From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 437 Collings Ave, Oaklyn, NJ 08107
Date: Friday, July 21, 2023 9:44:35 AM

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 - 437 Collings Ave, Oaklyn, NJ 08107

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-48885-b391e6af@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_437_colli

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.

DIVISION OF INSPECTION
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 437 Collings Ave.
2. Owner Name: James W. Trimble Tel. ( ) [redacted]
   Address 437 Collings Ave, Collingswood, NJ.
3. Principal Contractor: _____ Tel. ( ) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. [redacted]
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. ( ) _____

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	$ 500.00
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 500.00

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 _____

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

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)

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

00146_034210 3226
888 SF
000152NY

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 James DeTrubb DATE _____

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 _____

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 888

DATE ISSUED 3/12/87

Block 137 Lot 9B

Subdivision

A. IDENTIFICATION

Owner James W. Trimble

Address 437 Collings Ave.
Collingswood, NJ

Tel. ( )

Work Site Address 437 Collings Ave.

Agent Owner

Address

Tel. ( )

Lic. No.

Federal Emp. No. [redacted]

PAYMENTS

Permit Fee $ 25.00

Fees Remitted $ 25.00

☒ Check No 844

☐ Cash

☐ Other

Collected By: CH

Date: 3/12/87

is hereby granted permission
to perform the following work:

☒ **BUILDING** ☐ **ELECTRICAL**

☐ **PLUMBING** ☐ **FIRE PROTECTION**

☐ **OTHER**

Description of work:

Install New Driveway

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: $ 500.00

Charles L. Barrett Jr.
CONSTRUCTION OFFICIAL

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

12 0003

BOROUGH OF COLLINGSWOOD

MISC. ACCTS.

Account Construction Code Fee

Amount #25.00

Detail Permit # 488

[illegible] W. Trimble

4-24-[illegible]-145 Ave

PAID MAR 1[illegible] MIS
B OF C

25.00 A

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. [illegible]
DATE ISSUED 3/4/97
REVISION DATE

Block 137 Lot 4B
Subdivision

A. IDENTIFICATION

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

Owner James W. Trimble
Address 437 Collings Ave.
Collingswood, NJ
Tel. ( )
Work Site Address 437 Collings Ave.

Contractor Owner
Address
Tel. ( )
Lic. No.
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.

James W Trimble
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

INSTALL NEW DRIVEWAY

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☑ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other CEMENT DRIVEWAY

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 500.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 3/16

Inspected By:

INSPECTIONS

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

DIVISION OF INSPECTION
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY

UNIFORM CONSTRUCTION CODE

☐ NOTICE OF VIOLATION AND ORDER TO TERMINATE
☒ NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. 3-87
DATE ISSUED 3/9/87
Block 137 Lot 9B
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name James W. Trimble
Address 437 Collings Ave.
Town/State/Zip Collingswood, NJ 08108
Work Site Address 437 Collings Ave., Collingswood

AGENT:
Name James W. Trimble
Address 437 Collings Ave.
Town/State/Zip Collingswood, NJ 08108

ACTION

DATE OF NOTICE: 3/9/87 COMPLIANCE DUE DATE: 3/23/87 DATE OF INSPECTION: 3/23/87

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

4 bl. IV.

The failure to obtain a Construction Permit.

Pd. 3/17/87
Check #844

You are hereby ordered to terminate the said violations on or before March 23,1987. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ _____ per _____.

☒ You are hereby ordered to pay a penalty in the amount of $ 20.00 for each violation for a total penalty of $ 20.00. Each day that any of the said violations remain outstanding after March 23, 1987 shall result in an additional penalty of $ 50.00 per day.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the County of Camden, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if neccessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 50.00, to be forwarded with your application to the Board of Appeals office at Egg Harbor Road, Lindenwold, NJ

If you have questions concerning this matter, please call: 858-0177

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ DATE: _____

NOTICE AND ORDER OF PENALTY: Edward J Barnett SCO / CO DATE: 3/9/87

STOP CONSTRUCTION ORDER

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2-87
DATE ISSUED 3/9/87
Block 137 Lot 9B
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name James W. Trimble
Address 437 Collings Ave.
Town/State/Zip Collingswood, NJ 08108

CONSTRUCTION LOCATION:
Name James W. Trimble
Address 437 Collings Ave.
Town/State/Zip Collingswood, NJ 08108

ACTION

DATE OF NOTICE: 3/9/87 COMPLIANCE DUE DATE: 3/23/87 DATE OF INSPECTION: 3/23/87

You are hereby ordered to **STOP CONSTRUCTION** at the above location as of 3/9/87 until further notice from this enforcing agency.

This Order is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of no prior approval which provides:

This matter must be complied with by March 23, 1987.

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

Approval by Camden County Highway Department and obtaining a construction permit from the Borough of Collingswood.

Failure to comply with this Order will result in a penalty of $ 50.00 per day for each day in which work continues after issuance of this Order.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

Pursuant to N.J.A.C. 5:23-2.35 et. seq., if you wish to contest the validity of the above action, you may file an appeal with the Construction Board of Appeals of the County of Camden, within 20 business days of receipt of this form. The Application to the Construction Board of Appeals may be used for this purpose. Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance upon the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $ 50.00 to be forwarded with your application to the Board of Appeals office at: Egg Harbor Road, Lindenwold, NJ.

Should you have any questions concerning this Order, please call: 858-0177.

BY ORDER OF: Charles H Barnett 3/9/87
SUBCODE OFFICIAL

Carbon Copy to Construction Official

STOP CONSTRUCTION ORDER

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2-87
DATE ISSUED 3/9/87
Block 137 Lot 9B
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name James W. Trimble
Address 437 Collings Ave.
Town/State/Zip Collingswood, NJ 08108

CONSTRUCTION LOCATION:
Name James W. Trimble
Address 437 Collings Ave.
Town/State/Zip Collingswood, NJ 08108

ACTION

DATE OF NOTICE: 3/9/87 COMPLIANCE DUE DATE: 3/23/87 DATE OF INSPECTION: 3/23/87

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BY ORDER OF: Charles J. Barnett 3/9/87
SUBCODE OFFICIAL

Carbon Copy to Construction Official

72 000 3

BOROUGH OF COLLINGSWOOD

MISC. ACCTS.

Account Construction Code Fee

Amount # 20.00

Detail Eighty 3-87
James W. Trimble
#211 Collings Ave.

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DIVISION OF INSPECTION
BOROUGH OF COLLINGSWOOD
678 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

NEW JERSEY UNIFORM CONSTRUCTION CODE

☐ NOTICE OF VIOLATION AND ORDER TO TERMINATE
☒ NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. 3-87
DATE ISSUED 3/9/87
Block 137 Lot 9B
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name James W. Trimble
Address 437 Collings Ave.
Town/State/Zip Collingswood, NJ 08108
Work Site Address 437 Collings Ave., Collingswood

AGENT:
Name James W. Trimble
Address 437 Collings Ave.
Town/State/Zip Collingswood, NJ 08108

ACTION

DATE OF NOTICE: 3/9/87 COMPLIANCE DUE DATE: 3/23/87 DATE OF INSPECTION: 3/23/87

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

4 bl. IV.

The failure to obtain a Construction Permit.

You are hereby ordered to terminate the said violations on or before March 23,1987. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☐ Failure to comply with this Order will subject you to a penalty of $ _____ per _____.

