CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 6/30/2023

Tracking Number: OPRA-Req-23-1052

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: 4 PAPER MILL RD

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: OPRA/OPEN & CLOSE PERMITS - 4 Paper Mill Rd, Cherry Hill, NJ 08003

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:

2023488

BLOCK 513.26 LOT 18 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: 4 Papermill Rd.
2. Name of Owner in Fee: Robert Whomsley Tel. (856) 424-2428
   Address 4 Papermill Rd. Cherryhill NJ 08003
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor Sanders Entry Sys Tel. (856) 227-0900
   Address 2804 Gatewood Rd. Trial NJ 08081
   License No. OR, if new home, Builder Reg. No. 11100 Exp. Date _____
   Federal Employee No. 223327987 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Randy Kenny
   Tel. (856) 227-0900 FAX (856) 227-4843

RECEIVED
DEC 19 2002
BUILDING INSPECTION

Gas Water Htr

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
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			
10. Subtotal			
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$ 12.—		

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 _____

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing	499 00				12/23/02	SDO			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	499 00								

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 10801085

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name SANDERS ENTERPRISES, INC.

Address 2864 GARWOOD RD.
ERIAL, NJ 08081

Telephone (856) 227-0900

Signature _____

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: 20023488
Permit Date: 12/27/2002
Update Number:
Control Number: 42231
Application Date: 12/27/02

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 513.28 Lot : 18 Qualifier :

Work site Location:	4 PAPERMILL ROAD CHERRY HILL	Contractor:	SANDERS ENTERPRISES INC.
Owner In Fee:	ROBERT WHOMSLEY	Address:	2864 GARWOOD ROAD
Address:	4 PAPERMILL ROAD		ERIAL NJ 08081
	CHERRY HILL NJ 08003	Telephone:	(856) - 227-0900
Telephone:	(856) - 424-2428	Lic. No. / Bldrs. Reg. No.:	4701
Use Group(s):	R-4	Federal Emp. No.:	22-3327987

is hereby granted permission to perform the following work.:

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

DESCRIPTION OF WORK:

GAS WATER HEATER

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$499.00
Cost of Demolition:	$0.00
Total Cost:	$499.00

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 Saccomanno SD 12/27/02

Anthony Saccomanno — 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:

PAID DEC 27 2002

PAYMENTS (Office Use Only)

[70-43]	Building	
[70-48]	Electrical	
[70-36]	Plumbing	$11.00
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AllFee (DCA)	$1.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	Shade Tree	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	**$ 12.00**

All Fees Waived No

Amount to be Paid: $ 12.00

Check Number: 5941
Check amount: $12.00

Collected by: SD
Total Cash Amount
Total Check Amount $12.00
Total CC Amount
Grand Total $12.00

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 12/27/02
Control #
Permit # 2002-3488

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

Block 512 14 Lot 18
Work Site Location [illegible]
Owner in Fee [illegible]
Address [illegible]
Tele. (856) 424-2428
Contractor ~~SANDERS ENTERPRISES, INC.~~
Address ~~3364 CARNOSS RD.~~
~~ERIAL, NJ 08081~~
Tele. (~~856~~) ~~227-6966~~ Fax (~~856~~) ~~227-4648~~
Lic. No. 11160
Federal Emp. No. ~~23-382 7907~~

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 $ 4990

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] ~~No~~ Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/23/02
Approved by: SDN

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] 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	
1	Water Heater Replacement	9
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	2
Minimum Fee	$	9
DCA Training Fee	$	
TOTAL FEE	$	11

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 513.28 LOT: 18 PERMIT #: _____

WORKSITE ADDRESS: 4 Parliament Rd.

Certifying Individual (Print Name)
NAME: Randy Kenny
ADDRESS:
STREET: 2864 Garwood Rd.
STATE: NJ

Company:
NAME: Sanders Enterprises
CITY: Erial
ZIP: 08081
PHONE: 856-227-0900

CHECK THE APPROPRIATE BOX

TYPE OF REPLACEMENT:

[ ] OIL TO GAS CONVERSION
[X] GAS APPLIANCE REPLACEMENT
[ ] OIL TO OIL REPLACEMENT
[ ] OTHER: (describe) : _____

EXISTING VENT/ CHIMNEY:

[ ] B LABEL VENT
[ ] L LABEL VENT
[X] MASONRY CHIMNEY-TILE LINED
[ ] FLEXIBLE LINER
[ ] POWER VENT / EXHAUSTER
[ ] OTHER (describe) : _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

For Oil to Gas Conversions:
I hereby certify that the chimney/ vent is free and clear of obstructions and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/ vent is appropriately lined and sized for the appliance being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements:
I hereby certify that the existing chimney/ vent is free and clear of obstructions. I further certify that the existing chimney/ vent is appropriately lined and sized for the appliance being installed.

Signature Randy Kenny Date _____

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

Signature _____ Date _____

Direct Vent Appliance:
No Certification Required:

Signature _____ Date _____

This form must be returned to the Code Enforcement Office prior to final inspection
F370

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: 01/15/2003
Control #: 42231
Permit #: 20023488

Block: 513.28 Lot: 18 Qual:

Work Site: 4 PAPER MILL ROAD
CHERRY HILL

Owner in Fee: ROBERT WHOMSLEY

Address: 4 PAPERMILL ROAD
CHERRY HILL NJ 08003

Telephone: 856 424-2423

Applicant/Contractor: SANDY'S ENTERPRISES INC

Address: 2964 GARWOOD ROAD
EGAL NJ 08 01

Telephone: 856 227-0820

Lic. No./Elec. Reg.No.: 4701 Federal Emp. No.: 22-3327987

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: 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 issued 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 visual examination, lead clearance 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 Scrocarello, Construction Official

Fees $0.00

Paid [ ] Check No

Collected by

UCC 550 (rev. 3/96) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 12/27/02
Control #
Permit # 2002-3488

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

Block 513.28 Lot 19
Work Site Location 4 PLUMSTEAD DR. CHERRY HILL TOWNSHIP
Owner in Fee BRANTHAVEN
Address SAME
Tele. (856) 424-2428
Contractor SANDERS ENTERPRISES, INC.
Address 2060 CANWOOD RD. ERIAL, NJ 08081
Tele. (856) 227-0900 Fax (856) 227-4643
Lic. No. 14140
Federal Emp. No. 22-332 7997

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 499 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[—] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 1/23/02
Approved by: SDA

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 1-14-03
Approved by: SDA

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			1-14-03	SDA
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[✓] 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	
1	Water Heater Replacement	9
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge	$	2
Minimum Fee	$	9
DCA Training Fee	$	
TOTAL FEE	$	11

UCC/PRO F-130 (REV3/96)
Professional Printing
(856)468-7933

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

DATE	JOB CONDITION / COMMENTS

BLOCK 513.28 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 4 Paper Mill Rd. Cherry Hill Twp. 08003-1410 PERMIT NO. 2008 2549

RECEIVED AUG 08 2008 BUILDING INSPECTIONS

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: 4 Paper Mill Rd, Cherry Hill Twp 08003-1410
2. Name of Owner in Fee: Robert Whomsley
   Tel. (609) 744-6741 e-mail RPUSS11582@aol.com
   Address 4 Paper Mill Rd (street) Cherry Hill Twp (municipality) 08003-1410 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Hera Tech, Inc. 1879-1 Old Cuthbert Rd Cherry Hill, NJ 08034 Tel. (856) 429-5200
   Address _____ e-mail contact@heratech.com
   License No. OR, if new home, Builder Reg. No. meb90025 Exp. Date 05/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02684200
   Federal Emp. ID No. 222959943 FAX: (856) 429-5417
5. Architect or Engineer Hera Tech, Inc. Contact SUBASH RASHAT
   Address 1879-1 Old Cuthbert Rd Cherry Hill, NJ 08034 e-mail contact@heratech.com
   Tel. (856) 429-5200 FAX (856) 429-5417
6. Responsible Person in Charge once Work has Begun Hera Tech, Inc. 1879-1 Old Cuthbert Rd Cherry Hill, NJ 08034
   Tel. (_____) _____ FAX: (856) 429-5200

Radon Mitigation

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 48-		
2. Electrical	37-		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 2-		
11. Cert. of ~~Occupancy~~			
12. Other			
13. TOTAL	$ 87-		

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 ____

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					8/12/08	PCC			
☐ Plumbing					8-11-08	B			
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1199								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	1	
After Construction	1	
Net Gain or Loss	0	

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:

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

LDS CH-B 10615491

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 Hera Tech, Inc.

Address 1879-1 Old Cuthbert Road
Cherry Hill, NJ 08034
856-429-5200

Telephone ( ) _____

Signature _____

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. _____	_____	_____	_____	_____

8/15/08 CT

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

CERTIFICATE

Date Issued: 09/19/2008
Control #: 65255
Permit #: 20082549

IDENTIFICATION

Block: 513.28 Lot : 18 Qualification Code:

Work Site Location: 4 PAPERMILL ROAD
CHERRY HILL

Owner in Fee: ROBERT WHOMSLEY

Address: 4 PAPERMILL ROAD
CHERRY HILL NJ 08003

Telephone: 856 424-2428

Agent/Contractor: HERA TECH, INC.

Address: 1879 OLD CUTHBERT RD STE.1
CHERRY HILL NJ 08034

Telephone: 856 429-5200

Lic. No./ Bldrs. Reg.No.: MIB90025 Federal Emp. No.: 22-2959943

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:

RADON MITIGATION

[ ] **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

Anthony Saccomanno Construction Official

Fees: $0.00
Paid[X]Check No.: 10428
Collected by: SD

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Permit Number: 20082549
Permit Date: 08/20/2008
Update Number:
Control Number: 65255
Application Date: 08/13/08

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 513.28 Lot : 18 Qualifier :

Work site Location: 4 PAPERMILL ROAD CHERRY HILL

Owner In Fee: ROBERT WHOMSLEY

Address: 4 PAPERMILL ROAD
CHERRY HILL NJ 08003

Telephone: (856) - 424-2428

Use Group(s): R-5

Contractor: HERA TECH, INC.

Address: 1879 OLD CUTHBERT RD STE.1
CHERRY HILL NJ 08034

Telephone: (856) - 429-5200

Lic. No. / Bldrs. Reg. No.: MIB90025

Federal Emp. No.: 22-2959943

is hereby granted permission to perform the following work :

[X] BUILDING [ ] PLUMBING

[X] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES [ ] MECHANICAL

[ ] LEAD HAZARD ABATEMENT [ ] DEMOLITION

[ ] ASBESTOS ABATEMENT [ ] OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

RADON MITIGATION

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$1,199.00
Cost of Demolition:	$0.00
Total Cost:	$1,199.00

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 Saccomanno

Contruction 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.

Note:

[70-43]	
[70-48]	
[70-36]	
[70-37]	
[70-61]	
[70-38]	
[70-91]	
[70-91]	
[70-50]	
[70-50]	
[70-45]	
[71-78]	
[70-62]	
[70-53]	
[73-83]	

PAYMENTS (Office Use Only)

Building	$48.00
Electrical	$37.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$2.00
CO Fee	
CCO Fee	
Engineering	
Sewer	
DOC Imaging	
Street Opening	
Street Open. Escrow	
Total :	**$ 87.00**

All Fees Waived No

Amount to be Paid: $ 87.00

Check Number: 10428
Check amount: $87.00

PAID AUG 20 2008

Collected by: SD
Total Cash Amount:
Total Check Amount: $87.00
Total CC Amount:
Grand Total: $87.00

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 8.20.08
Control #
Permit # 2008-2549

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

Block 513.28 Lot 18
Work Site Location 4 Paper Mill Rd.
Cherry Hill Twp 08003-1410
Owner in Fee Robert Whomsley
Address 4 Paper Mill Rd
Cherry Hill Twp 08003-1410
Tele. ( ) Hera Tech, Inc.
Contractor 1879-1 Old Cuthbert Road
Address Cherry Hill, NJ 08034
856-429-5200
Tele. ( ) Fax (856) 429-5417
Lic. No. or Bldrs. Reg. No. MeB 90025
Federal Emp. No. 222959943

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

sub-slab radon mitigation system as per NJDEP standards.

CALL FOR FINAL INSPECTION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	8/12/08	GES
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9.19.08
Approved by: GES

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final ✓	9.15.08		9/19/08	VEN
Barrier-Free	9/17/08			

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 radon remed.

[ ] Demolition

FEE (Office Use Only)
$ 48.00

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

B. BUILDING CHARACTERISTICS

Pipe Not Glued No entry

Use Group Present R-5 Proposed R-5
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 $ 1199
3. Total (1+ 2) $

2K × 24. = 48.00

U.C.C. F110 (rev. 3/96)

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 8 2008
Control #
Permit # 2008-2549

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

Block 513.28 Lot 18

Work Site Location 4 Paper Mill Rd.
Cherry Hill Twp 08003-1410

Owner in Fee Robert Whomsley

Address 4 Paper Mill Rd
Cherry Hill Twp 08003-1410

Tele. ( ) Home Phone

Contractor 1879-1 Old Cuthbert Road

Address Cherry Hill, NJ 08034
856-429-5200

Tele. ( ) Fax (856) 429-5417

Lic. No. or Bldrs. Reg. No. NJEB 90025

Federal Emp. No. 222954913

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	8/12/08	GES
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present I-1 Proposed R-3
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 $ 1199
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

sub-slab radon mitigation system as per NJDEP standards.

CALL FOR FINAL INSPECTION.

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 radon remed.

