From: Breean Stumpf
To: hmannel@collingswood.com
Subject: EXTERNAL:OPRA request - OPRA/OPEN & CLOSE PERMITS - 15 Washington Ave, Collingswood, NJ 08108
Date: Thursday, August 25, 2022 12:38:31 PM

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Collingswood Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: OPRA/OPEN & CLOSE PERMITS - 15 Washington Ave, Collingswood, NJ 08108

Yours respectfully,

Breean Stumpf

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-34935-8b2b5643@requests.opramachine.com

Is hmannel@collingswood.com the wrong address for OPRA requests to Collingswood Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=collingswood_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opraopen_close_permits_15_washin

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

BLOCK 30.02 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 15 WASHINGTON AVE PERMIT NO. 97-0332

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 15 WASHington AVE,
2. Name of Owner in Fee: BRUCE Zeidman Tel. ([redacted]
   Address #5 Overbrook Circle, Moorestown N.J. 08057
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: A.J. LaCourse Tel. (215) 482-9100
   Address 225 LEVERington AVE PHILA Pa. 19127
   License No. OR, if new home, Builder Reg. No. 4437 Exp. Date 3/31/2000
   Federal Employee No. [redacted] FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Dewey BROWN
   Tel. (609) 439-9084 FAX (609) 234-0949

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	138.00	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$	138.00	
7.	Less 20% for State Plan Review			
8.	Subtotal	$	138.00	
9.	DCA Training Fee		1.00	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	139.00	

8/27/97 9:50 MR

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	

21

00146 034218 3226
19970332 *SF
0001501S

II. PROPOSED WORK

		Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical					8/27	JR			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name A.J. LA COURSE INC

Address 225 LIBURNGTON AVE
PHILA PA 19127

Telephone (215) 482-9100

Signature A.J. La Course

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

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

Date Issued 09/11/97
Control #
Permit # 97-0332

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 30.02 Lot 11
Work Site Location 15 WASHINGTON AVENUE
COLLINGSWOOD
Owner in Fee ZEIDMAN BRUCE 21
Address 5 OVERBROOK CIRCLE
MOORESTOWN NJ 08057-
Telephone [redacted]
Contractor A.J. LACOURSE INC.
Address 275 LEVERINGTON AVENUE
PHILADELPHIA, PA 19127-
Telephone (215)482-9100
Lic. No. or Bldrs. Reg. No. 4437
Federal Emp. No. [redacted]
or Social Security No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification 5B
Maximum Occupancy Load 0
Description of Work/Use:

200 AMP SERVICE, 2 - 100 AMP PANELS

CERTIFICATE OF OCCUPANCY/APPROVAL

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

[ ] CERTIFICATE OF 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.

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

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 399
Collected by: CH

Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

U.C.C. Form F-120B

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

Date Issued 8/28/97
Control # C3002/11
Permit # 97-0332

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 30.02 Lot 11

Work Site Location 15 WASHINGTON AVENUE
COLLINGSWOOD
Owner in Fee ZEIDMAN, BRUCE
Address 5 OVERBROOK CIRCLE
MOORESTOWN, NJ 08057-
Telephone [redacted]

Contractor A.J. LACOURSE INC.
Address 275 LEVERINGTON AVENUE
PHILADELPHIA, PA 19127-
Telephone (215)482-9100
Lic. No. or Bldrs. Reg. No. 4437 Exp. Date / /
Federal Emp. No. [redacted]
or Social Security No.

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

200 AMP Service, 2 - 100 AMP panels.

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 $ 1,600

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	138
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other	
Total	139
Check No.	399
Cash	
Collected By:	CR

3A

BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
609/858-0177

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/21/97
Date Issued 8/28/97
Control # C3002/11
Permit # 97-0332

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

Block 30.02 Lot 11
Work Site Location 15 WASHINGTON AVENUE
COLLINGSWOOD
Owner in Fee ZEIDMAN, BRUCE
Address 5 OVERBROOK CIRCLE
MOORESTOWN, NJ 08057-
Tele. [redacted]
Contractor A.J. LACOURSE INC.
Address 275 LEVERINGTON AVENUE
PHILADELPHIA, PA 19127-
Tele.(215)482-9100
Lic. No. or Bldrs. Reg. No. 4437
Federal Emp. No [redacted]
or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 1,600

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/11/97
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Const Serv				
TCO				
Other				
Service			9/11/97	
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Fixtures (1)	
0		Receptacles (2)	
0		Switches (3)	
0		Total 1 + 2 + 3	0
0	0 kw	Range	0
0	0 kw	Oven(s)	0
0	0 kw	Surface Unit	0
0	0 hp	Dishwasher	0
0	0 hp	Garbage Disposal	0
0	0 kw	Dryer	0
0	0 kw	A/C Unit	0
0		Burglar Alarms	
0		Intercoms Panels	
0		Smoke Detectors	
0	0 hp	Whirlpool/Spa	0
0		Pool Bonding	
0	0 hp	Pool Filter Motor	0
0		Pool Lights	
0	0 kw	Water Heater(s)	0
0	0 kw	Central Heat: oil, gas or elect	0
0	0 kw	Baseboard Heat Units	0
0		Thermostats	
0	0 hp	Heat Pump	0
0	0 hp	Pump(s)	0
2	100 amp	Motor Control Center/Sub Panels	92
0		Signs	
0		Light Standards	
0	0 hp	Motors-Fractional H.P.	0
0	0 hp	Motors-All Others	0
0	0 kw	Transformers	0
0	0 kw	Generators	0
1	200 amp	Service Entrance	46
		Other _____	0
		Other _____	0

	Administrative Surcharge	$ 0
Paid [ ] Check # 399	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 138
	DCA Training Fee	$ 1

CUT-IN-CARD

MUNICIPALITY Collingswood

LOCATION 15 Washington Ave UTILITY CO PSE&G

BLK 30.02 LOT 11

OWNER Zeidman OCCUPANT MFD

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE (2) 100 Amp Services

INSTALLED BY LaCourse LICENSE NO 4437

DATE 9-11-97 PERMIT # 97-0332 INSPECTOR S. Walko

☐ CALLED IN / / Lic. No: 4395

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

CUT-IN-CARD

MUNICIPALITY Collingswood

LOCATION 15 Washington Ave UTILITY CO PSE&G

BLK 30.02 LOT 11

OWNER Feldman OCCUPANT MFD

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE (2) 100 AMP Services

INSTALLED BY LaCourse LICENSE NO 4437

DATE 9-11-97 PERMIT # 97-832 INSPECTOR Woodke 4395

☐ CALLED IN / / Lic. No: ____

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 3052 Lot 11
Work Site Location 15 Washington AVE
Collingswood, N.J.
Owner in Fee/Occupant BRUCE Zeidman
Address #5 Overbrook Circle
Moorestown, N.J. 08057
Tele. (609)
Contractor A.J. LA COURSE INC.
Address 325 LAURINGTON AVE
PHILA PA 19137
Tele. (215) 482-9100 Fax (215) 487-3190
Lic. No. 4437
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [X] Other upgrade Service
Building Occupied as Rental Utility Co. PSE&G
Est. Cost of Elec. Work $ 1,600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 8/6/ [signature]
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: —
Approved by: [signature]

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

A.J. LA COURSE, INC. [signature]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

A.J. LA COURSE, INC. STATE OF NEW JERSEY LICENSED ELECTRICAL CONTRACTOR 4437

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	
2	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
+		.....	
		.....	

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

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

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

8-21-97

Electrical Inspector

would you please call me when you come in. My question is. There will be 2 100 Amp Panels being Supply From this 200 Amp Service. There will also be 2 meters. This is a rental property.