☒ You are hereby ordered to pay a penalty in the amount of $ 20.00 for each violation for a total penalty of $ 20.00. Each day that any of the said violations remain outstanding after March 23, 1987 shall result in an additional penalty of $ 50.00 per day.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the County of Camden, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

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The fee for an appeal is $ 50.00 to be forwarded with your application to the Board of Appeals office at Egg Harbor Road, Lindenwold, NJ.

If you have questions concerning this matter, please call: 858-0177

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ DATE: _____

NOTICE AND ORDER OF PENALTY: Charles G Barnett SCO/CO DATE: 3/9/87

BLOCK NO. 157 LOT NO. 7 D SUBDIVISION _____ PERMIT NO. 000

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: Dept. Highways			4/26/87				3/10/87										
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

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 _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	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. _____	_____
☐ 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	$ 35.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	.
OTHER _____	.
SUBTOTAL	$ 35.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.)
D.C.A. TRAINING FEE .0006 x _____ =	.
CERTIFICATE OF OCCUPANCY	.
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 25.00

DATE 9/12/87 Collected By CH Check # 844

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)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

CONSTRUCTION PERMIT

Permit #: 02-0574
Date Issued: 10/02/02

IDENTIFICATION Block/Lot/Qual: 137. 9.02
Work Site Location: 437 COLLINGS AVE
Owner in Fee: GALLOWAY MELVA J
Address: 437 COLLINGS AVENUE
COLLINGSWOOD NJ 08107
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:
CANOPY ROOF OVER EXISTING 2ND STORY DECK.

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 $ 5,000.00

_____ _____
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 #: 02-0574
Issue Date: 10/02/02
Application Id: 10006532
Application Date: 09/27/02

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

Block/Lot/Qual: 137. 9.02

Work Site Location: 437 COLLINGS AVE

Owner in Fee: GALLOWAY MELVA J

Tel. [redacted] email:

437 COLLINGS AVENUE COLLINGSWOOD NJ 08107

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	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-3 Proposed R-3

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

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 5,000.00

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
CANOPY ROOF OVER EXISTING 2ND STORY DECK.

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)
$
120.00

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 11.00
TOTAL FEE $ 131.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 02-0574
Issue Date: 10/02/02
Application Id: 10006532
Application Date: 09/27/02

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

Block/Lot/Qual: 137. 9.02

Work Site Location: 437 COLLINGS AVE

Owner in Fee: GALLOWAY MELVA J

Tel. [redacted] email:

437 COLLINGS AVENUE COLLINGSWOOD NJ 08107

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	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-3 Proposed R-3