[ ] Demolition

FEE (Office Use Only)

	$
	48.00

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

U.C.C. F110
(rev. 3/96)

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

8-4-08

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 8-20-08

Date Issued
Permit # 2008-2549

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 Paper Mill Rd. Cherry Hill, NJ 08003

Homeowner Robert Whomsley

Owner Stated with Dawn Russel - 21 Hillcrest Moorestown

Tel. (609) 744-6744 e-mail

Address 4 Paper Mill Rd. Cherry Hill, NJ. 08003
street municipality zip code

Contractor: Sam's Electric, LLC Tel. (856) 321-3230

Address 450 S. Fellowship Rd e-mail Maple Shade NJ 08052

Contractor License No. 4511 Exp. Date 3/09

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

Federal Emp. ID No. 22-3585058 FAX: (856) 321-3231

B. ELECTRICAL CHARACTERISTICS

Use Group Present R5 Proposed R5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 8-11-08 Initial

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 8-11-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 9/17/08
Approved by:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/17/08	MBJ
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] 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	
1		Switches ✓	
		Detectors	
		Light Poles	
1	1/3HP	Motors—Fract. HP (Garden Unit)	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 36.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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	$ 36.00
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 10/06)

Reorder From OCS Printing (609) 390-1400

8/29/07 - NO ACCESS

8-4-08

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 8-20-08

Date Issued
Permit # 2008-2549

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 Paper Mill Rd. Cherry Hill, NJ 08003
Home Owner Robert Whanicky

Owner of Fee Judith Dawn Russel -2 Alliance - Interest

Tel. (609) 744-6744 e-mail

Address 4 Paper Mill Rd. Cherry Hill, NJ. 08003
street municipality zip code

Contractor: Sam's Electric, LLC Tel. (856) 321-3230

Address 410 E. Fellowship Rd e-mail Mapleshade NJ 08052

Contractor License No. 4511 Exp. Date 4/09

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

Federal Emp. ID No. 22-3518058 FAX: (856) 321-3251

B. ELECTRICAL CHARACTERISTICS

Use Group Present RS Proposed RS

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required 8-11-08 PV

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 8-14-08

Approved by: PV

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches ✓	
		Detectors	
		Light Poles	
1	1/3 HP	Motors—Fract. HP (Garage Door)	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$ 36.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		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	$ 36.00
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 10/06)

Reorder From OCS Printing (609) 390-1400

ILLEGIBLE

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
Hera Tech, Inc. dba Gray Matter Intl.
Sangeeta Rashatwar
1879 Old Cuthbert Rd Ste 1
Cherry Hill NJ 08034
FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/28/2007 TO 12/31/2008 — VALID
13VH02684200 — 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
Hera Tech, Inc. dba Gray Matter Intl.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

11/28/2007 TO 12/31/2008 — VALID
13VH02684200 — License/Registration/Certificate #
SIGNATURE
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

Hera Tech, Inc. dba Gray Matter Intl. EXPIRATION DATE 2008

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 02684200** . 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.
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STATE OF NEW JERSEY

Department of Environmental Protection-Radon Section
PO Box 415, Trenton, NJ 08625-0415

HEREBY CERTIFIES THE GOOD STANDING OF

SUBASH RASHAT
19 DOWNING LN
VOORHEES NJ 08043-4129

AS A: RADON MEASUREMENT SPECIALIST

05/10/2008 thru 05/10/2009
Effective Date Expiration Date

MES10152
CERTIFICATION NUMBER

Jill Lipoti
DIRECTOR

THIS CERTIFICATION HAS BEEN ISSUED IN ACCORDANCE WITH N.J.A.C. 7.28-27 AND THE CONDITIONS SET FORTH IN YOUR APPLICATION

PLEASE INFORM THE DEP OF ANY ADDRESS CHANGE.
CARRY YOUR CURRENT CERTIFICATE IN YOUR WALLET FOR IDENTIFICATION PURPOSES

DOC# 080502970

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STATE OF NEW JERSEY
Department of Environmental Protection-Radon Section
PO Box 415, Trenton, NJ 08625-0415

HEREBY CERTIFIES THE GOOD STANDING OF

SUBASH RASHAT
19 DOWNING LN
VOORHEES NJ 08043-4129

AS A: RADON MITIGATION SPECIALIST

05/14/2008 thru 05/14/2009
Effective Date Expiration Date

MIS10152
CERTIFICATION NUMBER

Jill Lipoti
DIRECTOR

THIS CERTIFICATION HAS BEEN ISSUED IN ACCORDANCE WITH N.J.A.C. 7.28-27 AND THE CONDITIONS SET FORTH IN YOUR APPLICATION

PLEASE INFORM THE DEP OF ANY ADDRESS CHANGE.
CARRY YOUR CURRENT CERTIFICATE IN YOUR WALLET FOR IDENTIFICATION PURPOSES

DOC# 080502980

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STATE OF NEW JERSEY
Department of Environmental Protection-Radon Section
PO Box 415, Trenton, NJ 08625-0415

HEREBY CERTIFIES THE GOOD STANDING OF

HERA TECH INC
1879 OLD CUTHBERT RD STE 1
CHERRY HILL NJ 08034-1428

AS A: RADON MITIGATION BUSINESS

05/14/2008 thru 05/14/2009
Effective Date Expiration Date

MIB90025
CERTIFICATION NUMBER

Jill Lipoti
DIRECTOR

THIS CERTIFICATION HAS BEEN ISSUED IN ACCORDANCE WITH N.J.A.C. 7.28-27 AND THE CONDITIONS SET FORTH IN YOUR APPLICATION

PLEASE INFORM THE DEP OF ANY ADDRESS CHANGE

BLOCK 513.28 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 2008 2847

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: 4 Paper Mill Rd Cherry Hill
2. Name of Owner in Fee: Jake Yap
   Tel. (856) 217-6501 e-mail _____
   Address 4 Paper Mill Rd (street) Cherry Hill (municipality) _____ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Breen Roofing f/k/a Bob Breen & Son Tel. (856) 228-0444
   Address 5 Mohawk Ct e-mail _____
   Sewell NJ 08080
   License No. OR, if new home, Builder Reg. No. 13VH00602300 Exp. Date 12/08
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 26-2019794 FAX: (_____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Keith Breen
   Tel. (856) 228-0444 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

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

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 ____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

D. Construct. Classification: Present _____
Proposed _____

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS CH-B 10615493

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X) Check if contractor.

Agent Name Breen Roofing Inc f/k/a Bob Breen & Sons

Address 5 Mansard Ct
Sewell NJ 08080

Telephone (856) 228 0444

Signature [signature]

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

CERTIFICATE

Date Issued: 09/26/2008
Control #: 65652
Permit #: 20082847

IDENTIFICATION

Block: 513.28 Lot : 18 Qualification Code:
Work Site Location: 4 PAPERMILL ROAD
CHERRY HILL
Owner in Fee: JAKE YAP
Address: 4 PAPERMILL ROAD
CHERRY HILL NJ 08003
Telephone: 856 217-6501
Agent/Contractor: BREEN ROOFING F/K/A BOB BREEN & SONS
Address: 5 MANSOOR COURT
SEWELL NJ 08080
Telephone: 856 589-0401
Lic. No./ Bldrs. Reg.No.: Federal Emp. No.: 4-3603805
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:

NEW ROOF

[ ] **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

Anthony Saccomanno Construction Official

Fees: $0.00
Paid[X]Check No.: 1162
Collected by: LT

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

Permit Number: 20082847
Permit Date: 9/17/2008
Update Number:
Control Number: 65652
Application Date: 09/17/08

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 513.28 Lot : 18 Qualifier :

Work site Location: 4 PAPERMILL ROAD CHERRY HILL

Owner In Fee: JAKE YAP

Address: 4 PAPERMILL ROAD
CHERRY HILL NJ 08003

Telephone: (856) - 217-6501

Use Group(s): R-5

Contractor: BREEN ROOFING F/K/A BOB BREEI

Address: 5 MANSOOR COURT
SEWELL NJ 08080

Telephone: (856) - 589-0401

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

Federal Emp. No.: 4-3603805

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:

NEW ROOF

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$2,800.00
Cost of Demolition:	$0.00
Total Cost:	$2,800.00

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 Saccomanno
Contruction 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.

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]	AltFee (DCA)	$4.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	DOC Imaging	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	**$ 50.00**

All Fees Waived No

Amount to be Paid: $ 50.00

Check Number: 1162

Check amount: $50.00

PAID SEP 17 2008

Collected by: LT

Total Cash Amount:

Total Check Amount: $50.00

Total CC Amount:

Grand Total: $50.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9/17/08
Permit # 2008-2847

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 Paper Mill Rd Cherry Hill

Owner in Fee: Jake Yap

Tel. (856) 217 6501 e-mail

Address 4 Paper Mill Rd Cherry Hill
street municipality zip code

Contractor: Breen Roofing f/k/a Bob Breen & Sons Tel. (856) 228-0444

Address 5 Manor Ct Sewell e-mail

Contractor License No. or Builder Registration No. 13VH00601230 Exp. Date 12/08

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

Federal Emp. ID No. 216201 9994 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [✓] No Plans Required 9/18/08 CTHS
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9.26.08
Approved by: JCS

INSPECTIONS — Dates (Month/Day)

Type:	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			9.26.08	SNK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 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. $
2. Rehabilitation $ 28000
3. Total (1+ 2) $ 28000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tear off existing layers (2) of shingles and reshingle w/new 30 yr shingles 20 Sq's

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)

$

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9/17/08
Permit # 2001-2847

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 Paper Mill Rd (Cherry Hill)

Owner in Fee: Jake Yap

Tel. (856) 217-1501 e-mail

Address 4 Paper Mill Rd Cherry Hill
street municipality zip code

Contractor: Brian Pat. f/k/a Kirkconnell Tel. (856) 304-0111

Address 5 Mainsail Sewell e-mail

Contractor License No. or Builder Registration No. 13VH04003201 Exp. Date 12/08

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

Federal Emp. ID No. 21-701 9994 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [✓] No Plans Required 9/17/08 TLS
- [ ] All
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	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. $
2. Rehabilitation $ 7500
3. Total (1+ 2) $ 7500

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tear off existing layer (2) of Shingles and reshingle w/new

30 yr Shingles

20 Sq's

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)

$

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

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

Bob Breen & Sons, LP
Robert M. Breen, Sr.
5 Mansoor Court
Sewell NJ 08080

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

12/31/2007 TO 12/31/2008
VALID

13VH00602300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Laurence DeMarzo
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
Bob Breen & Sons, LP
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
12/31/2007 TO 12/31/2008
VALID
13VH00602300
License/Registration/Certificate #
SIGNATURE
Laurence DeMarzo
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

Bob Breen & Sons, LP EXPIRATION DATE **2008**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 00602300** . 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 THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

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.

BLOCK 513.28 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 4 PAPER MILL ROAD CHERRY HILL, NJ 08003 PERMIT NO. 2009 0315

RECEIVED FEB 05 2009 BUILDING INSPECTIONS — NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 4 PAPER MILL ROAD, CHERRY HILL, NJ 08003
2. Name of Owner in Fee: RAMIR J. YAP
   Tel. (856) 251-0685 e-mail jyap2@hotmail.com
   Address 4 PAPER MILL ROAD (street) CHERRY HILL (municipality), NJ 08003 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Homeowner Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun RAMIR J. YAP
   Tel. (856) 251-0685 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 72		
2. Electrical	67		
3. Plumbing	37		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 5		
9. State Permit Surcharge Fee			
10. Subtotal	$		
~~11. Cert. of Occupancy~~			
12. Other			
13. TOTAL	$ 181-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
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 ____		

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	3000				2/9/09	RCS			
☑ Electrical	300				2-6-09				
☑ Plumbing	300				2-6-09				
☐ Fire Protection									
☐ Elevator									
TOTAL COST	3600								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: PRIMARY DWELLING
2. Use Group, Proposed: _____ R5
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 _____

Kitchen Remodel

III. PLAN REVIEW (optional)

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

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

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

2-13-09 104

LDS CH-B 10119192

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature Ramir J. Yap Date 2/4/09

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

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

CERTIFICATE
IDENTIFICATION

Date Issued: 06/26/2009
Control #: 67118
Permit #: 20090315

Block: 513.28 Lot : 18 Qualification Code:

Work Site Location: 4 PAPERMILL ROAD
CHERRY HILL

Owner in Fee: RAMIR J YAP

Address: 4 PAPERMILL ROAD
CHERRY HILL NJ 08003

Telephone: 856 251-0685

Agent/Contractor: RAMIR J YAP

Address: 4 PAPERMILL ROAD
CHERRY HILL NJ 08003

Telephone: 856 251-0685

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

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:

KITCHEN REMODEL

[ ] **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

_____
Albert Hallworth III Construction Official

Fees: $0.00

Paid[X]Check No.: 104

Collected by: kcm

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

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

Permit Number: 20090315
Permit Date: 02/13/2009
Update Number:
Control Number: 67118
Application Date: 02/11/09

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block.: 513.28 Lot : 18 Qualifier :

Work site Location:	4 PAPERMILL ROAD CHERRY HILL	Contractor:	RAMIR J YAP
Owner In Fee:	RAMIR J YAP	Address:	4 PAPERMILL ROAD
Address:	4 PAPERMILL ROAD		CHERRY HILL NJ 08003
	CHERRY HILL NJ 08003	Telephone:	(856) - 251-0685
Telephone:	(856) - 251-0685	Lic. No. / Bldrs. Reg. No.:	
Use Group(s):	R-5	Federal Emp. No.:	

is hereby granted permission to perform the following work :

[X] BUILDING [X] PLUMBING

[X] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES [ ] MECHANICAL

[ ] LEAD HAZARD ABATEMENT [ ] DEMOLITION

[ ] ASBESTOS ABATEMENT [ ] OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

KITCHEN REMODEL

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$3,600.00
Cost of Demolition:	$0.00
Total Cost:	$3,600.00

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.

John Kozak
Contruction Official

2/11/09
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.