The best way to reach me is to call my beeper number 609-855-7841

My name is Dewey Brown

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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. 97-0332	9/11/97			
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 30, 61 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 15 Washington St. PERMIT NO. 07-0247

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 15 Washington Ave, Collingswood NJ
2. Name of Owner in Fee: Mr. Richard Federici Tel. ([redacted]
   Address 137 S. Brewster Rd. (street) Vineland (municipality) NJ 08361 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: D'Arrt Development, Inc Tel. (856) 455-4422
   Address 135 American Ave, Bridgeton NJ 08302
   License No. OR, if new home, Builder Reg. No. 13VH02006200 Exp. Date 12/31/07
   Federal Employee No. [redacted] FAX: (856) 455-4694
5. Architect or Engineer TJD Architects, PC Tel. (856) 455-4422
   Address 135 American Ave, Bridgeton NJ Contact Thomas D'Arrigo
6. Responsible Person in Charge once Work has Begun Thomas J. D'Arrigo
   Tel. (856) 455-4422 FAX: (856) 455-4694

V. FEE SUMMARY (for office use only)

			+A Update	+B Update
1. Building	$	1308.00		
2. Electrical		170.00	92.00	
3. Plumbing				92.00
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Surcharge Fee		99.00	11.00	15.00
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	1,577.00	203.00	107.00

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	+/- 28 ft.	
3. Area — Largest Floor	964 sq. ft.	
4. New Building Area	70 sq. ft.	
5. Volume of New Structure	630 cu. ft.	
6. Construction Classification	5B	
7. Total Land Area Disturbed	0 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

00146_034172 20070247 SF 3226

II. PROPOSED WORK

OPTIONAL (for office use only)

	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. ☐ a. Repair									
☐ b. Alteration									
☒ c. Renovation					5/24/07	WJ			
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☒ Plumbing					5/24/07	EB			
7. ☒ Electrical					11-29-07	EB			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group: R-5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	2	
After Construction	2	
Net Gain or Loss		

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

5-31-07 11:36 dfc

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 Karen Frederici Date 5/31/07

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.

BUILDING HEIGHT: 24' -6" +/- (EXISTING, UNCHANGED)

VARIANCE REQUESTS:

*The applicant seeks to expand and modernize a continuation of use for the existing non-conforming activity on this site (a residential duplex) within the SF-D3 zone. The applicant is seeking to modernize and improve the residential units by replacing the existing kitchens and bathrooms for these two units. The proposed expansion consists of a new 268 sq. ft. covered front porch.

*Additionally the applicant proposes to add four (4) off street parking spaces which will add an additional 446 sq. ft. of impervious coverage.

*As part of this request, the applicant is seeking a 9'-0" curb cut to be granted along ~~the north~~ easterly corner ~~of the site to access a new 9'-0" wide x 5'-6"~~ deep concrete driveway. This driveway will be in addition to the existing 11' wide access located at the opposite corner of the frontage.

*A variance is requested to permit the proposed front porch to encroach on the front yard building setback. The required setback is 25', and the proposed setback is 9'-6", (created by the projecting access stairs).

*The applicant believes that the proposed expansions to this property are aesthetic and functional improvements to the existing duplex activity, and should be considered as positive criteria that outweigh the existing negative conditions.

*The applicant is requesting a variance for bulk coverage (40 % required, 2,766 sq. ft. 37.3% existing, 3,337 sq. ft. 45.0% proposed).

REV	
DATE	ISSU
12-08-06	GER

SHE	
PERM	
DRA	

JOB No.	06
DRN BY	LP
CHK'D	TJL
SCALE	AS
DATE	5/3

C

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

Date Issued 02/22/2008
Control #
Permit # 07-0247

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee/Occupant FEDERICI RICHARD & KAREN 4
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Telephone [redacted]
Contractor D'ARRT DEVELOPMENT INC
Address 135 AMERICAN AVENUE
BRIDGETON, NJ 08302-
Telephone (856)455-4422 Fax (856)455-4694
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

RENOVATIONS TO EXISTING BUILDING

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

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[X] 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 $ 0
Paid [X] Check No. 4495
Collected by: CH

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96) NJ UCCRS 5:24E

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

Date Issued 02/22/2008
Control #
Permit # 07-0247

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 30.02 Lot 12 Qual
Work Site Location 15 WASHINGTON AVENUE

Owner in Fee/Occupant FEDERICI RICHARD & KAREN 4
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Telephone [redacted]
Contractor D'ARRT DEVELOPMENT INC
Address 135 AMERICAN AVENUE
BRIDGETON, NJ 08302-
Telephone (856)455-4422 Fax (856)455-4694
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

RENOVATIONS TO EXISTING BUILDING

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

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

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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:

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

[X] 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 $ 0
Paid [X] Check No. 4495
Collected by: CH

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96) NJ UCCAR 5.24E

3.01

NJ UCCARS 5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/31/2007
Date Issued 5/31/07
Control # C3002/12
Permit # 07-0247

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

Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 4
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Tele. [redacted]
Contractor D'ARRT DEVELOPMENT INC ANTHONY — 856-207-9956
Address 135 AMERICAN AVENUE
BRIDGETON, NJ 08302-
Tele.(856)455-4422 Fax (856)455-4694
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RENOVATIONS TO EXISTING BUILDING

NOT Ready 6/22/07
8-29-07- Footing For Wrap Around Porch
9-4-07 Porch Foundation OK
10/17/07 Porch-Bars/Hurricane Clips

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/31/07	WJ
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA
Date: 2-13-08
Approved By: WJ

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing	6/22/07		6/22/07	WJ
Foundation			7/11/07	WJ
Slab				
Frame	10/17/07		12/5/07	WJ
BarrierFree				
Insulation			12/11/07	WJ
Finishes				
Energy				
Mechanical				
TCO				
Other x FIRESTOP			12/11/07	WJ
Final			2/13/07	WJ
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 56,000
3. Total (1+2) $ 56,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,308
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 1,308
DCA State Permit Fee	$ 76

Paid [ ] Check # 852
Collected by: CK

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

CUT-IN-CARD

MUNICIPALITY [illegible]

LOCATION [illegible] UTILITY CO PSE&G

BLK 30.02 LOT 12

OWNER [illegible] OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 3-100 Amp Service

INSTALLED BY GE Smith Electric LICENSE NO 13HV3000

DATE 12/4/07 PERMIT # 07-0747-R INSPECTOR [illegible]

☐ CALLED IN / / Lic. No: 6612

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

NJ UCCARS5.24E

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

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/30/2007
Date Issued 11/30/2007
Control #
Permit # 07-0247+A

3.01 Lookbay 1962

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

Block 30.02 Lot 12 Qual
Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 4
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Tel [redacted]
Contractor G.E. SMITH ELECTRIC INC
Address 5407 BROWNING ROAD
PENNSAUKEN, NJ 08109-
Tele.(856)665-6376
Lic. No. or Bldrs.. Reg. No. 14300
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 12,400

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/15/08
Approved By: BR

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough			12/4/07	BR +
Temp Serv				
Const Serv				
TCO				
Other				
Service			12/4/07	BR
Final	# 11/7/08		2-15-08	BR

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 12/4

x Told them to call Fire INSP (no S.D. in Bsmt or walkup Attic)

P/C Units need I.R. Fasen. OK 2/15/08 interconnected
Smoke Det. not interconnected

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
25		Lighting Fixtures	
54		Receptacles	
27		Switches	
6		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
124		TOTAL NUMBERS	54
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
2	0	KW Elect Water Heater	0
2	0	KW Elect Dryer/Receptacle	0
2	0	KW Dishwasher	0
2	0	HP Garbage Disposal	0
2	0	KW Central A/C Unit	0
2	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
3	100	AMP Service	138
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Minimum Fee $ 0
TOTAL FEE $ 192
DCA State Permit Fee $ 17

Paid [ ] Check # 3180
Collected by:

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

NJ UCCARS 5.24E

3.01

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

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/31/2007
Date Issued 5/31/07
Control # C3002/12
Permit # 07-0247

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

Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 4
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Tele. [redacted]
Contractor D. MONTELEONE PLUMBING
Address 4951 GENOA AVENUE
VINELAND, NJ 08361-
Tele.(856)692-5883
Lic. No. or Bldrs. Reg. No. 10311
Federal Emp. No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 17,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 6/1/08

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			11-29	
Water				
Sewer				
Fixtures				
Gas Equip.			11-29	
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
2	Bath Tub	20
2	Lavatory	20
0	Shower	0
0	Floor Drain	0
2	Sink	20
0	Dishwasher	0
0	Drinking Fountain	0
2	Washing Machine	20
0	Hose Bib	0
2	Water Heater	20
0	Fuel Oil Piping	0
1	Gas Piping	10
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
4	Stacks	40
	Other	0
	Other	0

Paid [ ] Check # 852
Collected by: CK

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	170
DCA State Permit Fee	$	23

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

3.01

NJ UCCARS 5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/06/2008
Date Issued 02/06/2008
Control #
Permit # 07-0247+B

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

Block 30.02 Lot 12 Qual
Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 4
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Tele [redacted]
Contractor
Address

Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 11,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2/13/08
Approved By: DEH

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			2/13/08	DEH
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Vaives	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [X] or Oil [ ] Fired Appliances	2	92
Other		0
Other		0

Administrative Surcharge $ 0
Paid [ ] Check # 8978 Minimum Fee $ 0
Collected by: TOTAL FEE $ 92
DCA State Permit Fee $ 15

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

802

BOROUGH OF COLLINGSWOOD

MISC. ACCTS.