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		

Constr. Class Present ______ Proposed ______

If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+2) $ 5,000.00

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: ______

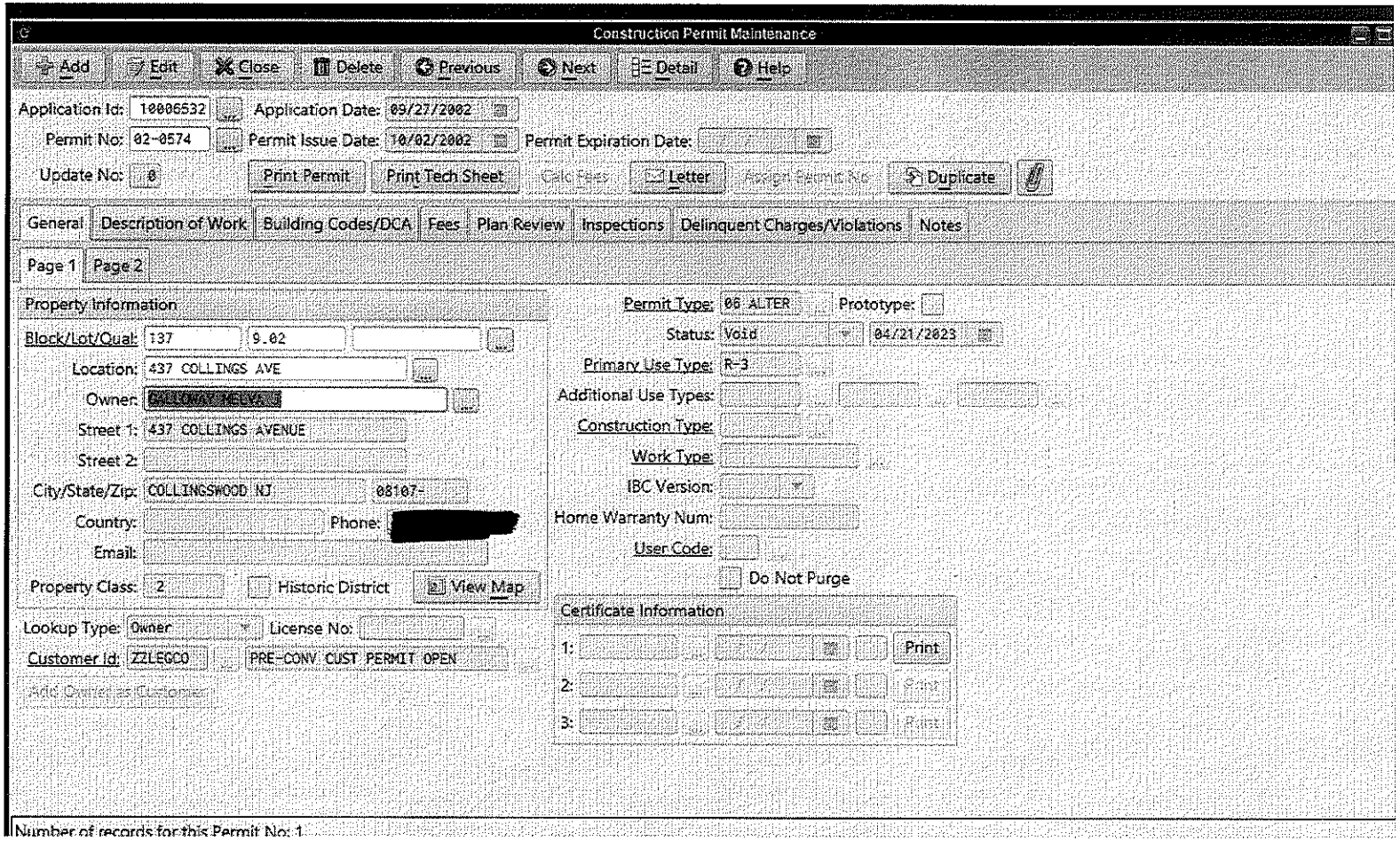
D. TECHNICAL SITE DATA

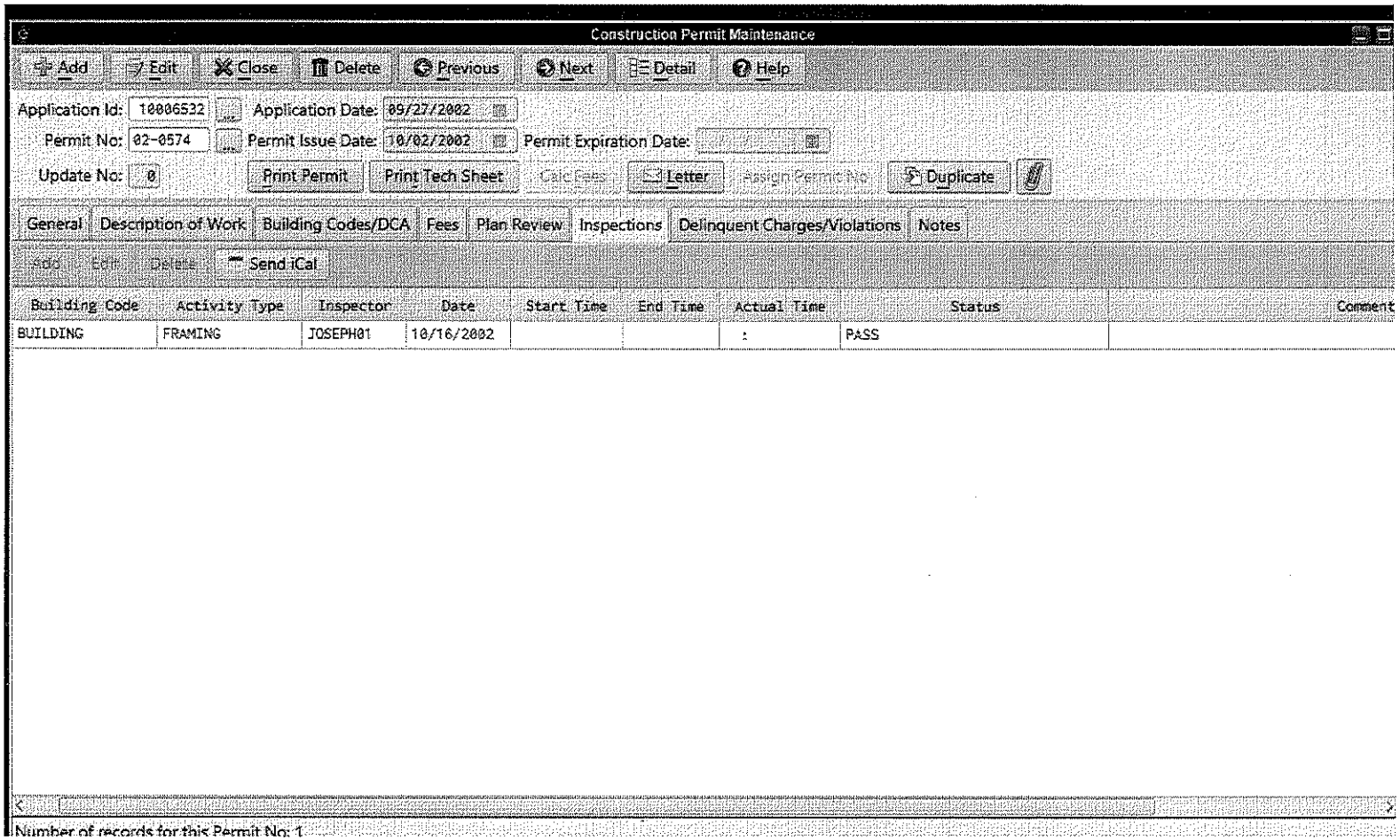
DESCRIPTION OF WORK
CANOPY ROOF OVER EXISTING 2ND STORY DECK.

TYPE OF WORK:	FEE (Office Use Only)
[ ] New Building	$
[ ] Addition	
[X] Rehabilitation	120.00
[ ] 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	$
State Permit Surcharge Fee	$ 11.00
TOTAL FEE	$ 131.00

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: 10006532
Application Date: 09/27/2002
Permit No: 02-0574
Permit Issue Date: 10/02/2002
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: 137
9.02
Location: 437 COLLINGS AVE
Owner: CALLOWAY MELVA J
Street 1: 437 COLLINGS AVENUE
Street 2:
City/State/Zip: COLLINGSWOOD NJ
08107-
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
04/21/2023
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:
2:
3:
Print
Number of records for this Permit No: 1


Construction Permit Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Help
Application Id: 10006532
Application Date: 09/27/2002
Permit No: 02-0574
Permit Issue Date: 10/02/2002
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
Comment
BUILDING
FRAMING
JOSEPH01
10/16/2002
:
PASS
Number of records for this Permit No: 1

BLOCK 137 LOT 9.02 QUALIFICATION CODE _____ ADDRESS (SITE) 437 Collings Ave. C137/902 PERMIT NO. 09-0023

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 437 Collings Ave.
2. Name of Owner in Fee: Mrs Galloway
   Tel. ( ) [redacted] e-mail
   Address Pennsauken (street) NJ (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: His Power Electric Inc Tel. (856) 694-5112
   Address 2259 Glos mill Rd e-mail
   License No. OR, if new home, Builder Reg. No. 10034 Exp. Date 03-09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 46.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 48.00		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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 _____

3226 00146_034153 SF 20090023 *0001 4 WJL*

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☒ Electrical	2000								
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ / _____
   After Construction _____ / _____
   Net Gain or Loss _____ / _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

1-10-0 9.15 MP

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs

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.ix:

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. 5:23-2.15(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.

(✓ Check if contractor.

Agent Name HJS Power Electric Inc

Address 2259 Coles Mill Rd
Franklinville NJ 08322

Telephone (856) 694-5112

Signature John Serafy

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

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

Date Issued 1/29/09
Control # C137/902
Permit # 09-0023

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 137 Lot 9.02 Qual

Work Site Location 437 COLLINGS AVENUE

Owner in Fee GALLOWAY 21
Address 437 COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Telephone ( ) -

Contractor HIS POWER ELECTRIC INC
Address 2259 COLES MILL ROAD
FRANKLINVILLE, NJ 08322-
Telephone (856)694-5112
Lic. No. or Bldrs. Reg. No. 10034
Federal Emp. No. [redacted]

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 WITH OUTSIDE DISCONNECT

PAYMENTS (Office Use Only)

Building	0
Electrical	46
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other	
Total	49
Check No.	1163
Cash	
Collected By	CR

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 $ 2,000

William Joseph
Construction Official

1/19/09
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

802

BOROUGH OF COLLINGSWOOD

MISC. ACCTS.

Account Courter, Cole Lee

Amount $49.00

Detail Permit 09-0023
Galloway
437 College Dr.
137-9.02

01/29/09 10:50:48 Miscellaneous Paymnt
BOROUGH OF COLLINGSWOOD

09-0023 49.00

Cash Amount:	.00
Check Amount:	49.00
Credit Amount:	.00

NJ UCCARS5.24E

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

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/16/2009
Date Issued 1/29/09
Control # C137/902
Permit # 09-0023

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

Block 137 Lot 9.02 Qual

Work Site Location 437 COLLINGS AVENUE

Owner in Fee GALLOWAY 21
Address 437 COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Tele.( ) -
Contractor HIS POWER ELECTRIC INC
Address 2259 COLES MILL ROADE
FRANKLINVILLE, NJ 08322-
Tele.(856)694-5112
Lic. No. or Bldrs. Reg. No. 10034
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	46
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # 1963
Collected by: CO

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA State Permit Fee	$	3

U.C.C. F120 (rev. 3/96)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # C137/902
Date Issued
Permit #

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

Block 137 Lot 9.02 Qualification Code

Work Site Location 437 Collings Ave
Collingswood NJ

Owner in Fee: Mrs Galloway

Tel. ( ) [redacted] e-mail

Address Pennsauken NJ
street municipality zip code

Contractor: His Power Electric Inc Tel. (856) 694-5112

Address 2259 Columbus mill Rd Franklinville e-mail

Contractor License No. 10,034 Exp. Date 03-09

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

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date 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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Upgrade Service to 200 Amp w/ outside disconnect

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	200	AMP Service w/ Disconect	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

BLOCK 137 LOT 9.02 QUALIFICATION CODE _____ ADDRESS (SITE) 437 Collings Ave PERMIT NO. 09-0204

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 437 Collings Ave
2. Name of Owner in Fee: Melva Galloway
   Tel. (856) _____ e-mail _____
   Address 437 Collings Ave (street) Collingswood (municipality) NJ 08107 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Runnemede Fence Tel. (856) 939-4999
   Address 39 N. Blackhorse Pk e-mail _____
   Runnemede NJ 08107
   License No. OR, if new home, Builder Reg. No. 12215 Exp. Date 3-12
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Sean McFeeley
   Tel. (856) 939-9999 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40.00		
2. Electrical	40.00		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	39.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 119.00		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

3226 00146_034153 20090204 SF *0001473*

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

5-22-09 3145 MK

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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(f)1.ix:

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. 5:23-2.15(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.

