From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 423 Lincoln Ave, Collingswood, NJ 08108
Date: Thursday, September 7, 2023 2:12:30 PM

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: OPRA/OPEN & CLOSE PERMITS - 423 Lincoln Ave, Collingswood, NJ 08108

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-52583-5c039492@requests.opramachine.com

Is hmannel@collingswood.com the wrong address for OPRA requests to Collingswood Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=collingswood_borough
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opraopen_close_permits_423_linco

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

BUREAU OF CODE ENFORCEMENT
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

CONSTRUCTION PERMIT APPLICATION Pages - 2.

I. IDENTIFICATION

1. Proposed Work at: 423 Lincoln Ave., Collingswood
2. Owner Name: Mr & Mrs. Geo. Palmer Tel. [redacted]
   Address Same
3. Principal Contractor: Curis Electrical Service Tel. (609) 854-6530
   Address 700 Crestar Ave., Collingswood.
   Lic. No. or Builder Reg. No. 3074 Federal Emp. No. [redacted]
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work C. DeCristofaro Tel. (609) 854-6530

II. PROPOSED WORK

A. TYPE OF WORK

1. ☑ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☐	Plumbing	_____
3. ☑	Electrical	985.00
4. ☐	Fire Protection	_____
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$985.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☒ One-Family (R–3a)

If new construction, enter no. of dwelling units 0

If other than new construction, enter no. of dwelling units:
Before Construction: 1
After Construction: 1
Net Gain (or loss): 0

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

00146_034223 3226
202-89 SF
000152S4

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☒ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE E. DeCristofaro DATE 6/7/89

II. AGENT SECTION

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

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

AGENT NAME _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

CERTIFICATE

CERT. NO. 202-89-CA
DATE ISSUED 6/20/89
Block 29 Lot 14
Subdivision

IDENTIFICATION

Owner Mr. & Mrs. George Palmer
Address 423 Lincoln Ave.
Collingswood, NJ 08108
Tel. [redacted]
Work Site Address 423 Lincoln Ave.

Agent Cris Electrical Service
Address 700 Center Ave.
Collingswood, NJ 08108
Tel. (609) 854-6530
Lic. No. 3074
Federal Emp. No. [redacted]

PAYMENTS

Fee Permitted $ 10.00
☒ Check No. 1037
☐ Cash
☐ Other

Collected By CH
Date 6/7/89

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

100 AMP Service Upgrade and 5 Receptacles.

USE GROUP R-4 FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 925.00

Charles G. Barnett
CONSTRUCTION OFFICIAL

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 202-89

DATE ISSUED 6/7/89

Block 29 Lot 14

Subdivision

A. IDENTIFICATION

Owner Mr. & Mrs. George Palmer

Address 423 Lincoln Ave.
Collingswood, NJ 08108

Tel. [redacted]

Work Site Address 423 Lincoln Ave.

Agent Cris Electrical Service

Address 700 Center Ave.
Collingswood, NJ 08108

Tel. (609) 854-6530

Lic. No. 3074

Federal Emp. No. [redacted]

PAYMENTS

Permit Fee $ 72.00

Fees Remitted $ 72.00

☒ Check No. 1037

☐ Cash

☐ Other

Collected By: CH

Date: 6/7/89

is hereby granted permission to perform the following work:

☐ BUILDING ☒ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

100 AMP Service, 5 receptacles.

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

Estimated Cost of Work: $ 925.00

Charles G. Barnett Jr.
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

5

ELECTRICAL SUBCODE
TECHNICAL SECTION

PERMIT NO. [illegible]
DATE ISSUED [illegible]
REVISION DATE
Block 21 Lot 11
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Mr & Mrs. Geo. Palmer
Address 423 Lincoln Ave. Collingswood, N.J.
Tel. [redacted]
Work Site Address same 423 LINCOLN AVE.

Contractor Uris Electrical Serv.
Address 700 Centre Ave. Collingswood, N.J.
Tel. (609) 854-6530
Lic.No./Bus. Permit 3074
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

E. Uris
AGENT'S SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches			C/A	
1	Lighting Fixtures			Other	
5	Receptacles			Other	
	Bonding, Pool/Vault			Other	
1	Service/Feeders			Other	
	COLUMN 1	$ 22.50		COLUMN 2	$

Fee	
COLUMN 1	$ 22.50
COLUMN 2	$
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee (Greater of Minimum or Subtotal)	$ 22.50

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-4 Present R-4 Proposed
Service: 100 Amps 1 Phase ____ System Type
3 Wire 120/240 Volts 1 Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 925.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
6/20/89	100 Amp Service OK
7/5/89	2nd copy - cut in card.