Account Constr. Code Fee

Amount $1,577.00

Detail Permit # 07-0247
Richard & Karen Frederick
15 Washington Ave,
30.02 – 12

05/31/07 15:33:51 Miscellaneous Payment
BOROUGH OF COLLINGSWOOD

07-0247	1,577.00
Cash Amount:	.00
Check Amount:	1,577.00
Credit Amount:	.00

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

Date Issued 5/31/07
Control # C3002/12
Permit # 07-0247

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 4
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Telephone [redacted]

Contractor D'ARRT DEVELOPMENT INC
Address 135 AMERICAN AVENUE
BRIDGETON, NJ 08302-
Telephone (856)455-4422
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RENOVATIONS TO EXISTING BUILDING

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 $ 73,000

William Joseph
Construction Official

5/31/07
Date

PAYMENTS (Office Use Only)

Building	1,308
Electrical	0
Plumbing	170
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	99
Cert. of Occupancy	0
Other	
Total	1,577
Check No.	862
Cash	
Collected By	

U.C.C. F170 (rev. 3/96) NJ UCCERS 5.24K

802

BOROUGH OF COLLINGSWOOD

MISC. ACCTS.

Account Construction Code Fee

Amount #209.00

Detail Permit # 07-0217
Richard Federici
15 Washington Ave
30.02-12

11/30/07 15:41:18 Miscellaneous Paymnt
BOROUGH OF COLLINGSWOOD

07-0217	209.00
Cash Amount:	.00
Check Amount:	209.00
Credit Amount:	.00

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

Update Issued 11/30/2007
Control #
Permit # 07-0247+A
Permit Issued 05/31/2007

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 4
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Telephone [redacted]

Contractor G.E. SMITH ELECTRIC INC
Address 5407 BROWNING ROAD
PENNSAUKEN, NJ 08109-
Telephone (856)665-6376
Lic. No. or Bldrs. Reg. No. 14300
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELECTRIC SERVICE UPGRADE AND WIRING FOR RENOVATIONS

PAYMENTS (Office Use Only)

Building	0
Electrical	192
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	17
Cert. of Occupancy	0
Other	
Total	209
Check No.	3180
Cash	
Collected By	CL

Estimated Cost of Work $ 12,400

William Joseph
Construction Official

11/30/2007
Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

L. 802

BOROUGH OF COLLINGSWOOD

MISC. ACCTS.

Account Construction Code Fee

Amount $107.00

Detail Permit 07-0247&B
Richard & Karen Federici
15 Washington Ave.
30.02 - 12

02/07/08 13:10:49 Miscellaneous Payment
BOROUGH OF COLLINGSWOOD

07-0247&B	107.00
Cash Amount:	.00
Check Amount:	107.00
Credit Amount:	.00

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

Update Issued 02/06/2008
Control #
Permit # 07-0247+B
Permit Issued 05/31/2007

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 4
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL 2 HEATING UNITS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	92
Elevator Devices	0
Other	
DCA State Permit Fee	15
Cert. of Occupancy	0
Other	
Total	107
Check No.	998
Cash	
Collected By	

Estimated Cost of Work $ 11,000

Construction Official

02/06/2008
Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # C30.02/12

Date Issued
Permit #

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

Block 30 B 30.02 Lot 12 Qualification Code

Work Site Location 15 Washington Avenue
Collingswood, NJ

Owner in Fee Mr. Richard & Karen Federici

Address 137 S. Brewster Road
Vineland, NJ 08361

Tel. ([redacted])

Contractor D'Arrt Development, Inc

Address 135 American Avenue
Bridgeton, NJ 08302

Tel. (856-455-4422 FAX (856) 455-4694

Contractor License No. or Builder Registration No. 13VH02006200 / 037171

Federal Emp. No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Karen Federici
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

General renovations of two existing apartments. Replacement of two kitchens and two bathrooms.

JOB SUMMARY (Office Use Only)

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

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

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

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

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

FEE (Office Use Only)

$ _____

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

B. BUILDING CHARACTERISTICS

Use Group	Present R5	Proposed R5	
Constr. Class	Present 5B	Proposed 5B	
No. of Stories	2		
Height of Structure	+/- 30'		Ft.
Area — Largest Floor	1,868		Sq. Ft.
New Bldg. Area/All Floors	70		Sq. Ft.
Volume of New Structure	700		Cu. Ft.
Total Land Area Disturbed	N/A		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ [redacted]
3. Total (1+ 2) $ [redacted] 56,000.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

* Change of contractor *

Date Received
Control #

Date Issued
Permit # 07-0247A

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

Block 30.62 Lot 12 Qualification Code

Work Site Location 15 Washington Ave
Collingswood NJ 08108

Owner in Fee: Richard Federici

Tel. [redacted] e-mail

Address 137 S Brewster rd Vineland 08361

Contractor: G.E. Smith Electric Inc. (street / municipality) Tel. (856) 916-9070 (zip code)

Address 130 Ferry Ave Camden NJ e-mail

Contractor License No. 14300 Exp. Date 4/09

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

Federal Emp. ID No. [redacted] FAX: (856) 916-9071

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 12,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 11/29/07
Approved by: [signature]

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. Gary E Smith, President

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)
25		Lighting Fixtures	
54		Receptacles	
27		Switches	
6		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
2	9	KW Elec. Water Heater	
2	5	KW Elec. Dryer/Receptacle	
2	5	KW Dishwasher	
2	1/2	HP Garbage Disposal	
2	10	KW Central A/C Unit	
2	1/2	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
3	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # C3002/12
Date Issued
Permit #

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

Block 3802 Lot 12 Qualification Code

Work Site Location 15 Washington Avenue
Collingswood, NJ

Owner in Fee: Mr. Richard & Karen Federici

Tel. ([redacted] e-mail

Address 137 S. Brewster Rd , Vineland, NJ 08361

Contractor: D. Monteleone Plumbing (municipality) Tel. 856 692-5883

Address 4951 Genoa Avenue, Vineland NJ e-mail

Contractor License No. 10311 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 10311

Federal Emp. ID No. [redacted] 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 $ 17,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date 5-24-07
Approved by

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	
	Urinal/Bidet	
2	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
2	Sink	
	Dishwasher	
	Drinking Fountain	
2	Washing Machine	
	Hose Bibb	
2	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	
4	Stacks	
	Other	
	Other	

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

U.C.C. F130 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-6-08
Control #
Permit # 07-0247

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

Block 30.02 Lot 12
Work Site Location 15 Washington Avenue
Collingswood, NJ
Owner in Fee Richard & Karen Federici
Address 137 South Brewster Road
Vineland, NJ 08361
Tele. ([redacted]
Contractor Devonshire Heating and Air - Warren Devonshire
Address 4th Street
Vineland, NJ
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [X] New [ ] Existing [X] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 11,000.00

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	2	
Other		

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

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

Office Of Construction
Permit Review Sheet

BOROUGH OF COLLINGSWOOD

Block: _____ Lot: _____ Address: 15 WASHINGTON

Date: _____ Use Group: _____ Construction Type: _____

Contact: _____ Phone #: _____

Reviewing Subcode Official:

Building: William J. Joseph

Fire: Paul E. Hartstein

Plumbing: Fabrizio F. Flaiano

Electrical: William F. Fisher

No.	Description of Plan Review	Code Sect.	Received
(1)	SUBMIT NEW BUILDING TECHNICAL SECTION W/NEW DESCRIPTION OF WORK W/NEW COST AND SIGNATURE		
(2)	FILL OUT + SUBMIT A ZONING APP TO ZONING OFFICE FOR APPROVAL		

BOROUGH OF COLLINGSWOOD

2007-166.

