OPRARequest

From: Breean Stumpf <opra+request-57083-d58d953a@requests.opramachine.com>
Sent: Thursday, January 11, 2024 2:07 PM
To: OPRARequest
Subject: OPRA request - OPRA/OPEN & CLOSE PERMITS - 613 N Front St, Camden, NJ 08102

Dear Camden City,

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 - 613 N Front St, Camden, NJ 08102

Yours respectfully,

Breean Stumpf

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-57083-d58d953a@requests.opramachine.com

Is OPRArequest@ci.camden.nj.us the wrong address for OPRA requests to Camden City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=camden_city
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_613_n_fro

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.

CITY OF CAMDEN

MECHANICAL SUBCODE
TECHNICAL SECTION #1

Date Received 5/16/2022 Date Issued
Control # 2022-1237 Permit #

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

Block **37** Lot **24** Qualification Code

Work Site Location **613 NO FRONT ST**

Owner in Fee **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor License No. or Builder Registration Number Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. MECHANICAL CHARACTERISTICS

Use Group: R-5

Heating System work: [ ] New *or* [ ] Modification to Existing *or* [ ] Conversion *or* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

1. New Building
2. Rehabilitation **$ 7,500.00**
3. Demolition

Estimated Cost of Elevator Work (1+2+3) : **$ 7,500.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
[ ] Elevator Layout Drawings
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____ Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/ Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LIGHTING FIZTURE, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVICES; WATER CLOSET, BATH TUB, LAVATORY, SHOWER, SINK, DISHWASHER, WASHING MACHINE, WATER HEATER, AIR ADMITTANCE VALUE; HOT AIR FURNANCE

NO.	FIXTURE/ EQUIPMENT	Fee (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	$ 108.00
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other 1:	
	Other 2:	
	Other 3:	
	Other 4:	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	$ 14.00
	TOTAL FEE	$ 122.00

CITY OF CAMDEN

PLUMBING SUBCODE
TECHNICAL SECTION #1

Date Received 5/16/2022 Date Issued
Control # 2022-1237 Permit #

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

Block **37** Lot **24** Qualification Code

Work Site Location **613 NO FRONT ST**

Owner in Fee **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. PLUMBING CHARACTERISTICS

Use Group Present **R-5** Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

1. New/ Addition: 2. Rehabilitation: **$ 5,500.00**

3. Demolition: Est. Cost of Plumbing Work (1+2+3): **$ 5,500.00**

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

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

Sign here:

Print name

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
LIGHTING FIZTURE, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVICES; WATER CLOSET, BATH TUB, LAVATORY, SHOWER, SINK,

QTY.	FIXTURE/ EQUIPMENT:	FEE (Office Use only)
2	Water Closet	$ 26.00
	Urinal/ Bidet	
1	Bath Tub	$ 13.00
2	Lavatory	$ 26.00
1	Shower	$ 13.00
	Floor Drain	
1	Sink	$ 13.00
1	Dishwasher	$ 13.00
1	Drinking Fountain	$ 13.00
1	Washing Machine	$ 13.00
	Hose Bibb	
1	Water Heater	$ 13.00
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/ Separator	
	Backflow Preventer (R)	
	Backflow Preventer (C)	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	
2	Other 4: AIR ADMITTANCE	$ 26.00
	Other 5:	
	Other 6:	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	$ 10.00
	TOTAL FEE	$ 179.00

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

Date Issued: 7/12/2022

Permit #: 22-CP-0716

CONSTRUCTION PERMIT NOTICE

Block: 37 Lot: 24 Qualification Code: _____

Work Site Location: 613 NO FRONT ST

AUTHORIZED FOR:

- [ ] **BUILDING**
- [X] **PLUMBING**
- [ ] **ELEVATOR DEVICES**
- [ ] **OTHER** _____
- [X] **ELECTRICAL**
- [X] **FIRE PROTECTION**
- [X] **MECHANICAL**
- [ ] **DEMOLITION**

Description of Work:

LIGHTING FIZTURE, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVICES; WATER CLOSET, BATH TUB, LAVATORY, SHOWER, SINK, DISHWASHER, WASHING MACHINE, WATER HEATER, AIR ADMITTANCE VALUE; HOT AIR FURNANCE

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
Phone: (856)757-7032
Fax: (856) 757-7259
E-mail:

July 12, 2022

ERAN ALBAHER
613 NO FRONT ST
CAMDEN, NJ

Block/Lot/Qual: 37 24
Permit: 22-CP-0716

The CITY OF CAMDEN hereby issues a RECEIPT to ERAN ALBAHER regarding: Construction Permit.

