BLOCK 207 LOT 4.02 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 13-1280

C-5081

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: 5081 Main St. Voorhees, N.J. 08043
2. Name of Owner in Fee:
   Tel.
   Address 5081 Main St. Voorhees, N.J. 08043 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Davis Heating & Air LLC. Tel. (856) 429-7979
   Address 95 Churchill Rd. e-mail
   Cherry Hill, N.J. 08034
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13401823400
   Federal Emp. ID No. 371-456-826 FAX: (856) 429-1313
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Steve Catondo
   Tel. (856) 429-7979 FAX: (856) 429-1313

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	$ 52-		

CA 2013

12/5

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									

Furnace

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
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

VOORHEES CONSTRUCTION DEPT.
2400 VOORHEES TOWN CENTER
Voorhees, NJ 08043
Phone: (856) 429-7759
Fax: (856) 429-1341
WWW.VOORHEES-NJ.COM

Township of Voorhees,NJ

UCC NEW JERSEY

Construction Permit

Date Issued 12/9/13
Control # C-20131456
Permit # 13-1280

BLOCK	LOT	QUALIFIER
207	4.02	C5081

Work Site Location: 5081 MAIN ST

Owner in Fee:

Address: 5081 MAIN ST
VOORHEES, NJ 080430000

Telephone: ( ) -

Contractor: DAVIS HEATING & A/C

Address: 95 CHURCHILL RD
CHERRY HILL, NJ 08034

Telephone: (856) 429-7979

Lic. No. or Bldrs. Reg. No. _____ Federal Employee No. _____

IS HEREBY AUTHORIZED TO PERFORM THE FOLLOWING WORK:

☐ Building	☒ Plumbing	☐ Lead Hazard Abatement
☐ Electrical	☐ Fire Protection	☐ Demolition
☐ Elevator Devices	☐ Asbestos Abatement (Sub Chapter 8 only)	☐ Other

Description of Work

REPLACE EXISTING FURNACE

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

Estimated Cost of Work $1,000.00

Construction Official

12-5-13
Date

PAYMENTS (Office Use Only)

Building	$ 0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Subtotal	0
Less 20% for SPR	0
Subtotal	0
DCA Training Fee	2
Cert. of Occupancy	0
Other	50
TOTAL	$ 52
Check No	7467
Cash	0
Collected By	

UCC F17 (rev 03/96)

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received 12/3/13
Control #
Date Issued 12/9/13
Permit # 13-1280

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

Block 207 Lot 4.02 Qualification Code
Work Site Location 5081 Main St. Voorhees, N.J. 08043
Owner in Fee
Address 5081 Main St. Voorhees, N.J. 08043
Tel ( ) 210-6000
Contractor Davis Heating & Air
Address 95 Church Hill Rd. Emery Hill, N.J. 08034
Tel (856) 429-7979 FAX (856) 429-1317
Contractor License No. 13VH01823400
Federal Emp. No. 371-456-826

B. MECHANICAL CHARACTERISTICS

Use Group R-3, R-4 or R-5
Heating System [ ] Conversion [✓] Replacement
Fuel: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Type: [ ] Hydronic [ ] Hot Air
Estimated Cost of Mechanical Work $ 1,000.00

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Existing 90% furnace with new 90% furnace in same location. Reconnect gas line and furnace drain.

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.
PLANS APPROVED
Date: 12-5-13
Approved by:
SUBCODE APPROVAL
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other				

PROVIDE A CO2 DETECTOR AND A SMOKE DETECTOR IN EQUIPMENT AREAS

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

U.C.C. F145
(rev. 5/03)

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS 5091 Main St. Voorhees, N.J. 08043

Applicant Arthur Andersen

Certifying Individual Steve Catondo Company Davis Heating & Air LLC

Address 95 Churchill Rd. Cherry Hill, N.J. 08034
(Street, City, State, Zip Code)

Tel. (856) 429-7979

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

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

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

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

_____ _____
Signature Date

Oil to Oil or Gas to Gas Replacements:

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

_____ _____
Signature Date

Certification Not Submitted:

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

_____ _____
Signature Date

Direct Vent Appliance:

No certification required.

