CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 11/28/2023

Tracking Number: OPRA-Req-23-1911

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Breean Stumpf

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: 49 PARK DR

☐ Includes Common Law Request

Records requested: OPRA/OPEN & CLOSE PERMITS - 49 Park Dr, Cherry Hill, NJ 08002

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

CHERRY HILL TOWNSHIP
820 Mercer Street
Cherry Hill, NJ 08002
(856) 432-8702

Date Issued:	5/23/2022
Application Number:	ZA-22-00988
Application Date:	5/23/2022
Project Number:	
Permit Number:	ZP-22-00621
Fee:	$20.00

Zoning Permit

Worksite 49 PARK DR
Location: CHERRY HILL TOWNSHIP, NJ 08002

Owner: HEIMERLING, DAVID A & GABRIELLE C
Address: 49 PARK DR
CHERRY HILL, NJ 08002

Applicant: HEIMERLING, DAVID A & GABRIELLE C
Address: 49 PARK DR
CHERRY HILL, NJ 08002

Block: 389.01 Lot: 10 Qualifier: Zone: R2

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: Residential

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: Residential - Portable Temporary Storage Units (PODS)

Work Description:

Portable Temporary Storage Units (PODS) - APPROVED, for a temporary storage pod from June 15, 2022 to 1 to July 13, 2022. Placement of POD shall not exceed a period of 30 days or the time period for which there is an active construction permit on file for the property, not to exceed 190 days. A POD container shall be placed on concrete, asphalt or other impervious surface (not upon a lawn). No POD unit shall be placed or located closer than 10' from any side or rear lot line. If the POD is located in the front driveway, it shall be no closer than 10' from the right-of-way, not obstructing sidewalk access.

Cost: $20.00 residential fee.

Application Approved Date: 5/23/2022

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Kathleen Gaeta, Planning & Zoning Assistant

5/23/2022
Date

This Zoning Permit is based on the information presented by the applicant, including the application and attached plans, and applies only to the improvements requested as described above. It allows for the application of Building Permits or Certificate of Occupancy (CO) from the Division of Code Enforcement. Additional permits may be required.

A Zoning Permit shall be valid or effective for one (1) year from the date of issuance thereof, and shall thereafter be null and void. If the use, change of use, extension of non-conforming use, erection, construction, repair remodeling, conversion, removal, destruction or moving, alteration, or relocation of a building or structure

CHERRY HILL TOWNSHIP
820 Mercer Street
Cherry Hill, NJ 08002
(856) 488-7870

Date Issued:	10/12/2022
Application Number:	ZA-22-01958
Application Date:	9/28/2022
Project Number:	
Permit Number:	ZP-22-01373
Fee:	$20.00

Zoning Permit

Worksite 49 PARK DR
Location: CHERRY HILL TOWNSHIP, NJ

Owner: Kelly Builders Inc
Address: 49 PARK DR
CHERRY HILL, NJ 08002

Applicant: Christina Haciski
Address:
, AB

Block: 389.01 Lot: 10 Qualifier: Zone: R2

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: Residential

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: Residential - ADDITON AND RENOVATIONS

Work Description:

Addition, Rehabilitation, Deck/Porch, Driveway (New) - APPROVED, as shown on the attached architectural plan (Thomas B. Wagner, Architect: 8/16/2022) and grading plan (Clifton w. Quay, P.E.: 9/28/2022) for a 32' x 22' addition and additional renovations to an existing single family dwelling. Proposed addition and renovations meets setbacks and lot requirements for R2 zone, per §405 of the Zoning Ordinance.

APPROVED, for the conversion of the existing garage into additional living space.

APPROVED, as shown on the attached architectural plan (Thomas B. Wagner, Architect: 8/16/2022) and grading plan (Clifton w. Quay, P.E.: 9/28/2022) for a 22' x 22' detached garage as an accessory use to an existing single-family dwelling. Proposed garage meets setbacks and lot requirements for R2 zone, per §431.C of the Zoning Ordinance. Garage shall not be utilized for an accessory dwelling unit.

APPROVED, as shown on the attached architectural plan (Thomas B. Wagner, Architect: 8/16/2022) and grading plan (Clifton w. Quay, P.E.: 9/28/2022) for a 12'-9" x 4' rear deck to the existing single-family dwelling. Deck elevation 3'-6". Proposed deck meets setbacks and lot requirements for the R2 zone, per §431.H. of the Zoning Ordinance.

APPROVED, as shown on the attached architectural plan (Thomas B. Wagner, Architect: 8/16/2022) and grading plan (Clifton w. Quay, P.E.: 9/28/2022) for a 5'-6" x 8' screened porch addition in the rear yard. Proposed screened porch meets setbacks and lot requirements for R2 zone, per §405 of the Zoning Ordinance.

APPROVED, as shown on the attached architectural plan (Thomas B. Wagner, Architect: 8/16/2022) and grading plan (Clifton w. Quay, P.E.: 9/28/2022) for the removal of the existing driveway and the construction of a new, 42' x 22' driveway and apron. Proposed driveway shall be a minimum of three (3') feet from the property line(s), per §505 of the Zoning Ordinance. Any work in the Right-of-Way (R.O.W.) requires a R.O.W. permit from the Engineering Department.

CONDITION OF APPROVAL: This zoning approval does not supersede the requirements and conditions of an approved grading plan. Revisions may be required after plan review from the Code Official and/or Engineer.

Building permits from the Construction Department are required that meet all UCC requirements

Cost: $20.00 residential fee.

Application Approved Date: 10/12/2022

Upon review it was determined that the Zoning Permit:

- ☐ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☑ Approved with Conditions
- ☐ Valid Nonconforming Use/Structure is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Kathleen Gaeta, Zoning Officer

10/12/2022
Date

This Zoning Permit is based on the information presented by the applicant, including the application and attached plans, and applies only to the improvements requested as described above. It allows for the application of Building Permits or Certificate of Occupancy (CO) from the Division of Code Enforcement. Additional permits may be required.

A Zoning Permit shall be valid or effective for one (1) year from the date of issuance thereof, and shall thereafter be null and void. If the use, change of use, extension of non-conforming use, erection, construction, repair remodeling, conversion, removal, destruction or moving, alteration, or relocation of a building or structure authorized by such permit shall have been substantially commenced within one (1) year from the date of issuance and proceeded with due diligence the Zoning Officer may extend the Zoning Permit.

TOWNSHIP OF CHERRY HILL

APPLICATION FOR ZONING APPROVAL

Z.A.# № 9477

BUILDING PERMIT ☑

CERTIFICATE OF OCCUPANCY ☐

BLOCK: 389.01

LOT: ~~4~~ 10

ZONE:

PROPERTY OWNER: KENT PEGLEY

ADDRESS OF PROPERTY: 49 PARK DRIVE, CHERRY HILL, NJ 08002

NAME OF DEVELOPMENT: _____ SECTION NO. _____

ADDRESS OF OWNER: SAME PHONE NO. 795-0486

EXISTING USE: SCREEN ROOM PROPOSED USE: SUN ROOM.

TYPE OF STRUCTURE PROPOSED: FRAME

THIS APPROVAL ALLOWS THE APPLICANT TO APPLY FOR A BUILDING PERMIT OR, IF NO FURTHER CONSTRUCTION IS REQUIRED, A CERTIFICATE OF OCCUPANCY. NO USE OR CONSTRUCTION MAY COMMENCE WITHOUT ALL NECESSARY PERMITS.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

A.C. Merlino — Signature

11 W. Main St. Maple Shade, NJ — Address

667-0678 — Telephone

PROPOSED SETBACKS:

FRONT: _____ REAR: _____

SMALLEST SIDE: ____ AGGREGATE SIDE: ____

SQ. FT. GROUND FLOOR: _____

HEIGHT: _____ GROSS FLOOR AREA: _____

SETBACKS (POOL ONLY):

FRONT: _____ REAR: _____

SIDE: _____ SIDE: _____

DISTANCE FROM FOUNDATION WALL: _____

Zoning Cpy Pd. 5/27/87 #1000 Rec. # 70258

FOR OFFICE USE ONLY

ZONING BOARD ACTION	P.O.A.# _____	DATE GRANTED: _____
PLANNING BOARD ACTION	P.B.C.# _____	DATE GRANTED: _____

THIS APPROVAL IS BASED ON THE INFORMATION ON THIS FORM AND THE ATTACHED PLAN(S).

