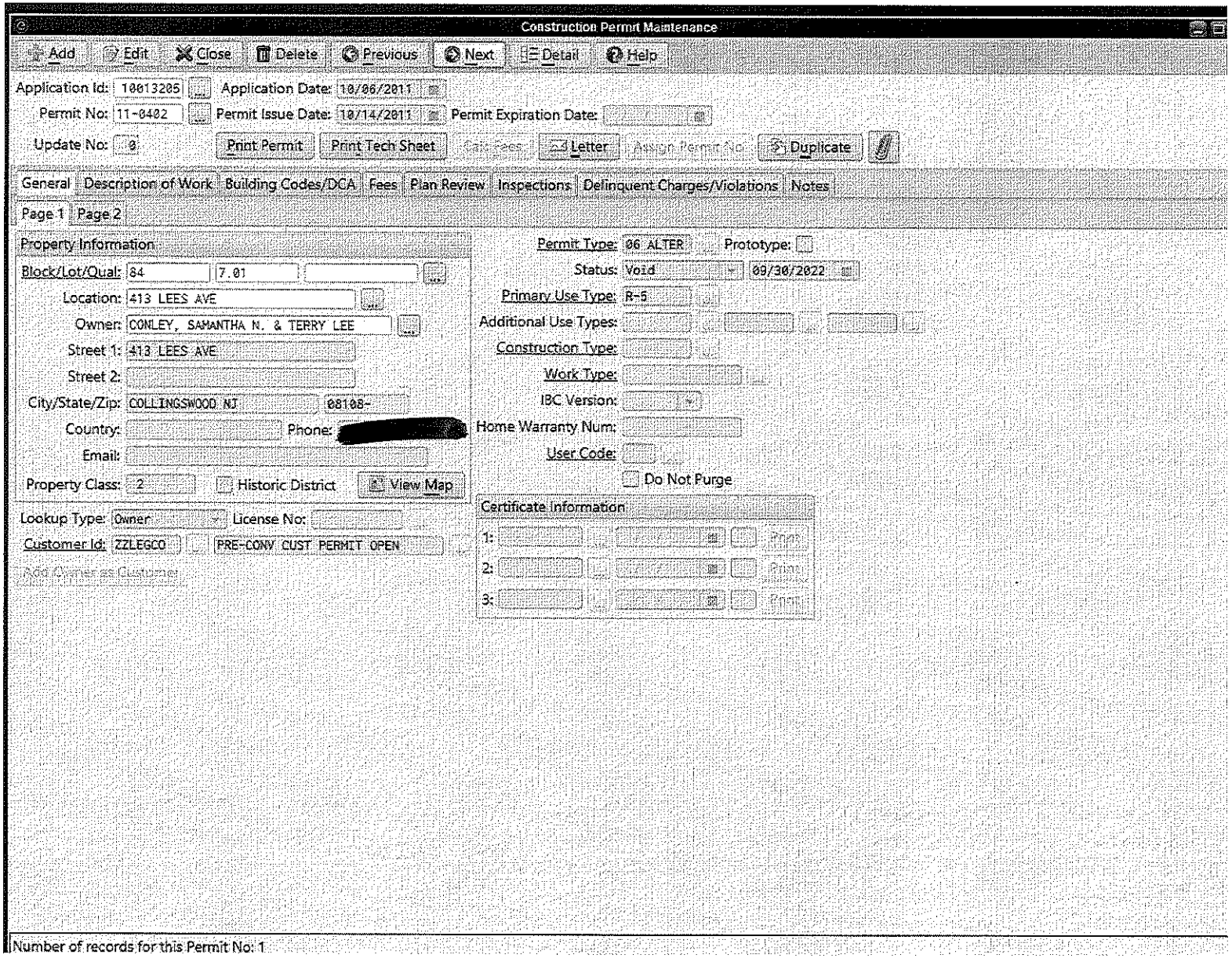
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
3. Total (1+ 2)	$ 7,600.00

U.C.C. FT10 (rev. 11/09)
Internet version

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10013205
Application Date: 10/06/2011
Permit No: 11-0402
Permit Issue Date: 10/14/2011
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Letter
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
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Page 1
Page 2
Property Information
Block/Lot/Qual: 84
7.01
Location: 413 LEES AVE
Owner: CONLEY, SAMANTHA N. & TERRY LEE
Street 1: 413 LEES AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ
08108-
Country:
Phone:
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: ZZLEGCO
PRE-CONV CUST PERMIT OPEN
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Void
09/30/2022
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type:
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1:
2:
3:
Print
Print
Print
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 16-00105
Date Issued: 03/09/16

IDENTIFICATION Block/Lot/Qual: 84. 7.01
Work Site Location: 413 LEES AVE
Owner in Fee: CONLEY, TERRY LEE
Address: 413 LEES AVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: TESLA ENERGY OPERATIONS INC.
Address: 1001 LOWER LANDING ROAD, #601
BLACKWOOD, NJ 08012
Tel. (856)245-9442
Lic. No. or Bldrs. Reg. No. 13VH06160600

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL 15 SOLAR PANELS ON ROOF. ZEP, NO RAILS.

PAYMENTS (Office Use Only)	
Building	65.00
Electrical	145.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	12.00
Cert. of Occupancy	
Other	
Total	222.00

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 $ 6,267.00

_____ _____
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 #: 16-00105
Issue Date: 03/09/16
Application Id: 90002597
Application Date: 03/08/16

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

Block/Lot/Qual: 84. 7.01

Work Site Location: 413 LEES AVE

Owner in Fee: CONLEY, TERRY LEE

Tel. [redacted] email:

413 LEES AVE COLLINGSWOOD NJ 08108

Contractor: TESLA ENERGY OPERATIONS INC. Tel. (856)245-9442

1001 LOWER LANDING ROAD, #601 email: BLACKWOODPIC@TESLA.COM

BLACKWOOD, NJ 08012

Contractor License No. or Builder Registration No.: 13VH06160600 Exp Date: 03/31/23

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

Federal Emp. ID No. [redacted] FAX: (866)575-1518

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: ______

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

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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) $ 1,880.00

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: ______

Print name here: ______

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL 15 SOLAR PANELS ON ROOF. ZEP, NO RAILS.