Steve Catondo 12-3-13
Signature Date

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

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

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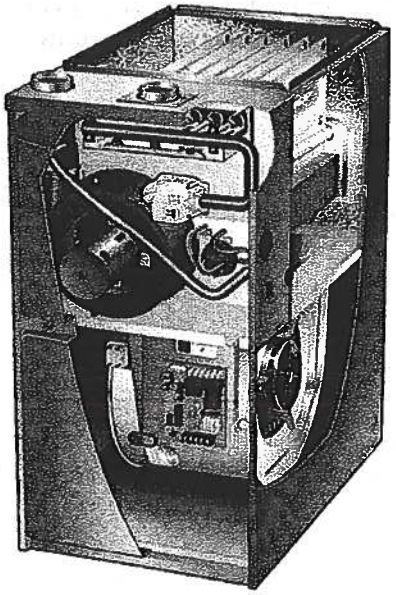
Dallas, Texas, USA

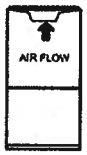
INSTALLATION INSTRUCTIONS ML193UH

MERIT® SERIES GAS FURNACE
UPFLOW / HORIZONTAL AIR DISCHARGE

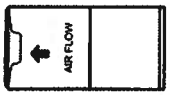
507121-01
08/2013
Supersedes 06/2013

Technical Publications
Litho U.S.A.

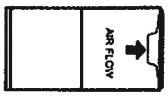




UPFLOW



HORIZONTAL LEFT



HORIZONTAL RIGHT

THIS MANUAL MUST BE LEFT WITH THE HOMEOWNER FOR FUTURE REFERENCE

This is a safety alert symbol and should never be ignored. When you see this symbol on labels or in manuals, be alert to the potential for personal injury or death.

⚠CAUTION

As with any mechanical equipment, personal injury can result from contact with sharp sheet metal edges. Be careful when you handle this equipment.

⚠WARNING

Improper installation, adjustment, alteration, service or maintenance can cause property damage, personal injury or loss of life. Installation and service must be performed by a licensed professional HVAC installer (or equivalent), service agency or the gas supplier.

Table of Contents

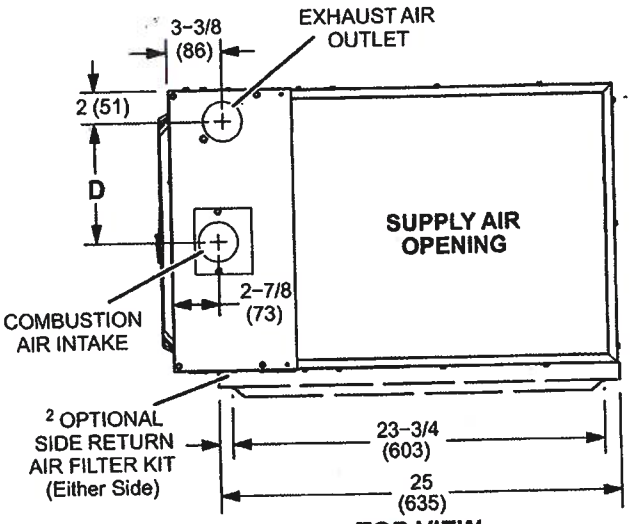
ML193UH Unit Dimensions - inches (mm)

[1]NOTE – 60C and 60D size units that require air volumes 1800 cfm or over (850 L/s) must have one of the following

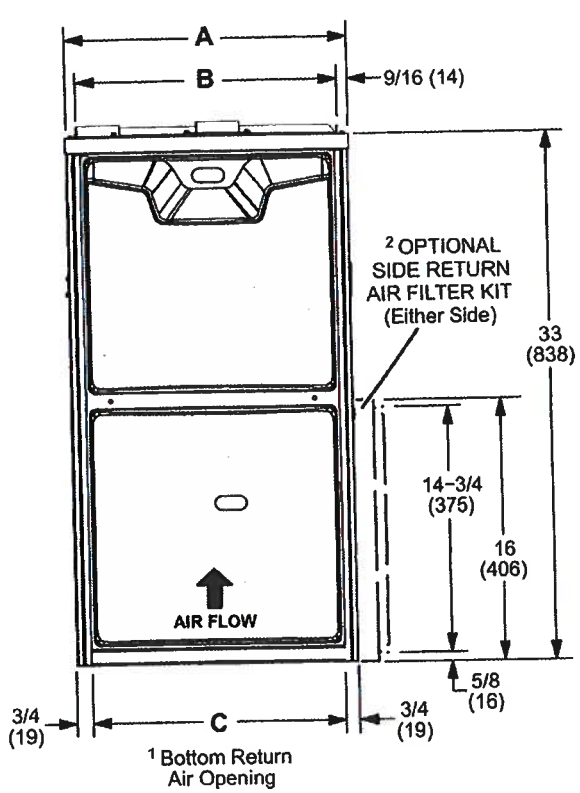
1. Single side return air with transition, to accommodate 20 x 25 x 1 in. (508 x 635 x 25 mm) cleanable air filter. Required to maintain proper air velocity.
2. Single side return air with optional Return Air Base
3. Bottom return air.
4. Return air from both sides.
5. Bottom and one side return air.