COMMENTS: _____

HOUSING IMPACT FEE: ☐ sq. ft. $_____ ☐ 3% OF CONSTRUCTION COST $_____

☐ PAID

APPROVED BY:

Signature — Title — Date 5/27/87

Block 389.01 Lot 10 Qualification Code _____ Address (Site) 49 PARK DR Permit No. 20223722

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 49 PARK DR CHERRY HILL TOWNSHIP NJ 08002
2. Name of Owner in Fee: KELLY BUILDERS INC Tel. (856) 912-6476
   Address 49 PARK DRIVE CHERRY HILL NJ 08002
3. Ownership in Fee: ☐ Public ☑ Private Email kellytarditi@verizon.net
4. Principal Contractor: WARD BUILDING ASSOCIATES Tel. (856) 296-6414
   Address 318 HADDON AVE WESTMONT NJ 08108
   Email PJWARDANDSONS@COMCAST.NET
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Em. ID No. _____ 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	801		
2. Electrical	270		
3. Plumbing	285		
4. Fire Protection	36		
5. Elevator Devices			
6. Subtotal	1532		
7. Less 20% for State Plan Review			
8. Subtotal	1532		
9. State Permit Surcharge Fee	153		
10. Subtotal	1685		
11. Cert of Occupancy	153		
12. Other	50		
13. TOTAL	1888		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	1 ft.	
3. Area - Largest Floor	484 sq. ft.	
4. New Building Area	899 sq. ft.	
5. Volume of New Structure	7634 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 ____	

IIa. PROPOSED WORK

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

FOR OFFICE USE ONLY (Optional)

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
☑ Building	115000	FK	10/4/2022		10/12/2022				
☑ Electrical	14650	JV	10/4/2022		10/9/2022				
☑ Plumbing	8900		10/4/2022		10/17/2022				
☑ Fire Protection	820	BY	10/4/2022		10/12/2022				
☐ Elevator									

TOTAL COST 164370

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Spcific Use: _____
2. Use Group R-5
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):

D. Construction Classification: TYPE VB

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
☐ High Pressure Boiler
☐ Pressure Vessel
☐ Refrigeration Systems
☐ Cross-Connections/ Backflow Preventers
☐ Hazradous Uses/Places of Assembly
☐ Sprinklers
☐ Smoke Control Systems in Open Wells
☐ Underground Storage Tanks
☐ Swimming Pools, Spas and Hot Tubs
☐ LPGas Tanks
☐ Fire Alarm

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Occupancy)

Date Issued 3/14/2023
Control Number 132301
Permit Number 20223722
Permit Issue Date 10/31/2022
Certificate Number 20223722

Identification

Block: 389.01 Lot: 10 Qual:

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: KELLY BUILDERS INC
Owner Address: 49 PARK DRIVE CHERRY HILL NJ 08002
Telephone: (856) 912-6476

Contractor: WARD BUILDING ASSOCIATES
Address: 318 HADDON AVE WESTMONT NJ 08108
Telephone: (856) 296-6414 Fax:

License Number or Builders Registration Number:

Federal Emp. Number:

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: Maximum Live Load:

Description of Work/Use:
ADDITION & INTERIOR ALTERATIONS/NJAC 5:23 6.32 & 6.6 Two story addition with new attached garage

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fredrick Kuhn - Construction Official

U.C.C. F260 (rev. 08/05)

Fee: $153.00

Check Number: 3876
Collected By: Aishe Metkov-Spor

Date Printed: 11/29/2023

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied	10/4/2022
Date Issued	10/31/2022
Control #	132301
Permit #	20223722

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 389.01 Lot: 10 Qualifier _____ Use Group R-5

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002
Owner in Fee: KELLY BUILDERS INC
Address: 49 PARK DRIVE CHERRY HILL NJ 08002
Telephone: (856) 912-6476

Contractor: WARD BUILDING ASSOCIATES
Address: 318 HADDON AVE WESTMONT NJ 08108
Telephone: (856) 296-6414
Lic. No. or Bldrs. Reg. No. 13VH10875000
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ADDITION & INTERIOR ALTERATIONS/NJAC 5:23 6.32 & 6.6 Two story addition with new attached garage

Note: If constuction 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 $164,370

_____ Construction Official

_____ Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

035	Building	$801
039	Electrical	$270
032	Plumbing	$285
033	Fire Protection	$36
042	Elevator Devices	
034	Mechanical	$140
046	DCA Training Fee	$153
040	CO Fee	$153
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	$50
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	$180
	Total	$2,068

Check No.	3876
Check	$2,068
Cash	$0
Credit	$0
Collected By	Aishe Metkov-Spor

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/4/2022
Control # 132301
Date Issued 10/31/2022
Permit # 20223722

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

Block 389.01 Lot 10 Qualification Code

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: KELLY BUILDERS INC

Address 49 PARK DRIVE CHERRY HILL NJ 08002

Tel. (856) 912-6476 Email kellytarditi@verizon.net

Contractor: WARD BUILDING ASSOCIATES

Address 318 HADDON AVE WESTMONT NJ 08108

Email PJWARDANDSONS@COMCAST.NET

Tel. (856) 296-6414 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/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: 3/13/2023
Approved by: fkuhn

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing			11/1/22	JL
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 Proposed R-5 If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories 1 HUD
Height of Structure 1 Ft.
Area - Largest Floor 484 Sq. Ft.
New Blbg. Area / All Floors 899 Sq. Ft.
Volume of New Structure 7634 Cu. Ft.
Total Land Area Disturbed 1 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $100,000
2. Rehabilitation $15,000
3. Total (1+2) $115,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION & INTERIOR ALTERATIONS/NJAC 5:23 6.32 & 6.6, Two story addition with new attached garage

TYPE OF WORK

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

FEE (Office Use Only)	
	$291
	$510
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$58
TOTAL FEE	$859

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10/4/2022
Control # 132301
Date Issued 10/31/2022
Permit # 20223722

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

Block 389.01 Lot 10 Qualification Code

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: KELLY BUILDERS INC

Address 49 PARK DRIVE CHERRY HILL NJ 08002

Email kellytarditi@verizon.net

Tel. (856) 912-6476

Contractor: STEVE TUTTLE PLUMBING & HEATING

Address 920 E BLENHEIM AVE BLACKWOOD NJ 08012

Email stuttle3889@yahoo.com

Tel. (856) 346-3889 Fax. (856) 401-0277

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Contractor License No. 36BI00836200 Expiration Date: 6/30/2025

Federal Employee No. 22-3579917

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-5

Building Sewer Size ☐ Public Sewer ☐ Private Septic

Water Service Size ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $8,900

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☑ Plumbing Plans Approved
Date: 10/17/202 2
Approved by: JO

Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: 10/17/202 2
Approved by: jotis

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: 3/7/2023
Approved by: mthomasel

Truss Sys./Bracing

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough			12/23/22	FK
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final		2/28/23	3/2/23	MT
Other				

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADDITION & INTERIOR ALTERATIONS/NJAC 5:23 6.32 & 6.6, Two story addition with new attached garage

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	$45
	Urinal/Bidet	
	Bath Tub	
4	Lavatory	$60
2	Shower	$30
	Floor Drain	
1	Sink	$15
1	Dishwasher	$15
	Drinking Fountain	
1	Washing Machine	$15
1	Hose Bibb	$15
1	Water Heater	$15
	Fuel Oil Piping	
4	Gas Piping	$60
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventor	
	Greasetrap	
	Sewer Connector	
	Water Service Connection	
	Stacks	
1	Other AAV	$15

☐ Private Septic
☐ Private Well

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$17
TOTAL FEE	$302

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10/4/2022
Date Issued 10/31/2022
Control # 132301
Permit # 20223722

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

Block 389.01 Lot 10 Qualification Code

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: KELLY BUILDERS INC

Address 49 PARK DRIVE CHERRY HILL NJ 08002

Email kellytarditi@verizon.net

Tel. (856) 912-6476

Contractor: MDM ELECTRIC

Address 30 OLYMPIA LANE SICKLERVILLE NJ 08081

Email mdmelectric@outlook.com

Tel. (609) 220-6756 Fax.