Fees Due:

State Permit Surcharge (Electric)	15.00
Electric Permit Fee	504.00
State Permit Surcharge (Fire)	1.00
Fire Permit Fee	61.00
State Permit Surcharge (Mechanical)	14.00
Mechanical Permit Fee	108.00
State Permit Surcharge (Plumbing)	10.00
Plumbing Permit Fee	169.00
Total Fees:	882.00

Adjustments:

Amount of Payment Applied: **$882.00**

Balance Due:

Payment Information: Payment - Permit

Remit Type:	Check	Payment Amount:	$882.00
Receipt ID:	2022-EN-001483	Reference Date:	7/12/2022
Reference:	2649		
Recorded By:	Amanda Roman	Recorded Date:	7/12/2022

Reference ID: 2022-1237

CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

INVOICE

Reference: 2022-1237

Invoice Date: 7/8/2022

Name: ERAN ALBAHER

Address: 613 NO. FRONT STREET
CAMDEN NJ 08108

Block/Lot: 37 24

Site Address: 613 NO FRONT ST
CAMDEN, NJ

The charges below for the application referenced are due. Failure to pay for and obtain Permit/Update/CCO prior to performing work may result in a Violation and/or Penalty.

Charge	Description	Date	Amount of Charge	Payments or Adjustments	Balance Due
State Permit Surcharge (Electric)		5/15/2022	15.00	0.00	15.00
Electric Permit Fee		5/15/2022	504.00	0.00	504.00
State Permit Surcharge (Fire)		5/16/2022	1.00	0.00	1.00
Fire Permit Fee		5/16/2022	61.00	0.00	61.00
State Permit Surcharge (Mechanical)		5/16/2022	14.00	0.00	14.00
Mechanical Permit Fee		5/16/2022	108.00	0.00	108.00
State Permit Surcharge (Plumbing)		5/16/2022	10.00	0.00	10.00
Plumbing Permit Fee		5/16/2022	169.00	0.00	169.00

Total Amount Due: **$882.00**

You may send in a check or money order made out to the CITY OF CAMDEN to the address below. Please include the reference number: Application2022-1237 on your payment. Please do not send cash through the mail, cash payments must be made in person.

REMIT PAYMENT TO: CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

CODE : EG

Date: 07/12/22 10:18 AM CAP
Amt: 882.00 CK#:2499
Ref Num: 137122 Seq: 24 to 24

CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

INVOICE

Reference: 2022-1237

Invoice Date: 7/8/2022

Name:	ERAN ALBAHER	Block/Lot:	37 24
Address:	613 NO. FRONT STREET		
	CAMDEN NJ 08108	Site Address:	613 NO FRONT ST
			CAMDEN, NJ

The charges below for the application referenced are due. Failure to pay for and obtain Permit/Update/CCO prior to performing work may result in a Violation and/or Penalty.

Charge	Description	Date	Amount of Charge	Payments or Adjustments	Balance Due
State Permit Surcharge (Electric)		5/15/2022	15.00	0.00	15.00
Electric Permit Fee		5/15/2022	504.00	0.00	504.00
State Permit Surcharge (Fire)		5/16/2022	1.00	0.00	1.00
Fire Permit Fee		5/16/2022	61.00	0.00	61.00
State Permit Surcharge (Mechanical)		5/16/2022	14.00	0.00	14.00
Mechanical Permit Fee		5/16/2022	108.00	0.00	108.00
State Permit Surcharge (Plumbing)		5/16/2022	10.00	0.00	10.00
Plumbing Permit Fee		5/16/2022	169.00	0.00	169.00

Total Amount Due: **$882.00**

You may send in a check or money order made out to the CITY OF CAMDEN to the address below. Please include the reference number: Application2022-1237 on your payment. Please do not send cash through the mail, cash payments must be made in person.

REMIT PAYMENT TO: CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

CODE : EG

PLUMBING 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 _____ Lot _____ Qualification Code _____

Work Site Location 613 N. Front st

Owner in Fee: ERAN ALLAHER

Tel. _____ e-mail _____

Address 613 N Front st.
street municipality zip code

Contractor: Dawkins Plbg SRV Tel. 609-868-4378

Address 1057 Haddon Ave e-mail _____
CAMDEN NEW JERSEY 08102

Contractor License No. 10498 Exp. Date 7-1-23

Home Improvement Contractor Registration No. or Exemption Reason _____

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 $ 5500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 6-1-23 Approved by: MC
[ ] 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: Michael A Hawkins

Print name here: MICHAEL A HAWKINS

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: AS listed -- TSO AAV

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

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

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE C PERMIT # _____

WORK SITE ADDRESS 613 N. Front ST

Owner in Fee ERAN Albutten

Verifying Individual M.DAWKINS Company DAWKINS PLUMBING & CONSTRUCTION LLC

Address 1057 HADDON AVE ,CAMDEN ,N.J.08103
Street City State Zip Code

Tel: (856) 6351817 Fax: (609) 8684393

Check the Appropriate Box(es):

Type of Replacement:

| |	Oil to Gas Conversion
| |	Gas to Oil Conversion
| ✔ |	Gas Appliance Replacement
| |	Oil to Oil Replacement
| |	Other _____

Existing Vent/Chimney: Size 6"

| |	"B" Label Vent
| |	"L" Label Vent
| X |	Flexible Liner
| |	Power Vent/Exhauster

| |	Chimney-Interior
[	Chimney-Exterior
| |	Masonry Chimney-Tile Lined
| |	Masonry Chimney-Unlined
| |	Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Htr	Oil / Gas / Other: GAS	60,000
Appliance 2:	Water Htr	Oil / Gas / Other: GAS	36,000
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? | Natural Draft | Fan-assisted Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____
Signature Date