See Blower Performancetables for additional information.

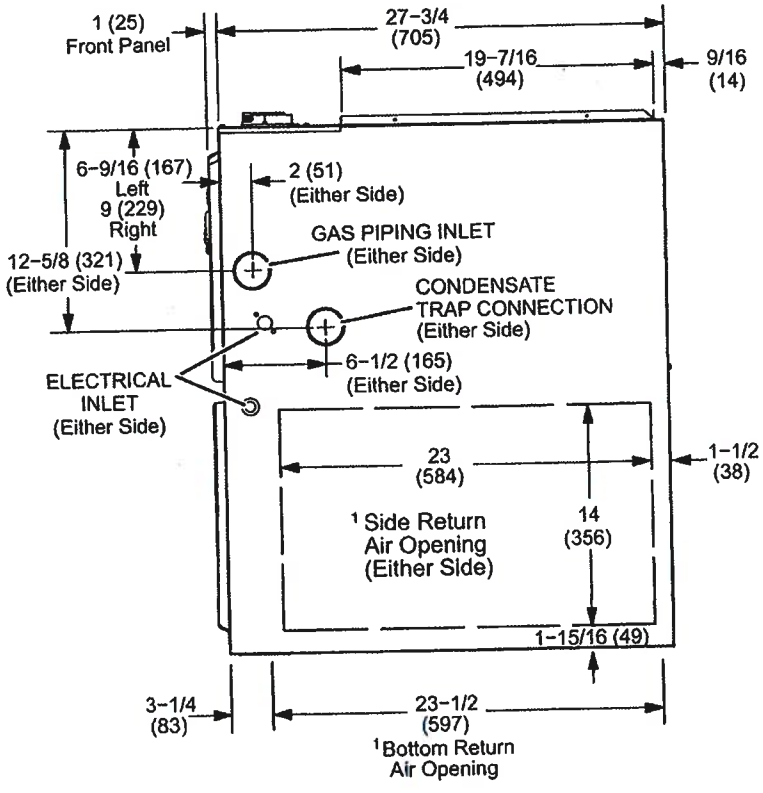
[2]Optional External Side Return Air Filter Kit is not for use with the optional Return Air Base.



TOP VIEW



FRONT VIEW



SIDE VIEW

ML193UH Model No.	A in.	A mm	B in.	B mm	C in.	C mm	D in.	D mm
045XP24B 045XP36B 070XP24B 070XP36B	17-1/2	446	16-3/8	416	16	406	7-5/8	194
090XP36C 090XP48C 110XP48C 110XP60C	21	533	19-7/8	505	19-1/2	495	9-3/8	238
135XP60D	24-1/2	622	23-3/8	594	23	584	11-1/8	283

BLOCK 207 LOT 4.02 QUALIFICATION CODE C 5081 ADDRESS (SITE) _____ PERMIT NO. 09-0346

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 5081 Main Street, Voorhees, NJ08043
2. Name of Owner in Fee:
   Tel. (____) ____
   Address (street) 5081 Main Street, Voorhees, NJ08043
3. Ownership in Fee: F Private X
4. Principal Contractor: Breen Roofing, LLC 856-228-0444
   Address 5 Mansoor Court
   Sewell, NJ 08080 breenroofing@comcast.net
   License No. OR, if new 13VH004947000 Exp:12/09
   Home Improvement Cor 26-2019794
   Federal Emp. ID No.
5. Architect or Engineer
   Address _____
   Tel. (____) _____ FAX: (____) _____
6. Respons[illegible] s Begun ____
   Tel. ([illegible]) _____ 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 [illegible]	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no [illegible]	

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

	Est. Cost	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									

FOR OFFICE USE ONLY (Optional)

Roof

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Breen Roofing LLC

Address 5 Mansard Court
Sewell NJ 08080

Telephone (856) 228-0444

Signature Deborah L Breen

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

Township of Voorhees
620 Berlin Road
Voorhees, NJ 08043
Phone: (856) 429-7759
Fax: (856) 429-1341
WWW.VOORHEES-NJ.COM