(✓) Check if contractor.

Agent Name Sean McErlean / Rudderock MCE

Address 59 D. Blackhorse Pk
Rudderock NJ 08107

Telephone ([redacted]

Signature _____

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

802

BOROUGH OF COLLINGSWOOD

MISC. ACCTS.

Account Constr. Code Fee

Amount $119.00

Detail Permit # 09-0204
Melva Galloway
437 Collings Ave.
137-9.02

06/03/09 10:11:08 Miscellaneous Payment
BOROUGH OF COLLINGSWOOD

09-0204

119.00

Cash Amount:	.00
Check Amount:	119.00
Credit Amount:	.00

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

Date Issued 6 13 09
Control # C137/902
Permit # 09-0204

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 137 Lot 9.02 Qual

Work Site Location 437 COLLINGS AVENUE

Owner in Fee GALLOWAY MELVA 22-23
Address 437 COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Telephone ( ) -

Contractor RUNNEMEDE HEATING CO
Address 39 NORTH BLACK HORSE PIKE
RUNNEMEDE, NJ 08078-
Telephone (856)939-4299
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HEATING & A/C SYSTEM

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 $ 23,000

William Joseph
Construction Official

5/20/09
Date

U.C.C. P170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	39
Cert. of Occupancy	0
Other	
Total	119
Check No.	24884
Cash	
Collected By	DR

UCCARS 5.24E

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

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/19/2009
Date Issued 6 13 109
Control # C137/902
Permit # 09-0204

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

Block 137 Lot 9.02 Qual

Work Site Location 437 COLLINGS AVENUE

Owner in Fee GALLOWAY MELVA 22-23
Address 437 COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-
Tele.( ) -
Contractor RUNNEMEDE HEATING CO
Address 39 NORTH BLACK HORSE PIKE
RUNNEMEDE, NJ 08078-
Tele.[redacted]
Lic. No. or Bldrs. Reg. No. 22619
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 $ 20,000

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
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
1	Hot Water Boiler	10
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

	Administrative Surcharge	$ 0
Paid [ ] Check # 24884	Minimum Fee	$ 30
Collected by: CR	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 34

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

NJ UCCARS5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/19/2009
Date Issued 6 13 109
Control # C137/902
Permit # 09-0204

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

Block 137 Lot 9.02 Qual

Work Site Location 437 COLLINGS AVENUE

Owner in Fee GALLOWAY MELVA 22-23

Address 437 COLLINGS AVENUE
COLLINGSWOOD, NJ 08108-

Tele.( ) -

Contractor RUNNEMEDE HEATING CO

Address 39 NORTH BLACK HORSE PIKE
RUNNEMEDE, NJ 08078-

Tele.(856)939-4299

Lic. No. or Eldrs. Reg. No.

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 3,000

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
5		TOTAL NUMBERS	36
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
2	0	KW Central A/C Unit	0
2	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
1	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Paid [ ] Check # 24884 Minimum Fee	$ 4
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 5

U.C.C. F120 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C/37/902
Permit #

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

Block 137 Lot 9.02 Qualification Code ____

Work Site Location 437 Collings Ave
Collingswood NJ 08107

Owner in Fee: Melva Galloway

Tel. (____) ____ e-mail ____

Address 437 Collings Ave Collingswood NJ
street municipality zip code

Contractor: RuWemade PHCE Tel. (856 937-4299

Address 39 N. Blackhorse Pk
Runwemade NJ 08077

Contractor License No. 12215 Exp. Date 3-12

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

Federal Emp. ID No. [redacted] FAX: (____) ____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Estimated Cost of Electrical Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: ____

Approved by: ____

SUBCODE APPROVAL

[ ] 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 I am authorized to make this application, and perform the work listed on this application.

Ben McCall
Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixture	
____		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. Rang/Receptacle	____
____	____	KW Oven/Surface Unit	____
____	____	KW Elec. Water Heater	____
____	____	KW Elec. Dryer/Receptacle	____
____	____	KW Dishwasher	____
____	____	HP Garbage Disposal	____
2	1	KW Central A/C Unit	____
2	15	HP/KW Space Heater/Air Handler	____
____	____	KW Baseboard Heat	____
1	3	HP Motors 1/+ HP	____
____	____	KW Transformer/Generator	____
____	____	AMP Service	____
____	____	AMP Subpanels	____
____	____	AMP Motor Control Center	____
____	____	KW Elec. Sign/Outline Light	____
____	____	____	____
____	____	____	____

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

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C137/902
Permit #

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

Block 67 Lot 902
Work Site Location 437 Collings Ave
Collingswood NJ 08107
Owner in Fee Melva Galloway
Address 437 Collings Ave
Collingswood NJ 08107
Tele. ( ) [redacted]
Contractor Runnemede Plumbing Heating Cooling Electric
Address 39 N. Black Horse Pike Runnemede N.J. 08078
Tele. (856) 939-4299 Fax (856) 939-4619
Lic. No. BI10697
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 $ 20,000.00

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:	Failure	Dates (Month/Day) 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.

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
1	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

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 437 Collings Ave

Applicant Melva Galloway

Certifying Individual _____ Company Runnemede PHCE

Address 39 N. Black Horse Pike Runnemede NJ 08078
Street City State Zip Code

Tel. (856) 939-4299

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

Direct Vent Appliance:

No certification required:

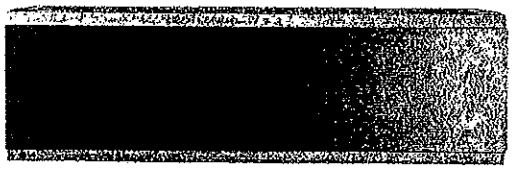
_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

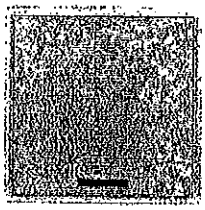
N.C.C. F370
(rev. 3/96)

18,000-24,000 BTUs Dual Zone

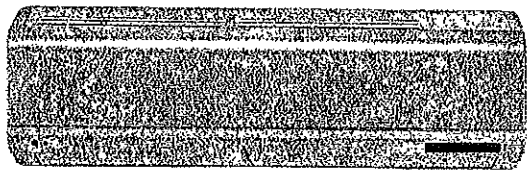
Available indoor unit styles – See page 18 for color options.