Note:

RECEIVED
FEB 13 2009
TAX COLLECTOR

PAYMENTS (Office Use Only)

[70-43]	Building	$72.00
[70-48]	Electrical	$67.00
[70-36]	Plumbing	$37.00
[70-37]	Fire Protection	
[70-61]	Elevator Devices	
[70-38]	Mechanical	
[70-91]	VolFee (DCA)	
[70-91]	AltFee (DCA)	$5.00
[70-50]	CO Fee	
[70-50]	CCO Fee	
[70-45]	Engineering	
[71-78]	Sewer	
[70-62]	DOC Imaging	
[70-53]	Street Opening	
[73-83]	Street Open. Escrow	
	Total :	**$ 181.00**

All Fees Waived No

Amount to be Paid: $ 181.00

Check Number: 104
Check amount: $181.00

Collected by: kcm
Total Cash Amount:
Total Check Amount: $181.00
Total CC Amount:
Grand Total: $181.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2-13-09

Date Issued / Permit # 2009-0315

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 PAPERMILL ROAD CHERRY HILL, NJ 08003

Owner in Fee: RAMIR J. YAP

Tel. (856) 251-0685 e-mail jyap2@hotmail.com

Address 4 PAPERMILL ROAD (street) CHERRY HILL (municipality) 08003 (zip code)

X Contractor: HOME OWNER Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2/9/09	YES
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6-26-09
Approved by: YES

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame (✓)				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final (✓)	5/1/09	5/18/09	6/26/09	YES
Barrier-Free	5/9/09	6/4/09		

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

No. of Stories 2

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

NO ENTRY NO ANTI-TIP on Range

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 6,000 excluding Cabinets 3000
3. Total (1+ 2) $

3K × 24.00 = 72.00

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 Ramir J. Yap

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE EXISTING KITCHEN CABINETS AND APPLIANCES WITH NEW Paint
CALL FOR REQ'D INSPECTIONS
HAVE "FIELD" PLAN ON SITE

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)

$ 72.00

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2-13-09 (3)

Date Issued / Permit # 2009-0315

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

Block 513.28 Lot 18 Qualification Code _____

Work Site Location 4 PAPERMILL ROAD
CHERRY HILL, NJ 08003

Owner in Fee: RAMIR J. YAP

Tel. (856) 251-0685 e-mail lyad2@hotmail.com

Address 4 PAPERMILL ROAD (street) CHERRY HILL (municipality) 08003 (zip code)

X Contractor: HOME OWNER Tel. (____) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature Ramir J. Yap

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE EXISTING KITCHEN CABINETS AND APPLIANCES WITH NEW Paint
CALL FOR REQ'D INSPECTIONS
HAVE FIELD PLAN ON SITE

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	2/9/09	YES
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6.26.09
Approved by: MCS

INSPECTIONS

Type:	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 ✓	5/4/09	5/18/09	[illegible]	MMC
Barrier-Free	5/9/09	6/4/09		

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)
$ 72.00

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

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed R-3
No. of Stories 2
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

NO ENTRY NO ANTI-TIP in Range

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ ~~10,000~~ excluding cabinets 3000
3. Total (1+ 2) $ _____

3K × 24.00 = 72.00

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2-13-09
Control #

Date Issued
Permit # 2009-0315

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

Block 513.28 Lot 18 Qualification Code ______

Work Site Location 4 PAPERMILL ROAD
CHERRY HILL, NJ 08003

Owner in Fee: KAMIR J. YAP

Tel. (856) 251-0685 e-mail [illegible]@hotmail.com

Address 4 PAPERMILL ROAD (street) CHERRY HILL (municipality) 08003 (zip code)

X Contractor: HOME OWNER Tel. ( ) ______

Address ______ e-mail ______

Contractor License No. or Builder Registration No. ______ Exp. Date ______

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

Federal Emp. ID No. ______ FAX: ( ) ______

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE EXISTING KITCHEN CABINETS AND APPLIANCES [illegible] permit
CALL FOR REQ'D INSPECTIONS
HAVE "FIELD" PLAN ON SITE

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	2/9/09	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS

Type:	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				

(Dates (Month/Day))

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)
$ ______
72.00

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

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
No. of Stories 2
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______

If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ ______ excluding cabinets
2. Rehabilitation $ ~~10,000~~ 3000
3. Total (1+2) $ ______

3K × 24.00 = 72.00

U.C.C. F110 (rev. 3/07)

Reorder form OCS Printing
609-390-1400

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2-13-09
Control #

Date Issued 2009-0315
Permit #

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 PAPER MILL ROAD
CHERRY HILL, NJ 08003

Owner in Fee: RAMIR J. YAP

Tel. (856) 251-0685 e-mail jyap2@hotmail.com

Address 4 PAPER MILL ROAD . CHERRY HILL, NJ 08003
street municipality zip code

X Contractor: HOME OWNER Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. 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 $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required V.I.F.
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2/26/09
Approved by: M

SUBCODE APPROVAL
[ ] CO [ ] TCO [ ] CA
Date: 5-8-09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures	4/14/09			
Gas Equipment	4/14/09			
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final		5-8-09		

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.

Ramir J Yap
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE EXISTING KITCHEN WITH NEW

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink KITCHEN	
1	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	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit ~~Surcharge Fee~~	$
TOTAL FEE	$ 36

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

2/11/2005 no entry

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2-13-09
Control #

Date Issued
Permit # 2009-0315

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 PAPER MILL ROAD
CHERRY HILL, NJ 08003

Owner in Fee: RAMIR J. YAP

Tel. (856) 251-0685 e-mail jyap2@hotmail.com

Address 4 PAPER MILL ROAD, CHERRY HILL, NJ 08003
(street / municipality / zip code)

X Contractor: HOME OWNER Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-5

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved

Date: 2-6-09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 5 Feb 09
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5 Feb 09	
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. Ramir J. Yap
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REPLACE EXISTING KITCHEN
NEW APPLIANCES

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	$ 36.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1	5	KW Oven/Surface Unit	10.00
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	1	KW Dishwasher	10.00
1	½	HP Garbage Disposal	10.00
		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	

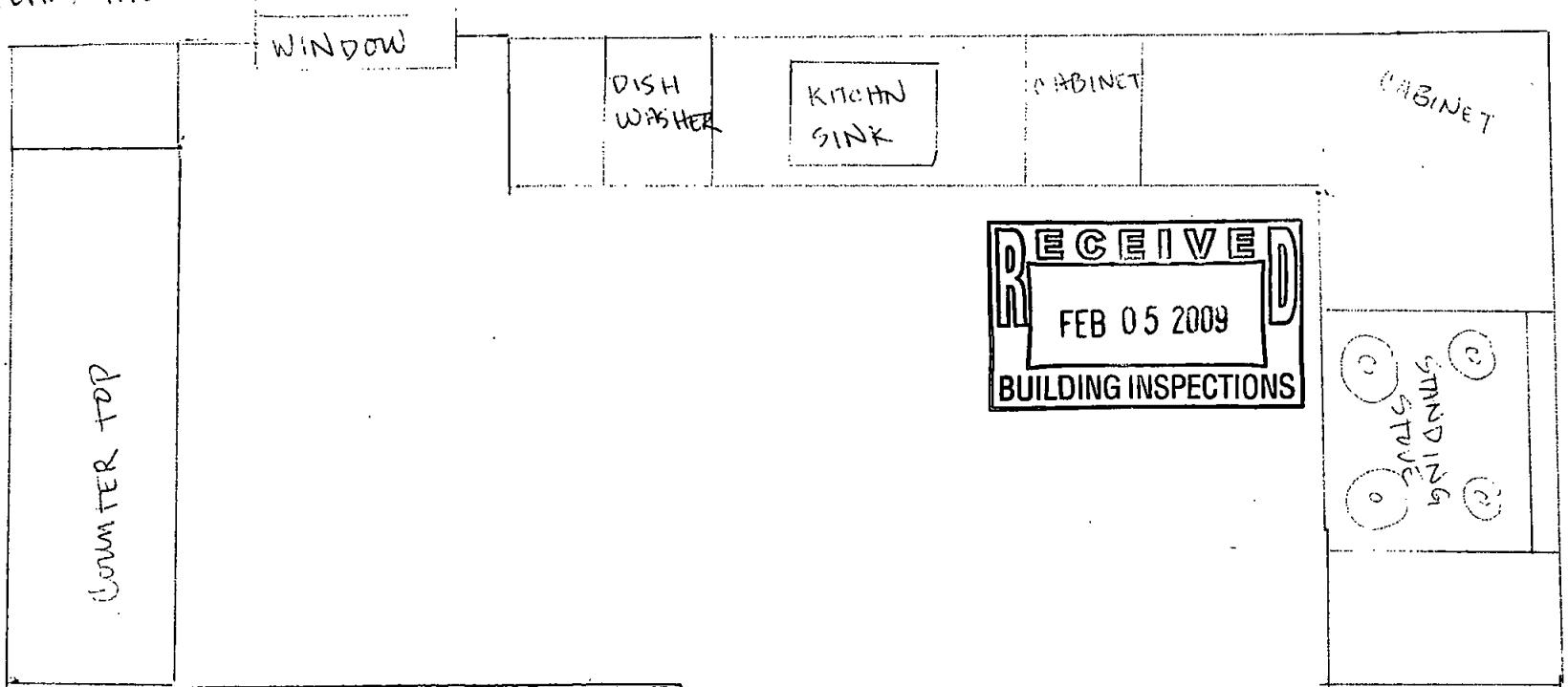
Administrative Surcharge $	
Minimum Fee $	66.00
State Permit Surcharge Fee $	
TOTAL FEE $	

U.C.C. F120 (rev. 10/06)
Reorder From OCS Printing
609-390-1400

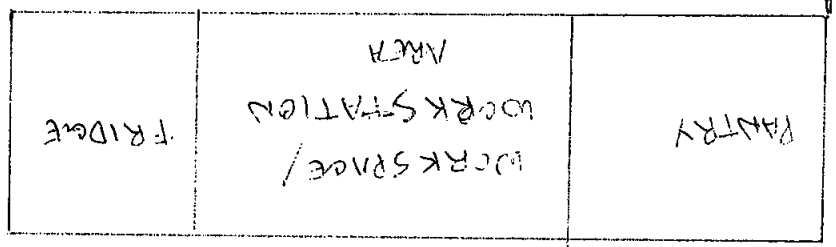
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

RAMIR J. YAP
4 PAPER MILL ROAD
CHERRY HILL, NJ 08003

KITCHEN
FLOOR LAYOUT 2/5/09



Formal Dining Room



Office

Ramir J. Yap

BLOCK 513.28 LOT 18 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 1216

Cherry Hill

M E P

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

RECEIVED FEB 27 2014 BUILDING INSPECTION

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

I. IDENTIFICATION

1. Proposed Work Site at: 4 Papermill Rd Cherry Hill NJ 08003
2. Name of Owner in Fee: Ramir Yap
   Tel. (856) 298-4013 e-mail
   Address same (street) (municipality) (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: HUTCHINSON
   Address 631 CHAPEL AVENUE CHERRY HILL, NJ 08
   Tel: (856-428-4007 FAX: 856-428-4095
   NJ PLUMBING LIC.# 6311 GEO. HUTCHINSON
   e-mail NJ ELEC. LIC. CONTRACTOP SPOTLIGHT
   CHRIS DAVIS #9484 EXP 2015
   FEDERAL EMPLOYEE NUMBER 22376025
   License No. OR, if new home, Builder Reg. No. NJ HOME IMPROVEMENT LIC.# 13VH0 Exp.Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
   Federal Emp. ID No. FAX: ( )
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun Rich Cusato
   Tel. ( ) FAX: ( )

V. FEE SUMMARY (for office use only)

		Update 1	Update 2
1. Building	$ 103		
2. Electrical	58		
3. Plumbing			
4. Fire Protection			
5. ~~Elevator Devices~~ Mech	58		
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	17		
10. Subtotal	$		
~~11. Cert. of Occupancy~~			
12. Other			
13. TOTAL	$ 236		

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

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	$6,646.62			3.12.14	4.25.14				
☒ Plumbing	$100				3/13/14	MP			
☐ ~~Fire Protection~~					4/24/14	BC			
☐ Elevator									
TOTAL COST	19,843								

Repl. GAS FURNACE, A/C + WATER HEATER

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: R5
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

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____

Signature _____

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

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

CERTIFICATE
IDENTIFICATION

Date Issued: 06/17/2014
Control #: 89253
Permit #: 20141216

Block: 513.28 Lot : 18 Qualification Code:

Work Site Location: 4 PAPERMILL ROAD
CHERRY HILL

Owner in Fee: RAMIR YAP
Address: 4 PAPERMILL ROAD
CHERRY HILL NJ 08003

Telephone: 856 298-4013

Agent/Contractor: HUTCHINSON
Address: 621 CHAPEL AVENUE
CHERRY HILL NJ 08002

Telephone: 856 429-5807

Lic. No./ Bldrs. Reg.No.: 34EB00948400 Federal Emp. No.:

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 FURNACE, A/C, HWH

[ ] **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.: 9678
Collected by: SD

U.C.C 260 (rev. 5/03) 1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4-22-14
Control #
Date Issued 5-19-14
Permit # 2014-1216

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 Papermill Road Cherry Hill NJ 08003

Owner in Fee: Ramir Yap

Tel. (856) 2984013 e-mail

Address 4 Papermill Road Cherry Hill NJ 08003
street municipality zip code

Contractor: Spotlight Electric, LLC Tel. (856) 429-3339

Address PO Box 425 e-mail FrancesNicoletti@hutchblz.com
Haddonfield, NJ 08033

Contractor License No. 9484 Exp. Date 12/31/2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13H01747500

Federal Emp. ID No. 223766253 FAX: (856) 429-4995

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 4.23.14

[ ] 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: 4.23.14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] COO [ ] CA
Date: 6-16-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-16-14	
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: 14244

Print name here: Chris Davis

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Gas Furnace A/C and HWH

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	$ 45
		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	14.5	KW Central A/C Unit 24,000	58
		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		Replace Gas Furnace & HWH	—

CSST BOND ?

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 103

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

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

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control # 5-19-14

Date Issued
Permit # 2014-1216

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

Block 513.28 Lot 18 Qualification Code _____

Work Site Location 4 Papermill Road Cherry Hill NJ 08003

Owner in Fee: Ramir Yap

Tel. (856) 2984013 e-mail _____

Address 4 Papermill Road Cherry Hill NJ 08003
street municipality zip code

Contractor: Hutchinson Plumbing Heating Cooling Tel. (856) 429-5807

Address 621 Chapel Ave e-mail FrancesNicoletti@hutchbiz.com

Cherry Hill, NJ 08034 Sec Five

Contractor License No. or Builder Registration No. 13VH01747500 Exp. Date 12/31/2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13H01747500

Federal Emp. ID No. 223766253 FAX: (856) 429-4995

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

Heating System work: ☐ New *OR* ☐ Modification to Existing *OR* ☐ Conversion *OR* ☑ Replacement

Type: ☐ Hydronic ☑ Hot Air

Fuel Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/24/14
Approved by: _____

SUBCODE APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 6/16/14
Approved by: _____

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent			6/16/14	BC
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace VR				
Chimney Cert.			4/24/14	BC
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Rich Cusato

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Gas Furnace,A/C and HWH

Carrier, Cat IV

See List

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Heater	
	Fuel Oil Piping Connections	
1	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	5
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other Replace A/C	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 5

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
Control # 5-19-14

Date Issued
Permit # 2014-1216

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 Papermill Road Cherry Hill NJ 08003

Owner in Fee: Ramir Yap

Tel. (856) 2984013 e-mail

Address 4 Papermill Road Cherry Hill NJ 08003
street municipality zip code

Contractor: Hutchinson Plumbing Heating Cooling Tel. (856) 429-5807

Address 621 Chapel Ave e-mail FrancesNicolelli@hutchbiz.com

Cherry Hill, NJ 08034

Contractor License No. 13VH01747500 Exp. Date 12/31/2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13H01747500

Federal Emp. ID No. 223766253 FAX: (856) 429-4995

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
[ ] 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: 3/27/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 6/16/14
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			6.16.14	

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: George Hutchinson, III

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Gas Furnace,A/C and HWH

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	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Replace Gas Furnace & A/C	

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

U.C.C. F130 (rev. 11/09)
Internet version

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: 20141216

Control Number: 89253
Application Date: 05/07/14

CONSTRUCTION PERMIT

Permit Date: 05/19/2014

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 513.28 Lot : 18 Qualifier :

Work site Location:	4 PAPERMILL ROAD CHERRY HILL	Contractor:	HUTCHINSON
Owner In Fee:	RAMIR YAP	Address:	621 CHAPEL AVENUE
Address:	4 PAPERMILL ROAD		CHERRY HILL NJ 08002
	CHERRY HILL NJ 08003	Telephone:	(856) - 429-5807
Telephone:	(856) - 298-4013	Lic. No. / Bldrs. Reg. No.:	34EB00948400
Use Group(s):	R-5	Federal Emp. No.:	

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

REPLACE GAS FURNACE, A/C, HWH

ESTIMATED COST OF WORK:

Cost of Construction:	$0.00
Cost of Alteration:	$9,843.00
Cost of Demolition:	$0.00
Total Cost:	$9,843.00

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

5/19/14
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.