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[X] Rehabilitation	64.00
[ ] Roofing	
[ ] Siding	
[ ] Fence ______ Height (exceeds 6')	
[ ] Sign ______ Sq. Ft.	
[ ] Pool	
[ ] Retaining Wall ______ Sq. Ft.	
[ ] Asbestos Abatement Subchapter 8	
[ ] Lead Haz. Abatement NJAC 5:17	
[ ] Radon Remediation	
[ ] Other ______	
[ ] Demolition	

Administrative Surcharge	$
Minimum Fee	$ 1.00
State Permit Surcharge Fee	$ 4.00
TOTAL FEE	$ 69.00

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 16-00105
Issue Date: 03/09/16
Application Id: 90002597
Application Date: 03/08/16

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

Block/Lot/Qual: 84. 7.01
Work Site Location: 413 LEES AVE

Owner in Fee: CONLEY, TERRY LEE
Tel. [redacted] email:
413 LEES AVE COLLINGSWOOD NJ 08108
Contractor: TESLA ENERGY OPERATIONS INC. Tel. (856)245-9442
1001 LOWER LANDING ROAD, #601 email: BLACKWOODPIC@TESLA.COM
BLACKWOOD, NJ 08012
Contractor License No.: 13VH06160600 Exp Date: 03/31/23
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No [redacted] FAX: (866)575-1518

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 4,387.00

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: _____
Print name here: _____
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

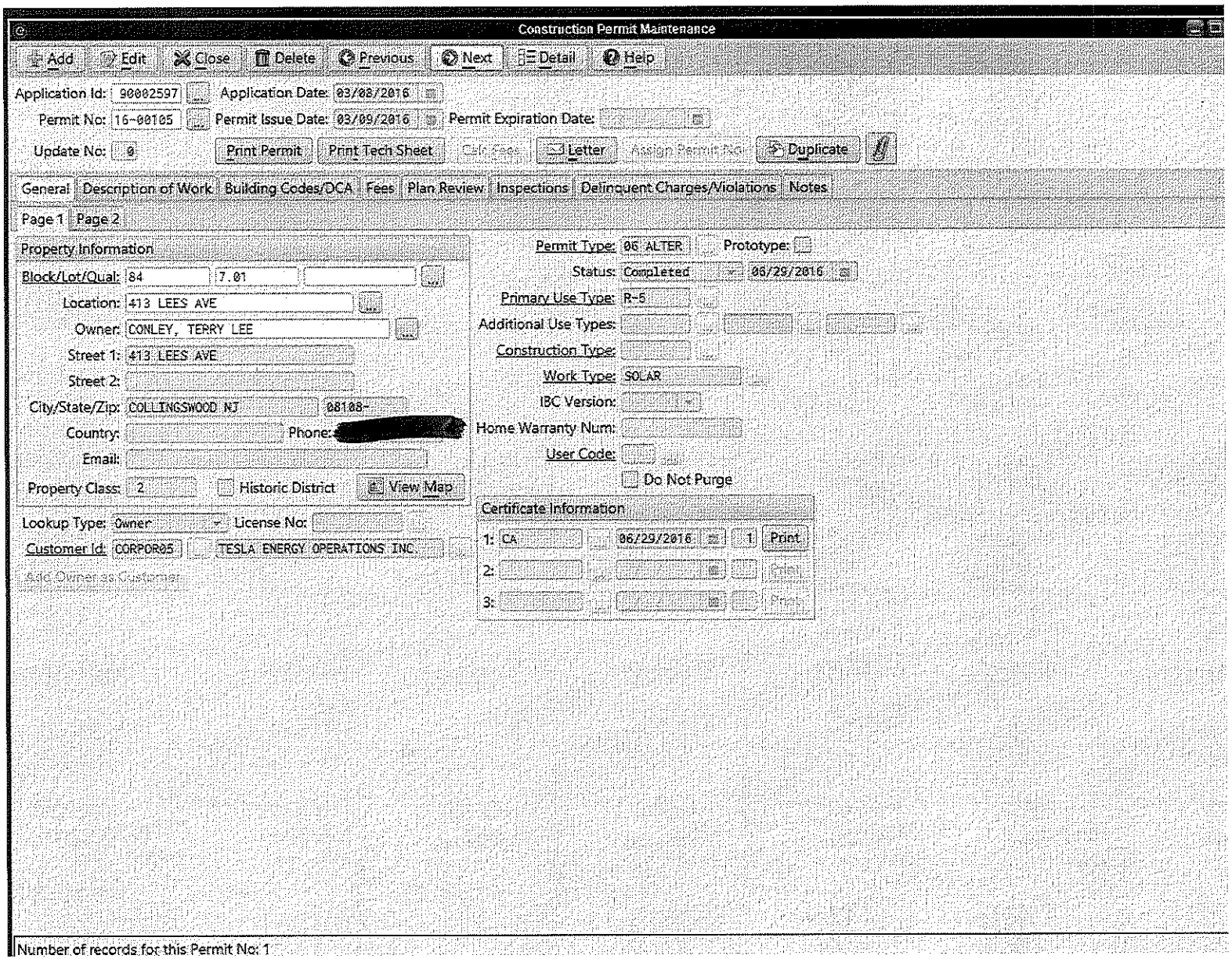
DESCRIPTION OF WORK:
INSTALL 15 SOLAR PANELS ON ROOF. ZEP, NO