Mirror Finish[α, §]
12,000 BTUs Indoor Model #s:
LMAN121CNM, LMAN121HNM



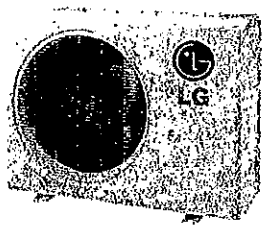
Art Cool Metal Finish[t, §]
9,000 BTUs Indoor Model #s:
LMAN090CNS, LMAN090HNS
12,000 BTUs Indoor Model #s:
LMAN120CNS, LMAN120HNS



Standard[α]
9,000 BTUs Indoor Model #s:
LMN090CE, LMN090HE
12,000 BTUs Indoor Model #s:
LMN120CE, LMN120HE

Outdoor Unit
LMU240CE

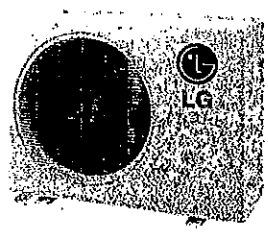
Choose any two indoor cooling units for a combined 18,000 - 24,000 BTUs cooling. Pick the same style, or mix and match.



Outdoor Unit **LMU240CE**

Outdoor Unit
LMU240HE

Choose any two indoor heat pump units for a combined 18,000 - 24,000 BTUs heating/cooling. Pick the same style, or mix and match.



Outdoor Unit **LMU240HE**

Model #	LMN090CE	LMAN090CNS	LMN120CE	LMAN120CNS	LMAN121CNM
Performance					
Capacity (BTUs)	9,000/8,850	9,000/8,850	12,000/11,800	12,000/11,800	12,000/11,800
Air Circulation (CFM H/M/L)	250/210/170**	264/230/177**	330/280/230**	265/230/177**	330/261/194**
Fan Speeds	4/Auto/Chaos	4/Auto/Chaos	4/Auto/Chaos	4/Auto/Chaos	4/Auto/Chaos
Dehumidification (pts/hr)	2.3	2.3	2.5	3.0	2.5
Indoor dB(A)*	31/29/22	37/31/27	39/25/21	43/39/31	39/25/21
Outdoor dB(A)*	50	50	50	50	50
Electrical					
Rated Voltage Outdoor	230/208-60-1	230/208-60-1	230/208-60-1	230/208-60-1	230/208-60-1
Rated Voltage Indoor	36V DC	36V DC	36V DC	36V DC	36V DC
Indoor Dimensions	33 1/16 x	22 13/32 x	35 3/16 x	22 13/32 x	36 x
W x H x D (inches)	10 5/8 x	22 13/32 x	11 x	22 13/32 x	11 3/32 x
	6 1/32	5 3/8 x	6 1/2	5 3/8 x	6 1/2
Weight (lbs.)	15.4**	24.9**	20.5**	24.9**	20.5**
Outdoor Dimensions					
W x H x D (inches)	40 5/32 x	40 5/32 x	40 5/32 x	40 5/32 x	40 5/32 x
	34 3/16 x	34 3/16 x	34 3/16 x	34 3/16 x	34 3/16 x
	17 5/16	17 5/16	17 5/16	17 5/16	17 5/16
Weight (lbs.)	139.0	139.0	139.0	139.0	139.0
Thermostat Range					
Cooling / Heating (°F)	64-86	64-86	64-86	64-86	64-86

*LG verified sound ratings

**Per indoor unit

Warranty: 2 years parts; 5 years compressor.
See page 23 for electrical specifications, refrigerant line requirements & formulas. See page 17 for installation materials.

18,000-24,000 BTUs Dual Zone

Features:

- Changeable front color panel option[5]
- Multi Power System™
- R-410A Refrigerant
- Plasma Air Purifying System[6]
- Triple-filter air purifying system[6]
- Self cleaning indoor coil
- Dehumidifying mode
- Chaos Swing
- Jet Cool
- Three-way cooling[1]
- Cooling mode
- Heating mode (H/P Model only)
- Fan mode
- Auto operation
- Manual power switch
- Defrost control (H/P model only)
- Temperature display on indoor unit
- Auto sleep mode
- Auto restart
- 24-Hour on/off timer
- Evaporator frost control
- Ultra quiet operation

Interior Unit Includes:

- 2 Wall units
- 2 Wall unit installation plates & hardware
- 2 Remote controls w/batteries, 2 holders & holder hardware
- Installation manual

Exterior Unit Includes:

- Exterior unit
- Exterior unit has sufficient refrigerant for charging 2 indoor coils and a 25' line set per indoor unit

Model #		LMN090HE	LMAN090HNS	LMN120HE	LMAN120HNS	LMAN121HNM
Performance						
Capacity (BTUs)		9,000/8,850	9,000/8,850	12,000/11,800	12,000/11,800	12,000/11,800
		9,000/9,000	9,000/9,000	12,000/12,000	12,000/12,000	12,000/12,000
Air Circulation (CFM H/M/L)		250/210/170**	264/230/177**	330/280/230**	318/261/194**	330/261/194**
Fan Speeds		4/Auto/Chaos	4/Auto/Chaos	4/Auto/Chaos	4/Auto/Chaos	4/Auto/Chaos
Dehumidification (pts/hr)		2.3	2.3	2.5	3.0	2.5
Indoor dB(A)*		31/29/22	37/31/27	39/25/21	43/39/31	39/25/21
Outdoor dB(A)*		50	50	50	50	50
Electrical						
Rated Voltage Outdoor		230/208-60-1	230/208-60-1	230/208-60-1	230/208-60-1	230/208-60-1
Rated Voltage Indoor		36V DC	36V DC	36V DC	36V DC	36V DC
Indoor Dimensions		33 1/16 x	22 13/32 x	35 3/16 x	22 13/32 x	36 x
W x H x D (inches)		10 5/8 x	22 13/32 x	11 x	22 13/32 x	11 3/32 x
		6 1/32	5 3/8 x	6 1/2	5 3/8 x	6 1/2
Weight (lbs.)		15.4**	24.9**	20.5**	24.9**	20.5**
Outdoor Dimensions						
W x H x D (inches)		40 5/32 x	40 5/32 x	40 5/32 x	40 5/32 x	40 5/32 x
		34 3/16 x	34 3/16 x	34 3/16 x	34 3/16 x	34 3/16 x
		17 5/16	17 5/16	17 5/16	17 5/16	17 5/16
Weight (lbs.)		139.0	139.0	139.0	139.0	139.0
Thermostat Range						
Cooling / Heating (°F)		64-86/60-86	64-86/60-86	64-86/60-86	64-86/60-86	64-86/60-86