APPLICATION FOR ZONING PERMIT

NAME OF APPLICANT Richard B. Federici

ADDRESS OF APPLICANT 137 South Brewster Road

Vineland NJ 08361

ZONE - SF-D3

PHONE # [redacted]

NAME OF OWNER (if different) _____

ADDRESS OF OWNER _____

PHONE # _____

BLOCK 30.02 LOT 12

ADDRESS OF PROPERTY 15 Washington Avenue

STATE DIMENSIONS OF PRINCIPAL BUILDING 38'10"L x 28' 7½"W

STATE DIMENSIONS OF ALL ACCESSORY BUILDINGS _____

28'10"L x 13'2¼"W

DESCRIBE IN DETAIL THE ACTIVITIES OR ACTIVITIES TO BE CONDUCTED IN THE PRINCIPAL BUILDING AND ANY ACTIVITIES TO BE CONDUCTED IN ANY OF THE ACCESSORY BUILDINGS. MAIN BUILDING: 2 UNIT LIVING SPACES 1-UPSTAIRS 1-DOWNSTAIRS

DESCRIBE REQUESTED PROJECT SQUARING OFF 2ND FLOOR APARTMENT WITHIN EXISTING FOOTPRINT OF 1st FLOOR TO CONTAIN NEW KITCHEN AND BATH. ALSO INCORPORATE FRONT WRAP-AROUND PORCH.

STATE WHETHER ANY OF THE ACTIVITIES DESCRIBED ABOVE ARE CONDUCTED AS A NONCONFORMING USE: (If so, state facts supporting this contention)

DUPLEX

HAS THE ABOVE PREMISES BEEN THE SUBJECT OF ANY PRIOR APPLICATION TO THE ZONING BOARD OF ADJUSTMENT OR PLANNING BOARD TO THE APPLICANT'S KNOWLEDGE? YES - RESOLUTION BY ZONING BOARD 2007-3

DATE 08/24/07

Richard B. Federici

(APPLICANT) (INDIVIDUAL)

ATTEST:

_____

(NAME OF CORP. OR ASSOCIATION)

_____

(SECRETARY)

Approved as submitted per the attached Plans & Zoning Board of Adjustment Resolution #2007-3

BY: _____

(AUTHORIZED OFFICER)

APPROVED
COLLINGSWOOD, NJ
ZONING OFFICER

DRAW PLAN ON SEPARATE PAPER

DATE: 8/24/07

Mary Ellen D. Reed

Plot plan to be drawn to scale in ink.
Show all plot lines and dimensions.
Show all streets and alleys bounding property.
Show overall dimensions of building or buildings, and distances from building to lot lines and to other buildings on same lot.
Where the existing building set-back line in residential district does not comply with the district regulations, draw the existing buildings on abutting property within two hundred (200) feet on either side of said building or building, showing their respective distance from the street line (front lot line) to the building.
Draw elevations and additional plans where required.

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. 07-0247	2/22/08			
☐ Certificate of Compliance	No. _____				
☐ Certificate of Occupancy	No. _____				
☐ Certificate of Approval	No. _____				
☐ Lead Abatement Clearance Certificate	No. _____				


RECEIVED
MAY 3 0 2007
By

BLOCK 30.02 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 15 Washington Avenue (Garage only) PERMIT NO. 08-0416 c3002/12

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 15 Washington Avenue (Garage only)
2. Name of Owner in Fee: Richard Federici
   Tel. ( ) e-mail
   Address 137 South Brewster Road Vineland NJ 08361
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: The "Original" W. Hargrove Demolition Co., Inc. ( )
   Address 1507 State Street, Camden, NJ 08105 Exp. Date
   License No. OR, if new, Office #856-225-1100 Fax #856-541-0841 ( )
   Federal Employee No.
5. Architect or Engineer [redacted]
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun Amy Hargrove
   Tel. (856) 225-1100 FAX: (856) 541-0841

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 65.00		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 65.00		

VI. BUILDING/SITE CHARACTERISTICS

		(office us
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area – Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

3226 00146_034156 20080416 SF *00014x3H*

OPTIONAL (for office use only)

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. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☑ Demolition	73000.00								
TOTAL COSTS	73000.00								

VII. DESCRIPTION OF BUILDING USE

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

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

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

9-25-08 10:10

8-18-08 11:45

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.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, count y, 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, count y, 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 The "Original" W. Hargrove Demolition Co., Inc.

Address 1507 State Street, Camden, NJ 08105
Office #856-225-1100 Fax #856-541-0841

Telephone

Signature

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

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

Date Issued 11/14/2008
Control #
Permit # 08-0416

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 30.02 Lot 12 Qual
Work Site Location 15 WASHINGTON AVENUE

Owner in Fee/Occupant FEDERICI RICHARD & KAREN 20
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Telephone [redacted]
Contractor WM HARGROVE DEMOLITION CO
Address 1507 STATE STREET
CAMDEN, NJ 08105-
Telephone (856)225-1100 Fax (856)541-0841
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

DEMOLISH REAR GARAGE

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

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[X] 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 _____, ___.

William Joseph
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96) NJ UCCARS 5:24E

Fee $ 0
Paid [X] Check No. 30867
Collected by: CH

3.01

NJ UCCARS 5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/16/2008
Date Issued 9/24/08
Control # C3002/12
Permit # 08-0416

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

Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 20
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Tele [redacted]
Contractor WM HARGROVE DEMOLITION CO
Address 1507 STATE STREET
CAMDEN, NJ 08105-
Tele.(856)225-1100 Fax (856)541-0841
Lic. No. or Bidrs. Reg. No.
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

DEMOLISH REAR GARAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	9/16/08	cw
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA
Date: 11/14/08
Approved By: cw

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/14/08	cw
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[X] Demolition	65

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 7,300
3. Total (1+2) $ 7,300

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 65
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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

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

Date Issued 9/12/08
Control # C3002/12
Permit # 08-046

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 20
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Telephone [redacted]

Contractor WM HARGROVE DEMOLITION CO
Address 1507 STATE STREET
CAMDEN, NJ 08105-
Telephone (856)225-1100
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DEMOLISH REAR GARAGE

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 $ 7,300

William Joseph
Construction Official

9/17/08
Date

PAYMENTS (Office Use Only)

Building	65
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	65
Check No.	30867
Cash	
Collected By	CR

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

NJ UCCARS 5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/16/2008
Date Issued 9/24/08
Control # C3002/12
Permit # 08-0416

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

Block 30.02 Lot 12 Qual
Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 20
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Tele. [redacted]
Contractor WM HARGROVE DEMOLITION CO
Address 1507 STATE STREET
CAMDEN, NJ 08105-
Tele.(856)225-1100 Fax (856)541-0841
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

DEMOLISH REAR GARAGE

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[X] Demolition	65

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 7,300
3. Total (1+2) $ 7,300

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 65
DCA State Permit Fee	$ 0

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # C3002/12

Date Issued
Permit #

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

Block 30.02 Lot 12 Qualification Code

Work Site Location 15 Washington Avenue
Collingswood NJ

Owner in Fee: Richard Federici

Tel. ( ) e-mail

Address 139 South Brewster Avenue Vineland NJ 08361
street municipality zip code

Contractor: The "Original" W. Hargrove Demolition Co Inc Tel. (856) 225-1100

Address 1507 State Street Camden NJ 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. 22 2070876 FAX: (856) 541-0841

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
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 $
3. Total (1+ 2) $ 13500.00

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demolition of Rear Garage only

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 $

Reorder form OCS Printing
609-390-1400

[redacted] 14:22 PSEG

Public Service Electric and Gas Company
P.O. Box 1923, Cranford, N.J. 07016-0780
demolition@pseg.co

PSEG

18-Aug-08

RPM DEVELOPMENT GROUP
2950 B YORKSHIP SQ
CAMDEN N.J. 08104

Re: Completion of Service Removal

Dear Customer :

As per your request ,the gas and electric services have been disconnected and removed.
At this time, demolition is permitted at the following address:

15 WASHINGTON AVE
COLLINGSWOOD (garage only)

Please feel free to contact us if you need further assistance with this project or any future projects.
Thank you for your patience, cooperation and continued support.

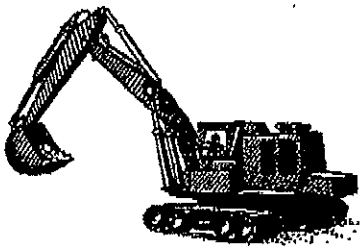
Sincerely,

Lorraine Gray

L. Grey Supervisor
PSEG Demolition Department
800-817-3366

The "Original" W. Hargrove Demolition Company, Inc.

