TOWNSHIP OF WINSLOW
402 TANSBORO ROAD
TANSBORO, N.J. 08009

Date Issued 08/31/05
Control #
Permit # 05-04-0589

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 11703 Lot 4 Qual
Work Site Location 4 DESMOND RUN
SICKLERVILLE
Owner in Fee/Occupant [redacted]
Address [redacted]
[redacted]
Telephone [redacted]
Contractor AQUA-TEX TRANSPORT INC.
Address PO BOX 1204
HAMMONTON, NJ 08037-
Telephone (609)567-8280 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2633803

Home Warranty No.
[ ] State [ ] Private
Use Group U-
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMOVAL OF 550 GALLON UST /CONTRACTOR VENTURE TANK
CONTRACTOR CHANGE TO VENTURE
TANK-04-27-05-NTDEP000949-FID#22-2822017

[ ] 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 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 _____, ____.

Construction Official

U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 2352
Collected by: KM

VENTURE TANK CO.
1391 North Black Horse Pike
Williamstown, NJ 08094

FIRE SUBCODE TECHNICAL SECTION

New Contractor

Date Received
Date Issued 4-20-05
Control #
Permit # 05-04-0589

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

Block 11703 Lot 4
Work Site Location 4 Desmond Run Rd.
Sicklerville, NJ 08081
Owner in Fee [redacted]
Address [redacted]
Tele. ([redacted]
Contractor Venture Tank Co.
Address 1391 N. Black Horse Pike
Williamstown, NJ 08094
Tele. (856) 629-8886 Fax (856) 629-5956
Lic. No. NJDEP000949
Federal Emp. No. 22-2822017

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ______
Location: ______
Total Cost of Fire Protection Work $ 900.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: ______
Approved by: [signature] 4/21/05
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-10-05
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final	5-9-05		5-10-05	[initials]
Other				

Dates (Month/Day)

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]
Signature

1 Tank Removed - Has numerous holes
Appears to have leaked product into water
Need DEP case # 04-12-06-0908-17

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Pump/Cut/Clean
Remove + Dispose (1) 290 UST #2 Fuel
Water Supply Source ______
Method of Alarm/Suppression System Supervision ______

Storage Tanks
Type: [ ] Flammable Liquid [X] Combustible Liquid
[ ] LPG [ ] LNG Capacity ___ Fuel #2

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [✓] Fired Appliances		
Other Tank Removal	1	25.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 2.00
TOTAL FEE	$ 27.00

TOWNSHIP OF WINSLOW
402 TANSBORO ROAD
TANSBORO, N.J. 08009

Date Issued 11/15/05
Control #
Permit # 04-03-274

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 11703 Lot 4 Qual
Work Site Location 4 DESMOND RUN
SICKLERVILLE
Owner in Fee/Occupant [redacted]
Address [redacted]
[redacted]
Telephone [redacted]
Contractor R. DEANGELO HEATING & AIR
Address 601 CANTERBURY AVE.
PITMAN, NJ 08051-
Telephone (856)582-4483 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3219223

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

GAS FURNACE AND TANK REMOVAL

[ ] 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
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[ ] 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 _____, ____.

Construction Official

Fee $ 0
Paid [X] Check No. 9621
Collected by: ARF

U.C.C. F260 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 3-9-04
Control #
Permit # 04-03-274

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

Block 11703 Lot 4
Work Site Location 4 ~~Ashland Road~~ Desmond Run
Owner in Fee/Occupant [redacted]
Address [redacted]
Tele. ([redacted]
Contractor R. DeAngelo HVAC
Address 601 Canterbury Blue
Pitman NJ
Tele. (856) 582-4483 Fax ( )
Lic. No.
Federal Emp. No. 22-3219223

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 260.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2-24-04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-25-05
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2-25-05	

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	20	gas furnace	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	25.00

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-9-04
Control #
Permit # 04-03-274

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

Block 11703 Lot 4
Work Site Location 4 Desmond Run

Owner in Fee [redacted]
Address [redacted]
Tele. [redacted]
Contractor K. DeAngelo HVAC
Address 681 Canterbury Ave
Pitman NJ 08071
Tele. (856) 582-4483
Lic. No.
Federal Emp. No. 22-3219223 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-24-04
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 3-25-04

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			2-25-05	
Gas Piping			3-19-04	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 25.00

7-8-04 no one Home Left STICKER

U.C.C. Form F-130B

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

~~TOWNSHIP OF DEPTFORD~~
~~1011 COOPER STREET~~
~~DEPTFORD, NEW JERSEY~~
~~845-5300—EXT. 259~~

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-9-04
Control #
Permit # 04-03-274

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

Block 11703 Lot 4
Work Site Location 4 Desmond Run

Owner in Fee [redacted]
Address [redacted]
Tele. ([redacted]
Contractor R. DeAngelo Htg & A/C
Address 101 Canterbury Ave
Pitman NJ 08071
Tele. (856) 582-4483
Lic. No.
Federal Emp. No. 22-3219223 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 3000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 2-26-04
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 2-25-05
Approved by: [signature]

INSPECTIONS:

Type	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			2-25-05	[initial]
TCO				
Other				
Other				
Other				

(Dates (Month/Day))

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.

5-24-04 TANK not removed OK.

[signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ___ Fuel ___
Combustible Liquid Storage Tanks ( ) Capacity ___ Fuel ___
L.P.G. Storage Tanks ( ) Capacity ___ Fuel ___
L.N.G. Storage Tanks ( ) Capacity ___ Fuel ___

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	
OTHER Oil tank abatement	1	

Paid [ ] Check #
Collected by:

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 71.00

See Letter with DEP case number 04-12-0609-17

UCC FORM F-140 B

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

PRO 205 B

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 09-26-95
Control #
Permit # 14363
ca# 10763

IDENTIFICATION

Block 11703 Lot 4

Work Site Location 4 Desmond Run
Sicklerville

Owner in Fee [redacted]

Address [redacted]

Tele. [redacted]

Contractor Archer's Siding, Inc.

Address 1301 Black Horse Pike
Williamstown, N.J. 08094

Tele. (609) 629-1343

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.
or Social Security No. [redacted]

Home Warranty No. N/A

Type of Warranty Plan: [ ] State [ ] Private

Use Group R-3

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

Re-Roof
$ 1,300.00

☐ **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.

☐ **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/COMPLIANCE**

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

Joseph V. Cuiua (signature)

CONSTRUCTION OFFICIAL

Fee $ $ 5.00 pd. 08-03-95

Paid [ ] Check No.

Collected by:

U.C.C. Form F-260B

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-3-95
Control #
Permit # 14364

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

Block 1703 Lot 4
Work Site Location 4 Desmond Run
Sicklerville
Owner in Fee [redacted]
Address [redacted]
Tele. ([redacted]
Contractor Archer's
Address 1301 N Black Horse Pike
Williamstown NJ 08094
Tele. (609) 629 1343
Lic. No. or Bldrs. Reg. No. NA
Federal Emp. No. NA or Social Security No. [redacted]

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.

X Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other REROOF Tile/Slate		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 8-18-95		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8-1-95	bll

TYPE OF WORK: ReRoof

[ ] New Building
[ ] Addition
[ ] Alteration
[X] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ 13.00

25.00

B. BUILDING CHARACTERISTICS

Use Group Present R-3 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 $ $1,300.00
3. Total (1+2) $ $1,300.00

U.C.C. Form F-110B

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