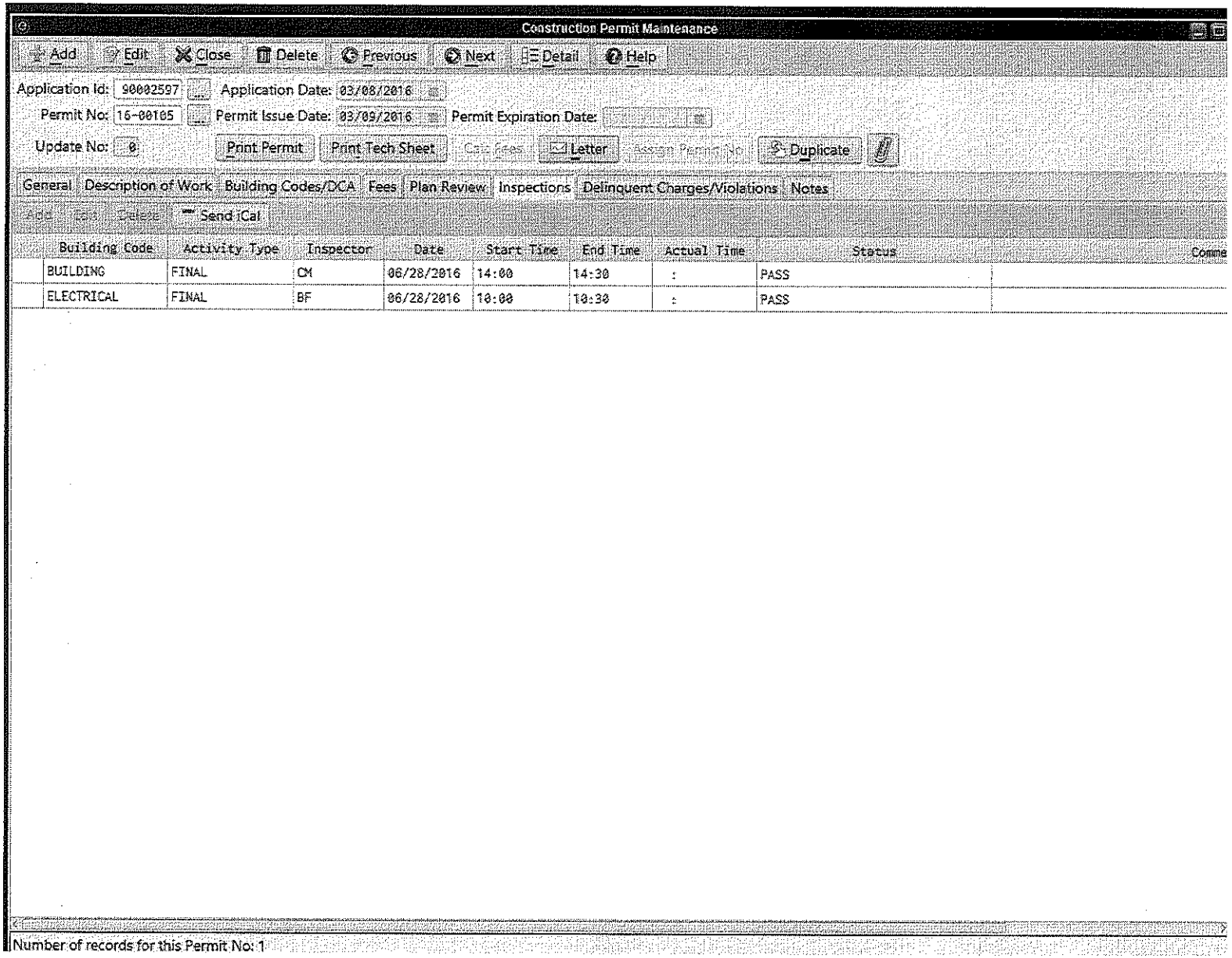
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
11		Alarm Devices/F.A.C. Panel	
2.0			
		TOTAL NUMBERS	$ 50.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot 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	$	8.00
TOTAL FEE	$	153.00

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

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90002597
Application Date: 03/08/2016
Permit No: 16-00105
Permit Issue Date: 03/09/2016
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 84 7.01
Location: 413 LEES AVE
Owner: CONLEY, TERRY LEE
Street 1: 413 LEES AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: [redacted]
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: CORPOR05 TESLA ENERGY OPERATIONS INC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 06/29/2016
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: SOLAR
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 06/29/2016 1 Print
2: Print
3: Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90002597
Application Date: 03/08/2016
Permit No: 16-00165
Permit Issue Date: 03/09/2016
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
Comme
BUILDING
FINAL
CM
06/28/2016
14:00
14:30
:
PASS
ELECTRICAL
FINAL
BF
06/28/2016
10:00
10:30
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 16-00286
Date Issued: 06/20/16

IDENTIFICATION Block/Lot/Qual: 84. 7.01
Work Site Location: 413 LEES AVE
Owner in Fee: CONLEY, SAMANTHA N. & TERRY LEE
Address: 413 LEES AVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: P.R. SANDERS INC
Address: 100 PARK DR
VOORHEES, NJ 08043
Tel. (856)429-3086
Lic. No. or Bldrs. Reg. No. 6726

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE GAS HOT WATER HEATER.

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	65.00
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	3.00
Cert. of Occupancy	
Other	
Total	68.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 1,359.00

_____ 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

PLUMBING SUBCODE
TECHNICAL SECTION

Permit #: 16-00286
Issue Date: 06/20/16
Application Id: 90002819
Application Date: 06/08/16

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

Block/Lot/Qual: 84. 7.01
Work Site Location: 413 LEES AVE

Owner in Fee: CONLEY, SAMANTHA N. & TERRY LEE
Tel. [redacted] email:
413 LEES AVE COLLINGSWOOD NJ 08108
Contractor: P.R. SANDERS INC Tel. (856)429-3086
100 PARK DR email: PERMITS@PRSANDERS.COM
VOORHEES, NJ 08043
Contractor License No.: 6726 Exp Date:
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX: (856)429-6043

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]
Water Service Size _____ Public Water [ ] Private Well [ ]
Est. Cost of Plumbing Work $ 1,359.00

JOB SUMMARY (Office Use Only)