Lic No. 34EI01626600 Exp. Date 3/31/2024

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 27-1098389

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $14,650

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial/Underslab Approved

Partial Underslab Utilities Approved

Date: by:

☑ Electrical Plans Approved

Date: 10/9/2022 by: JV

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: 10/9/2022

Approved by: jvarga

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 2/28/2023

Approved by: jvarga

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			12/27/22	JV
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/28/23	TM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 2/28/2023

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADDITION & INTERIOR ALTERATIONS/NJAC 5:23 6.32 & 6.6, Two story addition with new attached garage

QTY.	SIZE	ITEMS	FEE (Office Use Only)
42		Lighting Fixtures	
53		Receptacles	
40		Switches	
8		Detectors	
		Light Poles	
5		Motors - Fract. HP	
		Emergency & Exit Lights	
5		Communication Points	
		Alarm Devices/F.A.C. Panel	
153		TOTAL NUMBERS	$100
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptical	
1	8	KW Oven/Surface Unit	$15
		KW Elec. Water Heater	
		KW Elec. Dryer/Recepticle	
1	1.8	KW Dishwasher	$15
1	1	HP Garbage Disposal	$15
2	8	KW Central A/C Unit	$30
2	1	HP/KW Space Heater/Air Hand	$30
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	$65
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$28
TOTAL FEE	$298

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

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

FIRE SUBCODE
TECHNICAL SECTION

Date Received 10/4/2022
Control # 132301
Date Issued 10/31/2022
Permit # 20223722

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

Block 389.01 Lot 10 Qualification Code

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: KELLY BUILDERS INC

Address 49 PARK DRIVE CHERRY HILL NJ 08002 Email kellytarditi@verizon.net

Tel. (856) 912-6476

Contractor: MDM ELECTRIC Tel. (609) 220-6756

Address 30 OLYMPIA LANE SICKLERVILLE NJ 08081 Email mdmelectric@outlook.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Employee No. 27-1098389 Fax.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-5

Constr. Class Present Proposed TYPE VB

Heating Systems: ☐ New *or* ☐ Modification to Existing *or* ☐ Conversion *or* ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other

Location:

Total Cost of Fire Protection Work $820

Fuel Storage Tank:

Fuel Type ☐ *Flammable or* ☐ *Combustible*

Capacity

Fire Alarm System: ☐ New *or* ☐ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New *or* ☐ Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ADDITION & INTERIOR ALTERATIONS/NJAC 5:23 6.32 & 6.6, Two story addition with new attached garage

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☑ 110v Interconnected		
☑ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tampers, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices	8	
TOTAL	8	$36.00
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		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$2
TOTAL FEE	$38

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required

☐ Partial Underslab Utilities Approved
Date: by:

☐ Fire Protection Plans Approved
Date:

Approved by:

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: 1/6/2023
Approved by: byearly

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Cumbust Tank				
Fireplace Venting				
Final			2/27/23	BY
Other				

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

MECHANICAL SUBCODE
TECHNICAL SECTION

Date Received 10/4/2022
Control # 132301
Date Issued 10/31/2022
Permit # 20223722

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

Block 389.01 Lot 10 Qualification Code

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: KELLY BUILDERS INC

Address 49 PARK DRIVE CHERRY HILL NJ 08002

Email kellytarditi@verizon.net

Tel. (856) 912-6476

Contractor: STEVE TUTTLE PLUMBING & HEATING

Address 920 E BLENHEIM AVE BLACKWOOD NJ 08012

Email stuttle3889@yahoo.com

Tel. (856) 346-3889 Fax. (856) 401-0277

Contractor License No. Expiration Date:

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. 22-3579917

B. MECHANICAL CHARACTERISTICS

Use Group Present Proposed

Heating System ☐ New ☐ Modification to Existing ☐ Conversion ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Estimated Cost of Mechanical Work $25,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

☑ No Plan Required 10/17/2022 JO

☐ MECHANICAL PLANS APPROVED

Date:

Approved by:

Joint Plan Review Required

☐ Building ☐ Plumbing

☐ Electrical ☐ Elevator

☐ Fire ☐ Mechanical

SUBCODE APPROVAL for PERMIT

Date: 10/17/2022

Approved by: jotis

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: 3/7/2023

Approved by: mthomasel

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimnet/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			3/2/23	MT

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ADDITION & INTERIOR ALTERATIONS/NJAC 5:23 6.32 & 6.6, Two story addition with new attached garage

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
2	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
1	Fireplace	
	Generator	
2	Other AC	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	$48
	TOTAL FEE	$188

U.C.C F145 (rev. 11/09)

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

BLOCK 389.01 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) 49 Park Drive PERMIT NO. 20223674

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 49 Park Drive, Cherry Hill NJ
2. Name of Owner in Fee: Patrick Ward
   Tel. 856-296-6414 e-mail kellytarditi@verizon.net
   Address 49 Park Drive (street) Cherry Hill (municipality) 08002 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Curren Environmental Inc. Tel. 856-858-9509
   Address 10 Penn Avenue e-mail _____
   Cherry Hill, NJ 08002
   License No. OR, if new home, Builder Reg. No. US01105 Exp. Date 08/31/2022
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 223594350 FAX: 856-662-7005
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun David Sulock
   Tel. 856-858-9509 FAX: 856-662-7005

PICK UP 10/21/22

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	65		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2		
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$ 67		

4145
00029_049776 SF
20223674

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 ____		

CONTROL # 1 30435

OCT 12 2022

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	1000				10/12/22				
☐ Elevator									
TOTAL COST 1000									

AST Removal

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R-5
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 VB

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

U.C.C. F100-1 (rev. 8/08)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) 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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Curren Environmental

Address 10 Penn Avenue
Cherry Hill, NJ 08002

Telephone 856-858-9509

Signature David Sulock

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 1/9/2023
Control Number 132435
Permit Number 20223674
Permit Issue Date 10/21/2022
Certificate Number 20223674

Identification

Block: 389.01 Lot: 10 Qual:

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002

Owner in Fee: KELLY BUILDERS INC
Owner Address: 49 PARK DRIVE CHERRY HILL NJ 08002
Telephone: (856) 296-6414

Contractor: CURREN ENVIRONMENTAL
Address: 10 PENN AVENUE CHERRY HILL NJ 08002
Telephone: (856) 858-9509 Fax: (856) 662-7005
License Number or Builders Registration Number: US01105
Federal Emp. Number: 223594350

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Construction Classification: TYPE VB Use Group: R-5
Maximum Occupancy Load: 0 Maximum Live Load: 0
Description of Work/Use:
AST REMOVAL

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Fredrick Kuhn - Construction Official

Fee: $0.00

Check Number:

Collected By:

U.C.C. F260 (rev. 08/05)

Date Printed: 1/12/2023

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/13/22
Control # 132435
Date Issued 10/21/22
Permit # 20223674

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

Block 389.01 Lot 10 Qualiication Code

Work Site Location 49 Park Drive
Cherry Hill NJ

Owner in Fee: Pat Ward

Tel. 856-296-6414 e-mail kellytarditi@verizon.net

Address 49 Park Drive (street) Cherry Hill (municipality) 08002 (zip code)

Contractor: Curren Environmental Tel. 856-858-9509

Address 10 Penn Avenue e-mail info@currenenvironmental.com
Cherry Hill, NJ 08002

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. US 01105 Exp. Date 08/31/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223594350 FAX: 856-662-7005

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Aboveground Oil Tank

Total Cost of Fire Protection Work $ 1000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial Underslab Utilities Approved
Date: 10/12/22 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/12/22
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/23/22
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				
Flam/Combust Tanks				
Fireplace Venting				
Final			11/23/22	
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.

Applicant/Contractor sign here: David Sulock

Print name here: David Sulock

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Removal aboveground oil t
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		50
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F140 (rev. 02/11) Internet version

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/13/22
Control # 132435
Date Issued 10/21/22
Permit # 20223674

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

Block 389.01 Lot 10 Qualiication Code

Work Site Location 49 Park Drive
Cherry Hill NJ

Owner in Fee: Pat Ward

Tel. 856-296-6414 e-mail kellytarditi@verizon.net

Address 49 Park Drive (street) Cherry Hill (municipality) 08002 (zip code)

Contractor: Curren Environmental Tel. 856-858-9509

Address 10 Penn Avenue e-mail info@currenenvironmental.com
Cherry Hill, NJ 08002

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. US 01105 Exp. Date 08/31/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223594350 FAX: 856-662-7005

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location: Aboveground Oil Tank

Total Cost of Fire Protection Work $ 1000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here: David Sulock

Print name here: David Sulock

D. TECHNICAL SITE DATA [X] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Removal aboveground oil tank
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		50
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 10/12/22 Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/12/22
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] 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				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 02/11)
Internet version

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

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied 10/12/2022
Date Issued 10/21/2022
Control # 132435
Permit # 20223674

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 389.01 Lot: 10 Qualifier _____ Use Group R-5

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002
Owner in Fee: KELLY BUILDERS INC
Address: 49 PARK DRIVE CHERRY HILL NJ 08002
Telephone: (856) 296-6414

Contractor: CURREN ENVIRONMENTAL
Address: 10 PENN AVENUE CHERRY HILL NJ 08002
Telephone: (856) 858-9509
Lic. No. or Bldrs. Reg. No. US01105
Federal Employee. No. 223594350

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT
- ☐ OTHER
- ☐ Mechanical (Subchapter 8 only)

DESCRIPTION OF WORK:

AST REMOVAL

Note: If constuction 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 $1,000

Construction Official _____ Date 10/20/22

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	
032	Plumbing	
033	Fire Protection	$65
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$2
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$67

Check No.
Check $0
Cash $0
Credit $67
Collected By Rebecca Pooler

CHERRY HILL TOWNSHIP
Construction Department
820 Mercer St.
Cherry Hill, NJ 08002
(856) 488-7855

Date Applied 10/12/2022
Date Issued 10/21/2022
Control # 132435
Permit # 20223674

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block: 389.01 Lot: 10 Qualifier _____ Use Group R-5

Work Site Location: 49 PARK DR CHERRY HILL TOWNSHIP, NJ 08002
Owner in Fee: KELLY BUILDERS INC
Address: 49 PARK DRIVE CHERRY HILL NJ 08002
Telephone: (856) 296-6414

Contractor: CURREN ENVIRONMENTAL
Address: 10 PENN AVENUE CHERRY HILL NJ 08002
Telephone: (856) 858-9509
Lic. No. or Bldrs. Reg. No.: US01105 US01105 US01105
Federal Employee. No.: 223594350

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT
- ☐ OTHER
- ☐ Mechanical (Subchapter 8 only)

DESCRIPTION OF WORK:

AST REMOVAL

Note: If constuction 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 $1,000

Construction Official _____ Date 10/20/22

:: Failure to obtain all required inspections may result in administrative action.
:: Final Inspections are required before final payment is to be made to contractor.
:: An Approved set of plans must be kept at the worksite at all times.