Note:

RECEIVED
MAY 20 2014
TAX COLLECTOR

PAYMENTS (Office Use Only)

[035]	Building		
[039]	Electrical		$103.00
[032]	Plumbing		$58.00
[033]	Fire Protection		
[042]	Elevator Devices		
[034]	Mechanical		$58.00
[046]	VolFee (DCA)		
[046]	AltFee (DCA)		$17.00
[046]	DCA Minimum Fee		$0.00
[040]	CO Fee		
[040]	CCO Fee		
[037]	Engineering		
[043]	Document Imaging		
[044]	Zoning		
	Total :		**$ 236.00**

All Fees Waived No
Amount to be Paid: $ 236.00

Check Number: 9678
Check amount: $236.00

Collected by: SD
Total Cash Amount:
Total Check Amount: $236.00
~~Total CC Amount:~~
Grand Total: $236.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4-22-14
Control # 5-19-14
Date Issued
Permit # 2014-1216

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 Papermill Road Cherry Hill NJ 08003

Owner in Fee: Ramir Yap

Tel. (856) 2984013 e-mail

Address 4 Papermill Road Cherry Hill NJ 08003
(street, municipality, zip code)

Contractor: Spotlight Electric, LLC Tel. (856) 429-3339

Address PO Box 425 e-mail FrancesNicoletti@hutchbiz.com
Haddonfield, NJ 08033

Contractor License No. 9484 Exp. Date 12/31/2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13H01747500

Federal Emp. ID No. 223766253 FAX: (856) 429-4995

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required 4.23.14

[ ] 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: 4.23.14
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: 14244

Print name here: Chris Davis

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Gas Furnace A/C and HWH

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	$ 45
		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	14.5	KW Central A/C Unit 24,000	58
		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		Replace Gas Furnace & HWH	—

CSST BOND ?

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 103

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 5-19-14

Date Issued
Permit # 2014-1216

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

Block 513.28 Lot 18 Qualification Code

Work Site Location 4 Papermill Road Cherry Hill NJ 08003

Owner in Fee: Ramir Yap

Tel. (856) 2984013 e-mail

Address 4 Papermill Road Cherry Hill NJ 08003
street municipality zip code

Contractor: Hutchinson Plumbing Heating Cooling Tel. (856) 429-5807

Address 621 Chapel Ave e-mail FrancesNicoletti@hutchbiz.com

Cherry Hill, NJ 08034

Contractor License No. 13VH01747500 Exp. Date 12/31/2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13H01747500

Federal Emp. ID No. 223766253 FAX: (856) 429-4995

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
[ ] 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: 3/27/14
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: George Hutchinson, III

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Gas Furnace,A/C and HWH

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	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Replace Gas Furnace & A/C	

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.

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control # 5-19-14

Date Issued
Permit # 2014-1216

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

Block 513.28 Lot 18 Qualification Code _____

Work Site Location 4 Papermill Road Cherry Hill NJ 08003

Owner in Fee: Ramir Yap

Tel. (856) 2984013 e-mail _____

Address 4 Papermill Road Cherry Hill NJ 08003
street municipality zip code

Contractor: Hutchinson Plumbing Heating Cooling Tel. (856) 429-5807

Address 621 Chapel Ave e-mail FrancesNicoletti@hutchbiz.com

Cherry Hill, NJ 08034 Sea Five

Contractor License No. or Builder Registration No. 13VH01747500 Exp. Date 12/31/2013

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13H01747500

Federal Emp. ID No. 223766253 FAX: (856) 429-4995

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

Heating System work: ☐ New *OR* ☐ Modification to Existing *OR* ☐ Conversion *OR* ☑ Replacement

Type: ☐ Hydronic ☑ Hot Air

Fuel Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/24/14
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace VSA				
Chimney ~~Cert.~~			4/24/14	BC
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Rich Cusato

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Gas Furnace,A/C and HWH

Carrier, Cat IV

See List

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	$ _____
_____	Fuel Oil Piping Connections	_____
1	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
1	Hot Air Furnace	5V
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
1	Other Replace A/C	_____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ 5V

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 513.28 LOT 18 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 4 Papermill Rd. cherry hill 08003

Owner in Fee Ramir Yap

Verifying Individual Richard Cusato Company - Hutchinson Plumbing Heating Cooling

Address 621 Chaple Ave (Street) Cherry Hill, (City) NJ (State) 08033 (Zip Code)

Tel: (856) 429-5807 Fax: (856) 429-8911

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

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

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / Gas / Other: Gas	80,000
Appliance 2:	Water Heater	Oil / Gas / Other: Gas	50,000
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? [ ] 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 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.

_____
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.

Richard Cusato 5·6·2014
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 EMERGENCY 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.

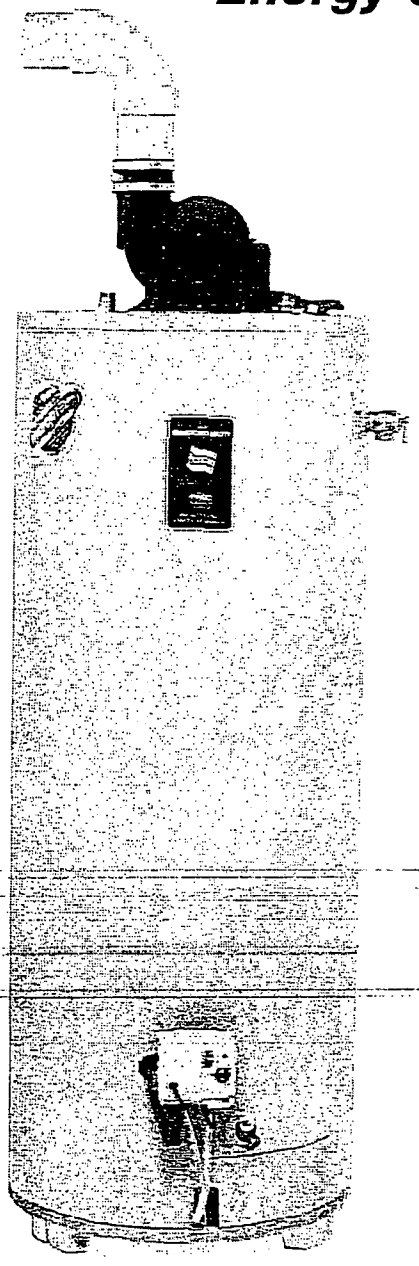
This form may not be submitted by a homeowner in lieu of the required inspection.

BRADFORD WHITE®
CORPORATION

1001-B 0506

TTW2

Residential Through-The-Wall Energy Saver Gas Water Heater



M-2-TW-50T6BN

The TTW2 Models Feature:

- **Power Vented Heater**—Designed for installations where atmospheric units cannot be used. Exhaust gases are vented under positive pressure directly out of the building through the wall or the roof.
- **Powerful Blower Motor**—Our design has higher torque for greater resistance to outside winds and the power to eliminate problems with difficult venting situations. This significantly quieter motor runs cooler for a considerably longer operational life.
- **Spark-to-Pilot Ignition System**—Eliminates the constant burning pilot used on other water heaters. This device results in savings of pilot gas during standby periods (110 VAC required to heater).
- **PVC, ABS or CPVC Venting**—Horizontal and vertical venting up to 60 equivalent feet for 3" pipe, and up to 90 equivalent feet for 4" pipe. See reverse side for specifics.
- **Vitraglas® Lining**—Bradford White water heater tanks are protected from the corrosive effects of hot water by a ceramic porcelain-like coating. The exclusive high silica ceramic lining provides a tough interior surface for our water heater tank.
- **Steel Tank**—Heavy gauge steel automatically formed, rolled and welded to assure a continuous seam for glass lining.
- **Side connections**—Side tappings allow easy connection for space heating applications.
- **Protective magnesium rod**—Provides added protection against corrosion for long trouble-free service.
- **Factory installed Hydrojet® Total Performance System**—Cold inlet sediment reducing device. Helps prevent sediment build up in tank. Increases first hour delivery of hot water while minimizing temperature build up at top of tank.
- **Factory installed Heat Traps**—Design incorporates a flexible disk that reduces heat loss in piping and eliminates the potential for noise generation (M-2-TW-75T6BN does not have heat traps).
- **Water Connections**—3/4" NPT factory installed true dielectric fittings. Extends water heater life and eases installation (M-2-TW-75T6BN has factory installed dielectric waterway fittings).
- **2" Non-CFC Foam Insulation**—Covers the sides and top of tank to save energy by retarding loss of heat. Also increases jacket rigidity. (The M-2-TW-65 has 1" of foam insulation.)
- **Electronic Gas Control Valve**—The integrated, immersion gas control valve offers more precise temperature control for higher first hour delivery and also allows water temperature adjustment without removing the cover. The control is equipped with an LED display to aid in start-up and diagnostics.
- **Brass Drain Valve.**
- **T&P Relief Valve included**
- **Stainless Steel Flue baffle**—Designed to maximize the amount of heat absorbed in the lower portion of tank. Reduces air movement in the heater during standby periods to retard heat loss up the flue.
- **Design certified by CSA International (formerly AGA and CGA).**

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

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.

TTW®2 Through-The-Wall Gas Water Heater

Deluxe Energy Saver Models

NATURAL GAS AND LIQUID PROPANE GAS

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

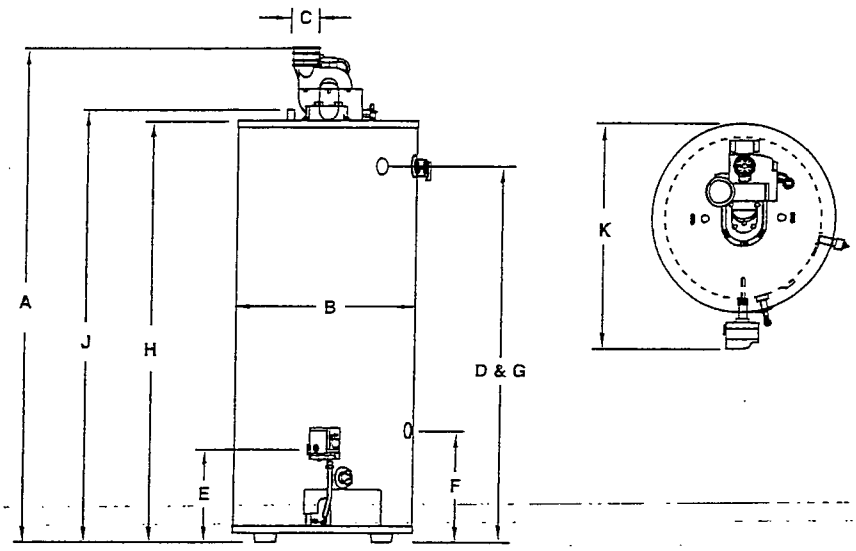
Model Number	Capacity U.S. Gal.	Capacity Imp. Gal.	Nat. BTU Input	LP BTU Input	Recovery 90°F Rise* Nat. Gas	Nat. Imp. GPH	LP Rec.	LP Imp. GPH	A Floor to Vent Conn. in.	B Jacket Dia. in.	C Vent Size in.	D Floor to T&P Conn. in.	E Floor to Gas Conn. in.	F Floor to Space Heating Return in.	G Floor to Space Heating Outlet in.	H Floor to Heater Top in.	J Floor to Water Conn. in.	K Depth in.	Approx. Shipping Weight lbs.
M-2-TW-50T6BN	48	40	65,000	60,000	70	58	65	265	66¾	22	3	50¾	12½	14½	51	57	58¼	27	180
M-2-TW-65T6BN	65	54	65,000	63,000	70	58	68	265	70¾	22	3	54¼	12½	14½	54½	60¾	61½	27¼	186
M-2-TW-75T6BN	75	62	76,000	75,100	82	68	81	310	66¾	26	3	49½	11½	14½	49½	56¾	58¼	30¾	277

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 Space Heating Return mm.	G Floor to Space Heating Outlet mm.	H Floor to Heater Top mm.	J Floor to Water Conn. mm.	K Depth mm.	Approx. Shipping Weight kg.
M-2-TW-50T6BN	182	19	17.6	54	246	1700	560	76	1290	320	368	1295	1448	1480	686	82
M-2-TW-65T6BN	246	19	18.5	57	257	1780	560	76	1380	320	368	1385	1543	1562	692	85
M-2-TW-75T6BN	284	22.3	22	67	307	1685	660	76	1260	292	368	1257	1445	1480	781	126

All propane heaters are equipped with a cast iron burner. To order a propane heater change suffix "BN" to "CX".
For 10 year models, change suffix from "6" to "10".

*Based on manufacturers rated recovery efficiency.

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



3" Vent Pipe		M-2-TW50 M-2-TW65	M-2-TW75
Max. Equivalent Length		60 ft.	†50 ft.
Min. Equivalent Length		7 ft.	7 ft.
Number	1	55 ft.	45 ft.
of	2	†50 ft.	40 ft.
90° Elbows	3	45 ft.	35 ft.