JOB SUMMARY

- [x] No Plans Required
- [ ] Plan Review Approved

Date: 6/7/89

Approved By: _____

INSPECTIONS FINAL

- [ ] CO
- [ ] CCO
- [x] CA

Date: 6/20/89

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
[ ] Rough				
[ ] Energy				
[ ] Mechanical				
[ ] TCO				
[ ] Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card	6/21/89	

JUN 22 1989

BOROUGH OF COLLINGSWOOD

NEW JERSEY

Charles G. Barnett
Construction Official
Building Subcode Official
Electrical Subcode Official
Plumbing Subcode Official

Municipal Building
678 Haddon Avenue
Collingswood, N.J. 08108
Tel. (609) 858-0177

June 21, 1989

TO: Public Service Electric & Gas Co.
300 New Albany Road
Moorestown, NJ 08057

FROM: Charles G. Barnett
Electrical Subcode Official

SUBJECT: Cut-In-Card

#202-89, 100 AMP Service, George Palmer, 423 Lincoln Ave., Collingswood, NJ 08108

POLE NO. _____

METER BOARD NO. _____

PERMIT NO. 202-89

CUT-IN-CARD

Owner George Palmer

Occupant Single Family Dwelling Block 29 Lot 14

Location 423 Lincoln Ave., Collingswood, NJ 08108
No. Street Town State Zip

Installed By Cris Electrical Service Lic. No. 3074

Inspector Charles G. Barnett Lic. No. 000907 Date 6/21/89

☐ **TEMPORARY** – Installation of _____ in above premises has been inspected and found in such conditions as to warrant temporary approval for use of current. This approval is void after _____ days.

☒ **FINAL** – Installation as itemized on reverse side has been inspected and is in accordance with the New Jersey Uniform Construction Code and the regulations and requirements of the Utility Company.

U.C.C. Form F-350 (8/83)

BLOCK NO. 29 LOT NO. 14 SUBDIVISION _____ PERMIT NO. 202-89

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____		_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
6/7/89	PLUMBING					
_____	ELECTRICAL				6/20/89	
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☒ Certificate of Approval No. 202-89	6/20/89
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ •
PLUMBING	•
ELECTRICAL	62.00
FIRE PROTECTION	•
OTHER _____	•
SUBTOTAL	$ 62.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(•)
D.C.A. TRAINING FEE .0006 x _____ =	•
CERTIFICATE OF OCCUPANCY	•
OTHER C/O	10.00
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 72.00

DATE 6/7/89 Collected By CH Check #1037

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ 72.00
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ 72.00

BLOCK 29 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) 423 Lincoln Ave, Coll. PERMIT NO. 03-0448

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 423 Lincoln AVE.
2. Name of Owner in Fee: George Palmer Tel. [redacted]
   Address 423 Lincoln Ave. (street) Collingswood (municipality) 08108 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Sanders Enterprises, INC. Tel. (856) 227-0900
   Address 2864 Garwood Rd. Erial, NJ 08081
   License No. OR, if new home, Builder Reg. No. NJMPL # 11100 Exp. Date _____
   Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Randy Kenny
   Tel. (856) 227-0900 FAX (856) 227-4843

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		9.00	
4. Fire Protection		46.00	
5. Elevator Devices			
6. Subtotal	$	55.00	
7. Less 20% for State Plan Review			
8. Subtotal	$	55.00	
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	55.00	

3226

00146_034179 20030448 SF

VI. BUILDING/SITE CHARACTERISTICS

(office use)

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

10-9-03 10:04 OP

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work	
2. ☐ New Building	
3. ☐ Addition	
4. ☐ Alteration	
5. ☐ Fire Protection	
6. ☑ Plumbing	$499
7. ☐ Electrical	
8. ☐ Elevator Devices	
9. ☐ Asbestos Abat. Subch. 8	
10. ☐ Lead Hazard Abatement	
11. ☐ Demolition	
TOTAL COSTS	$499

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☑ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction	1
After Construction	1
Net Gain or Loss	0

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name **Sanders Enterprises, INC.**

Address **2864 Garwood Rd.**

Erial, NJ 08081

Telephone (**856**) **227-0900**

Signature Randy Kenny

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

NJ UCCARS 5.24A

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

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/07/2003
Date Issued 10/15/03
Control # C29/14
Permit # 03-0448