PAYMENTS (Office Use Only)

035	Building	
039	Electrical	
032	Plumbing	
033	Fire Protection	$65
042	Elevator Devices	
034	Mechanical	
046	DCA Training Fee	$2
040	CO Fee	
040	CCO Fee	
040	Other Cert Fee	
060	Admin Sucharge	
043	Other	
060	Admin Fee	
038	Plan Review	
	COAH Fee	
044	Zoning	
	Open Fence	
	Sewer	
	Water	
037	Engineering	
	Shade Tree	
	Escrow	
	Local	
043	Doc Imaging	
	Total	$67

Check No.
Check $0
Cash $0
Credit $67
Collected By Rebecca Pooler

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/12/22
Control # 132435
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 389.01 Lot 10 Qualification Code

Work Site Location 49 Park Drive
Cherry Hill NJ

Owner in Fee: Patrick Ward

Tel. 856-296-6414 e-mail kellytarditi@verizon.net

Address 49 Park Drive (street) Cherry Hill (municipality) 08002 (zip code)

Contractor: Curren Environmental Tel. 856-858-9509

Address 10 Penn Avenue e-mail info@currenenvironmental.com
Cherry Hill, NJ 08002

Contractor License No. or Builder Registration No. US 01105 Exp. Date 08/31/2022

Home Improvement Contractor Registration No. or Exemption Reason 3VH09933300

Federal Emp. ID No. 223594350 FAX:

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

B. BUILDING CHARACTERISTICS

Use Group Present 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 Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $1000
2. Rehabilitation $
3. Total (1+ 2) $1000

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: David Sulock

Print name here: David Sulock

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

AST Removal

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

FEE (Office Use Only)
$

NR JAK 10/12/22

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

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

Please find attached your Home Improvement Contractor's Certificate suitable for framing along with a wallet card copy.

If you have any questions or have changes to the information you provided on your registration form, contact the Pennsylvania Office of Attorney General at 717-772-2425 or HIC@attorneygeneral.gov. For further information on the home improvement law visit www.attorneygeneral.gov.

Josh Shapiro, Pennsylvania Attorney General

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL

THIS IS TO CERTIFY THAT

CURREN ENVIRONMENTAL INC.
10 PENN AVE
CHERRY HILL NJ 08002

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

2/19/2024
VALID UNTIL

PA137897
REGISTRATION NUMBER

SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

DAVID C SULOCK
10 PENN AVE
CHERRY HILL NJ 08002-2736

This form acknowledges receipt of your $50.00 application fee, required under Pennsylvania's Home Improvement Consumer Protection Act. Please keep this form for your records.

SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

CURREN ENVIRONMENTAL INC
10 PENN AVE
Cherry Hill, NJ 08002

Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
Is hereby approved to perform the following services:

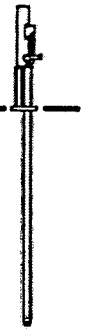
CLOSURE
SUBSURFACE EVALUATION

08/31/2025
EXPIRATION DATE

US01105
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

CURREN ENVIRONMENTAL, INC.



October 6, 2022

Cherry Hill Township
820 Mercer St. Ste 205
Cherry Hill NJ 08002
Attn: Construction Office

Re: Removal of 275-gallon aboveground oil tank
49 Park Drive Cherry Hill NJ 08002
Block 389.01 Lot 10

Dear Construction Official:

Enclosed are the following permit application forms for removal of an underground storage tank at subject property:

-Construction Permit Application folder
-Fire Protection Subcode Technical Section
-Curren Environmental UST Certification US01105
-Curren Environmental Home Improvement Contractors registration: 13VH09933300
-site plan

Please review application and contact Curren regarding permit fee. If you have any questions, please feel free to call the office at 856-858-9509 or email to info@currenenvironmental.com.

Sincerely,
Curren Environmental, Inc.

enclosures

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

BLOCK ~~3504~~ 389.01 LOT ~~5~~ 10 QUALIF /CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

RECEIVED JUN 18 2014 ...TIONS

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 49 ~~Elm~~ Pond Dr
2. Name of Owner in Fee: David Helmerling
   Tel. (215) 694 1326 e-mail _____
   Address: 42 Pond Dr (street) Cheltenham Hill (municipality) 19002 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Alber Service Tel. (856) 317 1750
   Address 351 E Norwood Ave Runnemede NJ 08078
   License No. OR, if new home, Builder Reg. No. 13VH00392400 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22-3071772 Fax (856) 317 1752
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX (___) _____
6. Responsible Person in Charge once Work has Begun B G Alber
   Tel (856) 317 1750 FAX (856) 317 1752

1-23-14

V. FEE SUMMARY (for office use only)

		2014 23305 Update	Update
1. Building	$		
2. Electrical		58 ✓	
3. Plumbing		58 ✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		4 ✓	
10. Subtotal	$		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$	120 ✓	

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 Distrubed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

(office use only)

00029 016050 20142305 SF 399 0 0 0 0 4 Y 2 M

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	2100				6.23.14				
☑ Plumbing	100				6/24/14				
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: R5
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
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. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

A/C + condensate line

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. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

FOLD FOLD

FOLD

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 Alben Service

Address 3515 Norwood Ave

Pennsauken 08109

Telephone (856) 317 1750

Signature _____

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

UCC/F-100
Professional Printing
(856) 468-7933

FOLD

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE

IDENTIFICATION

Date Issued: 12/23/2014
Control #: 90089
Permit #: 20142305

Block: 389.01 Lot : 10 Qualification Code:

Work Site Location: 49 PARK DRIVE
CHERRY HILL

Owner in Fee: DAVID HEIMERLING

Address: 49 PARK DRIVE
CHERRY HILL NJ 08002

Telephone: 856 673-0240

Agent/Contractor: ALBER SERVICE CO

Address: 3518 NORWOOD AVENUE
PENNSAUKEN NJ 08109

Telephone: 856 317-1750

Lic. No./ Bldrs. Reg.No.: 36BI00231300 Federal Emp. No.: 22-3607815

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:

Description of Work/Use:

A/C Unit and Condensate Line

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: 25277
Collected by: lt

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/5/14
Control #
Date Issued
Permit # 2014-2305

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

Block 388.01 Lot 12 Qualification Code

Work Site Location 48 Park Drive
Cherry Hill NJ 08002

Owner in Fee: David V Heimerly

Tel. 215 894 1321 e-mail

Address 48 Park Dr. Cherry Hill NJ 08002
street municipality zip code

Contractor: Matt Kondrla Electrical Contractor Tel. (856) 858-1692

Address 300 Crestwood Ave. e-mail Mrkondrla@verizon.net
Haddon Twp. New Jersey 08033

Contractor License No. 10605 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223488502 FAX: (856) 858-1692

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 3500

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 the application.

Applicant sign/Contractor sign and seal here:

Print name here: Matt Kondrla

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3TON	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 6-23-14

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 6-23-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12-22-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-22-14	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 58

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

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

389.01 – 10

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/5/14
Date Issued
Control #
Permit # 2014-2305

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

Block ~~388.01~~ Lot ~~12~~ Qualification Code

Work Site Location ~~42~~ 49 Park Dr

Owner in Fee: David Helmerling

Tel. (215) 694 1326 e-mail

Address 42 Park Dr (street) Cherry Hill (municipality) 08002 (zip code)

Contractor: Alber Plumbing Tel. (856) 317 1750

Address 351 Norwood Ave Penns Grove 08069

Contractor License No. 2313 Exp. Date

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

Federal Emp. ID No. 22-3607816 FAX: (856) 317 1752

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 $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8/7/14

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [x] CA

Date: 12.22.14

Approved by: Final

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
			12.22.14	

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.