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

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

[signature] 5-6-22
Signature Date

Direct Vent Appliance:

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

_____
Signature Date

Verification Not Submitted:

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

_____
Signature Date

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

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

MECHANICAL INSPECTION
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 _____ Lot _____ Qualification Code _____

Work Site Location 613 N Front St
Camden NJ 08102

Owner in Fee: ERAN ALBUTLER

Tel. _____ e-mail _____

Address _____

Contractor: Grace Contracting (street / municipality) Tel. 6097927246 (zip code)

Address 311 Colonial Rd e-mail JgJr.Peace@gmail
Edgewater Pk NJ 08010

Contractor License No. 19HC00791300 Exp. Date 6/24

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. [redacted] FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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

Type: [ ] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work $ 7500

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: Jethro Grace Jr

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Hot Air Furnace w/ AC unit 92%

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Mechanical Plans Approved
Date: 7/7/22 Approved by: JC
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/7/22
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	DATES Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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

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

FIRE PROTECTION 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 1 Lot _____ Qualification Code _____

Work Site Location 613 NORTH FRONT ST CAMDEN NJ

Owner in Fee: ERAN ALBAHER

Tel. (215) 485-9000 e-mail _____

Address 5 AMIE
street

Contractor: SAVVION ELECTRIC CO Tel. (856) 667-0457
municipality zip code

Address 120 CHESTNUT ST CHERRY HILL e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 6686

Federal Emp. ID No. [redacted] FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-3 Proposed _____ Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present 5B Proposed _____ Location of Panel: _____

Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* _____

Total Cost of Fire Protection Work $ 510

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

NEW SMOKE DETECTION SYSTEM

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	6	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	6	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 6/8/22

Approved by: JT

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				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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 _____ Lot _____ Qualification Code _____

Work Site Location 612 NORTH FRONT ST
CAMDEN NJ

Owner in Fee: ERAN ALBAHER

Tel. (215) 485-9000 e-mail _____

Address SAME
street municipality zip code

Contractor: SAVION ELECTRIC Co Tel. (856) 667-0457

Address 120 CHESTNUT ST
CHERRY HILL NJ 08002 e-mail _____

Contractor License No. 6626 Exp. Date _____

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

Federal Emp. ID No. [redacted] FAX: (___) _____

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-3 Proposed _____

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

Building Occupied as RESID Utility Co. PSE&G Co

Estimated Cost of Electrical Work $ 8100

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: A WEISS

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
INTERIOR REMODEL
REPLACE ELECTRIC SERVICE

QTY	SIZE	ITEMS	FEE (Office Use Only)
19		Lighting Fixture	
33		Receptacles	
21		Switches	
6		Detectors	
		Light Poles	
3		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
87		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
6	30 Amp	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: 5/23/12 Approved by: EC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5/23/12
Approved by: EC

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

INSPECTIONS

Type:	Failure	Dates (Month/Day) 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				

U.C.C. F120 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts.
1.White-Inspector Copy 2.Canary-Applicant Copy 3.Pink-Office Copy 4.Gold-Office Copy

4/19/12

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 37 LOT 24 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 613 No Front St

Owner in Fee: Evan Altbacher

Verifying Individual: Jethro Grace Company: Grace Contracting

Address: 311 Colonial Rd (Street) Edgewater (City) PK (State) NJ 08010 (Zip)

Tel: (609 792 7246 Fax: (609 387 0553

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size _____

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

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

rec'd 4/1/22

	Type	Fuel Type Oil / Gas / Other:	BTU Rating (input/hour)
Appliance 1:	Furnace	Gas	60K
Appliance 2:	Wtr Htr	GAS	37K Existing unit
Appliance 3:			

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

Signature _____ Date _____

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

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

Signature [signature] Date 6/4/22

Direct Vent Appliance:

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

Signature [signature] Date 6/4/22

Verification Not Submitted:

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

Signature _____ Date _____

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

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

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
(856)757-7032

Application Date: 5/16/2022
Appplication ID: 2022-1237

ERAN ALBAHER
613 NO. FRONT STREET
CAMDEN, NJ 08108

Block/Lot/Qual: 37 / 24 / na
Site Address: 613 NO FRONT ST

Dear Applicant,

The following information must be addressed before a permit can be processed.

Recei

Mechanical - Chimney Verification Form F370

Your mechanical application has been denied for the following reasons:

THE 2015 I.F. G.C. 501.15 REFERENCES CHIMNEYS AND VENTS, CHIMNEY VERIFICATION FORM F370 IS REQUIRED TO BE SIGNED AND SEALED BY A QUALIFIED CONTRACTOR.(OR COPY OF LICENSE). LISTING ALL EQUIPMENT VENTING INTO THE CHIMNEY. THIS FORM IS REQUIRED UNDER U.C.C. 5:23-2.20 SPECIAL INSPECTIONS.

PROVIDE SPECIFICATIONS OF THE WATER HEATER.

THE SPECIFICATIONS FOR THE FURNACE WILL REQUIRE THAT YOU SUBMIT THE F370 FORM AND SIGN THE SECTION FOR A DIRECT VENT APPLIANCE.