4" Vent Pipe		M-2-TW50 M-2-TW65	M-2-TW75
Max. Equivalent Length		90 ft.	80 ft.
Min. Equivalent Length		15 ft.	15 ft.
Number	1	85 ft.	75 ft.
of	2	80 ft.	70 ft.
90° Elbows	3	75 ft.	65 ft.

† For high altitude installations, consult the installation instructions.

All natural gas models meet SCAQMD Requirements. Meets NAECA Requirements.

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 11" (279mm) 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 CORPORATION

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 / Fax on Demand 888-538-7833 / www.bradfordwhite.com

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

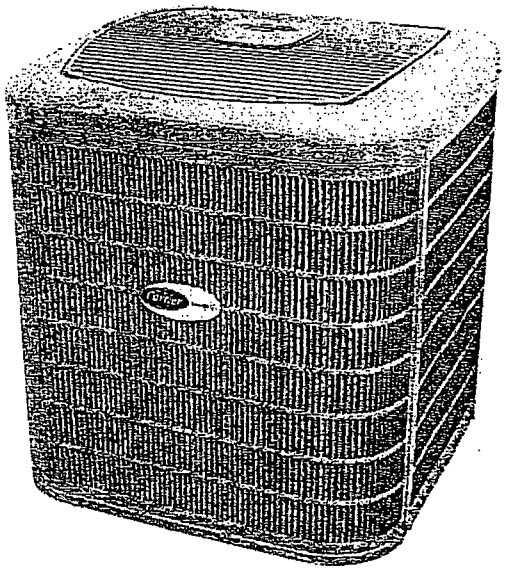
Count On Bradford White

For *Everything* Hot Water™

24ANB7
Infinity® 17 2-Stage Air Conditioner with Puron® Refrigerant 2 to 5 Nominal Tons

Carrier
turn to the experts

Product Data



INFINITY SERIES

Carrier's Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 24ANB7 has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

NOTE: Ratings contained in this document are subject to change at any time. Always refer to the AHRI directory (www.ahridirectory.org) for the most up-to-date ratings information.

INDUSTRY LEADING FEATURES / BENEFITS

Efficiency

- 14 - 17.7 SEER / 11.3 - 13.7 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 67 dBA
- Quiet mount split post compressor grommets
- Forward-swept condenser fan blade
- Compressor sound hood
- Laminated steel compressor mounting plate
- 8 pole PSC ball bearing outdoor condenser fan motor

Comfort

- System supports Infinity™ Control or standard 2-stage thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime service cost.
- Front-seating service valves
- 2-stage scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Low pressure switch
- High pressure switch
- Filter drier
- Balanced refrigeration system for maximum reliability

Controls and Diagnostics

- Infinity™ Control or 2-Stage Thermostat
- 2 control wires to outdoor unit with Infinity Control (serial numbers 0213E and newer)
- Utility Interface Connection
- Enhanced diagnostics capability with Infinity™ Control

Durability

WeatherArmor Ultra™ protection package:

- Solid, Durable sheet metal construction
- Steel louver coil guard
- Baked-on, complete outer coverage, powder paint

Applications

- Long-line - up to 250 feet (76.2 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to 0°F) with complete Infinity system.

ELECTRICAL DATA

Unit Size – Voltage, Series	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE†	MIN WIRE SIZE†	MAX LENGTH ft. (m)‡	MAX LENGTH ft. (m)‡	MAX FUSE** or CKT BRK AMPS
		MIN	MAX	LRA	RLA	FLA		60° C	75° C	60° C	75° C	
24–31	208–230–1	197	253	58.3	11.1	0.6	14.5	14	14	54 (16.6)	52 (15.7)	20
36–31				83.0	15.3	0.7	19.8	12	12	63 (19.2)	60 (18.3)	35
48–31				104.0	21.2	1.3	27.8	10	10	72 (21.9)	68 (20.8)	40
60–31				152.9	28.8	1.3	37.3	8	8	83 (25.4)	79 (24.2)	60

* Permissible limits of the voltage range at which the unit will operate satisfactorily

† If wire is applied at ambient greater than 30°C, consult table 310–16 of the NEC (NFPA 70). The ampacity of non–metallic–sheathed cable (NM), trade name ROMEX, shall be that of 60°C conditions, per the NEC (NFPA 70) Article 336–26. If other than uncoated (no–plated), 60 or 75°C insulation, copper wire (solid wire for 10 AWG or smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (NFPA 70).

‡ Length shown is as measured one way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time–Delay fuse.

FLA – Full Load Amps

LRA – Locked Rotor Amps

MCA – Minimum Circuit Amps

RLA – Rated Load Amps

NOTE: Control circuit is 24–V on all units and requires external power source. Copper wire must be used from service disconnect to unit. All motors/compressors contain internal overload protection.

Complies with 2010 requirements of ASHRAE Standards 90.1

A-WEIGHTED SOUND POWER (dBA)

Unit Size – Voltage, Series	Standard Rating (dBA)	Typical Octave Band Spectrum (dBA, without tone adjustment)						
		125	250	500	1000	2000	4000	8000
24–31	71 – High Stage	51.0	55.5	61.5	66.0	59.0	54.5	51.0
	69 – Low Stage	49.5	55.5	61.0	64.0	59.5	54.5	49.0
36–31	69 – High Stage	58.5	57.5	61.5	63.5	57.5	53.5	50.5
	67 – Low Stage	57.0	58.0	62.0	61.5	57.5	53.5	49.0
48–31	70 – High Stage	55.0	62.0	63.5	65.0	59.0	55.5	48.5
	69 – Low Stage	54.5	61.5	63.5	63.5	59.0	56.0	49.5
60–31	72 – High Stage	52.0	63.5	65.5	66.0	60.0	58.5	52.5
	71 – Low Stage	53.5	63.5	65.5	65.0	60.5	58.5	54.5

NOTE: Tested in accordance with AHRI Standard 270–08. (Not listed with AHRI).

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE–VOLTAGE, SERIES	REQUIRED SUBCOOLING °F (°C)
24–31	10 (5.6)
36–31	14 (7.8)
48–31	13 (7.2)
60–31	14 (7.8)

ACCESSORY CONTROLS

PART NUMBER	DESCRIPTION
SYSTXCCITN01	Infinity Touch Control (non–Wi–Fi)
SYSTXCCITW01	Infinity Touch Control with Wi–Fi & Wireless Access Point
SYSTXCCUID01–V	Infinity Control Deluxe 7–Day Programmable (4–Wire User Interface w/ multiple functionality)
SYSTXCCUIZ01–V	Infinity Control Deluxe Zoning 7–Day Programmable (Wall–mounted control for a multi–zone system. w/ multiple functionality)
SYSTXCCUID01–B	Infinity Control Deluxe 7–Day Programmable (Wall–mounted system control.)
SYSTXCCUIZ01–B	Infinity Control Deluxe Zoning 7–Day Programmable (Wall–mounted control for a multi–zone system.)
SYSTXCC4ZC01	Infinity 4–Zone Damper Control Module (Wall–mounted control for a four–zone system.)
SYSTXCCSMS01	Infinity Smart Sensor (Optional wall control used to monitor temperature and/or fan control in an individual zone.)
SYSTXCCRRS01	Infinity Remote Room Sensor (Monitors temperature in an individual zone.)
SYSTXCCRCT01 or SYSTXCCRWF01	Infinity System Remote Access Module (Hardware for wireless access and control via internet.)
SYSTXCCNIM01	Infinity Network Interface Module (Connects Heat Recovery and Energy Recovery Ventilators on non–zoning applications.)

LONG LINE APPLICATIONS

An application is considered Long Line, when the refrigerant level in the system requires the use of accessories to maintain acceptable refrigerant management for systems reliability. See Accessory Usage Guideline table for required accessories. Defining a system as long line depends on the liquid line diameter, actual length of the tubing, and vertical separation between the indoor and outdoor units.

For Air Conditioner systems, the chart below shows when an application is considered Long Line.

AC WITH PURON® REFRIGERANT LONG LINE DESCRIPTION ft (m)

Beyond these lengths, long line accessories are required

Liquid Line Size	Units On Same Level	Outdoor Below Indoor	Outdoor Above Indoor
1/4	No accessories needed within allowed lengths	No accessories needed within allowed lengths	175 (53.3)
5/16	120 (36.6)	50 (15.2) vertical or 120 (36.6) total	120 (36.6)
3/8	80 (24.4)	35 (10.7) vertical or 80 24.4) total	80 (24.4)

Note: See Long Line Guideline for details

24ANB7

VAPOR LINE SIZING AND COOLING CAPACITY LOSS

Acceptable vapor line diameters provide adequate oil return to the compressor while avoiding excessive capacity loss. The suction line diameters shown in the chart below are acceptable for AC systems with Puron refrigerant:

Vapor Line Sizing and Cooling Capacity Losses — Puron® Refrigerant 2-Stage Air Conditioner Applications

Unit Nominal Size (Btuh)	Maximum Liquid Line Diameters (In. OD)	Vapor Line Diameters (In.) OD	Cooling Capacity Loss (%) Total Equivalent Line Length ft. (m)								
			26–50 (7.9–15.2)	51–80 (15.5–24.4)	81–100 (24.7–30.5)	101–125 (30.8–38.1)	126–150 (38.4–45.7)	151–175 (46.0–50.3)	176–200 (53.6–60.0)	201–225 (61.3–68.6)	226–250 (68.9–76.2)
024 2–Stage Puron AC	3/8	5/8	0	1	1	2	3	3	4	4	5
		3/4	0	0	0	0	1	1	1	1	1
036 2–Stage Puron AC	3/8	5/8	1	2	4	5	6	7	9	10	11
		3/4	0	0	1	1	2	2	3	3	4
		7/8	0	0	0	0	1	1	1	1	2
048 2–Stage Puron AC	3/8	3/4	1	2	2	3	4	5	6	7	7
		7/8	0	1	1	2	2	2	3	3	3
		1–1/8	0	0	—	—	—	—	—	—	—
060 2–Stage Puron AC	3/8	3/4	1	2	4	5	6	7	9	10	11
		7/8	0	1	2	2	3	4	4	5	5
		1–1/8	0	0	0	1	1	1	1	1	1

Applications in this area may be long line and may have height restrictions. See the *Residential Piping and Long Line Guideline*.

— Applications in this area are not recommended due to insufficient oil return

PHYSICAL DATA

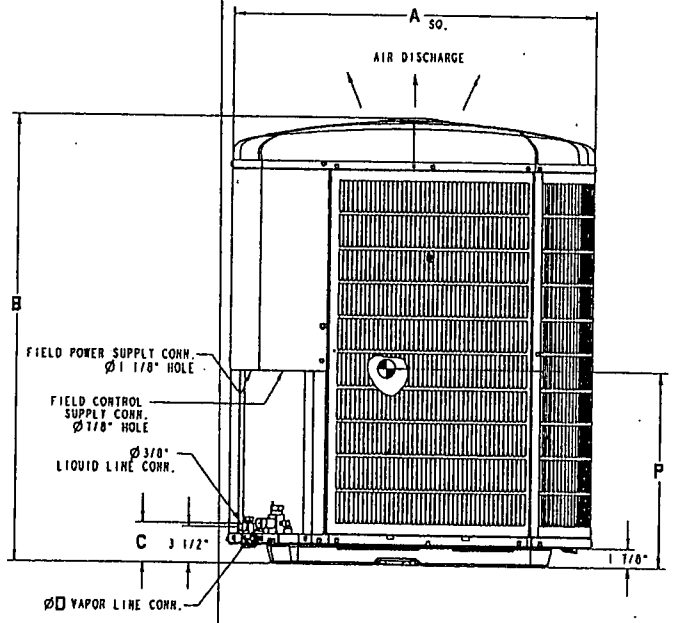
UNIT SIZE – VOLTAGE, SERIES	24–31	36–31	48–31	60–31
Operating Weight lb (kg)	203 (92.1)	236 (107.0)	310 (140.6)	311 (141.1)
Shipping Weight lb (kg)	242 (109.8)	275 (124.7)	352 (159.7)	353 (160.1)
Compressor Type	Ultratech 2–Stage Scroll			
REFRIGERANT	Puron® (R–410A)			
Control	TXV (Puron Hard Shutoff)			
Charge lb (kg)	6.64 (3.01)	9.26 (4.20)	12.94 (5.87)	12.70 (5.76)
COND FAN	Forward Swept Propeller Type, Direct Drive			
Air Discharge	Vertical			
Air Qty (CFM)	2481	3068	4700	4700
Motor HP	1/12	1/10	1/4	1/4
Motor RPM	800	825	825	825
COND COIL				
Face Area (Sq ft)	19.38	19.38	25.12	25.12
Fins per In.	25	20	20	20
Rows	1	2	2	2
Circuits	5	7	7	7
VALVE CONNECT. (In. ID)				
Vapor	3/4	7/8	7/8	7/8
Liquid	3/8			
REFRIGERANT TUBES (In. OD)				
Rated Vapor*	3/4	7/8	1–1/8	1–1/8
Liquid	3/8			

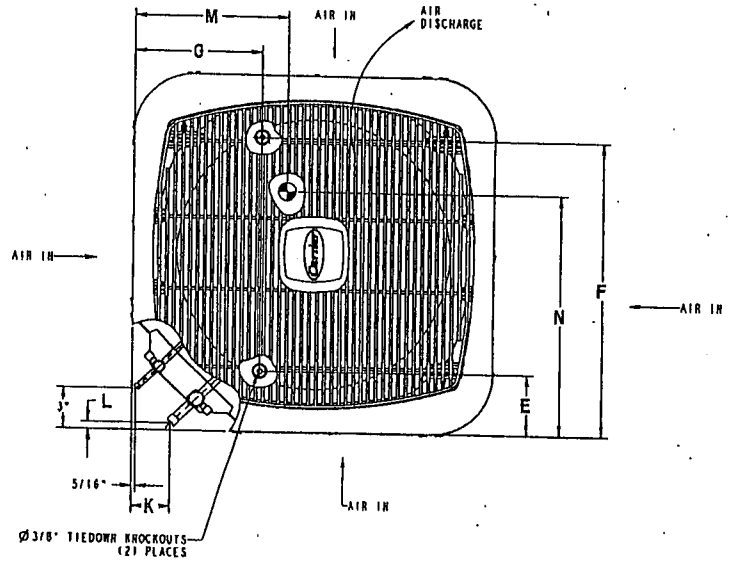
*Units are rated with 25 ft (7.6 m) of lineset length. See *Vapor Line Sizing and Cooling Capacity Loss* table when using other sizes and lengths of lineset.