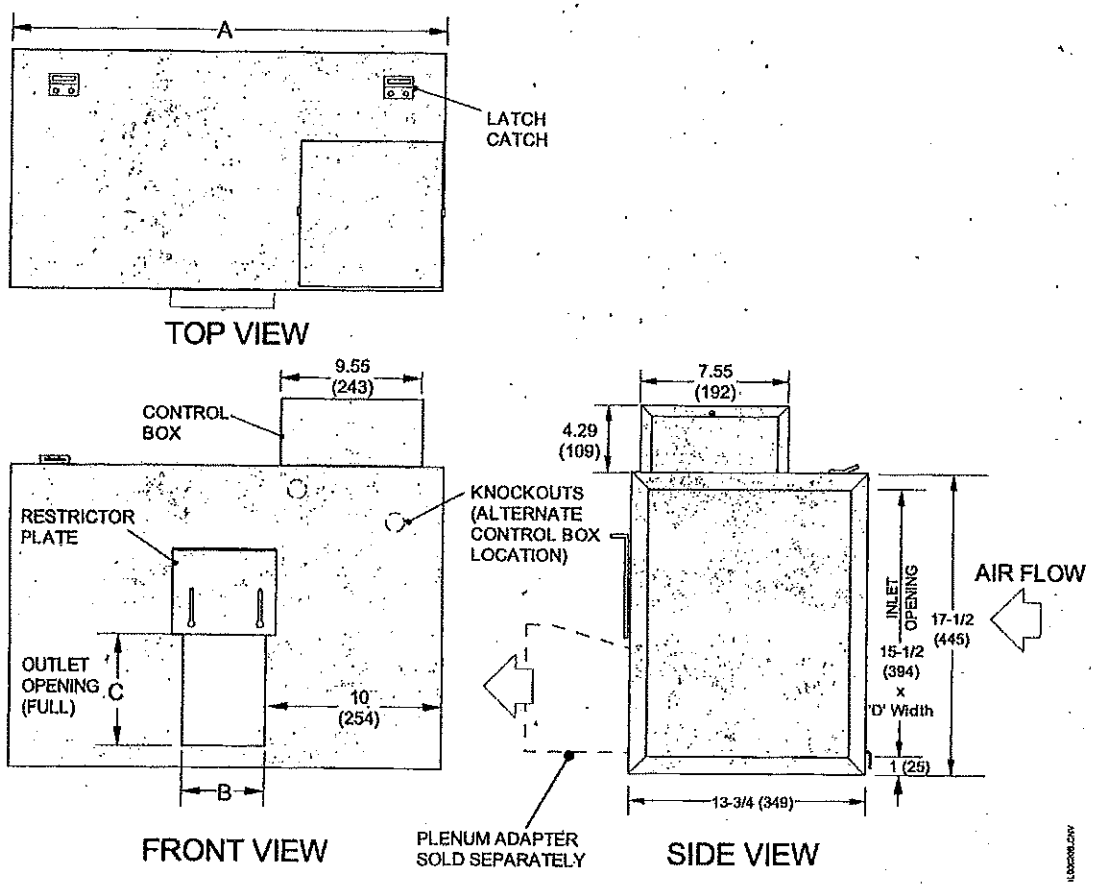
*LG verified sound ratings

**Per indoor unit

Blower Module Specifications – 60 Hz

Model No.			MB2430L	MB3642L	MB4860L
Motor	Electrical Characteristics		208 – 230 Volts / 60 / 1 phase		
	Size, HP (kW)		1/2 (0.37)	1 (0.75)	1 (0.75)
	Full Load Amps		3.0	6.2	6.2
	Capacitor, mfd.		10	10	10
	Speed, RPM	L model	1700	1700	1700
		L+CB model	1700/800	1700/800	1700/800
Blower Wheel Nom. Diameter, in. (mm)			9.5 (241)	9.5 (241)	9.5 (241)
Blower Wheel Width, inch (mm)			3.75 (95)	5.0 (127)	7.75 (197)
Nominal* Air Flow Rate, cfm (L/s)			600 (283)	1000 (472)	1250 (590)
Plenum Static Pressure, iwc, (Pa)			1.5 (373)	1.5 (373)	1.5 (373)
Sound Pressure Level		dB(A)	56	56	58
		NC	50	47	50
Minimum Plenum Size, ID, inch (mm)			7 (178)	9 (229)	10 (254)
Shipping Weight, lb (kg)			62 (28)	72 (33)	72 (33)
Dimensions, in. (mm)		A	25 (635)	38 (965)	38 (965)
		B	6.00 (152)	7.16 (182)	10.13 (257)
		C	6.38 (162)	6.38 (162)	6.38 (162)
		D	23 (584)	36 (914)	36 (914)

* based on full open restrictor and minimum plenum size at 230V.
** NC=noise criteria



ALL DIMENSIONS IN INCHES (mm)

MCB SERIES

GAS-FIRED/NATURAL OR PROPANE

BOILER NO.	A.G.A. INPUT BTU/HR.	HEATING CAPACITY BTU/HR	I=B=R** NET OUTPUT BTU/HR.	NATURAL* GAS INLET	DIMENSIONS A	B	C FLUE SIZE	D	E	F	PUMP SIZE SUPPLY & RETURN TAPPINGS	NO. OF BURNERS	ANNUAL FUEL UTILIZATION EFFICIENCY (AFUE) ELECT. IGN. & DAMPER	STD. PILOT & DAMPER
MCB-50	50,000	42,000	37,000	1/2"	11⅛"	5½"	4"	30¾"	36¼"	6"	1¼"	1	84.1	80.0
MCB-75	75,000	63,000	55,000	1/2"	15"	7½"	5"	30¾"	37¼"	6"	1¼"	2	83.1	80.0
MCB-100	100,000	83,000	72,000	1/2"	15"	7½"	6"	30¾"	37¼"	6½"	1¼"	2	83.0	80.0
MCB-125	125,000	104,000	90,000	1/2"	18¾"	9¾"	6"	30¾"	37¼"	6½"	1¼"	3	82.0	80.0
MCB-150	150,000	124,000	108,000	1/2"	18¾"	9½"	7"	30¾"	37¾"	7"	1¼"	3	83.0	80.0
MCB-175	175,000	143,000	124,000	1/2"	22¾"	11¾"	7"	30¾"	38¾"	7"	1¼"	4	81.0	80.0
MCB-200	200,000	165,000	143,000	1/2"	22¾"	11⅞"	8"	30¾"	38¾"	8"	1¼"	4	81.9	80.0
MCB-250	250,000	205,000	178,000	3/4"	26¾"	13¾"	8"	32¾"	40¾"	8"	1¼"	5	80.5	80.0
MCB-300	299,999	243,000	214,000	3/4"	30½"	15¼"	9"	32¾"	42¾"	10"	1¼"	6	80.0	80.0

*Propane Gas Inlet, all units, 1/2" **For equivalent square feet of radiation, divide I=B=R output by 150.

STANDARD EQUIPMENT: Boiler jacket, cast iron section, combination aquastat relay, theraltimeter gauge, circulator (field mounted), main gas burners, combination 24-volt gas control (includes automatic gas valve, gas pressure regulator, automatic pilot, safety shutoff, pilot flow adjustment, pilot filter), A.S.M.E. relief valve, drain valve, spill switch, rollout switch, automatic vent damper.

OPTIONAL EQUIPMENT: Interrupted electronic ignition pilot system, combustible floor kit. Conversion Kits: Natural Gas to Propane or Propane to Natural Gas. High Altitude Conversion Kits also available. Electronic Low Water Cut Off now available to meet the latest codes requirements.

MEA# 19-79 Vol. II

EXPLANATION NOTES

All boilers are design-certified for installation on non-combustible floors.

For installation on any combustible floor, use combustible floor kit.

Recommended chimney height 20 feet. In special cases where conditions permit, chimney height may be reduced to 10 feet. Refer to the latest revision of NFGC Part II.