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

Plumbing Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

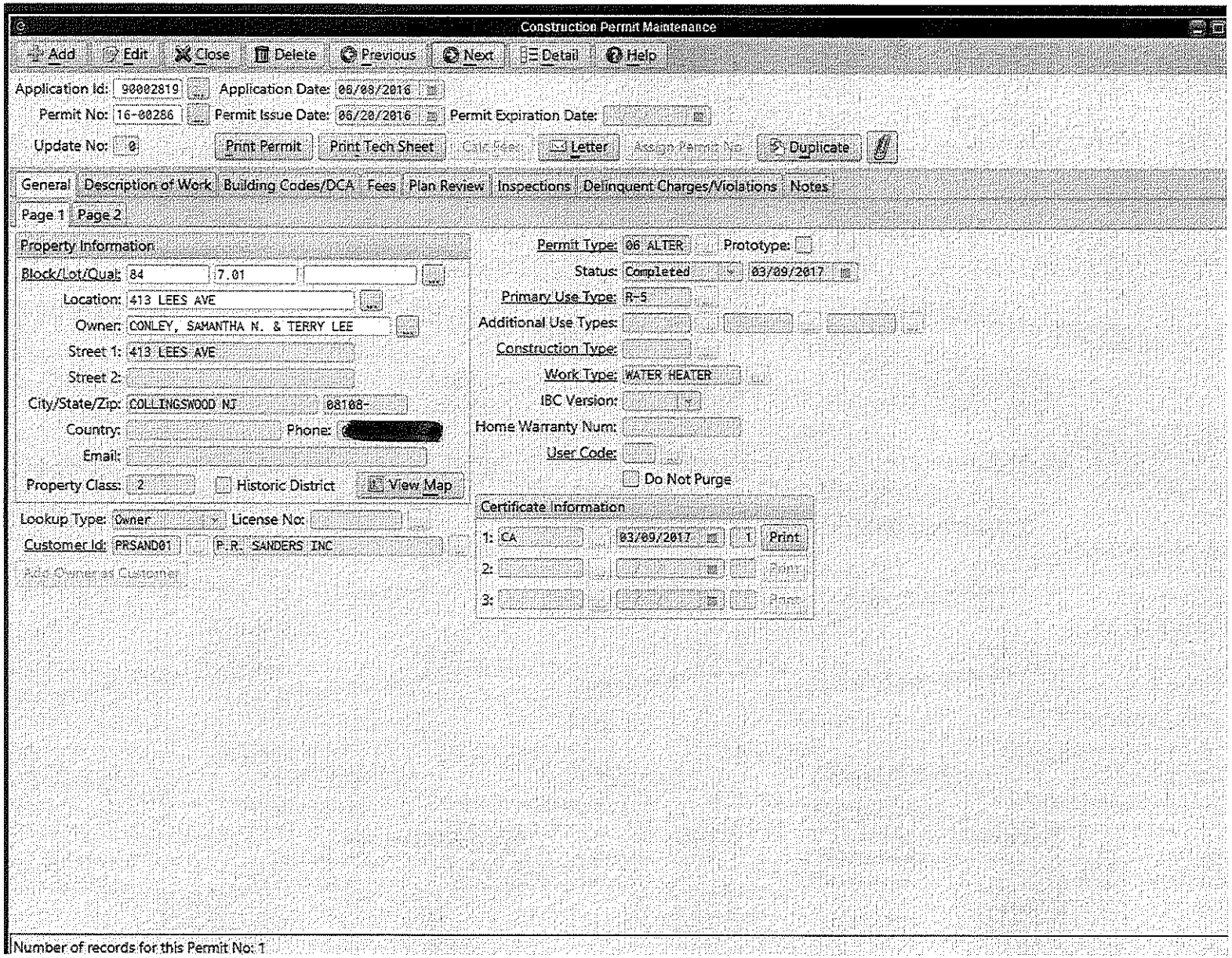
D. TECHNICAL SITE DATA

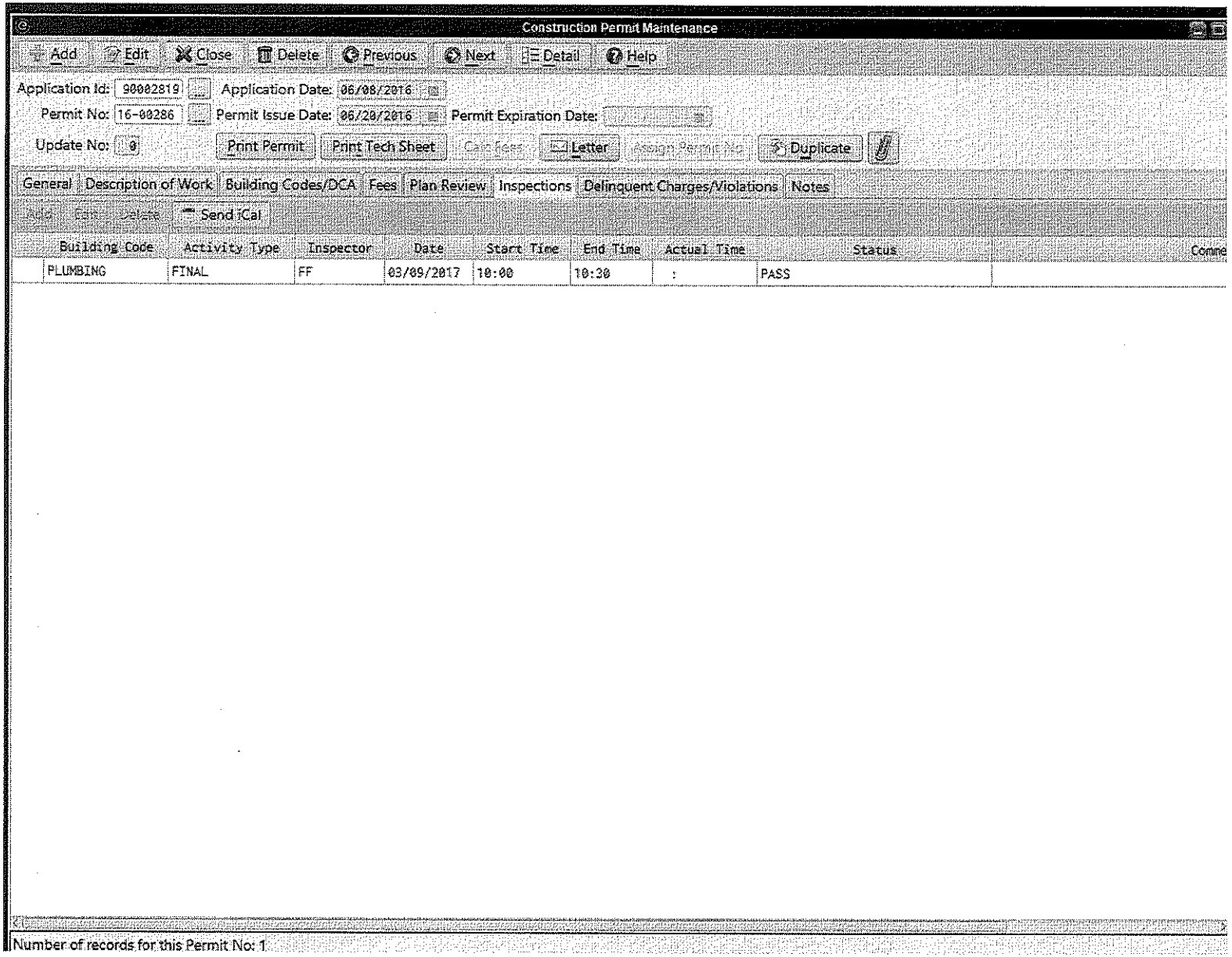
DESCRIPTION OF WORK
REPLACE GAS HOT WATER HEATER.