DIMENSIONS - ENGLISH

UNIT	SERIES	ELECTRICAL CHARACTERISTICS				A	B	C	D	E	F	G	K	L	M	N	P	OPERATING WEIGHT (lbs)	SHIPPING WEIGHT (lbs)	SHIPPING DIMENSIONS (L x W x H)
		208-230-1-60	230-1-60	208/230-3-60	460-3-60															
24ANB724A	1	X	O	O	O	31 3/16"	36 3/8"	3 3/4"	3/4"	6 9/16"	24 11/16"	9 1/8"	2 13/16"	1/2"	15 7/8"	16 1/2"	17 3/4"	203	242	33 5/16" X 33 5/16" X 42 3/4"
24ANB736A	1	X	O	O	O	31 3/16"	36 3/8"	3 7/8"	7/8"	6 9/16"	24 11/16"	9 1/8"	2 15/16"	5/8"	16"	15 1/2"	17 1/2"	236	275	33 5/16" X 33 5/16" X 42 3/4"
24ANB748A	1	X	O	O	O	35"	40 5/8"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	17 1/4"	17 1/4"	18 1/2"	310	352	37 1/8" X 37 1/8" X 46 1/8"
24ANB760A	1	X	O	O	O	35"	40 5/8"	3 7/8"	7/8"	6 9/16"	28 7/16"	9 1/8"	2 15/16"	5/8"	16 1/2"	16 1/4"	17 1/2"	311	353	37 1/8" X 37 1/8" X 46 1/8"

X : YES
O : NO





UNIT SIZE	MINIMUM MOUNTING PAD DIMENSIONS
24,36	31 1/2" X 31 1/2"
48,60	35" X 35"

SEAL

Anthony Piccioni

From: Anthony Piccioni
Sent: Wednesday, March 12, 2014 10:01 AM
To: 'francesnicoletti@hutchbiz.com'
Cc: Gerry Seneski
Subject: 4 Pappermill Rd. and 407 Queen Anne Ln.

Rec'd 4-22-14

Mr. Davis:

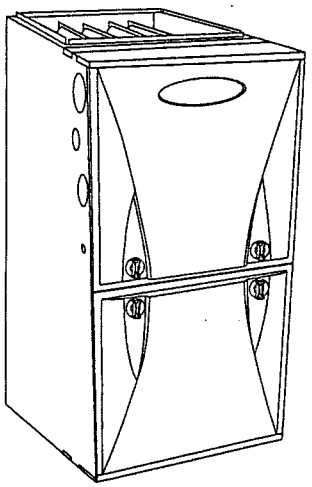
Please provide NJ electrical contractor's seal on permit applications.

Thank you.

59MN7A
Infinity® Modulating 4–Way Multipoise Condensing Gas Furnace Series 100

Carrier
turn to the experts

Product Data



A11263

The 59MN7A Multipoise Variable-Capacity Condensing Gas Furnace features the modulating Infinity® System. The innovative modulating gas valve is at the heart of this furnace's quiet operation, along with the variable-speed Infinity ECM blower motor and variable-speed inducer motor. This furnace also provides 3.5 times tighter temperature control than single stage furnaces. With an Annual Fuel Utilization Efficiency (AFUE) up to 98.5%, this Infinity gas furnace provides exceptional savings over standard furnaces as well. This Infinity Gas Furnace also features 4-way multipoise installation flexibility. The 59MN7A can be vented as a direct vent/two-pipe furnace or as an optional ventilated combustion air application. A Carrier Infinity® Control and an Infinity Air Conditioner or Heat Pump can be used to form a complete Infinity System. All units meet California Air Quality Management District emission requirements. All sizes are design certified in Canada.

STANDARD FEATURES

- Our quietest furnace. Compare for yourself at HVACpartners.com.
- All sizes meet ENERGY STAR Version 4.0 criteria for gas furnaces: 95+AFUE; AMACF electrical rating; 2% or less cabinet airflow leakage.
- Supports single- and multiple-zone Infinity systems.
- Ideal height 35" (889 mm) cabinet: short enough for taller coils, but still allows enough room for service.
- Infinity Features—match with the Infinity Control for Infinity System benefits
- Integral part of the Ideal Humidity System® Technology.
- Silicon Nitride Power Heat™ Hot Surface Igniter.
- SmartEvap™ technology helps control humidity levels in the home when used with a compatible humidity control system.
- ComfortFan™ technology allows control of continuous fan speed from a compatible thermostat.
- External Media Filter Cabinet included.
- 4-way multipoise design for upflow, downflow or horizontal installations, with unique vent elbow and optional through-the-cabinet downflow venting capability.
- Variable-Speed blower and inducer motors, modulating gas valve.
- Self-diagnostics and extended diagnostic data through the Advanced Product Monitor (APM) accessory or Infinity User Interface.
- Adjustable blower speed for cooling, continuous fan, and dehumidification.
- Aluminized-steel primary heat exchanger.
- Stainless-steel condensing secondary heat exchanger.
- Propane convertible (See Accessory list).
- Factory-configured ready for upflow applications.
- Fully-insulated casing including blower section.
- Convenient Air Purifier and Humidifier connections.
- Direct-vent/sealed combustion or ventilated combustion air venting.
- Installation flexibility: sidewall or vertical vent.
- Residential installations may be eligible for consumer financing through the Retail Credit Program.
- Certified to leak 2% or less of nominal air conditioning CFM delivered when pressurized to 1-in. water column with all present air inlets, air outlets, and condensate drain port(s) sealed.

INFINITY SERIES IdealHumidity greenspeed INTELLIGENCE ENERGY STAR CERTIFIED

AHRI CERTIFIED

Use of the AHRI Certified ™ Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org.

Certified System ISO 9001

Always Ask For FACTORY AUTHORIZED PARTS

SAP ORDERING NO.	CASING DIMENSIONS (IN.)			RATED HEATING OUTPUT† (BTUH)			HEATING AIRFLOW			COOLING CFM @ 0.5 ESP	MOTOR HP (VARIABLE SPEED)	MEDIA CABINET SUPPLIED (IN.)	APPROX. SHIP WT (LB)
	H	D	W	Maximum	Minimum	AFUE	CFM‡ (Minimum Heating)	CFM (Maximum Heating)	Rated Heating ESP @ Maximum				
59MN7A060V17--14	35	29.5	17.5	59,000	24,000	97.4%	415	1075	0.12	510 - 1335	1/2	16	154
59MN7A060V21--20	35	29.5	21.0	60,000	24,000	98.5%	555	1085	0.12	510 - 1905	1	20	159
59MN7A080V17--14	35	29.5	17.5	78,000	31,000	97.4%	620	1500	0.15	490 - 1375	1/2	16	164
59MN7A080V21--20	35	29.5	21.0	78,000	31,000	97.2%	620	1345	0.15	750 - 1945	1	20	169
59MN7A100V21--22	35	29.5	21.0	98,000	39,000	97.3%	725	1575	0.20	715 - 2160	1	20	179
59MN7A120V24--22	35	29.5	24.5	117,000	47,000	97.2%	900	1820	0.20	885 - 2185	1	24	203

†Capacity in accordance with DOE test procedures. Ratings are position dependent. See rating plate.
‡Minimum heat CFM when low–heat rise adjustment switch (SW 1–3) and comfort/efficiency adjustment switch (SW1–4) on control center are OFF.
ESP – External Static Pressure

FEATURES AND BENEFITS

Greenspeed™ Intelligence — Adaptable-speed technology paired with Infinity®intelligence, our new technology takes into account a home owner's complete comfort. It provides precise comfort by adjusting the heating demands of the home. This translates into reduced energy use and reduced temperature swings. Integrating luxury-level comfort control into a home so smoothly and quietly, you'll forget it's there.

Fully Modulating Gas Valve — When paired with the Infinity® control, this furnace improves comfort by adjusting heating output in 1% increments from 40% to 100% capacity to meet the heating needs of the home. Precision begins with a stepper motor to adjust manifold pressures. Stepper motors are used in electronic devices, such as computer disc drives, which require precise mechanical positioning. The precision of the stepper motor, combined with our unique two-point calibration, allows the modulating furnace to accurately control and directly deliver the right amount of gas to the burners every time.

Ideal Humidity System® Technology — The Ideal Humidity system actively controls both temperature and humidity in the home to provide the best comfort all year long. Other systems depend on heating or cooling demand to manage the moisture in the air. But, Ideal Humidity gives the homeowner the right amount of humidity day and night, even in mild weather. No other manufacturer can do this! Ideal Humidity saves energy, too. By keeping humidity under control, the homeowner can set their thermostat lower to stay comfortable and save energy.

SmartEvap™ Technology — When paired with a compatible thermostat, this dehumidification feature overrides the cooling blower off-delay when there is a call for dehumidification. By deactivating the blower off-delay, SmartEvap technology prevents condensate that remains on the coil after a dehumidification cycle from re-humidifying throughout the home. This results in reduced humidity and a more comfortable indoor environment for the homeowner.

Unlike competitive systems, SmartEvap technology only overrides the cooling when humidity control is needed. Once humidity is back in control, SmartEvap re-enables the energy-saving cooling blower off-delay.

ComfortFan™ Technology — Sometimes the constant fan setting on a standard furnace system can actually reduce homeowner comfort by providing too much or too little air! Comfort Fan technology improves comfort all year long by allowing the homeowner to select the continuous fan speed of their choice using a compatible thermostat.

Power Heat™ Igniter — Carrier's unique SiN igniter is not only physically robust but it is also electrically robust. It is capable of running at line voltage and does not require complex voltage regulators as do other brands. This unique feature further enhances the gas furnace reliability and continues Carrier's tradition of technology leadership and innovation in providing a reliable and durable product.

Full-Featured, Communicating, Variable Speed Motors — Our ECMs (Electronically Commutated Motors) provide variable-speed operation to optimize comfort levels in the home year round; features such as passive/active dehumidification, ramping profiles, constant air flow and quiet operation. They can provide cooling match enhancements to increase the effective SEER of select Carrier air conditioner or heat pump system, and feature the highest efficiency of all indoor fan motors.

Reliable Heat Exchanger Design — The aluminized steel, clam shell primary heat exchanger was re-engineered to achieve greater efficiency out of a smaller size. The first two passes of the heat exchanger are based on the current 80% product, a design with more than ten years of field-proven performance and success. These innovations, paired with the continuation of a crimped, no-weld seam create an efficient, robust design for this essential component.

The condensing heat exchanger, a stainless steel fin and tube design, is positioned in the furnace to extract additional heat. Stainless steel coupling box componentry between heat exchangers has exceptional corrosion resistance in both natural gas and propane applications.

Media Filter Cabinet — Enhanced indoor air quality in the home is made easier with our media filter cabinet—a standard accessory on all deluxe furnaces. When installed as a part of the system, this cabinet allows for easy and convenient addition of a Carrier high efficiency air filter.

4-Way Multipoise Design — One model for all applications – there is no need to stock special downflow or horizontal models when one unit will do it all. The new heat exchanger design allows these units to achieve the certified AFUE in all positions.

Direct Venting or Optional Ventilated Combustion Air — This furnace can be installed as a 2-pipe (Direct Vent) furnace or as an optional ventilated combustion air application. This provides added flexibility to meet diverse installation needs.

Sealed Combustion System — This furnace brings in combustion air from outside the furnace, which results in especially quiet operation. By sealing the entire combustion vestibule, the entire furnace can be made quieter, not just the burners.

Insulated Casing — Foil-faced insulation in the heat exchanger section of the casing minimizes heat loss. The acoustical insulation in the blower compartment reduces air and motor noise for quiet operation.

Monoport Burners — The burners are specially designed and finely tuned for smooth, quiet combustion and economical operation.

Bottom Closure — Factory-installed for side return; easily removable for bottom return. The multi-use bottom closure can also serve for roll-out protection in horizontal applications, and act as the bottom closure for the optional return air base accessory.

Blower Access Panel Switch — Automatically shuts off 115-v power to furnace whenever blower access panel is opened.

Quality Registration — Our furnaces are engineered and manufactured under an ISO 9001 registered quality system.

Certifications — This furnace is CSA (AGA and CGA) design certified for use with natural and propane gases. The furnace is factory-shipped for use with natural gas. A CSA listed gas conversion kit is required to convert furnace for use with propane gas. The efficiency is AHRI efficiency rating certified. This furnace meets California Air Quality Management District emission requirements.