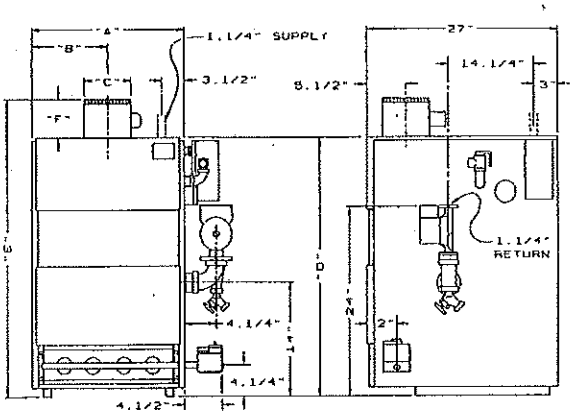
Electrical service to be 120 Volts, 15 Amps, 60 Hz.

For elevations above 2000 feet, ratings should be reduced at a rate of 4% for each 1000 feet above sea level.

Net I=B=R ratings include 15% allowance for normal piping and pickup load. Manufacturer should be consulted on installations having other than normal piping and pickup requirements.

Specifications and dimensions are subject to change without notice.

DIMENSIONS



CSA Certified for Natural Gas or Propane

TESTED FOR 100 LBS. ASME WORKING PRESSURE

YOUR ASSURANCE OF QUALITY

Columbia Boilers products are designed, tested, and assembled to ensure that you get the very best in home heating and cooling comfort, and value. Each one meets or exceeds all recognized safety, performance and efficiency standards.

COLUMBIA®

COLUMBIA BOILER COMPANY

For more information on Columbia Boilers contact the following:

Columbia Heating Products
1409 Rome Road, PO Box 24202
Baltimore, MD 21227
Tel 410-242-5300 Fax 410-247-5026

Columbia Heating Supply
390 Old Reading Pike, PO Box 377
Pottstown, PA 19464
Tel 610-323-9200 Fax 610-323-8532

Web Site: www.columbiaheating.com

SPECIFICATIONS

General Data	Model No.	XP13-018	XP13-024	XP13-030	XP13-036	XP13-042	XP13-048	XP13-060
	Nominal Tonnage	1.5	2	2.5	3	3.5	4	5
Connections (sweat)	Liquid line (o.d.) - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Vapor line (o.d.)	3/4	3/4	3/4	3/4	7/8	7/8	1-1/8
Refrigerant	[1] R-410A charge furnished	8 lbs. 14 oz.	7 lbs. 12 oz.	6 lbs. 15 oz.	8 lbs. 0 oz.	10 lbs. 8 oz.	11 lbs. 2 oz.	11 lbs. 13 oz.
Outdoor Coil	Net face area sq. ft. Outer coil	13.22	13.22	13.22	15.11	18.67	18.67	24.50
	Inner coil	12.65	12.65	12.65	14.46	18.00	18.00	23.64
	Tube diameter - in.	5/16	5/16	5/16	5/16	5/16	5/16	5/16
	No. of Rows	2	2	2	2	2	2	2
	Fins per inch	22	22	22	22	22	22	22
Outdoor Fan	Diameter - in.	18	18	18	18	22	22	22
	No. of blades	3	3	3	3	4	4	4
	Motor hp	1/10	1/10	1/10	1/10	1/6	1/4	1/4
	Cfm	2215	2215	2270	2330	3150	3730	3980
	Rpm	1040	1040	1050	1060	844	824	836
	Watts	145	145	165	170	215	320	305
Shipping Data - lbs. 1 pkg.		189	188	192	208	260	267	305
ELECTRICAL DATA								
Line voltage data - 60hz - 1 phase		208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
[3] Maximum overcurrent protection (amps)		20	30	30	35	40	50	60
[2] Minimum circuit ampacity		11.9	17.5	18.4	21.6	23.2	28.9	34.6
Compressor	Rated load amps	8.97	13.46	14.1	16.67	17.69	21.79	26.28
	Locked rotor amps	48	58	73	79	107	117	134
	Power factor	0.98	0.98	0.98	0.99	0.99	0.99	0.99
Outdoor Fan Motor	Full load amps	0.7	0.7	0.7	0.7	1.1	1.7	1.7
	Locked Rotor Amps	1.4	1.4	1.4	1.4	2.1	2.1	3.1
OPTIONAL ACCESSORIES - MUST BE ORDERED EXTRA								
Compressor Hard Start Kit	**10J42**	•						
	88M91		•	•	•	•	•	•
Compressor Crankcase Heater	**93M04**	•	•	•	•		Factory	
Compressor Low Ambient Cut-Off	**45F08**	•	•	•	•	•	•	•
Compressor Sound Cover	**69J03**	•	•	•	•	•	•	•
Freezestat 3/8 in. tubing	**93G35**	•	•	•	•	•	•	•
5/8 in. tubing	**50A93**	•	•	•	•	•	•	•
Indoor Blower Off Delay Relay	**58M81**	•	•	•	•	•	•	•
Low Ambient Kit	**54M89**	•	•	•	•	•	•	•
Low Pressure Switch Bypass Thermostat	**13W07**	•	•	•	•	•	•	•
Mild Weather Kit	**33M07**	•	•	•	•	•	•	•
Monitor Kit - Service Light	**76F53**	•	•	•	•	•	•	•
Outdoor Thermostat Kit Thermostat	**56A87**	•	•	•	•	•	•	•
Mounting Box	**31461**	•	•	•	•	•	•	•
Refrigerant Line Sets L15-41-20 L15-41-30	L15-41-40 L15-41-50	•	•	•	•			
L15-65-30	L15-65-40 L15-65-50					•	•	
	Field Fabricate							•

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

1 Refrigerant charge sufficient for 15 ft. length of refrigerant lines.

2 Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

3 HACR type breaker or fuse.

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # C137/902

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

Block 137 Lot 9.02
Work Site Location 437 Collings Ave
Collingswood NJ 08107
Owner in Fee Melva Galloway
Address 437 Collings Ave
Collingswood NJ 08107
Tele. ( )
Contractor RunWemede PHCE
Address 39 No. Blackhorse Pk
RunWemede NJ 08078
Tele. (856) 939 4299 Fax ( )
Lic. No.
Federal Emp. No. [redacted]

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 $ 2000 00

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: Replace boiler

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v interconnected [ ] System		
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 [ ] or Oil [ ] Fired Appliances	1	
Other ____		

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

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

BLOCK ______ LOT 9.02 QUALIFICATION CODE ______ ADDRESS (SITE) 437 Collings Ave. PERMIT NO. 15-00319

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 437 Collings Ave.
2. Name of Owner in Fee: Melva Galloway
   Tel. [redacted] e-mail ______
   Address 437 Collings Ave. (street) Collingswood (municipality) 08107 (zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Dave Adams Roofing & Solar, Inc. Tel. (609) 889-5000
   Address 600 Rt. 47 South e-mail ______
   Cape May, NJ 08204
   License No. OR, if new home, Builder Reg. No. 13VH05958200 Exp. Date ~~12/31/2013~~ 3-31-16
   Home Improvement Contractor Registration No. or Exemption Reason ______
   Federal Emp. ID No. [redacted] FAX: (609) 889-9733
5. Architect or Engineer ______ Contact ______
   Address ______ e-mail ______
   Tel. ______ FAX: ______
6. Responsible Person in Charge once Work has Begun Dave Adams Roofing & Solar, Inc.
   Tel. (609) 889-5000 FAX: (609) 889-9733

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 65		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$ 9		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 74		

VI. BUILDING/SITE CHARACTERISTICS

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. Max. Live Load ______
7. Max. Occupancy Load ______
8. If Industrialized Building: State Approved ______ HUD ______
9. Total Land Area Disturbed ______ sq. ft
10. Flood Hazard Zone ______
11. Base Flood Elevation ______ ft
12. Wetlands yes ______ no ______

RECEIVED JUN 18 2015

3396
00146_038122 SF
201500319

74
Cked 6/2/15 4M
Let Merge

IIa. PROPOSED WORK

☒ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	4,500				6/22/15	[illegible]			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$4,500								

(FOR OFFICE USE ONLY (Optional) applies to columns from Plans Rec'd by onward.)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: SFD
2. Use Group, Proposed: R-5
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ______
   Gained, Rental ______
   Lost, Sale ______
   Lost, Rental ______

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: ______
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ______

D. Construct. Classification: Present ______ Proposed ______

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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. 5:23-2.15(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.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

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(f)1.ix:

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. 5:23-2.15(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 Dave Adams Roofing & Solar, Inc.