1507 State Street
Camden, New Jersey 08105



Telephone #856-225-1100
Fax #856-541-0841

Date: September 10, 2008 **Time: 8:50 AM**

Please deliver fax to:

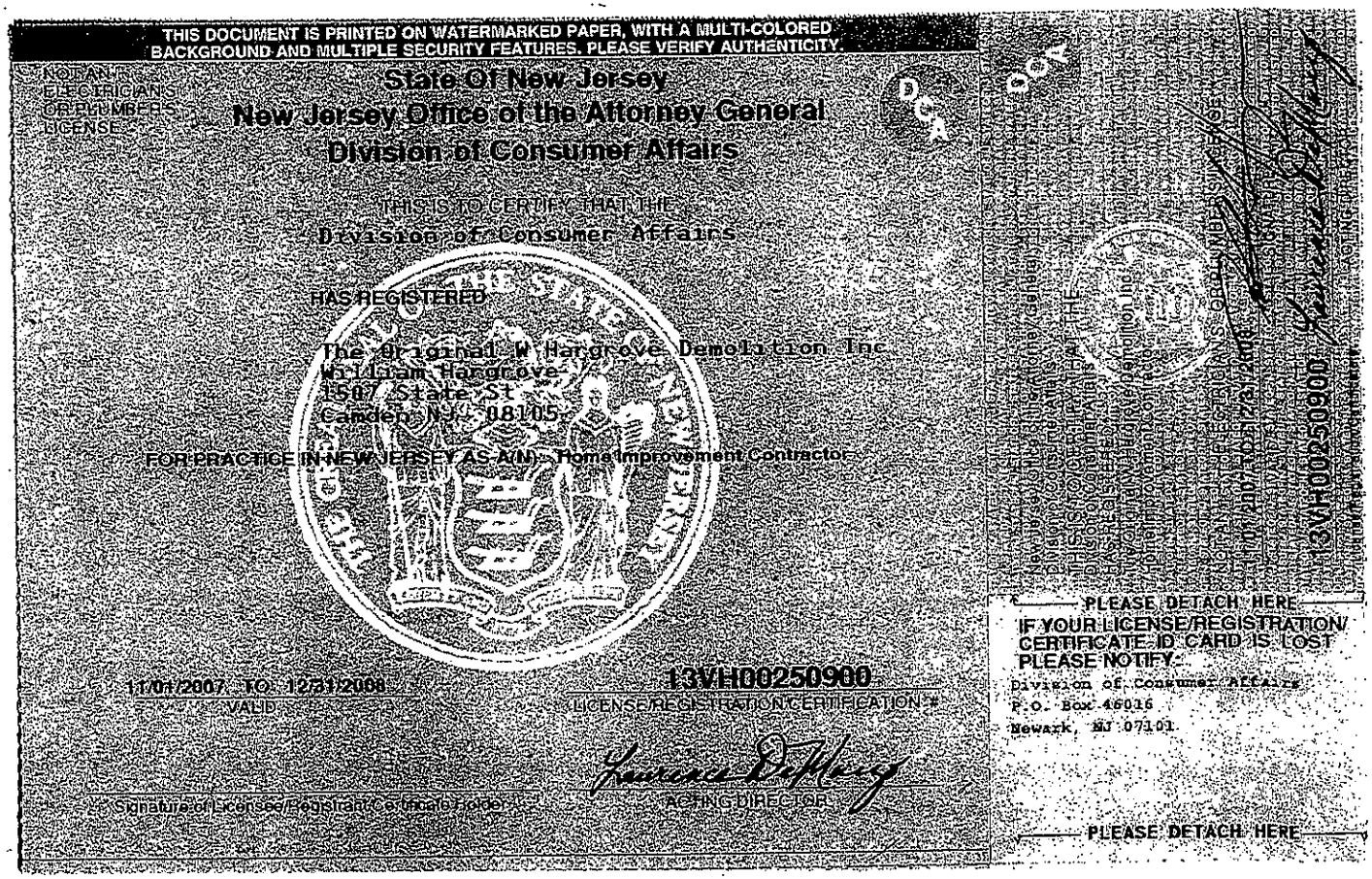
Construction Office

Sent to you from the desk of Amy M. Hargrove

Total number of pages, including cover sheet: 02.

Please let us know when our permit will be ready for pick up for the demolition of the garage only at 15 Washington Avenue.

Thank you ....



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

The Original W Hargrove Demolition Inc
William Hargrove
1507 State St
Camden, NJ 08105

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

11/01/2007 TO: 12/31/2008
VALID

13VH00250900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensed/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

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

Division of Consumer Affairs
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

13VH00250900

BLOCK 30.02 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 15 WASHINGTON AVE C3002/12 PERMIT NO. 10-0456

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: 15 WASHINGTON AVE.
2. Name of Owner in Fee: RICHARD FEDERICI
   Tel. (_____) _____ e-mail _____
   Address 127 S. BREWSTER RD. VINELAND N.J. 08361 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: TAIT ROOFING Tel. (856) 234-4810
   Address 303 MILL ST. e-mail _____
   MOORESTOWN N.J. 08057
   License No. OR, if new home, Builder Reg. No. 13VH00104600 Exp. Date 12-31-10
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. [redacted] FAX: (856) 235-4848
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun MIKE VERBARO
   Tel. (856) 234-4810 FAX: (856) 235-4848

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 58.00		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	9.00		
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 67.00		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

3226 00146_034168 SF 20100456 *0001404XNN*

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	$260.00								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$ 260.00								

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 _____

10-27-10 3:30

III. PLAN REVIEW (optional)

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

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

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name TAIT ROOFING

Address 303 MILL ST.

MOORESTOWN N.J. 08057

Telephone (856) 234-4810

Signature _____

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

3.01

NJ UCCARS 5.24E
BOROUGH OF COLLINGSWOOD
CONSTRUCTION DEPARTMENT
856/854-0720 EXT.132//118

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/21/2010
Date Issued 10 128/10
Control # C3002/12
Permit # 10-0456

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

Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 1
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Tele [redacted]
Contractor TAIT ROOFING INC
Address 303 MILL STREET
MOORESTOWN, NJ 08057-
Tele.(856)234-4810 Fax (856)235-4848
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

NEW ROOF ON THE FRONT RIGHT SIDE: REMOVE EXISTING SLATE SHINGLES. INSTALL 15 LB FELT PAPER. INSTALL 30 YEAR GAF/ELK TIMBERLINE DIMENSIONAL SHINGLES REMOVE SLATEON DORMER, FLASHING, INSTALL SIDING TO MATCH AND GUTTERS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	10/21/10	WJ
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [X] CCO [ ] CA
Date: 1/20/11
Approved By: WJ

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			1/20/11	WJ
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other ROOFING/SIDING	58
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 5,260
3. Total (1+2) $ 5,260

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # 2141 Minimum Fee	$ 0
Collected by: CR TOTAL FEE	$ 58
DCA State Permit Fee	$ 9

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

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

Date Issued 10/28/10
Control # C3002/12
Permit # 10-0456

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 30.02 Lot 12 Qual

Work Site Location 15 WASHINGTON AVENUE

Owner in Fee FEDERICI RICHARD & KAREN 1
Address 137 SOUTH BREWSTER ROAD
VINELAND, NJ 08361-
Telephone [redacted]

Contractor TAIT ROOFING INC
Address 303 MILL STREET
MOORESTOWN, NJ 08057-
Telephone (856)234-4810
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW ROOF ON THE FRONT RIGHT SIDE: REMOVE EXISTING SLATE SHINGLES. INSTALL 15 LB FELT PAPER. INSTALL 30 YEAR GAF/ELK TIMBERLINE DIMENSIONAL SHINGLES REMOVE SLATEON DORMER, FLASHING, INSTALL SIDING TO MATCH AND GUTTERS

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 $ 5,260

Construction Official

10/21/10
Date

PAYMENTS (Office Use Only)

Building	58
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	9
Cert. of Occupancy	0
Other	
Total	67
Check No.	21941
Cash	
Collected By	CA

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # C3002/12

Date Issued
Permit #

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

Block 30.02 Lot 12 Qualification Code

Work Site Location 15 WASHINGTON AVE.
COLLINGSWOOD N.J. 08108

Owner in Fee: RICHARD FEDERICI

Tel. ( ) e-mail

Address 127 S. BREWSTER RD. VINELAND N.J. 08361
street municipality zip code

Contractor: TAIT ROOFING Tel. (856) 234-4810

Address 303 MILL ST. MST. N.J 08057 e-mail

Contractor License No. or Builder Registration No. 13VH00104600 Exp. Date 12-31-10

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

Federal Emp. ID No. [redacted] FAX: (856) 235-4848

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
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 $ 5,260.00
3. Total (1+ 2) $ 5,260.00

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK NEW ROOF ON FRONT RIGHT SIDE: REMOVE EXISTING SLATE SHINGLES, INSTALL 15 LB FELT PAPER. INSTALL 30 YR. GAF/ELK TIMBERLINE DIMENSIONAL SHINGLES. REMOVE SLATE ON SIDE OF DORMER AND FLASH PROPERLY. INSTALL NEW VINYL SIDING TO MATCH EXISTING SIDING. REMOVE BUILT IN GUTTER AND INSTALL ALUMINUM GUTTER TO MATCH EXISTING.