SPECIFICATIONS

Heating Capacity and Efficiency			060-14	060-20	080-14	080-20	100-22	120-22
Input	Maximum Heat	(BTUH)	60,000	60,600	80,000	80,000	100,000	120,000
	Intermediate Heat	(BTUH)	39,000	39,000	52,000	52,000	65,000	78,000
	Minimum Heat	(BTUH)	24,000	24,000	32,000	32,000	40,000	48,000
Output	Maximum Heat	(BTUH)	59,000	60,000	78,000	78,000	98,000	117,000
	Intermediate Heat	(BTUH)	38,000	39,000	51,000	51,000	64,000	76,000
	Minimum Heat	(BTUH)	24,000	24,000	31,000	31,000	39,000	47,000
Efficiency		AFUE % (ICS)	97.4	98.5	97.4	97.2	97.3	97.2
Certified Temperature Rise Range °F (°C)		Maximum Heat	35 - 65 (19 - 36)	35 - 65 (19 - 36)	40 - 70 (22 - 39)	40 - 70 (22 - 39)	45 - 75 (25 - 42)	45 - 75 (25 - 42)
		Intermediate Heat	50 - 80 (28 - 44)	40 - 70 (22 - 39)	50 - 80 (28 - 44)	50 - 80 (28 - 44)	50 - 80 (28 - 44)	50 - 80 (28 - 44)
		Minimum Heat	35 - 65 (19 - 36)	25 - 55 (14-31)	35 - 65 (19 - 36)	35 - 65 (19 - 36)	35 - 65 (19 - 36)	35 - 65 (19 - 36)

Airflow Capacity and Blower Data		060-14	060-20	080-14	080-20	100-22	120-22
Rated External Static Pressure (in. w.c.)	Heating	0.12	0.12	0.15	0.15	0.20	0.20
	Cooling	0.5	0.5	0.5	0.5	0.5	0.5
Airflow Delivery @ Rated ESP (CFM)	Maximum Heat	1075	1080	1500	1345	1575	1820
	Intermediate Heat	530	690	750	795	955	1100
	Minimum Heat	415	555	620	595	745	900
	Cooling	1335	1905	1375	1945	2160	2185
Cooling Capacity (tons)	400 CFM/ton	3	4.5	3.5	4.5	5.5	5.5
	350 CFM/ton	3.5	5.5	4	5.5	6	6
Direct-Drive Motor Type		Electronically Commutated Motor (ECM)					
Direct-Drive Motor HP		1/2	1	1/2	1	1	1
Motor Full Load Amps		7.7	12.8	7.7	12.8	12.8	12.8
RPM Range		300 - 1300					
Speed Selections		Variable (Communicating)					
Blower Wheel Dia x Width	in.	11 x 8	11 x 10	11 x 8	11 x 10	11 x 10	11 x 11
Air Filtration System		Factory Supplied Media Cabinet Field Supplied Filter					
Filter Used for Certified Watt Data*		KGAWF**06UFR					

Electrical Data		060-14	060-20	080-14	080-20	100-22	120-22
Input Voltage	Volts-Hertz-Phase	115-60-1					
Operating Voltage Range	Min-Max	104 -127					
Maximum Input Amps	Amps	9.7	14.8	9.7	14.8	14.8	14.8
Unit Ampacity	Amps	12.7	19.1	12.7	19.1	19.1	19.1
Minimum Wire Size	AWG	14	12	14	12	12	12
Maximum Wire Length @ Minimum Wire Size	Feet	29	30	29	30	30	30
	(M)	(8.8)	(9.1)	(8.8)	(9.1)	(9.1)	(9.1)
Maximum Fuse/Ckt Bkr (Time-Delay Type Recommended)	Amps	15	20	15	20	20	20
Transformer Capacity (24vac output)		40 VA					
External Control Power Available	Heating	27.9 VA					
	Cooling	34.6 VA					

Controls		060-14	060-20	080-14	080-20	100-22	120-22
Gas Connection Size		1/2" - NPT					
Burners (Monoport)		3	3	4	4	5	6
Gas Valve (Redundant)	Manufacturer	White Rogers					
Minimum Inlet Gas pressure (in. wc)		4.5					
Maximum Inlet Gas pressure (in. wc)		13.6					
Gas Conversion Kit - Natural to Propane		KGANP5201VSP					
Gas Conversion Kit - Propane to Natural		KGAPN4401VSP					
Manufactured (Mobile) Home Kit		*not approved for MH use*					
Ignition Device		Silicon Nitride					

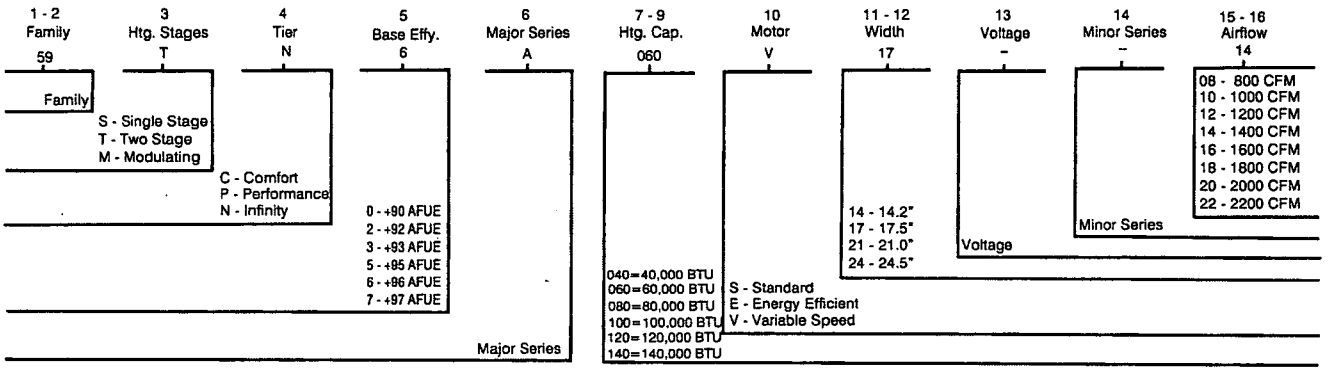
* See Accessory List for part numbers available.

SPECIFICATIONS (CONTINUED)

Controls	060-14	060-20	080-14	080-20	100-22	120-22
Limit Control	180	160	170	200	180	160
Heating Blower Control (Heating Off-Delay)	Adjustable: 90, 120, 150, 180 seconds					
Cooling Blower Control (Time Delay Relay)	90 seconds					
Communication System	Infinity; Infinity Zoning					
Thermostat Connections	R, W/W1, W2 Y/Y2, Y1, G, Com 24V, DHUM					
Accessory Connections	EAC (115vac); HUM (24vac); 1-stg AC (via Y/Y2)					

MODEL NUMBER NOMENCLATURE

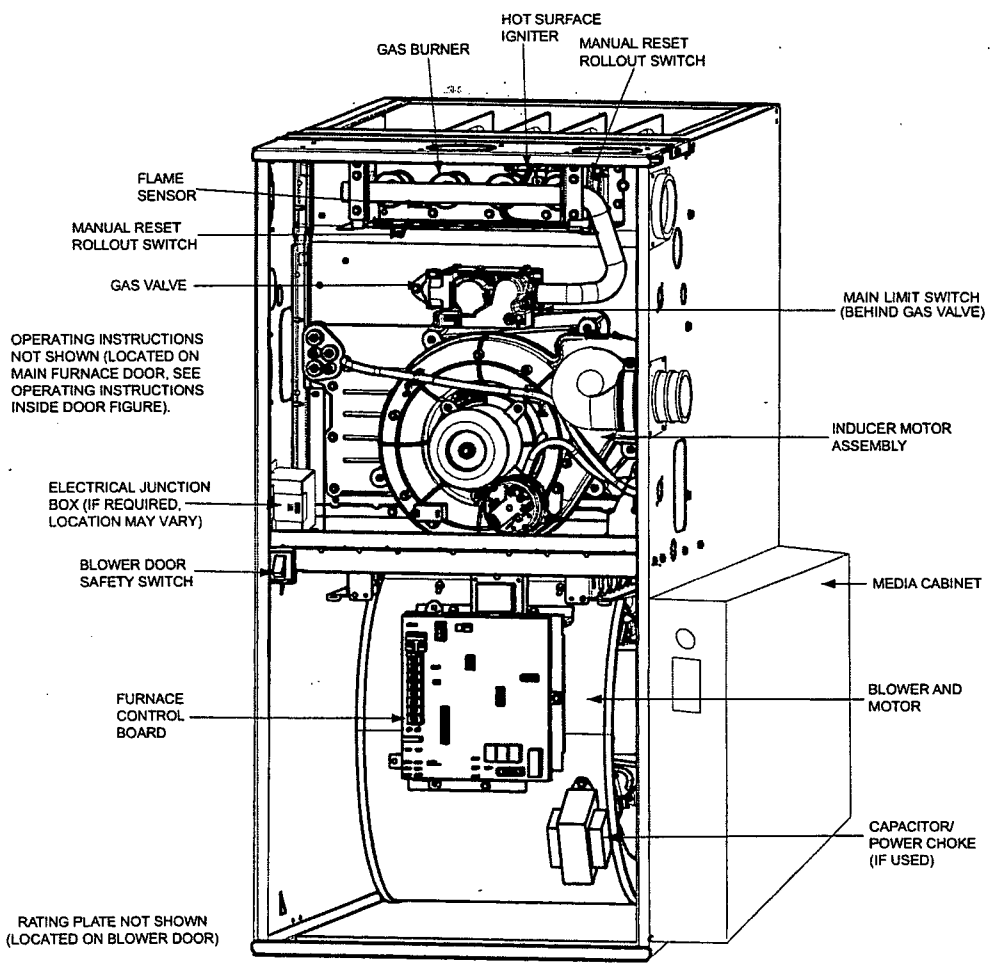
Example of Model Number



Not all familes have these models.

A12373

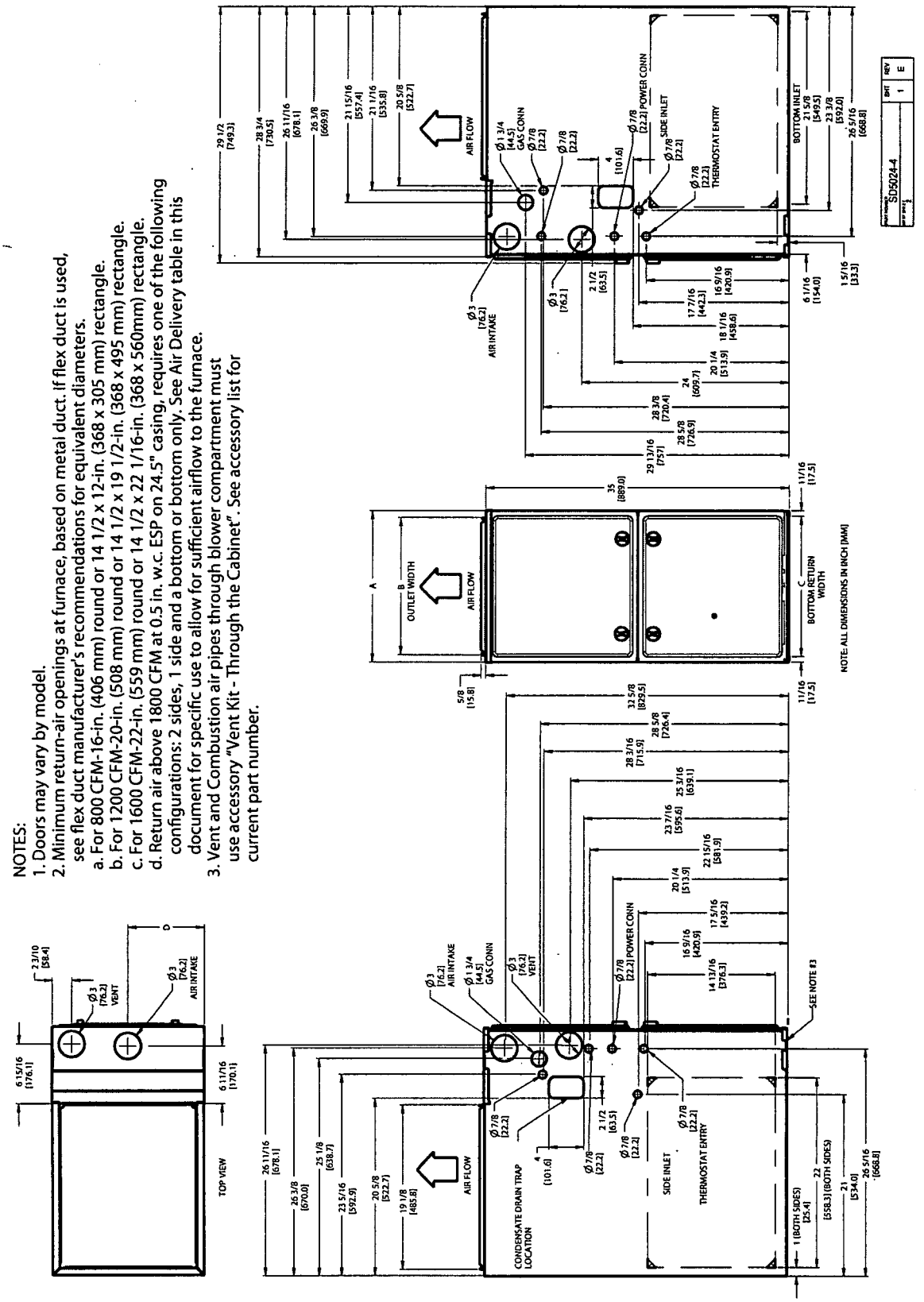
FURNACE COMPONENTS



REPRESENTATIVE DRAWING ONLY, SOME MODELS MAY VARY IN APPEARANCE.

A11408

DIMENSIONAL DRAWING



A12267

59MN7 FURNACE SIZE	A CABINET WIDTH	B OUTLET WIDTH	C BOTTOM INLET WIDTH	D AIR INTAKE	SHIP WT. – LB (KG)
060–14	17–1/2 (445)	15–7/8 (403)	16 (406)	8–3/4 (222)	154.0 (69.3)
080–14					164.0 (73.8)
060–20	21 (533)	19–3/8 (492)	19–1/2 (495)	10–1/2 (267)	158.5 (72.0)
080–20					168.5 (76.6)
100–22					178.5 (80.3)
120–22	24–1/2 (622)	22–7/8 (581)	23 (584)	12–1/4 (311)	202.5 (91.1)

GUIDE SPECIFICATIONS

General

System Description

Furnish a _____ 4-way multipoise modulating gas-fired condensing furnace for use with natural gas or propane (factory- authorized conversion kit required for propane); furnish external media cabinet for use with accessory media filter or standard filter.

Quality Assurance

Unit will be designed, tested and constructed to the current ANSI Z 21.47/CSA 2.3 design standard for gas-fired central furnaces.

Unit will be third party certified by CSA to the current ANSI Z 21.47/CSA 2.3 design standard for gas-fired central furnaces. Unit will carry the CSA Blue Star® and Blue Flame® labels. Unit efficiency testing will be performed per the current DOE test procedure as listed in the Federal Register.

Unit will be certified for capacity and efficiency and listed in the latest AHRI Consumer's Directory of Certified Efficiency Ratings.

Unit will carry the current Federal Trade Commission Energy Guide efficiency label.

Delivery, Storage, and Handling

Unit will be shipped as single package only and is stored and handled per unit manufacturer's recommendations.

Warranty (for inclusion by specifying engineer)

U.S. and Canada only. Warranty certificate available upon request.

Equipment

Blower Wheel and ECM Blower Motor

Galvanized blower wheel shall be centrifugal type, statically and dynamically balanced. Blower motor of ECM type shall be permanently lubricated with sealed ball bearings, of _____hp, and have infinitely variable speed from 300-1300 RPM operating only when motor inputs are provided. Blower motor shall be direct drive and soft mounted to the blower housing to reduce vibration transmission.

Filters

Furnace shall have reusable-type filters. Filter shall be _____ in. (mm) X _____ in. (mm). An accessory highly efficient Media Filter is available as an option. _____ Media Filter.

Casing

Casing shall be of .030 in. thickness minimum, pre-painted galvanized steel.

Draft Inducer Motor

Draft inducer motor shall be variable-speed design.