QTY.	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	15.00
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

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

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 98002819
Application Date: 06/09/2016
Permit No: 16-00286
Permit Issue Date: 06/20/2016
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 84 7.01
Location: 413 LEES AVE
Owner: CONLEY, SAMANTHA N. & TERRY LEE
Street 1: 413 LEES AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone:
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: PRSAND01
P.R. SANDERS INC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 03/09/2017
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: WATER HEATER
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 03/09/2017 1 Print
2: Print
3: Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90002819
Application Date: 06/08/2016
Permit No: 16-00286
Permit Issue Date: 06/20/2016
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
Comme
PLUMBING
FINAL
FF
03/09/2017
10:00
10:30
:
PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 18-00243
Date Issued: 05/18/18

IDENTIFICATION Block/Lot/Qual: 84. 7.01
Work Site Location: 413 LEES AVE
Owner in Fee: CONLEY, SAMANTHA N. & TERRY LEE
Address: 413 LEES AVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: CHUCK HARTUNG
Address: 1009 LINWOOD AVE
COLLINGSWOOD, NJ 08108
Tel. (609)841-5405
Lic. No. or Bldrs. Reg. No. 13VH02337600

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:
RECONSTRUCT EXISTING FRONT PORCH PER PLANS

PAYMENTS (Office Use Only)	
Building	256.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	15.00
Cert. of Occupancy	
Other	
Total	271.00

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 $ 7,800.00

_____ _____
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 #: 18-00243
Issue Date: 05/18/18
Application Id: 90004557
Application Date: 05/17/18

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

Block/Lot/Qual: 84. 7.01

Work Site Location: 413 LEES AVE

Owner in Fee: CONLEY, SAMANTHA N. & TERRY LEE

Tel. [redacted] email:

413 LEES AVE COLLINGSWOOD NJ 08108

Contractor: CHUCK HARTUNG Tel. (609)841-5405

1009 LINWOOD AVE email: CHUCK.HARTUNG@HOTMAIL.COM

COLLINGSWOOD, NJ 08108

Contractor License No. or Builder Registration No.: 13VH02337600 Exp Date: 03/31/19

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

Federal Emp. ID No. [redacted] FAX:

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
RECONSTRUCT EXISTING FRONT PORCH PER PLANS

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

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)

	$
	256.00
Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 15.00
TOTAL FEE	$ 271.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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		

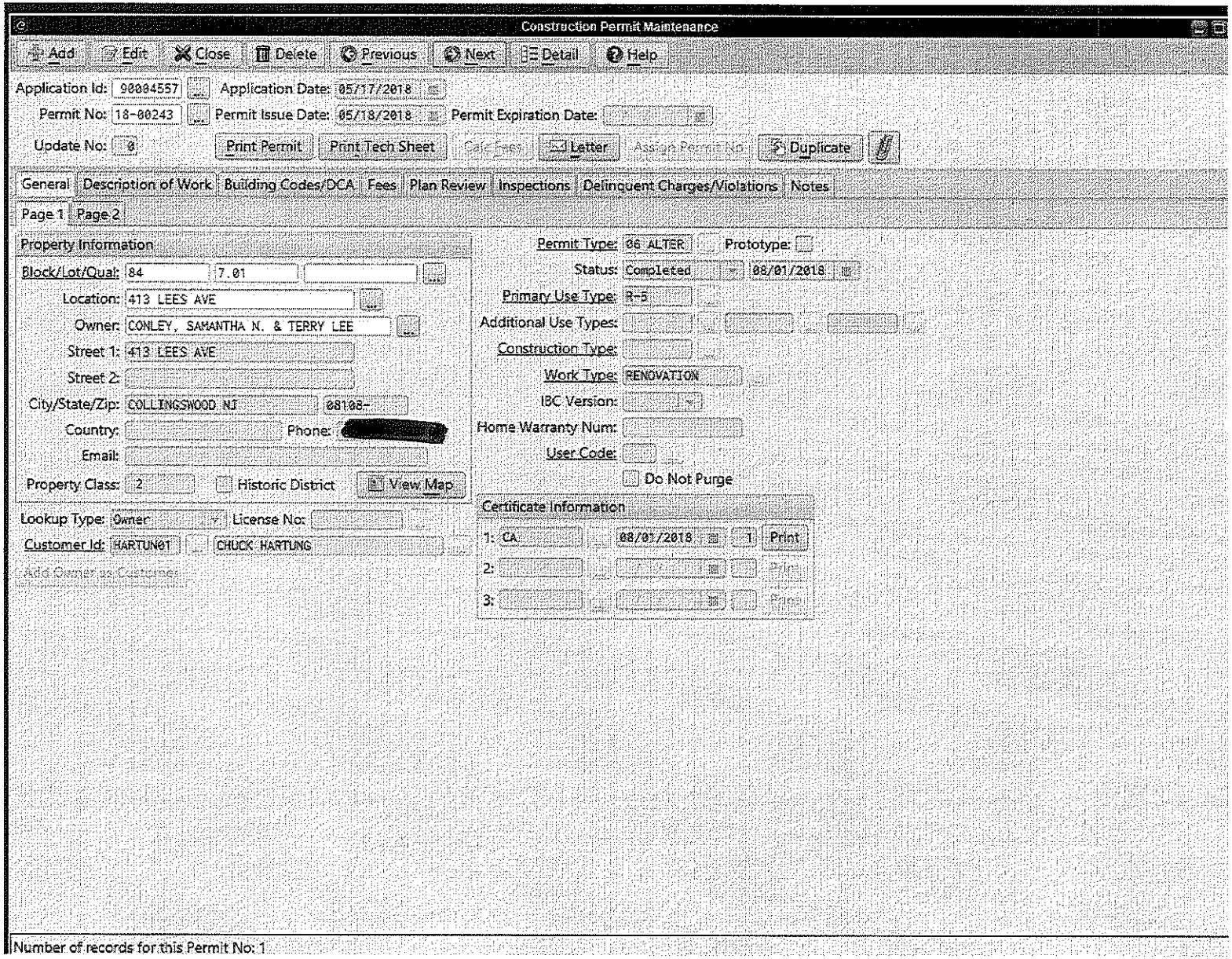
If Industrialized Building:
State Approved _____ HUD _____