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 $

Reorder form OCS Printing
609-390-1400

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

Taitco Inc.
Laurence C Tait
303 Main St
Moorestown NJ 08057

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

10/21/2009 TO 12/31/2010
VALID

13VH00104600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

PLEASE DETACH HERE

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

Division of Consumer Affairs
P.O. Box 45026
Newark, NJ 07101

13VH00104600 12/31/2010

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. 10-0436	1-20-11			
☐ Certificate of Compliance	No. _____				
☐ Certificate of Occupancy	No. _____				
☐ Certificate of Approval	No. _____				
☐ Lead Abatement Clearance Certificate	No. _____				

BLOCK 30B LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 15 Washington, Street PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

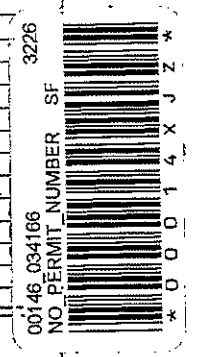
1. Proposed Work Site at 15 Washington Street, Collingswood NJ
2. Name of Owner in Fee: Mr. Richard & Karen Federici
   Tel. ([redacted]) e-mail _____
   Address 137 S. Brewster Road, Vineland NJ 08361
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: D'Arrt Development, Inc Tel. (856) 455-7391
   Address 135 American AVenue, Suite B e-mail _____
   License No. OR, if new home, Builder Reg. No. 13VH02006200 Exp. Date 12/31/06
   Federal Employee No [redacted] FAX: (856) 455-4694
5. Architect or Engineer TJD Architects, PC Contact Thomas D'Arrigo
   Address 135 American Ave, Suite A Bridgeton e-mail _____
   Tel. (856) 455-4422 FAX: (856) 455-4694
6. Responsible Person in Charge once Work has Begun Thomas J. D'Arrigo
   Tel. (856) 455-4422 FAX: (856) 455-4694

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	
2. Height of Structure +/- 28 ft.	
3. Area – Largest Floor 1,864 sq. ft.	
4. New Building Area 2,130 sq. ft.	
5. Volume of New Structure 53,250 cu. ft.	
6. Construction Classification 5B	
7. Total Land Area Disturbed 268 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

OPTIONAL (for office use only)

	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. ☐ a. Repair									
☐ b. Alteration									
☒ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group: R-5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	2	
After Construction	2	
Net Gain or Loss		

B. NON-RESIDENTIAL

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.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. 5:23-2.15(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 (856) 455 4492

Signature Anthony Julizio

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

MESSAGE CONFIRMATION

OCT-02-2006 11:44 AM MON

FAX NUMBER : 8568540632
NAME : BORO OF COLLS

NAME/NUMBER : 18564554694
PAGE : 2
START TIME : OCT-02-2006 11:44AM MON
ELAPSED TIME : 00'36"
MODE : STD ECM
RESULTS : [O.K]

Borough of Collingswood

678 Haddon Avenue • Collingswood, New Jersey 08108
(856) 854-0720 • Fax (856) 854-0632 • www.collingswood.com

M. James Maley, Jr.
Mayor
Director of Public Safety & Affairs

Joan C. Leonard
Commissioner
Director of Public Works, Parks and Recreation

Michael A. Hall
Commissioner
Director of Finance & Revenue

Bradford C. Stokes
Administration

FACSIMILE COVER SHEET

TO: TOM

FROM: CONSTRUCTION OFFICE

DATE: 10/2/06

TOTAL PAGES (INCLUDING COVER SHEET) 2

NOTES:

ATTACH A SURVEY W/ APPLICATION WITH ADDITION TO SCALE

Borough of Collingswood

678 Haddon Avenue • Collingswood, New Jersey 08108
(856) 854-0720 • Fax (856) 854-0632 • www.collingswood.com

M. James Maley, Jr.
Mayor
Director of Public Safety & Affairs

Joan C. Leonard
Commissioner
Director of Public Works, Parks and Recreation

Michael A. Hall
Commissioner
Director of Finance & Revenue

Bradford C. Stokes
Administrator

FACSIMILE COVER SHEET

TO: TOM

FROM: CONSTRUCTION OFFICE

DATE: 10/2/06

TOTAL PAGES (INCLUDING COVER SHEET) 2

NOTES:

ATTACH A SURVEY W/ APPLICATION WITH ADDITION TO SCALE

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 30 B Lot 12 Qualification Code

Work Site Location 15 Washington Street
Collingswood, NJ

Owner in Fee Mr. Richard & Karen Federici

Address 137 S. Brewster Road
Vineland, NJ 08361

Tel. [redacted]

Contractor D'Arrt Development, Inc

Address 135 American Avenue, Suite B
Bridgeton, NJ 08302

Tel. (856) 455-7391

Lic. No. or Bldrs. Reg. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
General renovations or (2) existing apartments. Replacement of two kitchens and two bathrooms which includes small additions to the rear of the home.

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 $ 80,620.89

Construction Official

9/29/2006
Date

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 30 B Lot 12 Qualification Code

Work Site Location 15 Washington Street
Collingswood, NJ

Owner in Fee Mr. Richard & Karen Dederici

Address 137 S. Brewster Road
Vineland, NJ 08361

Tel. ([redacted]

Contractor D'Arrt Development, Inc

Address 135 American Avenue, Suite B
Bridgeton, NJ 08302

Tel. (856) 455-7391

Lic. No. or Bldrs. Reg. No. 13VH02006200

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

General renovations or (2) existing apartments. Replacement of two kitchens and two bathrooms which includes small additions to the rear of the home.

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 $ 80,620.89

Construction Official

9/29/2006
Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 30 B Lot 12 Qualification Code

Work Site Location 15 Washington Street
Collingswood, N.J

Owner in Fee Mr. Richard & Karen Bederici

Address 137 S. Brewster Road
Vineland, N.J 08361

Tel. [redacted]

Contractor D'Arrt Development, Inc

Address 135 American Avenue, Suite B
Bridgeton, NJ 08302

Tel. (856) 455-7391

Lic. No. or Bldrs. Reg. No. 13VH02006200

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
General renovations or (2) existing apartments. Replacement of two kitchens and two bathrooms which includes small additions to the rear of the home.

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 $ 80,620.89

Construction Official

9/29/2006
Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 30 B Lot 12 Qualification Code

Work Site Location 15 Washington Street
Collingswood, NJ

Owner in Fee Mr. Richard & Karen Dederici

Address 137 S. Brewster Road
Vineland, NJ 08361

Tel. [redacted]

Contractor D'Arrt Development, Inc

Address 135 American Avenue, Suite B
Bridgeton, NJ 08302

Tel. (856) 455-7391

Lic. No. or Bldrs. Reg. No. 13VH02006200

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
General renovations or (2) existing apartments. Replacement of two kitchens and two bathrooms which includes small additions to the rear of the home.

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 $ 80,620.89

Construction Official

9/29/2006
Date

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 30 B Lot 12 Qualification Code

Work Site Location 15 Washington Street
Collingswood, NJ

Owner in Fee Mr. Richard & Karen Federici

Address 137 S. Brewster Road
Vineland, NJ 08361

Tel. [redacted]

Contractor D'Arrt Development, Inc

Address 135 American Avenue, Suite B
Bridgeton, NJ 08302

Tel. (856) 455-7391 FAX (856) 455-4694

Contractor License No. or Builder Registration No. 13VH02006200

Federal Emp. No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

General renovations of two existing apartments. Replacement of two kitchens and two bathrooms which includes small additions to the rear of the home.