UCC NEW JERSEY
Certificate

Date Received: 05/06/2009
Date Issued: 05/11/2009
Control # C-20090417
Permit # 09-0346

Block 207 Lot 4.02 Qualifier

Work Site : 5081 MAIN ST

Owner in Fee:

Address: 5081 MAIN ST
VOORHEES, NJ 080430000

Telephone:

Contractor BREEN ROOFING

Address 810 LIBERTY LANE
VOORHEES, NJ 080430000

Telephone (609) 228-0444 Fax (609) 228-0444

Lic. or Bldrs. Reg. No.

Federal Employee #:

Home Warranty No.

Type of Warranty Plan

Maximum Live Load

Construction Classification 1A

Maximum Occupancy Load

Use Group Residential: 1 and 2 family

Description of Work: Remove roof and replace with new 30 year Tamko Heritage shingles

[ ] 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 conditrions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

Construction Official

August 20, 2009
Date

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves as 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 _____, ____.

FEE 53

Paid [X] Check # 1424

Collected By: Sweeney, Rebecca

Received By: Sweeney, Rebecca

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 5-5-09
Control #
Date Issued 5-12-09
Permit # 09-0346

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

Block 207 Lot 4.02 Qualification Code C5081

Work Site Location 5081 Main Street, Voorhees. NJ08043

Arthur

Owner in Fee:

Tel. ( ) — 5081 Main Street, Voorhees, NJ08043

Address Private X

Contractor: Breen Roofing, LLC 856-228-0444

Address 5 Mansoor Court

Contractor License Sewell, NJ 08080 breenroofing@comcast.net

Home Improvemen 13VH004947000 Exp:12/09

Federal Emp. ID Nc 26-2019794

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	5-8-09	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-17-09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8-17-09	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 1500
3. Total (1+ 2) $ 1500

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 Deborah L Breen

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tear off existing layer of shingles and reshingle with new Tamko Heritage Series 30 yr. dimensional shingles

15 Sq.

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

FEE (Office Use Only)
$ 15.00

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

U.C.C. F110 (rev. 7/06)

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

Reorder from OCS Printing (609) 390-1400

Township of Voorhees
620 Berlin Road
Voorhees, NJ 08043
Phone: (856) 429-7769
Fax: (856) 429-1341
WWW.VOORHEES-NJ.COM

Township of Voorhees

UCC NEW JERSEY

Construction Permit

Date Issued 5-12-09
Control # C-20090417
Permit # 09-0346

BLOCK 207 | LOT 4.02 | QUALIFIER C5081

Work Site Location: 5081 MAIN ST

Owner in Fee:

Address: 5081 MAIN ST
VOORHEES, NJ 080430000

Telephone: (856) 983-8878

Contractor: BREEN ROOFING

Address: 810 LIBERTY LANE
TURNERSVILLE, NJ 08012

Telephone: (609) 228-0444

Lic. No. or Bidrs. Reg. No. _____ Federal Employee No. _____

IS HEREBY AUTHORIZED TO PERFORM THE FOLLOWING WORK:

- ☐ Building
- ☐ Plumbing
- ☐ Lead Hazard Abatement
- ☐ Electrical
- ☐ Fire Protection
- ☐ Demolition
- ☐ Elevator Devices
- ☐ Asbestos Abatement (Sub Chapter 8 only)
- ☐ Other

Description of Work

Remove roof and replace with new 30 year Tamko Heritage shingles

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

Estimated Cost of Work $ 1,500

Construction Official _____ Date 5.8.09

PAYMENTS (Office Use Only)

Building	$ 50
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Subtotal	50
Less 20% for SPR	
Subtotal	50
DCA Training Fee	3
Cert. of Occupancy	0
Other	
TOTAL	$ 53
Check No	1424
Cash	0
Collected By	

UCC F17 (rev 03/96)

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

Breen Roofing, LLC
Keith S Breen, Deborah L Breen
5 Mansoor Court
Sewell NJ 08080

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

02/06/2009 TO 12/31/2009
VALID

13VH04947000
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
Breen Roofing, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
02/06/2009 TO 12/31/2009
VALID
SIGNATURE
DIRECTOR
13VH04947000
License/Registration/Certificate #

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

Breen Roofing, LLC EXPIRATION DATE **2009**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 04947000** . 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.

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.				