Address 600 Rt. 47 South

Cape May, NJ 08204

Telephone (609) 889-5000

Signature Mai M. Goodroe

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

CERTIFICATE

Permit #: 15-00319
Date Issued: 07/08/15
Certificate Issued Date: 07/23/15

IDENTIFICATION

Work Site Location: 437 COLLINGS AVE
Block/Lot/Qual: 137. 9.02
Owner in Fee: GALLOWAY MELVA J
Address: 437 COLLINGS AVENUE
COLLINGSWOOD NJ 08107

Contractor: DAVE ADAMS ROOFING & SOLAR INC
Address: 600 RT. 47 SOUTH
CAPE MAY, NJ 08204

Tel.: (609)889-5000
Fax: (609)889-9733
Lic. No. or Bldrs. Reg. No: 13VH05958200
Federal Employer No: 273003110

Home Warranty No:
Type of Warranty Plan:
Use Group: R-5 Res; 1 & 2 Family
Maximum Live Load:
Construction Classification:
Max Occupancy Load:
Description of Work/Use: REMOVE EXISTING - TWO LAYERS OF ASPHALT SHINGLES. INSTALL TAMKO - 30 YR. ASPHALT SHINGLES 6 NAILS PER SHINGLE, ALL EDGES TO BE GLUED DOWN.

CERTIFICATE OF OCCUPANCY

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

TEMPORARY CERTIFICATE OF OF OCCUPANCY/COMPLIANCE

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

CERTIFICATE OF APPROVAL

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

CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

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

CERTIFICATE OF CONTINUED OCCUPANCY

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

CERTIFICATE OF COMPLIANCE

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

W. Fisher 7/28/15

Construction Official Date

BUILDING SUBCODE
TECHNICAL SECTION

Permit #: 15-00319
Issue Date: 7-8-15
Application Id: 90002046
Application Date: 06/23/15

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

Block/Lot/Qual: 137. 9.02

Work Site Location: 437 COLLINGS AVE

Owner in Fee: GALLOWAY MELVA J

Tel. [redacted] email:

437 COLLINGS AVENUE COLLINGSWOOD NJ 08107

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: 03/31/16

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 - TWO LAYERS OF ASPHALT SHINGLES. INSTALL TAMKO - 30 YR. ASPHALT SHINGLES 6 NAILS PER SHINGLE, ALL EDGES TO BE 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 [X] CCO [ ] CA
Date: 7/27/15
Approved by: [signature]

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			7/23/15	[signature]
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [X] 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)

	$
	65.00

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 65.00

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)	$ 4,500.00

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

Permit #: 15-00319
Date Issued: 7-8-15

IDENTIFICATION Block/Lot/Qual: 137. 9.02
Work Site Location: 437 COLLINGS AVE
Owner in Fee: GALLOWAY MELVA J
Address: 437 COLLINGS AVENUE
COLLINGSWOOD NJ 08107
Tel. [redacted]

Contractor: DAVE ADAMS ROOFING & SOLAR INC
Address: 600 RT. 47 SOUTH
CAPE MAY, NJ 08204
Tel. (609)889-5000
Lic. No. or Bldrs. Reg. No. 13VH05958200

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:
REMOVE EXISTING - TWO LAYERS OF ASPHALT SHINGLES. INSTALL TAMKO - 30 YR. ASPHALT SHINGLES 6 NAILS PER SHINGLE, ALL EDGES TO BE 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 $ 4,500.00

PAYMENTS (Office Use Only)	
Building	65.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	9.00
Cert. of Occupancy	
Other	
Total	74.00

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

BOROUGH OF COLLINGSWOOD

07/08/15 14:44 Invoice Pymt

Customer: DAVEADO2
Name: DAVE ADAMS ROOFING & SOLAR INC

Invoice I1401065 Item	1	9.00
Invoice I1401065 Item	2	65.00
		74.00

Ref Num: 12018 Seq: 212 to 213

Cash Amount:	0.00
Check Amount:	74.00
Credit Amount:	0.00
Total:	74.00

BOROUGH OF COLLINGSWOOD
Municipal Building
678 HADDON AVENUE
Collingswood, NJ 08108
ATTN: Construction Office
(856)854-0720 Ext: 132

INVOICE #
I1401065

INVOICE DATE: 06/23/15
DUE DATE: 07/23/15

ACCOUNT ID: DAVEAD02
DAVE ADAMS ROOFING & SOLAR INC
600 RT. 47 SOUTH
CAPE MAY, NJ 08204

PERMIT INFORMATION
PERMIT NO: 15-00319
LOCATION: 437 COLLINGS AVE

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
		Permit No: 15-00319		
1.0000	UCDCAALT	DCA Alteration Fee	9.00000	9.00
		Permit No: 15-00319		
1.0000	UCB04B	Roofing- Residential	65.00000	65.00
		Permit No: 15-00319		
			TOTAL DUE:	$ 74.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 131 Lot 9.02 Qualification Code

Work Site Location 437 Collings AVe.
Collingswood

Owner in Fee: Melva Galloway

Tel. [redacted] e-mail

Address 437 Collings Ave. (street) Collingswood (municipality) 08107 (zip code)

Contractor: Dave Adams Roofing & Solar, Inc. Tel. (609) 889-5000

Address 600 Rt. 47 South e-mail

Cape May, NJ 08204

Contractor License No. or Builder Registration No. 13VH05958200 Exp. Date 12/31/2014

Home Improvement Contractor Registration No. or Exemption Reason

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required	6/24/14	
[ ] 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-3 Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present 5B Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 4,500
3. Total (1+ 2) $ 4,500

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: Mai M. Goodroe

Print name here: Mai M. Goodroe

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing - 2 Layer of asphalt shingles
Install Tamko - 30 yr. asphalt shingles
6 nails per shingle, all edges to be glued down

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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)
$

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

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.

License Information

Accurate as of June 18, 2015 10:59 AM

Return to Search Results

Name: DAVE ADAMS ROOFING & SOLAR INC

Address: Cape May,NJ

Profession/License Type: Home Improvement Contractors,Home Improvement Contractor

License No: 13VH05958200

License Status: Active

Status Change Reason: License Issuance

Issue Date: 9/23/2010

Expiration Date: 3/31/2016

For Contractors needing information regarding registration contact the New Jersey Home Improvement Contractors registration section (973) 424-8150 prompt #2. For consumers requiring information concerning Contractor complaints contact the New Jersey Home Improvement Contractors complaints section (973) 424-8150 prompt #6.