THIS PERMIT WILL NOT BE PROCESSED FURTHER UNTIL RECEIPT OF THE REQUIRED DOCUMENTATION.

Frank A. Czeronka - Plumbing Inspector
City of Camden Department of Code Enforcement
Building Bureau, Suite 403
Camden NJ 08101
(856) 757-7032 Office
(856) 757-7040 Desk
(609) 330-2452 Cell

Date: 06/02/2022

Subcode Official

Frank A. Czeronka
Mechanical Subcode Official
Office: (856) 757-7032
Desk: (856) 757-7040
Cell: (609) 330-2452
Email: frczeron@ci.camden.nj.us
Address: City Hall, Suite 403, Camden, NJ 08101-5120

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
(856)757-7032

Application Date: 5/16/2022
Appplication ID: 2022-1237

ERAN ALBAHER
613 NO. FRONT STREET
CAMDEN, NJ 08108

Block/Lot/Qual: 37 / 24 / na
Site Address: 613 NO FRONT ST

Dear Applicant,

The following information must be addressed before a permit can be processed.

Mechanical - Chimney Verification Form F370

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PROVIDE SPECIFICATIONS OF THE WATER HEATER.

THE SPECIFICATIONS FOR THE FURNACE WILL REQUIRE THAT YOU SUBMIT THE F370 FORM AND SIGN THE SECTION FOR A DIRECT VENT APPLIANCE.

THIS PERMIT WILL NOT BE PROCESSED FURTHER UNTIL RECEIPT OF THE REQUIRED DOCUMENTATION.

Frank A. Czeronka - Plumbing Inspector
City of Camden Department of Code Enforcement
Building Bureau, Suite 403
Camden NJ 08101
(856) 757-7032 Office
(856) 757-7040 Desk
(609) 330-2452 Cell

Date: 06/02/2022

Subcode Official

Frank A. Czeronka
Mechanical Subcode Official
Office: (856) 757-7032
Desk: (856) 757-7040
Cell: (609) 330-2452
Email: frczeron@ci.camden.nj.us
Address: City Hall, Suite 403, Camden, NJ 08101-5120

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
(856)757-7032

CERTIFICATE

IDENTIFICATION

Date Issued: **6/5/2023**
Control Number: **2022-1034**
CCO Number: **22-CCO-0369**

Block: **37** Lot:**24** Qual:
Work Site Location: **613 NO FRONT ST**
CAMDEN, NJ
Owner in Fee: **ERAN ALBUHER (OWNER)**
Address: **613 NO FRONT STREET**
CAMDEN, NJ 08102
Telephone:
Agent/ Contractor: **ERAN ALBUHER (OWNER)**
Address: **613 NO FRONT STREET**
CAMDEN, NJ 08102
Telephone:
Lic. No./Bldrs. Reg. No.:
Federal Emp. No.:
Home Warranty No.:
Type of Warranty Plan: [ ] State [ ] Private

Use Group: **R-5**
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp. Date:
Description of Work/ Use:
CCO ALREADY PURCHASED

[ ] 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 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 buildings 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

Fees **$200.00**
Paid **[X]** Date **4/18/2022**

James Rizzo, Construction Official

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
(856)757-7032

CERTIFICATE

IDENTIFICATION

Date Issued: **6/2/2023**
Control Number: **2022-1237**
Permit Number: **22-CP-0716**

Block: **37** Lot:**24** Qual:
Work Site Location: **613 NO FRONT ST**
CAMDEN, NJ
Owner in Fee: **ERAN ALBAHER**
Address: **613 NO. FRONT STREET**
CAMDEN, NJ 08108
Telephone: **215-485-9000**
Agent/ Contractor: **ERAN ALBAHER**
Address: **613 NO. FRONT STREET**
CAMDEN, NJ 08108
Telephone: **215-485-9000**
Lic. No./Bldrs. Reg. No.:
Federal Emp. No.:
Home Warranty No.:
Type of Warranty Plan: [ ] State [ ] Private

Use Group: **R-5**
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp. Date:

Description of Work/ Use:
LIGHTING Fixture, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVICES; WATER CLOSET, BATH TUB, LAVATORY, SHOWER, SINK, DISHWASHER, WASHING MACHINE, WATER HEATER, AIR ADMITTANCE VALUE; HOT AIR FURNACE, KITCHEN AND BATHROOM INSULATION, NEW INTERIOR WALLS

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/ COMPLIANCE

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

JAMES RIZZO
CONSTRUCTION OFFICIAL

James Rizzo, Construction Official

[ ] CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

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

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the buildings 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

Fees **$0.00**
Paid [ ] Date

1-APPLICANT 2-OFFICE 3-TAX ASSESSOR

CITY OF CAMDEN

FIRE PROTECTION SUBCODE
TECHNICAL SECTION #1

Date Received 5/16/2022 Date Issued
Control # 2022-1237 Permit # 22-OP-0710

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

Block **37** Lot **24** Qualification Code

Work Site Location **613 NO FRONT ST**

Owner in Fee **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Fire Alarm Contractor No. Exp. Date