JOB SUMMARY (Office Use Only)

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

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

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

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

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group	Present R5	Proposed R5	
Constr. Class	Present 5B	Proposed 5B	
No. of Stories	2		
Height of Structure	+/- 28'	Ft.	
Area — Largest Floor	1,864	Sq. Ft.	
New Bldg. Area/All Floors	2,130.	Sq. Ft.	
Volume of New Structure	53,250	Cu. Ft.	
Total Land Area Disturbed	2,408	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 80,620.89

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 30 B Lot 12 Qualification Code

Work Site Location 15 Washington Street
Collingswood, NJ

Owner in Fee Mr. Richard & Karen Federici

Address 137 S. Brewster Road
Voneland, NJ 08361

Tel. ([redacted]

Contractor D'Arrt Development, Inc.

Address 135 American Avenue, Suite B
Bridgeton, NJ 08302

Tel. (856) 455-7391 FAX (856) 455-4694

Contractor License No. or Builder Registration No. 13VH02006200

Federal Emp. No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

General renovations of two existing apartments. Replacement of two kitchens and two bathrooms which includes small additions to the rear of the home.

JOB SUMMARY (Office Use Only)

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

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

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

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

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	R5	R5
Constr. Class	5B	5B
No. of Stories	2	
Height of Structure	+/- 28' Ft.	
Area — Largest Floor	1,864 Sq. Ft.	
New Bldg. Area/All Floors	2,130. Sq. Ft.	
Volume of New Structure	53,250 Cu. Ft.	
Total Land Area Disturbed	2,168 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg: $
2. Rehabilitation $
3. Total (1+2) $ 80,620.89

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 30 B Lot 12 Qualification Code

Work Site Location 15 Washington Street
Collingswood, NJ

Owner in Fee Mr. Richard & Karen Federici

Address 137 S. Brewster Road
Vineland, NJ 08361

Tel. [redacted]

Contractor D'Arrt Development, Inc

Address 135 American Avenue, Suite B
Bridgeton, NJ 08302

Tel. (856) 455-7391 FAX (856) 455-4694

Contractor License No. or Builder Registration No. 13VH02006200

Federal Emp. No [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

General renovations of two existing apartments. Replacement of two kitchens and two bathrooms which includes small additions to the rear of the home.

JOB SUMMARY (Office Use Only)

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

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

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

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

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group	Present R5	Proposed R5	
Constr. Class	Present 5B	Proposed 5B	
No. of Stories	2		
Height of Structure	+/- 28'		Ft.
Area — Largest Floor	1,364		Sq. Ft.
New Bldg. Area/All Floors	2,130.		Sq. Ft.
Volume of New Structure	53,250		Cu. Ft.
Total Land Area Disturbed	12,608		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 80,620.89

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 30 B Lot 12 Qualification Code

Work Site Location 15 Washington Street
Collingswood, NJ

Owner in Fee Mr. Richard & Karen Federici

Address 137 S. Brewster Road
Voneland, NJ 08361

Tel. ([redacted]

Contractor D'Arrt Development, Inc

Address 135 American Avenue, Suite B
Bridgeton, NJ 08302

Tel. (856) 455-7391 FAX (856) 455-4694

Contractor License No. or Builder Registration No. 13VH02006200

Federal Emp. No [redacted]

JOB SUMMARY (Office Use Only)

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

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
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 R5 Proposed R5
Constr. Class Present 5B Proposed 5B
No. of Stories 2
Height of Structure [illegible] Ft.
Area — Largest Floor 1,[illegible] Sq. Ft.
New Bldg. Area/All Floors [illegible] Sq. Ft.
Volume of New Structure [illegible] Cu. Ft.
Total Land Area Disturbed [illegible] Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 80,620.89

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

General renovations of two existing apartments. Replacement of two kitchens and two bathrooms which includes small additions to the rear of the home.

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

FEE (Office Use Only)
$

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

RECEIVED
SEP 29 2006
BY:

CONSTRUCTION PERMIT

Permit #: 18-00422
Date Issued: 08/08/18

IDENTIFICATION Block/Lot/Qual: 30.02 12.
Work Site Location: 15 WASHINGTON AVE
Owner in Fee: FEDERICI, RICHARD B. & KAREN M.
Address: 137 S. BREWSTER ROAD
VINELAND, NJ 08361
Tel. [redacted]

Contractor: HORIZON SERVICES INC/HVAC
Address: 17 ROLAND AVENUE
MOUNT LAUREL, NJ 08054
Tel. (856)840-8400
Lic. No. or Bldrs. Reg. No. 19HC00193700

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
LENNOX EL16XC1 2.5TON AC

PAYMENTS (Office Use Only)	
Building	
Electrical	65.00
Plumbing	65.00
Fire Protection	
Elevator Devices	
Other	0.00
DCA State Permit Fee	13.00
Cert. of Occupancy	
Other	
Total	143.00

Check No. _____
Cash _____
Collected by _____

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

Est. Cost of Work $ 6,900.00

_____ _____
Construction Official Date

(see reverse side)

U.C.C. F170 (rev. 01/04)
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Permit #: 18-00422
Issue Date: 08/08/18
Application Id: 90004762
Application Date: 07/31/18

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

Block/Lot/Qual: 30.02 12.

Work Site Location: 15 WASHINGTON AVE

Owner in Fee: FEDERICI, RICHARD B. & KAREN M.

Tel. [redacted] email:

137 S. BREWSTER ROAD VINELAND, NJ 08361

Contractor: HORIZON SERVICES/ELEC. Tel. (856)840-8400

17 ROLAND AVE email:

MT. LAUREL, NJ 08054

Contractor License No.: 34EB01207700 Exp Date: 03/31/24

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

Federal Emp. ID No [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] 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: _____
Approved by: _____

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

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____ _____ _____ _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
LENNOX EL16XC1 2.5TON AC

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1		KW Central A/C Unit	15.00
		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	$	50.00
State Permit Surcharge Fee	$	0.00
TOTAL FEE	$	65.00

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

Permit #: 18-00422
Issue Date: 08/08/18
Application Id: 90004762
Application Date: 07/31/18

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

Block/Lot/Qual: 30.02 12.

Work Site Location: 15 WASHINGTON AVE

Owner in Fee: FEDERICI, RICHARD B. & KAREN M.

Tel. [redacted] email:

137 S. BREWSTER ROAD VINELAND, NJ 08361

Contractor: HORIZON SERVICES INC/HVAC Tel. (856)840-8400

17 ROLAND AVENUE email: ERUSSELL@HORIZONSERVICES.COM

MOUNT LAUREL, NJ 08054

Contractor License No.: 19HC00193700 Exp Date: 06/30/24

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

Federal Emp. ID No. [redacted] FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed _____

Building Sewer Size _____ Public Sewer [ ] Private Septic [ ]

Water Service Size _____ Public Water [ ] Private Well [ ]

Est. Cost of Plumbing Work $ 6,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____

Plumbing Plans Approved
Date: _____ Approved by: _____

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

SUBCODE APPROVAL for PERMIT
Date: _____
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: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