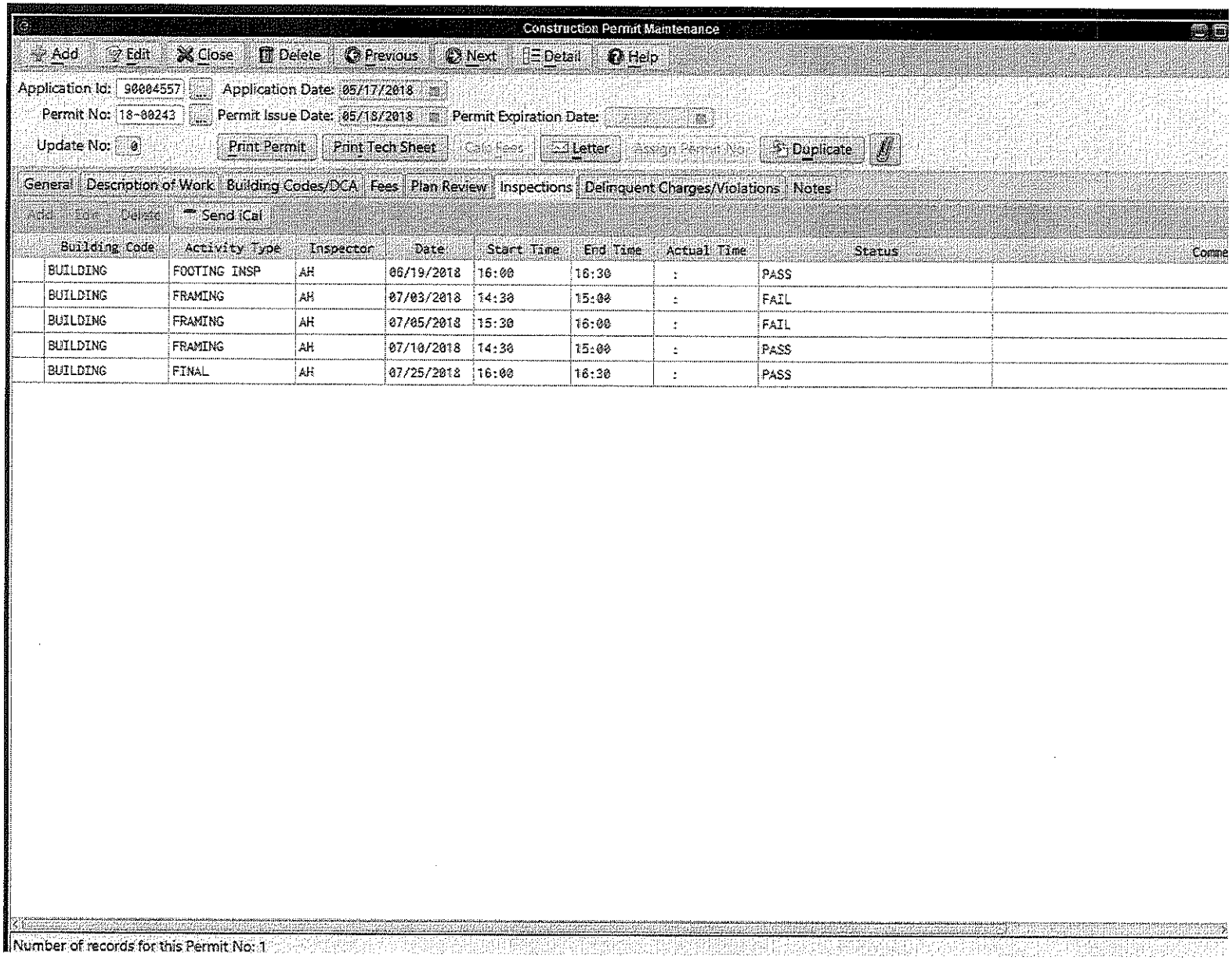
Est. Cost of Bldg. Work:

1. New Bldg.	$
2. Rehabilitation	$
3. Total (1+ 2)	$ 7,800.00

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

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90004557
Application Date: 05/17/2018
Permit No: 18-00243
Permit Issue Date: 05/18/2018
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 84 7.01
Location: 413 LEES AVE
Owner: CONLEY, SAMANTHA N. & TERRY LEE
Street 1: 413 LEES AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: [redacted]
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: HARTUN01
CHUCK HARTUNG
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed 08/01/2018
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: RENOVATION
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 08/01/2018 1 Print
2: Print
3: Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90004557
Application Date: 05/17/2018
Permit No: 18-00243
Permit Issue Date: 05/18/2018
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
Comme
BUILDING FOOTING INSP AH 06/19/2018 16:00 16:30 : PASS
BUILDING FRAMING AH 07/03/2018 14:30 15:00 : FAIL
BUILDING FRAMING AH 07/05/2018 15:30 16:00 : FAIL
BUILDING FRAMING AH 07/10/2018 14:30 15:00 : PASS
BUILDING FINAL AH 07/25/2018 16:00 16:30 : PASS
Number of records for this Permit No: 1