T/A ALBER PLUMBING

Applicant Signature/ Contractor's Seal and Signature

[✓] 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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
1	Other Cond. Line	

Administrative Surcharge $

Minimum Fee $ 58.00

State Permit Surcharge Fee $

TOTAL FEE $

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

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

UCC/F-130
Professional Printing
(856) 468-7933

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 -488-7855

CORRECTION

Permit Number: 20142305
Update Number:
Control Number: 90089
Application Date: 07/02/14
Permit Date: 8/5/2014

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 389.01 Lot : 10 Qualifier :
Work site Location: 49 PARK DRIVE CHERRY HILL

Owner In Fee: DAVID HEIMERLING
Address: 49 PARK DRIVE
CHERRY HILL NJ 08002
Telephone: (856) - 673-0240
Use Group(s): R-5

Contractor: ALBER SERVICE CO
Address: 3518 NORWOOD AVENUE
PENNSAUKEN NJ 08109
Telephone: (856) - 317-1750
Lic. No. / Bldrs. Reg. No.: 36BI00231300
Federal Emp. No.: 22-3607815

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

A/C Unit and Condensate Line

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$2,200.00
Cost of Demolition:	$0.00
Total Cost:	$2,200.00

PAYMENTS (Office Use Only)

[035]	Building	
[039]	Electrical	$58.00
[032]	Plumbing	$58.00
[033]	Fire Protection	
[042]	Elevator Devices	
[034]	Mechanical	
[046]	VolFee (DCA)	
[046]	AltFee (DCA)	$4.00
[046]	DCA Minimum Fee	$0.00
[040]	CO Fee	
[040]	CCO Fee	
[037]	Engineering	
[043]	Document Imaging	
[044]	Zoning	
	Total :	**$ 120.00**

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

Gerald E. Seneski
Contruction Official

Date

All Fees Waived No
Amount to be Paid: $ 120.00
Check Number: 25277
Check amount: $120.00

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

Collected by: lt
Total Cash Amount:
Total Check Amount: $120.00
Total CC Amount:
Grand Total: $120.00

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20142305

Control Number: 90089
Application Date: 07/02/14

CONSTRUCTION PERMIT

Permit Date: 08/05/2014

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : ~~388.01~~ 1210 Lot : ~~12~~ 10 Qualifier :

Work site Location:	42 PARK DRIVE CHERRY HILL	Contractor:	ALBER SERVICE CO
Owner In Fee:	David Helmelling	Address:	3518 NORWOOD AVENUE
Address:	42 PARK DRIVE		PENNSAUKEN NJ 08109
	CHERRY HILL NJ 08034	Telephone:	(856) - 317-1750
Telephone:	(215) - 694-1326	Lic. No. / Bldrs. Reg. No.:	36BI00231300
Use Group(s):	R-5	Federal Emp. No.:	22-3607815

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

A/C Unit and Condensate Line

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$2,200.00
Cost of Demolition:	$0.00
Total Cost:	$2,200.00

PAYMENTS (Office Use Only)

[035]	Building	
[039]	Electrical	$58.00
[032]	Plumbing	$58.00
[033]	Fire Protection	
[042]	Elevator Devices	
[034]	Mechanical	
[046]	VolFee (DCA)	
[046]	AltFee (DCA)	$4.00
[046]	DCA Minimum Fee	$0.00
[040]	CO Fee	
[040]	CCO Fee	
[037]	Engineering	
[043]	Document Imaging	
[044]	Zoning	
	Total :	**$ 120.00**

All Fees Waived No
Amount to be Paid: $ 120.00

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

Gerald E. Seneski
Contruction Official

Date 8.5.14

Check Number: 25277
Check amount: $120.00

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

RECEIVED
AUG 05 2014
TAX COLLECTOR

Collected by: lt
Total Cash Amount:
Total Check Amount: $120.00
Total CC Amount:
Grand Total: $120.00

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/5/14
Date Issued
Control #
Permit # 2014-2305

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

Block 289.01 388.01 Lot 10 Qualification Code

Work Site Location 42 PARK DR

Owner in Fee: DAVID HELMERING

Tel. (215) 694 1326 e-mail

Address 42 PARK DR (street) CHERRY HILL (municipality) 08002 (zip code)

Contractor: ALBER PLUMBING Tel. (856) 317 1750

Address 351 E WOODLAND AVE

PENNSAUKEN 08109

Contractor License No. 2313 Exp. Date

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

Federal Emp. ID No. 22-3607816 FAX: (856) 317 1752

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 $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 6/9/14

Approved by: M Hanover

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

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

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.

SUE KUHN T/A ALBER PLUMBING

Applicant Signature/ Contractor's Seal and Signature

[✓] 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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
1	Other Cond. Line	

Administrative Surcharge $

Minimum Fee $ 57.00

State Permit Surcharge Fee $

TOTAL FEE $

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

UCC/F-130
Professional Printing
(856) 468-7933

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

06/08

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 8/5114
Date Issued
Permit # 2014-2305

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

Block 3058 38.01 Lot 10 Qualification Code

Work Site Location 42 Park Dr. Cherry Hill NJ 08002

Owner in Fee: David Heimerly

Tel. 215 894 1321 e-mail

Address 42 Park Dr. Cherry Hill NJ 08002
street municipality zip code

Contractor: Matt Kondrla Electrical Contractor Tel. (856) 858-1692

Address 300 Crestwood Ave. e-mail Mrkondrla@verizon.net

Haddon Twp. New Jersey 08033

Contractor License No. 10605 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223488502 FAX: (856) 858-1692

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 6.23.14

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6.23.14

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] 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 sign/Contractor sign and seal here:

Print name here: Matt Kondrla

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3TON	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 58

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

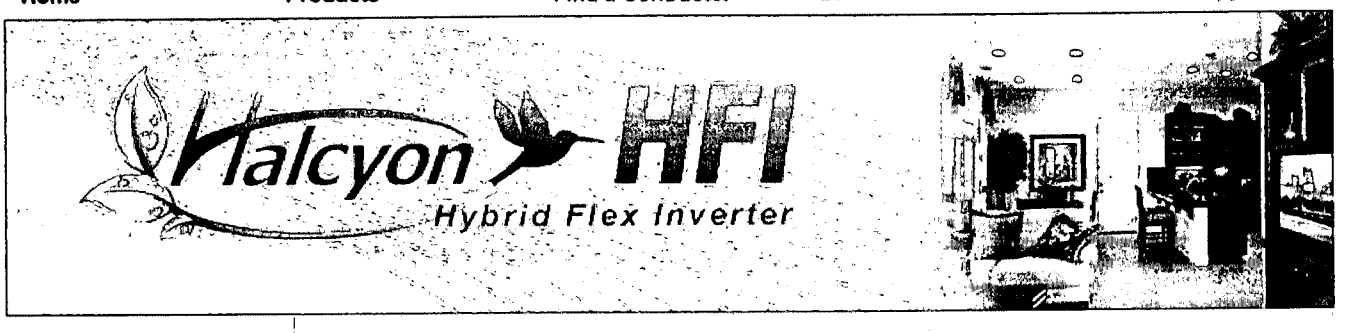
Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FUJITSU FUJITSU GENERAL

Worldwide

United States & Canada

Home | Products | Find a Contractor | Learn About It | Service & Support



Products

SINGLE ZONE
- Wall Mounted
- Universal Floor / Ceiling
- Large Ceiling
- Slim Duct
- Compact Cassette
- Cassette

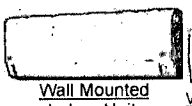
MULTI ZONE
- **Multi Zone (2 to 4 Zones)**
- Flex Zone (2 to 8 Zones)

Locate A Contractor

Download the Multi-Zone Brochure (2 - 4 Zones)

Products > Halcyon Hybrid Flex Inverter

Halcyon Hybrid Flex Inverter - 2 to 4 Zone Models

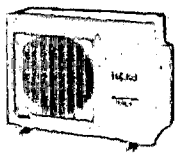


Wall Mounted Indoor Unit
ASU7RLF, 9RLF, 12RLF, 18RLF, 24RLF

Wall Mounted Designer Series Indoor Unit
ASU9RLS2, ASU12RLS2, ASU15RLS2

Compact Cassette Indoor Unit
AUU9RLF, AUU12RLF, AUU18RLF

Slim Duct Indoor Unit
ARU9RLF, 12RLF, 18RLF, 24RLF



Outdoor Unit
AOU18RLXFZ
AOU24RLXFZ
AOU36RLXFZ

Outdoor models AOU18RLXFZ, AOU24RLXFZ and AOU36RLXFZ allow you to connect 2 to 4 indoor units, depending on the outdoor unit selected. These systems provide both heating and cooling for year-round comfort. Choose from three indoor unit styles - wall mounted, cassette and slim duct - to best match your decor. Create the right combinations, the right quantity, the right style indoor units, and the right capacity. It's the right choice for your home or business.