Federal Emp. ID No. Fax

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

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

Home Improvement Contractor Registration No. or Exemption Reason

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present **R-5** Proposed

Constr. Class Present Proposed

Heating System: [ ] New *or* [ ] Modification to Existing *or* [ ] Conversion *or* [ ] Replacement *or* [ ] HVAC

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

Location:
1. New Building
2. Rehabilitation **$ 510.00**
3. Demolition

Fuel Storage Tank:
Fuel Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG
Capacity: Fuel:

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:

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

Total Cost of Fire Protection (1+2+3) Work: **$ 510.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____ Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/1/23 Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			5/25/23	JBM
Other_____				

U.C.C. (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement ease provide one original plus three copies

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LIGHTING FIZTURE, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVIC

Water Supply Source:

Method of Alarm/ Suppression System Supervision:

	NUMBER	Fee (Office Use Only)
Flammable/ Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/ 110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	6	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices:		
TOTAL	6	$ 47.00
Other Devices:		
Suppression Systems		
Type: **GPM Type**		
Dry Pipe/ Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ]Gas [ ]Oil [ ]Solid		
Fireplace Venting/ Metal Chimney		
Other:		
Other:		
Administrative Surcharge		
Minimum Fee		$ 61.00
State Permit Surcharge Fee		00
TOTAL FEE		00

CITY OF CAMDEN

PLUMBING SUBCODE
TECHNICAL SECTION #1

Date Received	5/16/2022
Control #	2022-1237
Date Issued	7/12/2022
Permit #	22-CP-0716

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

Block **37** Lot **24** Qualification Code

Work Site Location **613 NO FRONT ST**

Owner in Fee **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. PLUMBING CHARACTERISTICS

Use Group Present **R-5** Proposed

Building Sewer Size	Public Sewer	Private Septic
Water Service Size	Public Water	Private Well
1. New/ Addition:	2. Rehabilitation: **$ 5,500.00**	
3. Demolition:	Est. Cost of Plumbing Work (1+2+3): **$ 5,500.00**	

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 [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 5/30/23 Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	8/4/22	9-26	10-11	A-C W E
Water				
Sewer				
Fixtures			5.25.23	
Gas Equipment	5-2-23		5-25-23	
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			5-25-23	

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LIGHTING FIZTURE, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVICES; WATER CLOSET, BATH TUB, LAVATORY, SHOWER, SINK,

QTY.	FIXTURE/ EQUIPMENT:	FEE (Office Use only)
2	Water Closet	$ 26.00
	Urinal/ Bidet	
1	Bath Tub	$ 13.00
2	Lavatory	$ 26.00
1	Shower	$ 13.00
	Floor Drain	
1	Sink	$ 13.00
1	Dishwasher	$ 13.00
1	Drinking Fountain	$ 13.00
1	Washing Machine	$ 13.00
	Hose Bibb	
1	Water Heater	$ 13.00
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/ Separator	
	Backflow Preventer (R)	
	Backflow Preventer (C)	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other 1:	
	Other 2:	
	Other 3:	
2	Other 4: AIR ADMITTANCE	$ 26.00
	Other 5:	
	Other 6:	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	$ 10.00
	TOTAL FEE	$ 170.00

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

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

CITY OF CAMDEN

MECHANICAL SUBCODE
TECHNICAL SECTION #1

Date Received 5/16/2022 Date Issued 7/12/2022
Control # 2022-1237 Permit # 22-CP-0716

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

Block 37 Lot 24 Qualification Code

Work Site Location **613 NO FRONT ST**

Owner in Fee **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor License No. or Builder Registration Number Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. MECHANICAL CHARACTERISTICS

Use Group: R-5

Heating System work: [ ] New *or* [ ] Modification to Existing *or* [ ] Conversion *or* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

1. New Building 2. Rehabilitation **$ 7,500.00**
3. Demolition Estimated Cost of Elevator Work (1+2+3): **$ 7,500.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: _____ Approved by: _____
[ ] Elevator Layout Drawings
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____ Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[X] CA [ ] CCO
Date: 5/30/23
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Gas Piping				
Appliance			5-26-23	
Chimney/ Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other Furnace			5-25-23	

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LIGHTING FIZTURE, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVICES; WATER CLOSET, BATH TUB, LAVATORY, SHOWER, SINK, DISHWASHER, WASHING MACHINE, WATER HEATER, AIR ADMITTANCE VALUE; HOT AIR FURNANCE

NO.	FIXTURE/ EQUIPMENT	Fee (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	Hot Air Furnace	$ 108.00
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other 1:	
	Other 2:	
	Other 3:	
	Other 4:	
	Administrative Surcharge	
	Minimum Fee	
	State Permit Surcharge Fee	$ 14.00
	TOTAL FEE	$ 122.00

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
Phone: (856)757-7032
Fax: (856) 757-7259

Permit Number: **22-CP-0716**
Update Number: **1**
Control Number: **2022-2456**
Application Date: **10/13/2022**
Permit Date: **11/2/2022**

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: **37** Lot: **24** Qualifier:

Work Site Location	**613 NO FRONT ST CAMDEN NJ**	Contractor	**ERAN ALBAHER**
		Telephone	**215-485-9000**
Owner in Fee	**ERAN ALBAHER**	Address	**613 NO. FRONT STREET CAMDEN NJ 08108**
Telephone	**215-485-9000**		
Address	**613 NO. FRONT STREET CAMDEN NJ 08108**	Lic. No. / Bldrs. Reg. No	
Use Group(s):	**R-5**	Federal Emp. No.	**entityId: ' entityName:**

is hereby granted permission to perform the following work:

[X] Building

DESCRIPTION OF WORK:
KITCHEN AND BATHROOM INSULATION, NEW INTERIOR WALLS

ESTIMATED COST OF WORK:

Cost of Construction:	**$0.00**
Cost of Alteration:	**$50,000.00**
Cost of Demolition:	**$0.00**
Total Cost:	**$50,000.00**

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

JAMES RIZZO
CONSTRUCTION OFFICIAL Date: **11/2/2022**
James Rizzo
Construction Official

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

Notes:

PAYMENTS (Office Use Only)

Building	**$1,600.00**
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	**$95.00**
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$1,695.00**
No Fees Waived	

Amount to be Paid: **$0.00**

Credit Card Amount:	$1,695.00
Payment Date:	11/2/2022
Collected By:	Diana Rivera
Reference No:	0752
Total Credit Card Amount	**$1,695.00**
Grand Total:	**$1,695.00**

CITY OF CAMDEN

BUILDING SUBCODE
TECHNICAL SECTION #1

Date Received 10/13/2022
Control # 2022-2456
Date Issued 11/2/2022
Permit # 22-CP-0716 - 1

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

Block 37 Lot 24 Qualification Code

Work Site Location 613 NO FRONT ST

Owner in Fee ERAN ALBAHER

Telephone 215-485-9000 e-mail

Address 613 NO. FRONT STREET, CAMDEN NJ 08108

Contractor ERAN ALBAHER

Telephone 215-485-9000 e-mail

Address 613 NO. FRONT STREET, CAMDEN NJ 08108

Contractor License No. or Builder Registration Number Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

KITCHEN AND BATHROOM INSULATION, NEW INTERIOR WALLS

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

TYPE OF WORK:

[ ] NewBuilding
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Pylon Sign Sq. Ft.
[ ] Ground or Wall Sign Sq. Ft.
[ ] Pool (above ground)
[ ] Pool (below ground)
[ ] Retaining Wall Sq. ft.
[ ] Asbestos Abatement subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other 1
[ ] Other 2
[ ] Other 3
[ ] Other 4
[ ] Other 5
[ ] Other 6
[ ] Demolition

FEE (Office Use Only)

$ 1,600.00

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed

No. of Stories

Height of Structure ft.

Area- Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Total Land Area Distributed sq. ft.

Max. Live Load Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved [ ] HUD [ ]

Est. Cost of Bldg. Work:

1. New Building	
2. Rehabilitation	$ 50,000.00
3. Demolition	
4. Total (1+2+3)	$ 50,000.00

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee (Volume)	
State Permit Surcharge Fee (Alterations)	$ 95.00
TOTAL FEE	$ 1,695.00

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

U.C.C. F110 (rev. 11/09)

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
Phone: (856)757-7032
Fax: (856) 757-7259
E-mail:

November 2, 2022

ERAN ALBUHER
613 NO FRONT ST
CAMDEN, NJ

Block/Lot/Qual: 37 24
Permit: 22-CP-0716
Update: 1

The CITY OF CAMDEN hereby issues a RECEIPT to ERAN ALBUHER regarding: Construction Permit Update.

Fees Due:

	State Permit Surcharge (Bldg)	95.00
	Building Permit Fee	1,600.00
Total Fees:		1,695.00

Adjustments:

Amount of Payment Applied: **$1,695.00**

Balance Due:

Payment Information: Payment - Permit

Remit Type:	Credit Card	Payment Amount:	$1,695.00
Receipt ID:	2022-EN-002328	Reference Date:	11/2/2022
Reference:	0752		
Recorded By:	Diana Rivera	Recorded Date:	11/2/2022

Reference ID: 2022-2456

CITY OF CAMDEN-REVENUE
520 MARKET ST RM 117 #1
CAMDEN, NJ 081021300

11/02/2022 10:17:00

CREDIT CARD

MC SALE

Card #	XXXXXXXXXXXX0752
Chip Card:	MASTERCARD
AID:	A0000000041010
SEQ #:	2
Batch #:	506
INVOICE	2
Approval Code:	01027P
Entry Method:	Chip Read
Mode:	Issuer

SALE AMOUNT $1695.00

CUSTOMER COPY

CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

INVOICE

Reference: 2022-2456

Invoice Date: 10/31/2022

Name:	ERAN ALBAHER	Block/Lot:	37 24
Address:	613 NO. FRONT STREET		
	CAMDEN NJ 08108	Site Address:	613 NO FRONT ST
			CAMDEN, NJ

The charges below for the application referenced are due. Failure to pay for and obtain Permit/Update/CCO prior to performing work may result in a Violation and/or Penalty.