CONSTRUCTION PERMIT

Permit #: 22-00318
Date Issued: 07/13/22

IDENTIFICATION Block/Lot/Qual: 84. 7.01
Work Site Location: 413 LEES AVE
Owner in Fee: CONLEY, SAMANTHA N. & TERRY LEE
Address: 413 LEES AVE
COLLINGSWOOD NJ 08108
Tel. [redacted]

Contractor: CARDWELL HVAC LLC.
Address: 603 KRESSON ROAD UNIT 11
CHERRY HILL, NJ 08034
Tel. (609)330-6641
Lic. No. or Bldrs. Reg. No. 19HC00425000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE AC AND FURNACE

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	92.00
DCA State Permit Fee	9.00
Cert. of Occupancy	
Other	
Total	166.00

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 $ 4,735.00

_____ Construction Official

_____ Date

(see reverse side)

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 22-00318
Issue Date: 07/13/22
Application Id: 90008010
Application Date: 06/16/22

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

Block/Lot/Qual: 84. 7.01
Work Site Location: 413 LEES AVE

Owner in Fee: CONLEY, SAMANTHA N. & TERRY LEE
Tel. [redacted] email:
413 LEES AVE COLLINGSWOOD NJ 08108
Contractor: CARDWELL HVAC LLC. Tel. (609)330-6641
603 KRESSON ROAD UNIT 11 email: INFO@CARDWELLHVACNJ.COM
CHERRY HILL, NJ 08034
Contractor License No.: 19HC00425000 Exp Date: 06/30/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1,885.00

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	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: _____
Print name here: _____
[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACE AC AND FURNACE

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

Administrative Surcharge	$	
Minimum Fee	$	50.00
State Permit Surcharge Fee	$	4.00
TOTAL FEE	$	69.00

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

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Permit #: 22-00318
Issue Date: 07/13/22
Application Id: 90008010
Application Date: 06/16/22

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

Block/Lot/Qual: 84. 7.01
Work Site Location: 413 LEES AVE

Owner in Fee: CONLEY, SAMANTHA N. & TERRY LEE
Tel. [redacted] email:
413 LEES AVE COLLINGSWOOD NJ 08108
Contractor: CARDWELL HVAC LLC. Tel. (609)330-6641
603 KRESSON ROAD UNIT 11 email: INFO@CARDWELLHVACNJ.COM
CHERRY HILL, NJ 08034
Contractor License No. or Builder Registration No.: 19HC00425000 Exp Date: 06/30/24
Home Improvement Contractor Reg. No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX:

B. MECHANICAL CHARACTERISTICS

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

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

Type: [ ] Hydronic [ ] Hot Air

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

Est. Cost of Mechanical Work $ 2,850.00

JOB SUMMARY (Office Use Only)