Ask Fujitsu

Need Pricing?
Contact a local contractor.

Features | Specifications | Dimensions | Downloads

Wall Mounted RLF Series
Wall Mounted Designer Series
Compact Cassette
Slim Duct

Wall Mounted RLF Series Specifications

SYSTEM	ASU7RLF	ASU9RLF	ASU12RLF	ASU18RLF	ASU24RLF
Cooling BTU/h	7000	9000	12000	18000	24000
Outdoor Design Temp	95/75	95/75	95/75	95/75	95/75
Heating BTU/h	8100	10200	13500	20000	27000
Outdoor Design Temp	47/43	47/43	47/43	47/43	47/43
SEER*	17	17	17	17	17
HSPF *	9.8	9.8	9.8	9.8	9.8
EER Clg/Htg*	9.25	9.25	9.25	9.25	9.25
Power Supply (V)	208-230	208-230	208-230	208-230	208-230
Noise Level db (A) Cooling					
Hi	36	37	40	43	49
Med	32	33	36	37	42
Lo	29	29	30	33	37

Noise Level db (A) Heating					
Hi	36	37	40	44	48
Med	32	33	36	37	42
Lo	29	29	31	33	37
Weight (lbs.)	18	18	18	31	31

Wall Mounted Designer Series Specifications

SYSTEM	9RLS2	12RLS2	15RLS2
CAPACITIES:			
Cooling BTU/h	9,000	12,000	14,000
Outdoor Design Temp F DB/WB	95/75	95/75	95/75
Heating BTU/h	10,200	13,500	16,300
Outdoor Design Temp F DB/WB	47/43	47/43	47/43
Power Supply (V)	208-230	208-230	208-230
Noise Level db (A) *Cooling*			
Hi	36	37	41
Med	32	34	36
Lo	28	31	33
Quiet	21	21	25
Noise Level db (A) *Heating*			
Hi	36	37	41
Med	32	34	36
Lo	28	31	33
Quiet	21	21	25
Weight (lbs.)	21	21	21

Compact Cassette Specifications

SYSTEM	AUU7RLF	AUU9RLF	AUU12RLF
Cooling BTU/h	9000	12000	18000
Outdoor Design Temp	95/75	95/75	95/75
Heating BTU/h	10,200	13,500	20,000
Outdoor Design Temp	47/43	47/43	47/43
SEER*	17	17	17
HSPF *	9.8	9.8	9.8
EER Clg/Htg*	9.25	9.25	9.25
Power Supply (V)	208-230	208-230	208-230
Noise Level db (A) Cooling			
Hi	33	37	42
Med	31	33	37
Lo	29	31	33
Noise Level db (A) Heating			
Hi	34	37	44
Med	32	33	40
Lo	29	31	37
Weight (lbs.)	33	33	33

Slim Duct Specifications

SYSTEM	ARU9RLF	ARU12RLF	ARU18RLF	ARU24RLF
Cooling BTU/h	9000	12000	18000	24000
Outdoor Design Temp	95/75	95/75	95/75	95/75
Heating BTU/h	10200	13500	20000	27000
Outdoor Design Temp	47/43	47/43	47/43	47/43
SEER*	14.7	14.7	14.7	14.7
HSPF *	9.3	9.3	9.3	9.3
EER Clg/Htg*	8.7	8.7	8.7	8.7
Power Supply (V)	208-230	208-230	208-230	208-230
Noise Level db (A) Cooling				

Hi	28	28	31	35
Med	27	27	29	32
Lo	26	26	27	29
Noise Level db (A) Heating				
Hi	28	28	31	35
Med	27	27	29	32
Lo	26	26	27	29
Weight (lbs.)	41	41	50	59

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

BLOCK 389.01 LOT 10 QUALIF /CODE _____ ADDRESS (SITE) 49 Park Drive Cherry Hill PERMIT NO. _____

RECEIVED
JAN 07 2013
(S.W.)
BUILDING INSPECTIONS

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

2013 0172

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

I. IDENTIFICATION

1. Proposed Work Site at: 49 Park Drive Cherry Hill 08002
2. Name of Owner in Fee: David Heimerling
   Tel. (856) 673-0240 e-mail _____
   Address: 49 Park Drive (street) Cherry Hill (municipality) 08002 (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Vaughan Heating and Air Cond. Tel. (856) 627-0303
   Address 212 Barrett Ave Magnolia NJ 08049 e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH01727600 Exp. Date 12/31/13
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 221868605 Fax (856) 627-1973
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX (____) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel (856) 627-0303 FAX (856) 627-1973

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		58	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee		1	
10.	Subtotal	$		
11.	Cert. of ~~Occupancy~~			
12.	Other			
13.	TOTAL	$	59-	

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	399
7.	Max Occupancy Load	
8.	If Industrialized Building: State Approved _____ HUD _____	
9.	Total Land Area Distrubed sq. ft.	
10.	Flood Hazard Zone	
11.	Base Flood Elevation ft.	
12.	Wetlands yes _____ no _____	

00029_016050 20130172 SF

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	400.00				1/8/13	MP			
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

Gas Water Heater Repl.

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Former:
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. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Undergroound Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LP Gas Tanks

FOLD FOLD

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 Vaughan Heating and Air Conditioning

Address 212 Barrett Ave Magnolia NJ 08049

Telephone (856) 627-0303

Signature Dave Jessup

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

UCC/F-100
Professional Printing
(856) 468-7933

FOLD

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE
IDENTIFICATION

Date Issued: 12/29/2014
Control #: 83623
Permit #: 20130172

Block: 389.01 Lot : 10 Qualification Code:

Work Site Location: 49 PARK DRIVE
CHERRY HILL

Owner in Fee: DAVID HEIMERLING

Address: 49 PARK DRIVE
CHERRY HILL NJ 08002

Telephone: 856 673-0240

Agent/Contractor: VAUGHAN HEATING & A/C

Address: 212 BARRETT AVENUE
MAGNOLIA NJ 08049

Telephone: 856 627-0303

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-1868605

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-5
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: _____
Certificate Exp Date: _____

Description of Work/Use:

REPLACE GAS WATER HEATER

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Gerald E. Seneski Construction Official

Fees: $0.00
Paid[X]Check No.: _____
Collected by: SD

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 1-18-13
Date Issued
Permit # 2013-0172

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

Block 389.01 Lot 10 Qualification Code _____

Work Site Location 49 Park Drive Cherry Hill 08002

Owner in Fee: David Heimerling

Tel. (856) 6730240 e-mail _____

Address 49 Park Drive Cherry Hill 08002
street municipality zip code

Contractor: W. C. Davis Inc Tel. (856 547-1750

Address 605 Station Ave e-mail _____
Haddon Heights

Contractor License No. 10836 Exp. Date 06/13

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

Federal Emp. ID No. 21-0614917 FAX: ( ) _____

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 $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/18/13
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12/26/14
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			12/26/14	[signature]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: [signature]

Print name here: William C Davis

[x] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 40 gal hot water heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $ _____
Minimum Fee $ 58.00
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

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

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20130172
Control Number: 83623
Application Date: 01/16/13

CONSTRUCTION PERMIT

Permit Date: 01/18/2013

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 389.01 Lot : 10 Qualifier :

Work site Location: 49 PARK DRIVE CHERRY HILL

Owner In Fee: DAVID HEIMERLING

Address: 49 PARK DRIVE
CHERRY HILL NJ 08002

Telephone: (856) - 673-0240

Use Group(s): R-5

Contractor: VAUGHAN HEATING & A/C

Address: 212 BARRETT AVENUE
MAGNOLIA NJ 08049

Telephone: (856) - 627-0303

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.: 22-1868605

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

REPLACE GAS WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$400.00
Cost of Demolition:	$0.00
Total Cost:	$400.00

PAYMENTS (Office Use Only)

[035]	Building	
[039]	Electrical	
[032]	Plumbing	$58.00
[033]	Fire Protection	
[042]	Elevator Devices	
[034]	Mechanical	
[046]	VolFee (DCA)	
[046]	AltFee (DCA)	$1.00
[046]	DCA Minimum Fee	$0.00
[040]	CO Fee	
[040]	CCO Fee	
[037]	Engineering	
[043]	Document Imaging	
[044]	Zoning	
	Total :	**$ 59.00**

All Fees Waived No

Amount to be Paid: $ 59.00

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

Gerald E. Seneski — 1.16.13

Gerald E. Seneski — Date

Contruction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

RECEIVED
JAN 18 2013
TAX COLLECTOR

Cash amount: $59.00

Collected by: SD
Total Cash Amount: $59.00
Total Check Amount:
Total CC Amount:
Grand Total: $59.00