Primary Heat Exchangers

Primary heat exchangers shall be 3-Pass corrosion- resistant aluminized steel of fold-and-crimp sectional design and applied operating under negative pressure.

Secondary Heat Exchangers

Secondary heat exchangers shall be of a stainless steel flow-through of fin-and-tube design and applied operating under negative pressure.

Controls

Controls shall include a micro-processor-based integrated electronic control board with at least 16 service troubleshooting codes displayed via diagnostic flashing LED light on the control, a self-test feature that checks all major functions of the furnace, and a replaceable automotive-type circuit protection fuse. Multiple operational settings available, including separate blower speeds for all modulating heating capacities, low cooling, high cooling and continuous fan. Continuous fan speed may be adjusted from the thermostat. Cooling airflow will be selectable between 325 to 400 CFM per ton of air conditioning. Features will also include temporary reduced airflow in the cooling mode for improved dehumidification when an Infinity Control or TP-PRH edge® is selected as the thermostat.

Operating Characteristics

Heating capacity shall be _____ Btuh input; _____ Btuh output capacity.

Fuel Gas Efficiency shall be _____ AFUE.

Air delivery shall be _____ cfm minimum at 0.50 in. W.C. external static pressure.

Dimensions shall be: depth_____in. (mm); width _____in. (mm); height_____in. (mm) (casing only). Height shall be _____in. (mm) with A/C coil and _____in. (mm) overall with plenum.

Electrical Requirements

Electrical supply shall be 115 volts, 60 Hz, single-phase (nominal). Minimum wire size shall be _____AWG; maximum fuse size of HACR-type designated circuit breaker shall be _____ amps.

Special Features

Refer to section of the product data identifying accessories and descriptions for specific features and available enhancements.

Edition Date: 09/12

Catalog No: 59MN7A–04PD

Replaces: 59MN7A–03PD

GUIDE SPECIFICATIONS

General

System Description

Furnish a _____ 4-way multipoise modulating gas-fired condensing furnace for use with natural gas or propane (factory- authorized conversion kit required for propane); furnish external media cabinet for use with accessory media filter or standard filter.

Quality Assurance

Unit will be designed, tested and constructed to the current ANSI Z 21.47/CSA 2.3 design standard for gas-fired central furnaces.

Unit will be third party certified by CSA to the current ANSI Z 21.47/CSA 2.3 design standard for gas-fired central furnaces. Unit will carry the CSA Blue Star® and Blue Flame® labels. Unit efficiency testing will be performed per the current DOE test procedure as listed in the Federal Register.

Unit will be certified for capacity and efficiency and listed in the latest AHRI Consumer's Directory of Certified Efficiency Ratings.

Unit will carry the current Federal Trade Commission Energy Guide efficiency label.

Delivery, Storage, and Handling

Unit will be shipped as single package only and is stored and handled per unit manufacturer's recommendations.

Warranty (for inclusion by specifying engineer)

U.S. and Canada only. Warranty certificate available upon request.

Equipment

Blower Wheel and ECM Blower Motor

Galvanized blower wheel shall be centrifugal type, statically and dynamically balanced. Blower motor of ECM type shall be permanently lubricated with sealed ball bearings, of _____hp, and have infinitely variable speed from 300-1300 RPM operating only when motor inputs are provided. Blower motor shall be direct drive and soft mounted to the blower housing to reduce vibration transmission.

Filters

Furnace shall have reusable-type filters. Filter shall be _____ in. (mm) X _____ in. (mm). An accessory highly efficient Media Filter is available as an option. _____ Media Filter.

Casing

Casing shall be of .030 in. thickness minimum, pre-painted galvanized steel.

Draft Inducer Motor

Draft inducer motor shall be variable-speed design.

Primary Heat Exchangers

Primary heat exchangers shall be 3-Pass corrosion- resistant aluminized steel of fold-and-crimp sectional design and applied operating under negative pressure.

Secondary Heat Exchangers

Secondary heat exchangers shall be of a stainless steel flow-through of fin-and-tube design and applied operating under negative pressure.

Controls

Controls shall include a micro-processor-based integrated electronic control board with at least 16 service troubleshooting codes displayed via diagnostic flashing LED light on the control, a self-test feature that checks all major functions of the furnace, and a replaceable automotive-type circuit protection fuse. Multiple operational settings available, including separate blower speeds for all modulating heating capacities, low cooling, high cooling and continuous fan. Continuous fan speed may be adjusted from the thermostat. Cooling airflow will be selectable between 325 to 400 CFM per ton of air conditioning. Features will also include temporary reduced airflow in the cooling mode for improved dehumidification when an Infinity Control or TP-PRH edge® is selected as the thermostat.

Operating Characteristics

Heating capacity shall be _____ Btuh input; _____ Btuh output capacity.

Fuel Gas Efficiency shall be _____ AFUE.

Air delivery shall be _____ cfm minimum at 0.50 in. W.C. external static pressure.

Dimensions shall be: depth_____in. (mm); width _____in. (mm); height_____in. (mm) (casing only). Height shall be _____in. (mm) with A/C coil and _____in. (mm) overall with plenum.

Electrical Requirements

Electrical supply shall be 115 volts, 60 Hz, single-phase (nominal). Minimum wire size shall be _____AWG; maximum fuse size of HACR-type designated circuit breaker shall be _____ amps.

Special Features

Refer to section of the product data identifying accessories and descriptions for specific features and available enhancements.

Edition Date: 09/12

Catalog No: 59MN7A—04PD

Replaces: 59MN7A—03PD

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

CHRISTOPHER R. DAVIS
310 Roberts Avenue
Haddonfield NJ 08033

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

03/29/2012 TO 03/31/2016
VALID

34EI00948400
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Hutchinson Plumbing Heating Cooling LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

12/16/2013 TO 12/31/2014
VALID

SIGNATURE

13VH01747500
License/Registration/Certificate #

DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Board of Exam. of Master Plumbers
P.O. Box 45028
Newark, NJ 07101

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

GEORGE H. HUTCHINSON III
T/A HUTCHINSON P and H and COOL LLC
116 NO HADDON AVE - SUITE C
HADDONFIELD NJ 08033

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/01/2013 TO 05/30/2015
VALID

36BI00631100
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
Board of Exam. of Master Plumbers
HAS LICENSED
GEORGE H. HUTCHINSON III
Master Plumber

06/01/2013 TO 06/30/2015
VALID

SIGNATURE

36BI00631100
License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

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

LDS CH-B 10311179

CHERRY HILL

PUBLIC SERVICE
ELECTRIC & GAS COMPANY
RESIDENTIAL APPLIANCE CYCLING PROGRAM

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received

Date Issued 1/4/94

Control #

Permit # 9400036

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

Block 513 28 Lot 18
Work Site Location 4 PAPERMILL RD
CHERRY HILL NJ 08003-1410
Owner in Fee ROBERT M WHOMSLEY
Address 4 PAPERMILL RD
CHERRY HILL NJ 08003-1410
Tele. (609) 424 2426
Contractor DMC
Address 145 Rt. 46 West Plaza 1
Wayne 07470-0000
Tele. (800) 626-2062
Lic. No. 8292A
Federal Emp. No. 4-2635704 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 110.00

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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.

[ ] Licensed Electrical Contractor
[ ] Exempt Applicant

Signature-Contractor Seal

F-120B/REV for PSE&G 6/92

D. TECHNICAL SITE DATA INSTALLATION OF LOAD MANAGEMENT SWITCH(ES) FOR PUBLIC SERVICE ELECTRIC & GAS COMPANY'S RESIDENTIAL APPLIANCE CYCLING PROGRAM ONLY.

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
0	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
0	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	

Paid [ ] Check # 2148
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 21.00

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

TOWNSHIP OF CHERRY HILL
820 Mercer Street
Cherry Hill, NJ 08002

ZONING APPROVAL № 38160

☒ Building Permit ☐ Certificate of Occupancy

Block 513.28 Lot 18 Zone R1

Property Owner Robert/Catherine Whomsley

Address of Property 4 Paper Mill Road

Address of Owner Same Phone No. 424-2428

Existing Use Residence Proposed Use Same

Type of Structure Proposed Fence 4' height across rear of property

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

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/her authorized agent and we agree to conform to all application laws of this jurisdiction.

Robert M. Whomsley 4 Paper Mill Road 424-2428
Signature Address Telephone

(approx 80 linear ft)

* SETBACKS: ☐ Corner Lot ☒ Inside Lot

Front ____ Rear ____ Smallest side ____ Aggregate ____ Second front ____

Sq. Ground Floor ____ Height ____ Gross Floor Area ____

For swimming pool only:

Distance of pool from the foundation wall ____ Front ____ Rear ____ Side ____

* all local/Bldg req. must be met.

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: Proposed 4' high fence in rear yard meets req. Fence to be located as per attached.

For residential uses, fence construction shall not exceed six (6) feet in height. The setback for a six (6) foot ... wall of the ... or a minimum of twenty-five (25) feet from the street ... whichever is greater. Fence construction within these setback requirements may not exceed three (3) feet in height.

HORIZONTAL BARS TO FACE THE INTERIOR OF THE PROPERTY

OTHER PAYMENTS AND FEES

Taxes Paid: ✓ (J.T.)

Shade Tree Fee $2.00/LF of street frontage ____

Contributions-In-Aid:

Road Improv. $ ____

Sewer Improv. $ ____

Other ____ $ ____

Housing Impact Fee:

(a) Estimated equalized value of the improvements $____

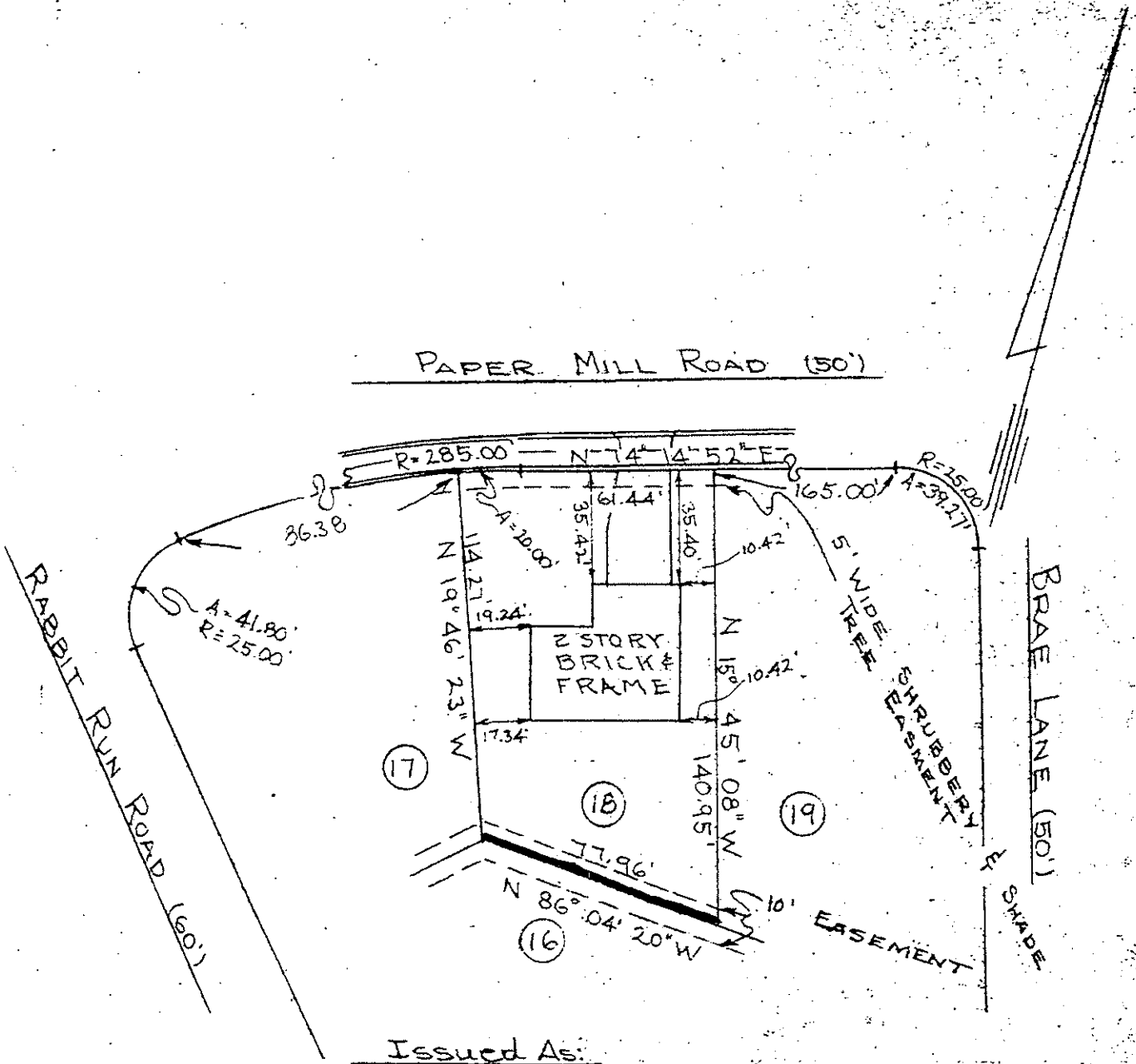
(b) Fee calculation:

1) Residential use - 0.5% of (a) $____

2) Non-Residential use - 1.0% of (a) $____

Sara Mihalchuk Community Development 5/25/99
Name Title Date

PPCo.



Issued As:

1. Foundation Survey 6-13-66 E.R.

2. FINAL SURVEY 6-15-66 J.P. / G.S.

To: Any insuror of Title relying hereon and any other party in interest: "In consideration of the fee paid for making this survey, I hereby certify to its accuracy (except such easements, if any, that may be located below the surface of the lands or on the surface of the lands and not visible) as an inducement for any insuror of title to insure the title to the lands and premises shown thereon. This responsibility limited to the current matter as of the date of this survey."

Tax Map Ref:
Block 513-BB, Lot 18
Cherry Hill Twp., N.J.

PLAN OF SURVEY

Block X, Lot 18
Section 6
CHERRY DOWNS
At Old Orchard
Cherry Hill Township,
Camden County, N.J.

SCALE: 1" = 50'	DATE: 6-13-66
DRAWN: E.R.	CHECKED: N.A.M.

HOXWORTH, BEHNKE & GIRARD ASSOC.
ENGINEERING, PLANNING & SURVEYING
CHERRY HILL TOWNSHIP, N. J.