Charge	Description	Date	Amount of Charge	Payments or Adjustments	Balance Due
State Permit Surcharge (Bldg)		10/13/2022	95.00	0.00	95.00
Building Permit Fee		10/13/2022	1,600.00	0.00	1,600.00

Total Amount Due: **$1,695.00**

You may send in a check or money order made out to the CITY OF CAMDEN to the address below. Please include the reference number: Application2022-2456 on your payment. Please do not send cash through the mail, cash payments must be made in person.

REMIT PAYMENT TO: CITY OF CAMDEN
520 MARKET STREET
CITY HALL, ROOM 403
CAMDEN, NJ 08101

CODE: EG

BUILDING SUBCODE
TECHNICAL SECTION

Permit Addon
update

Date Received
Control # 2022-1237
2022-24576
Date Issued 7/12/22
Permit #
22-CP-0716

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

Block 37 Lot 24 Qualification Code

Work Site Location 613 N Front st Camden New Jersey

Owner in Fee: Eran Albuher

Tel. 215-485-9000 e-mail Eran@phila-re.com

Address 613 N Front st Camden New Jersey
street municipality zip code

Contractor: Self Tel. 215-485-9000

Address Same e-mail

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

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

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

SUBCODE APPROVAL for PERMIT
Date: 10/21/2022
Approved by:

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ ~~700~~
3. Total (1+ 2) $ ~~700~~ 50,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Eran Albuher

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Kitchen and bathroom renovation
New interior walls only
No structural alternation

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 $

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

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
(856)757-7032

Application Date: 10/13/2022
Appplication ID: 2022-2456

ERAN ALBAHER
613 NO. FRONT STREET
CAMDEN, NJ 08108

Block/Lot/Qual: 37 / 24 / na
Site Address: 613 NO FRONT ST

Dear Applicant,

The following information must be addressed before a permit can be processed.

Building - 613 N FRONT ST

The Building Portion of your Permit application has been denied for the following reasons:

We need the estimated BUILDING cost of the work. To calculate this, take the TOTAL amount of the scope of work, then subtract Electric, Plumbing and Fire cost. What's left is Building cost.

Where any material or labor proposed for installation in the building or structure is furnished or provided at no cost, its NORMAL OR USUAL COST shall be included in the estimated cost.

700 IS WAY TO LOW FOR THIS TYPE OF RENOVATION. I WANT A LIST AND PRICE OF ALL MATERIALS AND LABOR,THEN YOU WILL SCHEDULE A PLAN REVIEW INSPECTION SO I CAN SEE THE SCOPE OF WORK YOUR PROPOSING.

Michael P Campion - Building Subcode Official Office: 856-757-7032 Cell: 856 571-9838
Email: micampio@ci.camden.nj.us Address: City of Camden,City Hall,Building Bureau, Suite 403, Camden NJ 08101

The City of Camden regulates all Construction work utilizing The Uniform Construction Code (known as "UCC") (NJAC 5:23) You can read it in it's entirety here: http://www.state.nj.us/dca/divisions/codes/codreg/ucc.html

The UCC has adopted and uses the following codes:

International Residential Code -NJ ed., 2015 - For one and two family dwellings limited to 3 stories above grade plane.
International Building Code -NJ ed., 2015 - (Commercial)
International Energy Conservation Code, 2009 (Residential)
ASHRAE 90.1-2013 (Energy Code, Commercial)
ANSI A117.1-2009 - All Buildings. Addresses access for people with disabilities.

Date: 10/14/2022

Subcode Official

Michael Campion
Building Subcode Official
Phone: (856) 757-7032
Email: micampio@ci.camden.nj.us
Address: City Hall, Suite 403, Camden, NJ 08101-5120

CITY OF CAMDEN
520 MARKET STREET
CAMDEN, NJ 08101
Phone: (856)757-7032
Fax: (856) 757-7259

Permit Number: **22-CP-0716**
Update Number:
Control Number: **2022-1237**
Application Date: **5/16/2022**
Permit Date: **7/12/2022**

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/ PROPERTY DETAILS

Block: **37** Lot: **24** Qualifier:

Work Site Location	**613 NO FRONT ST CAMDEN NJ**	Contractor	**ERAN ALBAHER**
		Telephone	**215-485-9000**
Owner in Fee	**ERAN ALBAHER**	Address	**613 NO. FRONT STREET CAMDEN NJ 08108**
Telephone	**215-485-9000**		
Address	**613 NO. FRONT STREET CAMDEN NJ 08108**	Lic. No. / Bldrs. Reg. No	
Use Group(s):	**R-5**	Federal Emp. No.	**entityId: ' entityName:**

is hereby granted permission to perform the following work:

[X] Electrical **[X] Plumbing** **[X] Mechanical**
[X] Fire

DESCRIPTION OF WORK:
LIGHTING FIZTURE, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVICES; WATER CLOSET, BATH TUB, LAVATORY, SHOWER, SINK, DISHWASHER, WASHING MACHINE, WATER HEATER, AIR ADMITTANCE VALUE; HOT AIR FURNANCE

ESTIMATED COST OF WORK:

Cost of Construction:	**$0.00**
Cost of Alteration:	**$21,610.00**
Cost of Demolition:	**$0.00**
Total Cost:	**$21,610.00**