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 1-18-13

Date Issued
Permit # 2013-0172

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

Block 389.01 Lot 10 Qualification Code _____

Work Site Location 49 Park Drive Cherry Hill 08002

Owner in Fee: David Heimerling

Tel. (856) 6730240 e-mail _____

Address 49 Park Drive Cherry Hill 08002
street municipality zip code

Contractor: W. C. Davis Inc Tel. (856) 547-4750

Address 605 Station Ave e-mail _____
Haddon Heights

Contractor License No. 10836 Exp. Date 06/13

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

Federal Emp. ID No. 21-0614917 FAX: (_____) _____

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 $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/18/13
Approved by: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: William C. Davis

[x] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 40 gal hot water heater

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	

Administrative Surcharge $ _____
Minimum Fee $ 58.00
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

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

BRADFORD WHITE®
WATER HEATERS

TTW®1

Residential Power Vent Energy Saver Gas Water Heater

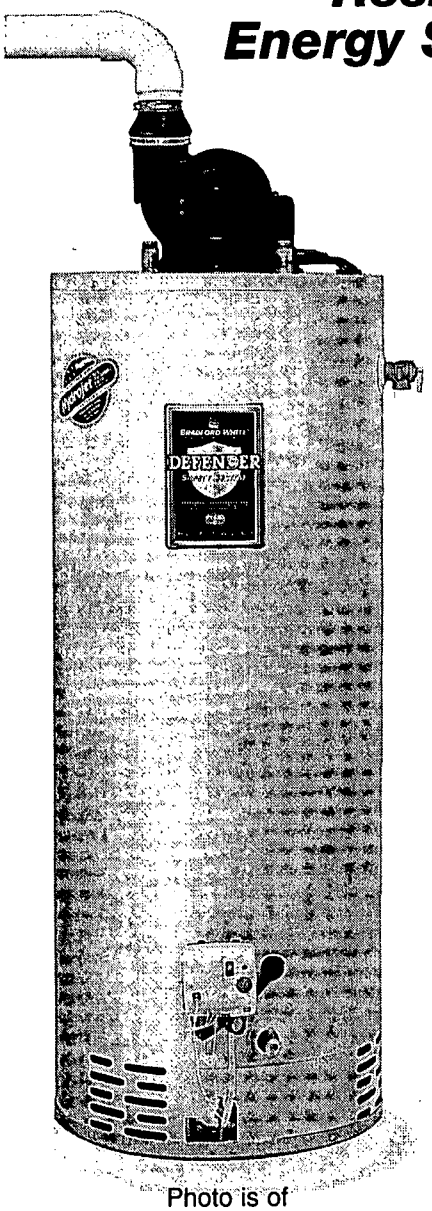


Photo is of
M-1-TW-40S6FBN

The TTW®1 FVIR Defender Safety System® Models Feature:

- **Power Vented Water Heater**—Designed for installations where atmospheric units cannot be used. Exhaust gases are vented under positive pressure directly out of the building through the roof or the wall.
- **Advanced ScreenLok® Technology Flame Arrestor Design**—Flame arrestor is designed to prevent ignition of flammable vapor outside of the water heater.
- **Flammable Vapor Sensor**—Electronic sensor prevents burner operation if flammable vapors are detected. The sensor will also prevent operation if there is ongoing flammable vapor burn inside the combustion chamber.
- **Maintenance Free**—No regular cleaning of air inlet openings or flame arrestor is required under normal conditions.
- **Sight Window**—Offers a view into the combustion chamber to observe the operation of the pilot and burner.
- **Factory installed Hydrojet® Total Performance System**—Cold water inlet sediment reducing device helps prevent sediment build up in tank. This increases first hour delivery, while minimizing temperature build up at top of tank.
- **Vitraglas® Lining**—Bradford White tanks are lined with an exclusively engineered enamel formula that provides superior tank protection from the highly corrosive effects of hot water. This formula (Vitraglas®) is fused to the steel surface by firing at a temperature of over 1600°F (871°C).
- **Powerful Blower Motor**—Our significantly quiet design has greater resistance to outside winds and the power to vent in many difficult venting situations.
- **Honeywell Self Diagnostic Electronic Gas Control** —Intelligent gas control with spark to pilot ignition system eliminates the constant burning pilot. This results in savings of pilot gas during stand by periods (120 V.A.C.).
  - **Enhanced Performance**—Proprietary algorithms provide enhanced First Hour Delivery ratings and tighter temperature differentials.
  - **Advanced Temperature Control System**—Microprocessor constantly monitors and controls burner operation to maintain accurate and consistent water temperature levels.
  - **Intelligent Diagnostics**—An exclusive green LED light prompts the installer during start-up and provides ten different diagnostic codes to assist in troubleshooting.
  - **Pilot On Indication**—Flashing green LED provides positive indication that pilot is on.
- **Compatible With Optional Accessory Packages**—Performance Package, Protection Package and Inlet Shut-Off Valve.
- **Horizontal and Vertical Venting**—With 2" or 3" PVC, ABS or CPVC (Maximum equivalent vent length on reverse side).
- **1" Non-CFC Foam Insulation**—Covers the sides and top, reducing the amount of heat loss. This results in less energy consumption, improved operation efficiencies and jacket rigidity.
- **Water Connections**—3/4"NPT factory installed true dielectric fittings.
- **Factory installed Heat Traps**—Design incorporates a flexible disk that reduces heat loss in piping and eliminates the potential for noise generation.
- **Protective Magnesium Rod.**
- **Pedestal Base.**
- **T&P Relief Valve**—Included.
- **Low Restriction Brass Drain Valve**—Durable tamper proof design.

FEATURING:

DEFENDER SAFETY SYSTEM®

Hydrojet®

AHRI

6 or 10-Year Limited Tank Warranties / 6 or 10-Year Limited Warranty on Component Parts.

For more information on warranty, please visit www.bradfordwhite.com

For products installed in USA, Canada and Puerto Rico. Some states do not allow limitations on warranties. See complete copy of the warranty included with the heater.

Residential Power Vent Water Heater

TTW®1 Energy Saver Models

NATURAL GAS AND LIQUID PROPANE GAS

Meet or exceed ASHRAE 90.1b (current standard) C.E.C. Listed
80% Recovery Efficiency

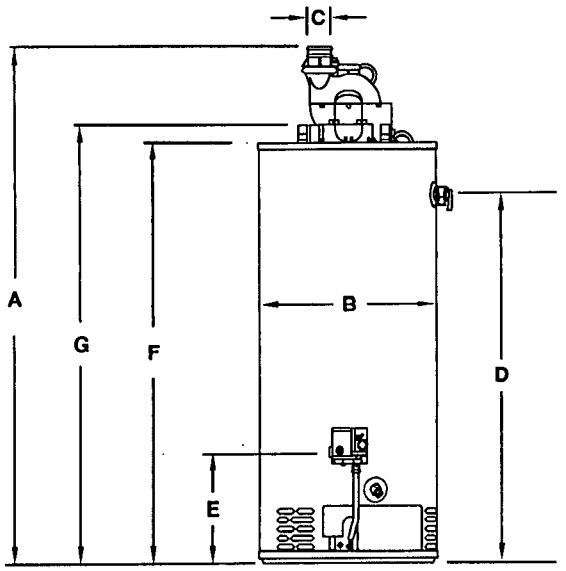
Model Number	Capacity U.S. Gal.	Capacity Imp. Gal.	Nat. BTU/Hr. Input	LP BTU/Hr. Input	Recovery 90°F Rise* Nat. U.S. GPH	Nat. Imp. GPH	LP U.S. GPH	LP Imp. GPH	A Floor to Vent Conn. in.	B Jacket Dia. in.	C Vent Size in.	D Floor to T&P Conn. in.	E Floor to Gas Conn. in.	F Floor to Top of Heater in.	G Floor to Water Conn. in.	H Depth In.	Approx. Shipping Weight lbs.
M-1-TW-40S6FBN	40	33	40,000	38,000	43	36	41	34	56½	20	2	40½	11¾	46½	48	24¼	135
M-1-TW-50S6FBN	50	42	40,000	38,000	43	36	41	34	57⅞	22	2	40¼	11¾	47¼	49¼	26¾	160
M-1-TW-60T6FBN	60	51	42,000	40,000	45	38	43	36	68	22	2	50¼	11¾	57¾	58½	27¼	193

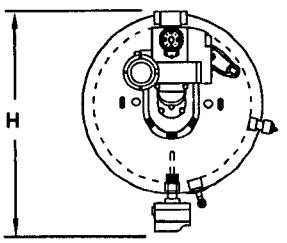
Model Number	Capacity Liters	Nat. kW Input	LP kW Input	Recovery 50°C Rise* Nat. Liters/ Hour	LP Liters/ Hour	A Floor to Vent Conn. mm.	B Jacket Dia. mm.	C Vent Size mm.	D Floor to T&P Conn. mm.	E Floor to Gas Conn. mm.	F Floor to Top of Heater mm.	G Floor to Water Conn. mm.	H Depth mm.	Approx. Shipping Weight kg.
M-1-TW-40S6FBN	151	11.7	11.0	163	155	1435	508	51	1030	298	1175	1220	632	75
M-1-TW-50S6FBN	190	11.7	11.0	163	155	1457	560	51	1038	298	1197	1251	679	84
M-1-TW-60T6FBN	227	12.3	11.7	170	163	1727	560	51	1292	298	1467	1486	692	88

Propane models feature a Titanium Stainless Steel propane burner. For Propane (LP) models change suffix "BN" to "SX"
For 10 year models, change suffix from "6" to "10".