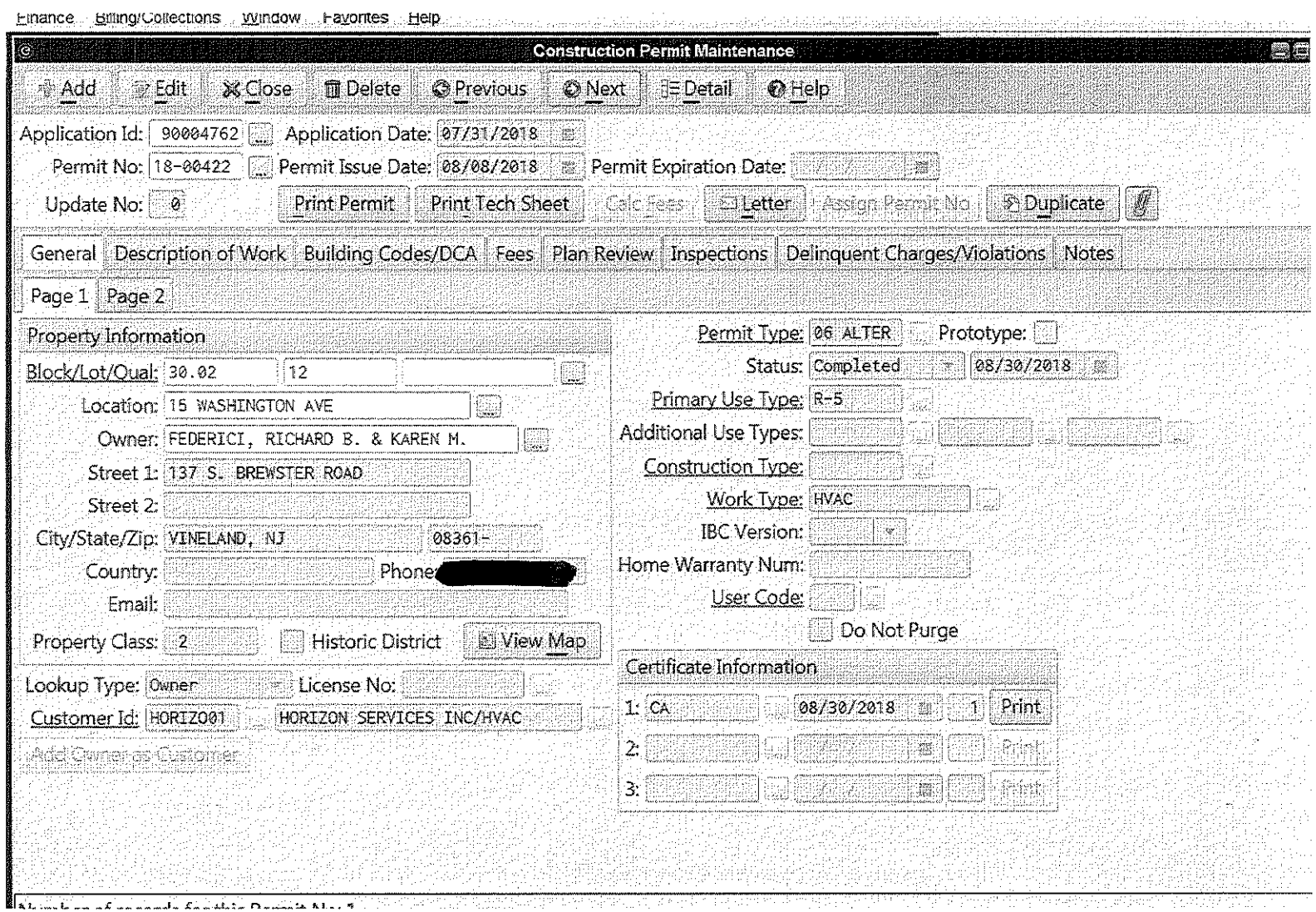
D. TECHNICAL SITE DATA

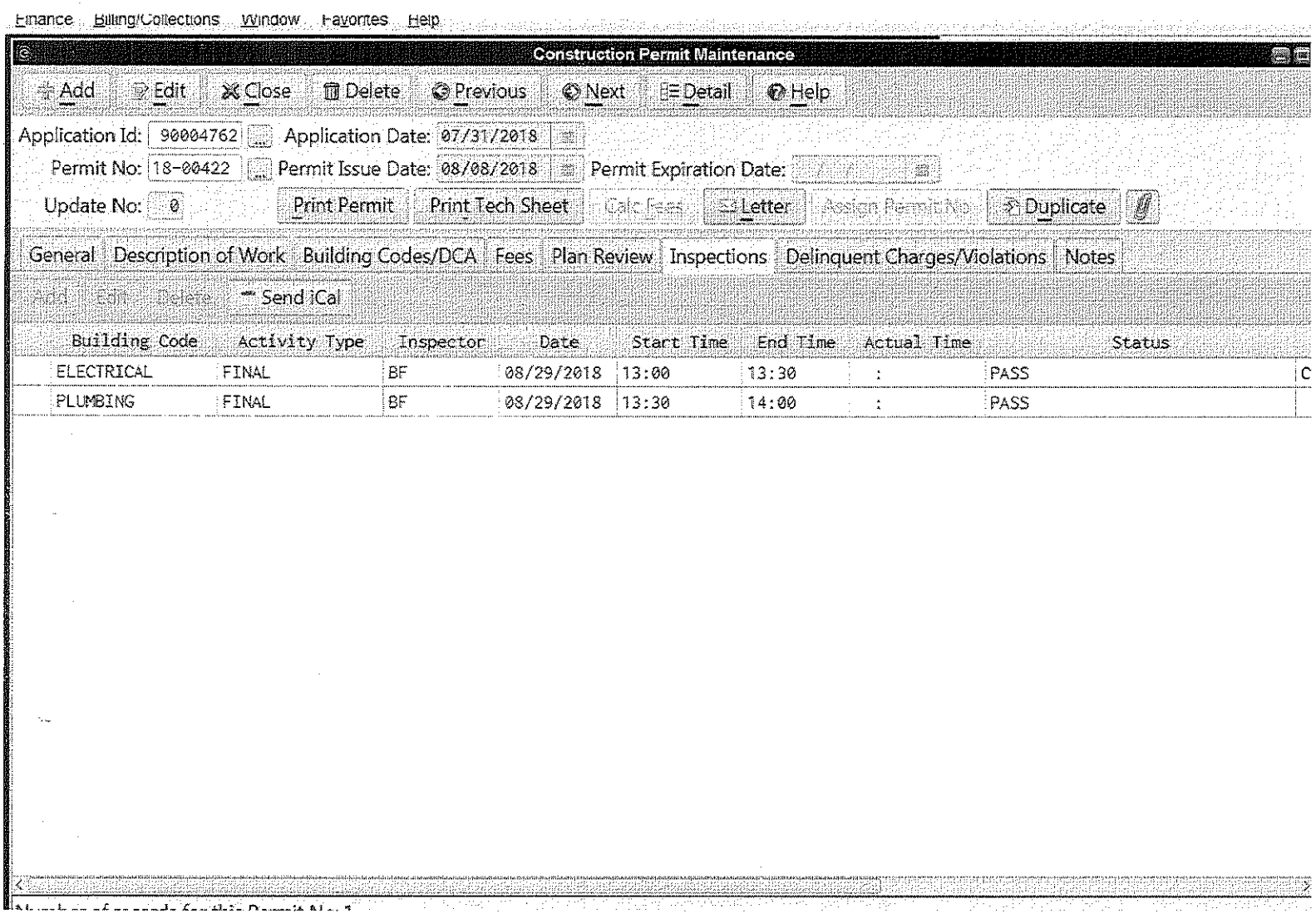
DESCRIPTION OF WORK
LENNOX EL16XC1 2.5TON AC

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	
	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	
1.0000	Other	15.00

Administrative Surcharge	$
Minimum Fee	$ 50.00
State Permit Surcharge Fee	$ 13.00
TOTAL FEE	$ 78.00

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


Finance Billing/Collections Window Favorites Help
Construction Permit Maintenance
Add Edit Close Delete Previous Next Detail Help
Application Id: 90004762 Application Date: 07/31/2018
Permit No: 18-00422 Permit Issue Date: 08/08/2018 Permit Expiration Date:
Update No: 0 Print Permit Print Tech Sheet Calc Fees Letter Assign Permit No Duplicate
General Description of Work Building Codes/DCA Fees Plan Review Inspections Delinquent Charges/Violations Notes
Page 1 Page 2
Property Information
Block/Lot/Qual: 30.02 12
Location: 15 WASHINGTON AVE
Owner: FEDERICI, RICHARD B. & KAREN M.
Street 1: 137 S. BREWSTER ROAD
Street 2:
City/State/Zip: VINELAND, NJ 08361-
Country: Phone
Email:
Property Class: 2 Historic District View Map
Lookup Type: Owner License No:
Customer Id: HORIZO01 HORIZON SERVICES INC/HVAC
Add Owner as Customer
Permit Type: 06 ALTER Prototype:
Status: Completed 08/30/2018
Primary Use Type: R-5
Additional Use Types:
Construction Type:
Work Type: HVAC
IBC Version:
Home Warranty Num:
User Code:
Do Not Purge
Certificate Information
1: CA 08/30/2018 1 Print
2: Print
3: Print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Add Edit Delete Send iCal
Building Code Activity Type Inspector Date Start Time End Time Actual Time Status
ELECTRICAL FINAL BF 08/29/2018 13:00 13:30 : PASS
PLUMBING FINAL BF 08/29/2018 13:30 14:00 : PASS