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

Block 29 Lot 14 Qual

Work Site Location 423 LINCOLN AVENUE

Owner in Fee PALMER GEORGE 39
Address 423 LINCOLN AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted]
Contractor P.R. SANDERS INC
Address 2864 GARWOOD ROAD
ERIAL, NJ 08021-
Tele.(856)227-0900
Lic. No. or Bldrs. Reg. No. 6726
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 249

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 11-26-03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO			11-26-03	MC

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	6
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Paid [ ] Check # 007311
Collected by:

Administrative Surcharge	$	1
Minimum Fee	$	0
TOTAL FEE	$	9
DCA State Permit Fee	$	0

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

NJ UCCARS 5.24A

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

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/07/2003
Date Issued 10/15/03
Control # C29/14
Permit # 03-0448

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

Block 29 Lot 14 Qual

Work Site Location 423 LINCOLN AVENUE

Owner in Fee PALMER GEORGE 39
Address 423 LINCOLN AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted]
Contractor P.R. SANDERS INC
Address 2864 GARWOOD ROAD
ERIAL, NJ 08021-
Tele.(856)227-0900
Lic. No. or Bldrs. Reg. No. 6726
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 249

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	8
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Paid [ ] Check # 007317
Collected by:

Administrative Surcharge	$	1
Minimum Fee	$	0
TOTAL FEE	$	9
DCA State Permit Fee	$	0

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

3.

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

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/07/2003
Date Issued 10/15/03
Control # C29/14
Permit # 03-0448

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

Block 29 Lot 14 Qual
Work Site Location 423 LINCOLN AVENUE

Owner in Fee PALMER GEORGE 39
Address 423 LINCOLN AVENUE
COLLINGSWOOD, NJ 08108-
Tele. [redacted]
Contractor P.R. SANDERS INC
Address 2864 GARWOOD ROAD
ERIAL, NJ 08021-
Tele.(856)227-0900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 250

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check # 100617	Minimum Fee	$ 0
Collected by: CC	TOTAL FEE	$ 46
	DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

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

Date Issued 10/15/03
Control # C29/14
Permit # 03-0448

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 29 Lot 14 Qual

Work Site Location 423 LINCOLN AVENUE

Owner in Fee PALMER GEORGE 39
Address 423 LINCOLN AVENUE
COLLINGSWOOD, NJ 08108-
Telephone [redacted]

Contractor P.R. SANDERS INC
Address 2864 GARWOOD ROAD
ERIAL, NJ 08021-
Telephone (856)227-0900
Lic. No. or Bldrs. Reg. No. 6726
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE GAS WATER HEATER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	9
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	55
Check No.	007317
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.

Estimated Cost of Work $ 499

William Joseph
Construction Official

10/8/03
Date

U.C.C. F170 (rev. 3/98) NJ UCCARS 5.24A

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C 29/14
Permit #

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

Block 29 Lot 14
Work Site Location 423 Lincoln Ave Collingswood, NJ 08108
Owner in Fee George Palmer
Address Same
Tele. ([redacted]
Contractor SANDERS ENTERPRISES, INC.
Address 2864 GARWOOD RD.
ERIAL, NJ 08081
Tele. (856) 227-0900 Fax (856) 227-4843
Lic. No. NJMPL# 11100
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 409

JOB SUMMARY (Office Use Only)

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Randy Kenny
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

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

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

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

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C29/14
Permit #

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

Block 29 Lot 14
Work Site Location 423 Lincoln Ave.
Collingswood, NJ 08108
Owner in Fee George Palmer
Address SAME
Tele. [redacted]
Contractor Sanders Enterprises, Inc.
Address 2864 Evanwood Rd.
Erial, NJ 08081
Tele. (856) 227-0900 Fax ( ) _____
Lic. No. 11100
Federal Emp. No. [redacted]87

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances		
Other _____		

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

U.C.C. F140
(rev. 3/96)

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building _____		Energy _____	Other _____	
Electrical _____		Barrier Free _____		
Plumbing _____		Flood Hazard _____		
Fire Protection _____		As Built Elevation Cert. _____		
Mechanical _____		Other _____		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____				
☐ Temporary Certificate of Compliance	No. _____				
☐ Continued Certificate of Occupancy	No. _____				
☐ Certificate of Compliance	No. _____				
☐ Certificate of Occupancy	No. _____				
☑ Certificate of Approval	No. 03-0448	12/30/03			
☐ Lead Abatement Clearance Certificate	No. _____				