*Based on manufacturer's rated recovery efficiency.

110 V.A.C. Required for Power Venting / 110 V.A.C., 60HZ, 3.1 Amperes





M-1-TW40 M-1-TW50 M-1-TW60		2" Vent Pipe	3" Vent Pipe
Max. Equivalent Length		†50 ft.	†120 ft.
Min. Equivalent Length		7 ft.	15 ft.
Number	1	45 ft.	115 ft.
of	2	40 ft.	110 ft.
90° Elbows	3	35 ft.	105 ft.

†For high altitude installations, consult the installation instructions.

General

All gas water heaters are certified at 300 PSI (2068 kPa) test pressure and 150 PSI (1034 kPa) working pressure.
All water connections are 3/4" NPT (19mm) on 8" (203mm) centers. All gas connections are 1/2" (13mm).
All models design certified by CSA International (formerly AGA/CGA), ANSI Z-21.10.1 and peak performance rated.

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.

Suitable for Water (Potable) Heating and Space Heating.

Toxic chemicals, such as those used for boiler treatment, shall NEVER be introduced into this system. This unit may NEVER be connected to any existing heating system or component(s) previously used with a non-potable water heating appliance.

BRADFORD WHITE
WATER HEATERS
Ambler, PA

For U.S. and Canada field service, contact your professional installer or local Bradford White sales representative.

Sales **800-523-2931** • Fax **215-641-1670** / Technical Support **800-334-3393** • Fax **269-795-1089** • Warranty **800-531-2111** • Fax **269-795-1089**

International: Telephone **215-641-9400** • Telefax **215-641-9750** / **www.bradfordwhite.com**

BRADFORD WHITE-CANADA* INC. Sales / Technical Support **866-690-0961** / **905-238-0100** • Fax **905-238-0105** / **www.bradfordwhite.com**

Built to be the Best™

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Vaughan Oil Co Inc dba Vaughan Heating & Air Conditioning
Thomas C Euler
212 Barrett Ave
Magnolia NJ 08049

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/08/2012 TO 12/31/2013
VALID

13VH01727600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Vaughan Oil Co Inc dba Vaughan Heating & Air Conditioning
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/08/2012 TO 12/31/2013
VALID

SIGNATURE

13VH01727600
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Vaughan Oil Co Inc dba Vaughan Heating & Air Conditioning EXPIRATION DATE **2013**
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 01727600** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY TH DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENC

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 389.01 LOT 10 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 49 Park Drive Cherry Hill NJ 08002

Owner in Fee David Heimerling

Verifying Individual Dave Jennings Company Vaughan Heating and Air Conditioning

Address 212 Barrett Ave Magnolia NJ 08049
Street City State Zip Code

Tel: (856) 6270303 Fax: (856) 6271973

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: **Size** _____

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [x] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Hot Water Heater	Oil / Gas / Other: Gas	40,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [x] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Dave Jennings 1/3/13
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

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

_____
Signature Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

CHERRY HILL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856-488-7855

CERTIFICATE

IDENTIFICATION

Date Issued: 10/28/2002
Control #: 41400
Permit #: 20022709

Block: 389.01 Lot: 10 Qual:

Work Site: 49 PARK DRIVE
CHERRY HILL

Owner in Fee: KEN FECHLEY
Address: 49 PARK DRIVE
CHERRY HILL NJ 08002
Telephone: 856 795-0486

Agent/Contractor: CRAIG WORLEY
Address: 3502 MAIN ROAD
FRANKLINVILLE, NJ 08322
Telephone: 856-263-1300

Lic. No./ Bldrs. Reg.No.:
Federal Emp. No.: 22-3715008
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private:
Use Group: R-4
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: ROOFING

[ ] **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.

[X] **CERTIFICATE OF APPROVAL**

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

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

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

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Anthony Seccontanno, Construction Official

Fees $0.00
Paid [ ] Check No
Collected by

U.C.C.360 (rev. 3/96) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/7/02
Control #
Permit # 2002-2709

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

Block 387.01 Lot 10
Work Site Location 49 Park Dr Cherry Hill
Owner in Fee Ken Fegley
Address 49 Park Dr E Cherry Hill 08002
Tele. ( ) 795-0486
Contractor Craig Warley
Address 3502 E Main St Rd Franklinville NJ 08322
Tele. ( ) 262-1300 Fax ( )
Lic. No. or Bldrs. Reg. No. 22-371-5008
Federal Emp. No.

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 Craig Warley

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove old roof
Haul away debris
Install 30yr Timberline shake

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [■] CA
Date: 10/24/02
Approved by: JFES

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/24/02	EFM
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[✓] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

$	
	46.-

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 4.-
TOTAL FEE	$ 50.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 3250.-

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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

BKM 10/24/02 Final (PASS)
- Roof work completed w/ Dimensional shingles
- New boots
- New Chimney counterflashing
- Alum. drip-edge

DATE	JOB CONDITION / COMMENTS

2022107

BLOCK 389.01 LOT 10 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 49 Park Dr
2. Name of Owner in Fee: Ken Fogley Tel. ( ) 795-0486
   Address 49 Park Dr (street) Clay Hill (municipality) 08002 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Craig Worby Tel. ( ) 262-1300
   Address 3502 main rd Franklinville NJ 08322
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-371-5008 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Craig Worby
   Tel. ( ) 262-1300 FAX ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 46.		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	4.		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 50.		

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	

10/25/07

Roofing

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	3250.								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS CH-B 10404804

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature Craig Worley Date 10/7/02

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

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

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

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

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

(✓) Check if contractor.

Agent Name Craig Worley

Address 3502 Main Rd Franklinville NJ 08322

Telephone ( ) 262-1302

Signature Craig Worley

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF CHERRY HILL
820 MERCER STREET
CHERRY HILL, NJ 08002
856 - 488-7855

Permit Number: 20022769
Permit Date: 10/7/2002
Update Number:
Control Number: 31400
Application Date: 10/07/02

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 389.01 Lot : 10 Qualifier :

Work site Location:	49 PARK DRIVE CHERRY HILL	Contractor:	CRAIG WORLEY
Owner in Fee:	KEN FEGLEY	Address:	3502 MAIN ROAD
Address:	49 PARK DRIVE		FRANKLINVILLE NJ 08322
	CHERRY HILL, NJ 08002	Telephone:	(856) - 262-1300
Telephone:	(856) - 795-0486	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-4	Federal Emp. No.:	22-3715008

is hereby granted permission to perform the following work :

[X] BUILDING [ ] PLUMBING

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES [ ] MECHANICAL

[ ] LEAD HAZARD ABATEMENT [ ] DEMOLITION

[ ] ASBESTOS ABATEMENT [ ] OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

ROOFING

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$3,250.00
Cost of Demolition:	$0.00
Total Cost:	$3,250.00

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

Anthony Sabatamento (SO) 10-7-02

Anthony Sabatamento Date

Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

PAYMENTS (Office Use Only)

[70-43]	Building	$46.00
[70-48]	Electrical	
[70-36]	Plumbing	
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AllFee (DCA)	$4.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-55]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	$ 50.00

All Fees Waived No

Amount to be Paid: $ 50.00

Check Number: 3194

Check Amount: $50.00

Collected by: SD

Total Cash Amount

Total Check Amount $50.00

Total CC Amount

Grand Total $50.00

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/7/02
Control #
Permit # 2002-2709

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

Block 301.01 Lot 10
Work Site Location 49 Park Dr Cherry Hill
Owner in Fee Ken Fegley
Address 49 Park Dr Cherry Hill 08002
Tele. ( ) 795-0486
Contractor Train Worley
Address 3502 Main Rd Franklinville NJ 08322
Tele. ( ) 2102:1300 Fax ( )
Lic. No. or Bldrs. Reg. No. 22-3711-5008
Federal Emp. No. N/A

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 Train Worley

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove old roof
Haul away debris
Install 30yr Timberline shake

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:

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

FEE (Office Use Only)

$	
	46.-

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 4.
TOTAL FEE	$ 50.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ 5250.-

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

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