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

Date: **7/12/2022**

James Rizzo
Construction Official

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

Notes:

PAYMENTS (Office Use Only)

Building	
Electrical	**$504.00**
Plumbing	**$169.00**
Fire Protection	**$61.00**
Elevator Devices	
Mechanical	**$108.00**
VolFee (DCA)	
AltFee (DCA)	**$40.00**
DCA Minimum Fee	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$882.00**
No Fees Waived	

Amount to be Paid: **$0.00**

Check Amount:	$882.00
Payment Date:	7/12/2022
Collected By:	Amanda Roman
Reference No:	2649
Total Check Amount	**$882.00**
Grand Total:	**$882.00**

CITY OF CAMDEN

FIRE PROTECTION SUBCODE
TECHNICAL SECTION #1

Date Received 5/16/2022 Date Issued
Control # 2022-1237 Permit #

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

Block **37** Lot **24** Qualification Code

Work Site Location **613 NO FRONT ST**

Owner in Fee **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Fire Alarm Contractor No. Exp. Date

Federal Emp. ID No. Fax

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

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

Home Improvement Contractor Registration No. or Exemption Reason

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present **R-5** Proposed

Constr. Class Present Proposed

Heating System: [ ] New *or* [ ] Modification to Existing *or* [ ] Conversion *or* [ ] Replacement *or* [ ] HVAC

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

Location:

1. New Building
2. Rehabilitation **$ 510.00**
3. Demolition

Fuel Storage Tank:

Fuel Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG

Capacity: Fuel:

Fire Alarm System: [ ] New *or* [ ] Existing

Location of Panel:

Fire Suppression/ Standpipe System:

[ ] New or [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection (1+2+3) Work: **$ 510.00**

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____ Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
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.

Sign here: _____

Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LIGHTING FIZTURE, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVIC

Water Supply Source:

Method of Alarm/ Suppression System Supervision:

	NUMBER	Fee (Office Use Only)
Flammable/ Combustible Tanks		
Alarm Systems		
[ ] System		
[X] 110v Interconnected		
[X] CO Detectors/ 110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	6	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices:		
TOTAL	6	$ 47.00
Other Devices:		
Suppression Systems		
Type: **GPM Type**		
Dry Pipe/ Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ]Gas [ ]Oil [ ]Solid		
Fireplace Venting/ Metal Chimney		
Other:		
Other:		
Administrative Surcharge		
Minimum Fee		$ 61.00
State Permit Surcharge Fee		$ 1.00
TOTAL FEE		$ 62.00

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

CITY OF CAMDEN

ELECTRICAL SUBCODE
TECHNICAL SECTION #1

Date Received 5/16/2022 Date Issued
Control # 2022-1237 Permit #

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

Block 37 Lot 24 Qualification Code

Work Site Location **613 NO FRONT ST**

Owner in Fee **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor **ERAN ALBAHER**

Telephone **215-485-9000** e-mail

Address **613 NO. FRONT STREET, CAMDEN NJ 08108**

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. Fax

B. ELECTRICAL CHARACTERISTICS

Use Group Present **R-5** Proposed

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

Building Occupied as Utility Co.

1. New/ Addition: 2. Rehabilitation: **$ 8,100.00**

3. Demolition: Est. Cost of Electrical Work (1+2+3): **$ 8,100.00**

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

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

Temp Cut-In-Card Date Issued _____
FinalCut-In-Card Date Issued _____
Anual Pool Inspection
Date of Grounding and Bonding Cert. _____

QTY.	SIZE	ITEMS	FEE (Office Use only)
19		Lighting Fixtures	
35		Receptacles	
21		Switches	
		Detectors	
		Light Poles	
3		Motor - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/ F.A.C. Panel	
		Microinverters	
		Other 1:	
		Other 2:	
78		TOTAL NUMBERS	$ 77.00
		Pool Permit/ with UW Lights	
		Storable Pool/ Spa/ Hot Tub	
		KW Elec. Range/ Receptacle	
		KW Oven/ Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/ Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
6	30.00	KW Central A/C Unit	$ 366.00
		HP/ KW Space Htr./ Air	
		KW Baseboard Heat	
		HP Motors 1/ +HP	
		KW Transformer/ Generator	
1	100.00	AMP Service	$ 61.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/ Outlet Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6:	
		Other 7:	
		Other 8:	
		Other 9:	
		Administrative Surcharge	
		Minimum Fee	
		State Permit Surcharge Fee	$ 15.00
		TOTAL FEE	$ 519.00

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.

Sign here: _____

Print name here: _____

[ ] Licensed Electrical Contractor [ ] Exempt Applicant
[ ] Licensed Landscape Irrigation Contractor

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

LIGHTING FIZTURE, RECEPTACLES, SWITCHES, DETECTORS, MOTORS, KW CENTRAL A/C UNIT, 100 AMP SERVICE; ALARM DEVICES; WATER CLOSET, BATH TUB, LAVATORY, SHOWER, SINK, DISHWASHER, WASHING MACHINE, WATER HEATER, AIR ADMITTANCE VALUE; HOT AIR FURNANCE