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

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____
Print name here: _____

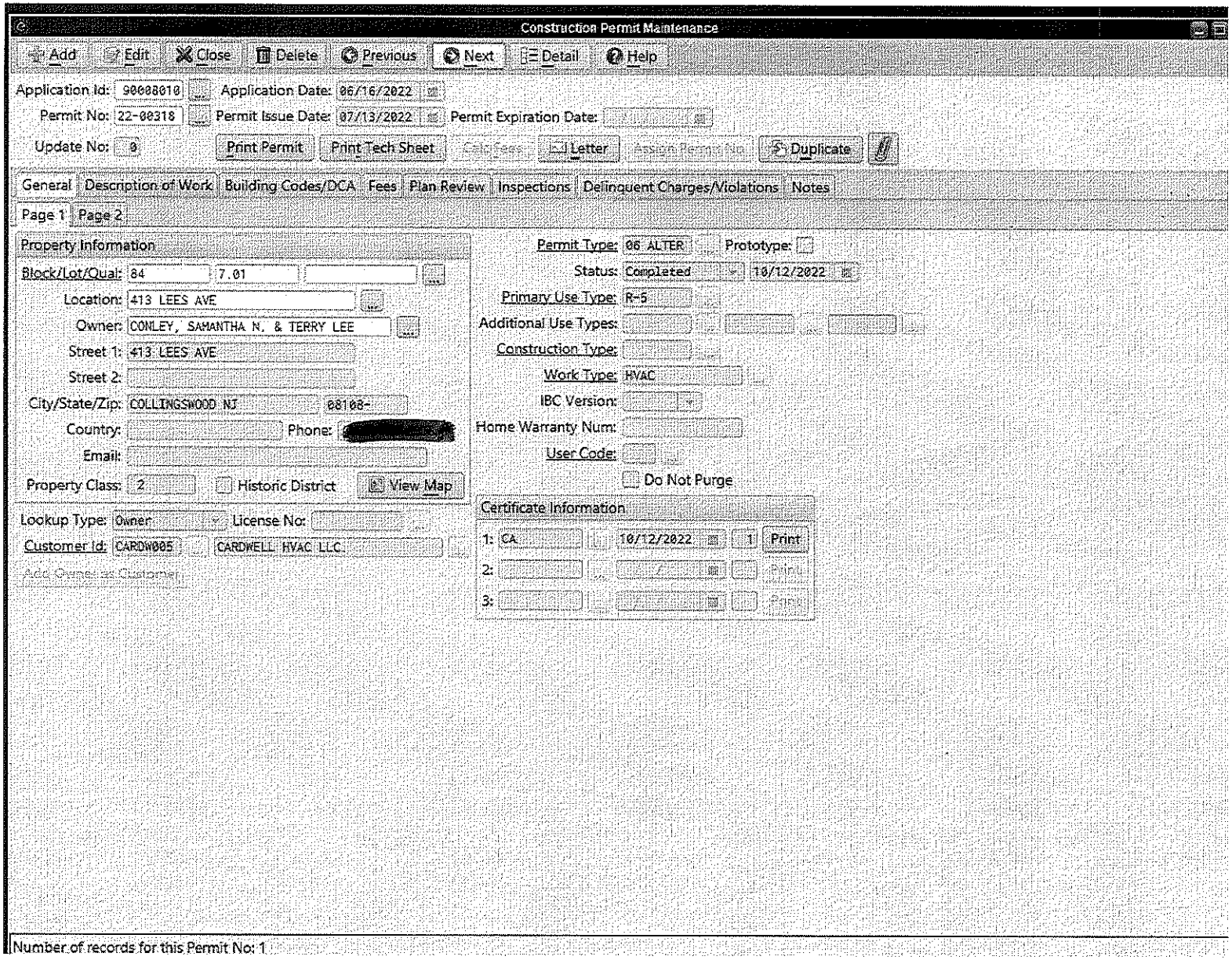
D. TECHNICAL SITE DATA

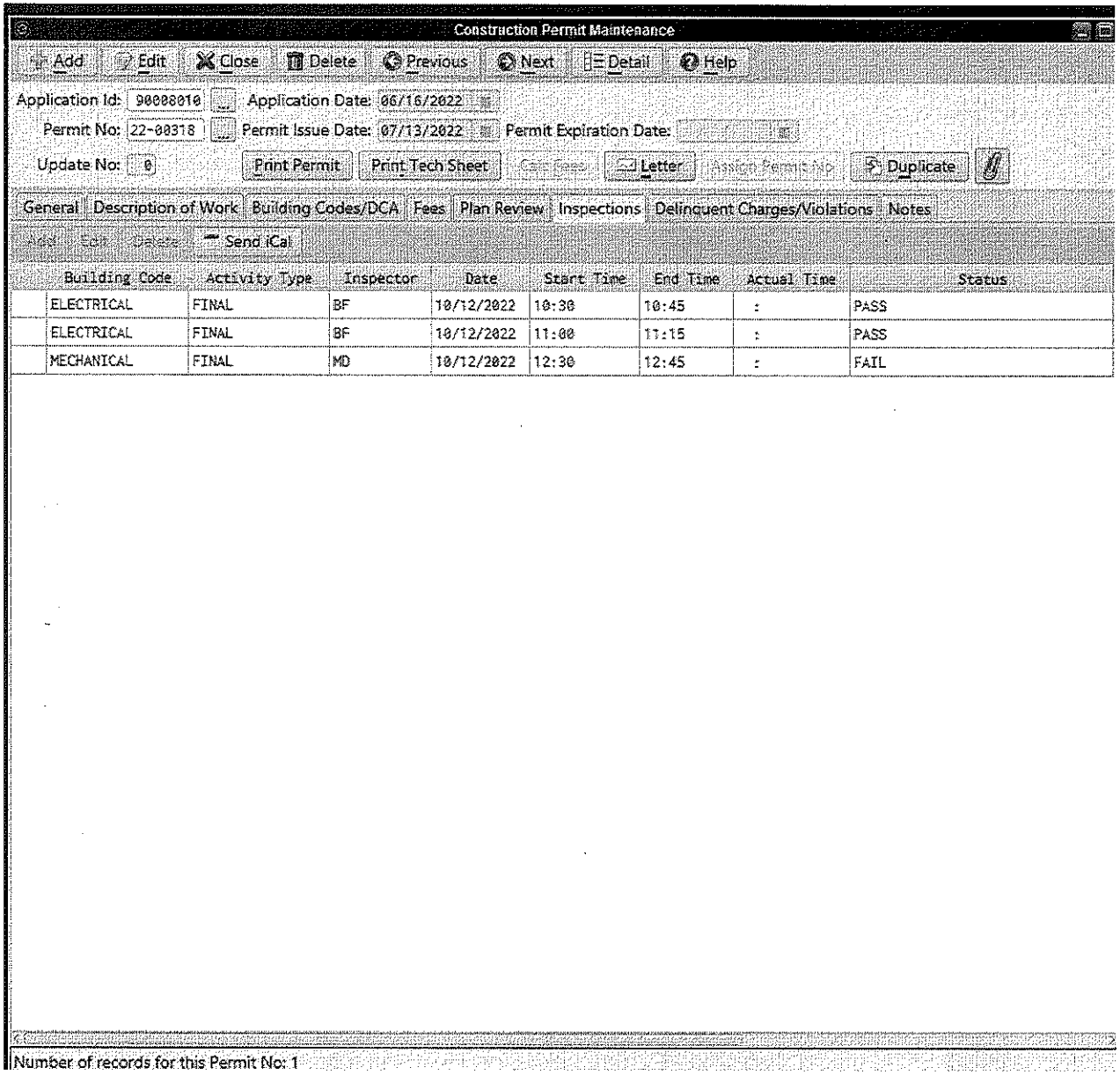
DESCRIPTION OF WORK
REPLACE AC AND FURNACE

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

Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	5.00
TOTAL FEE $	97.00

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


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 90008010
Application Date: 06/16/2022
Permit No: 22-00318
Permit Issue Date: 07/13/2022
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Page 1
Page 2
Property Information
Block/Lot/Qual: 84 7.01
Location: 413 LEES AVE
Owner: CONLEY, SAMANTHA N. & TERRY LEE
Street 1: 413 LEES AVE
Street 2:
City/State/Zip: COLLINGSWOOD NJ 08108-
Country:
Phone: [redacted]
Email:
Property Class: 2
Historic District
View Map
Lookup Type: Owner
License No:
Customer Id: CARDW005
CARDWELL HVAC LLC
Add Owner as Customer
Permit Type: 06 ALTER
Prototype:
Status: Completed
10/12/2022
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: HVAC
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA
10/12/2022
1
Print
2:
Print
3:
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
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Previous
Next
Detail
Help
Application Id: 90008010
Application Date: 06/16/2022
Permit No: 22-00318
Permit Issue Date: 07/13/2022
Permit Expiration Date:
Update No: 0
Print Permit
Print Tech Sheet
Calc Fees
Letter
Assign Permit No
Duplicate
General
Description of Work
Building Codes/DCA
Fees
Plan Review
Inspections
Delinquent Charges/Violations
Notes
Add
Edit
Delete
Send iCal
Building Code
Activity Type
Inspector
Date
Start Time
End Time
Actual Time
Status
ELECTRICAL FINAL BF 10/12/2022 10:30 10:45 : PASS
ELECTRICAL FINAL BF 10/12/2022 11:00 11:15 : PASS
MECHANICAL FINAL MD 10/12/2022 12:30 12:45 : FAIL
Number of records for this Permit No: 1